

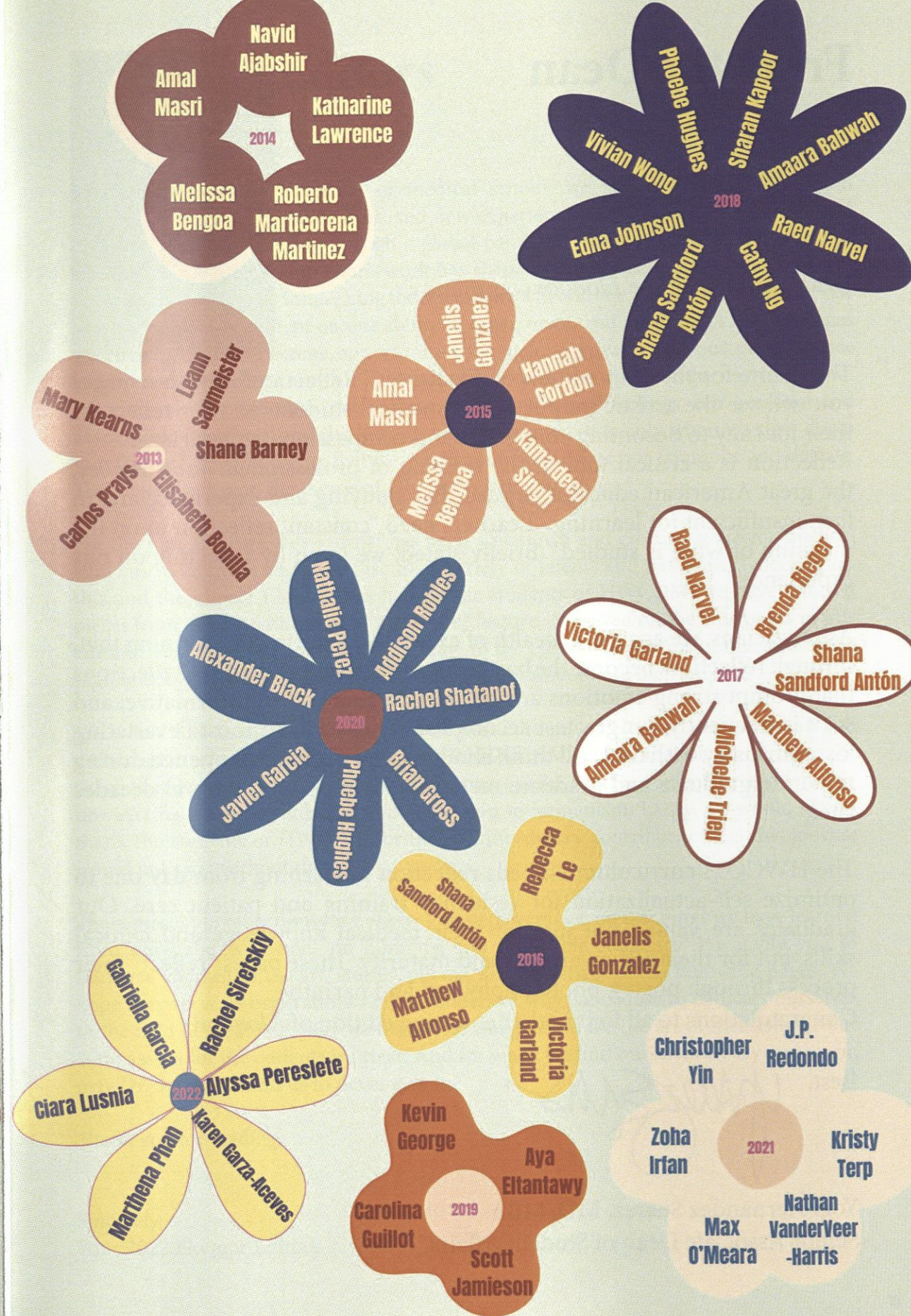
HERBERT WERTHEIM COLLEGE OF MEDICINE

ELOQUOR

ISSUE TEN | 2022

HERBERT WERTHEIM COLLEGE OF MEDICINE
ELOQUOR • ISSUE 10 • 2022

In honor of the tenth anniversary of *Eloquor*, we would like to recognize the ten generations of editors who have made this publication possible.



From the Dean



Dear members of the *Eloquor* community,

The theme for the 10th edition of *Eloquor* is "Reflection." In these pages you will see the artistic output of our medical students as they reflect on their journey to becoming competent and compassionate physicians. Reflection is a critical tool in the training of professionals. John Dewey, the great American educator, argued that studying and experience are, in fact, insufficient for learning. Learners need "constant reflection upon the meaning of what is studied." Briefly stated, we learn by reflecting on our experience.

As physicians, we acquire a wealth of experiences during our training that, through reflection, become the basis of our professional identity. Reflections that prompt strong emotions are the most lasting and transformative; and so, it is frequently our greatest accomplishments and our most devastating losses that stay with us. I still think about experiences that happened during my undergraduate and graduate medical education, now several decades later.

The HWCOC curriculum embeds reflection in learning from day one to optimize self-actualization for residency training and patient care. Our graduates are valued not just for their medical knowledge and clinical skills, but for their self-awareness and maturity. These pages "reflect" their process through poetry, photography, art, and narrative. Congratulations to all for another enduring edition of *Eloquor*!

Best,

A handwritten signature in blue ink, appearing to read "Yogi Hernandez Suarez".

Yogi Hernandez Suarez, MD, MBA
Senior Associate Dean of Student Affairs

From the Editors

Dear Reader,

In the fast-paced environment of medical school, we are confronted with rapid transitions, excitement, challenges, and new experiences amid emotional, mental, and physical trials. Persevering through a global pandemic while navigating the world of classrooms, clerkships, and coursework has shaped our medical school education and ourselves, undoubtedly influencing the doctors we will become. As medical students, our success is often dependent on our ability to learn, pivot, and adapt quickly. Challenges we encounter often become opportunities for lifelong growth, and our perseverance keeps us afloat throughout this demanding career. In the rigors of the day-to-day, we are often too busy to stop and process our thoughts and feelings, our personal and academic experiences, and the lessons we have learned. It is only when we slow down to reflect on these moments that we can begin to appreciate our triumphs and defeats. That is why this year, the theme of *Eloquor* is Reflection.

For the past 10 years, this journal has been a platform and creative space for medical students to embrace and showcase their variety of talents and passions. Reflecting on this and the impact *Eloquor* has had on the students of HWCOC, we have selected pieces from all past editions as a "look back" feature, displayed on the blue pages in this edition. We have also chosen to pay tribute to the past editing teams of this journal by highlighting their names on flowers, hoping to commemorate their impact.

We would like to thank the editors of all past editions of *Eloquor* for their time and dedication to creating a lasting legacy at FIU HWCOC. A very special thank you to Dr. Sarah Stumbar, Dr. Gregory Schneider, Brittany Cooke, and Dr. Sachay Liriano for their unwavering support, guidance, and dedication to humanism. Lastly, we would like to thank the students of HWCOC for their extraordinary contributions, as this journal would not exist without them.

These pieces are reflections on honesty and perseverance, on teachings we have learned from our patients, lessons on humility, and incredible resilience. We invite you to immerse yourself in the art, stories, poems, and narratives of the following pages. We hope they serve as inspirations and reminders of why we choose to dedicate ourselves to the field of medicine. May we never lose our passion for the art of medicine or our compassion for the patients we treat. And for when we find ourselves weary and worn, may Dr. Schild remind us to never give in.

Thank you for reading.

Sincerely,
Your 2022 *Eloquor* Editors

Dedication to Gregory Schneider, MD
By David Brown, MD via ChatGPT
Department of Humanities, Health, and Society

A physician stands
as a shining example
of dedication, compassion,
and commitment to underserved communities,
to education, to the humanities,
to the sciences.

Gregory Schneider, MD,
has served as such
at Herbert Wertheim College of Medicine.

His guidance as advisor for *Eloquor*,
his leadership in the Community Engaged Physician course,
and his passion for teaching
have inspired and shaped
the physician and person
we all strive to become.

Through difficult times,
Dr. Schneider's lectures
have been a source of inspiration,
his enthusiasm and compassion
carrying his teachings
further than the classroom.

Though he departs,
we are forever grateful
for his impact on our lives
and remember him as a teacher, mentor, friend,
role model, and trusted advisor.

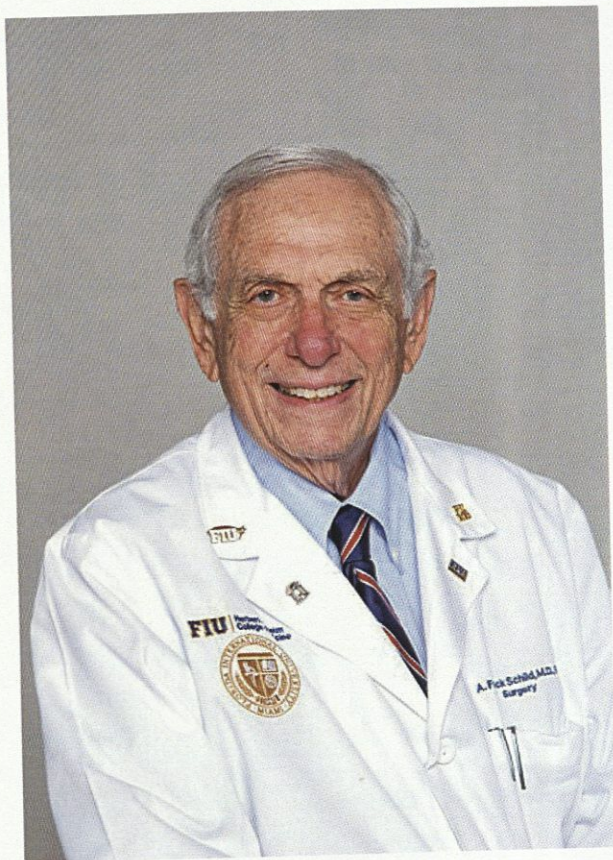
Dr. Schneider,
you will be missed,
but your passion and legacy
will continue to inspire us
in our journey to become
compassionate physicians.
Good luck on your new endeavors.
Thank you for all that you have done.



Anna Kenney '25

**Thank you, Dr. Schneider, for your years of dedication to HWC
and *Eloquor*. We wish you the best in your future endeavors!**

In Loving Memory of Dr. Frederick Schild



Dr. Frederick Schild was an inspiration to generations of physicians in South Florida.

A scholarly academic physician who authored more than 100 peer-reviewed articles and book chapters, he was also a distinguished surgeon who saved many lives. As a cancer survivor, he took the wisdom from what he endured as a patient and turned it into lessons of humility and compassion for fellow physicians. He was a founding faculty member of the medical school and one of the most important pillars of the Medical Professionalism curriculum, because his life was a living example of medical professionalism. We will miss him dearly, but his legacy lives in all of those whose lives he touched.

Eugenio M. Rothe, M.D.
Professor of Psychiatry

Dr. Schild was a friend and mentor to me. While I didn't have the privilege of knowing him when he was a young, practicing surgeon, I admired him for his long and accomplished career. But it was his genuineness and authenticity that revealed who he really was; that's what I, and many others, remember him for.

I met Dr. Schild when a group of us were tasked with developing the Professional Behavior course before the start of our inaugural class. He often reminded us of the countless generations of doctors who never experienced a course intended to elicit their thoughts, emotions, and values during their formative years as students. He shared his hopes that this new teaching philosophy would improve the doctor-patient relationship for the generations of physicians and patients to come.

Throughout the years, I got to know him better professionally and most importantly, personally. He's been to my home, I visited him in the hospital during a brief illness, and we would periodically go to lunch off-campus when that was a thing. The man I got to know was someone who really cared about students, our school, and his fellow colleagues. He was transparent, honest, and someone others thought of with great affection.

When we had free time, he would share his earlier life experiences about getting into medical school without finishing his undergraduate degree and finally getting it about 4 years ago. He shared stories about being a pioneer in surgical procedures and presenting his findings at annual conferences. He talked about his time in the military and witnessing and personally experiencing the impact of the injustices of the time.

The friend I knew led a full life and I hope that when it's my turn to leave the earth that I'm able to say that I had such a full life. I will miss him dearly.

Rodolfo Bonnin, Ph.D.
Associate Professor of Psychiatry & Behavioral Health

This edition of *Eloquor* is dedicated to
Dr. Schild, Dr. Schneider, and the previous
decade of *Eloquor* editors, artists, advisors,
and supporters.

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My Why Marthena Phan '26

Four years.
Where did the time go?
I wish that you were here
To watch me work towards my dream
And see that all your hard work and sacrifices are paying off.
I hope that I'm making you proud.

Kid in a White Coat Gabriella Garcia '25

Sleeves too long,
hem too short.
That's what it means to be
a kid in a white coat.

Puzzling words,
perplexing terms.
Learning a new language
to stay afloat.

Vague symptoms,
ambiguous results.
Uncovering the clues
needed to diagnose.

Pressure and stressors
from any which way.
Fighting to survive in
a world so cutthroat.

Knowledgeable yet naïve,
experts in curiosity.
Eager yet weary
to play a role so hallowed.

Though let it be known,
such feelings are universal.
For every great doctor was once
a kid in a white coat.

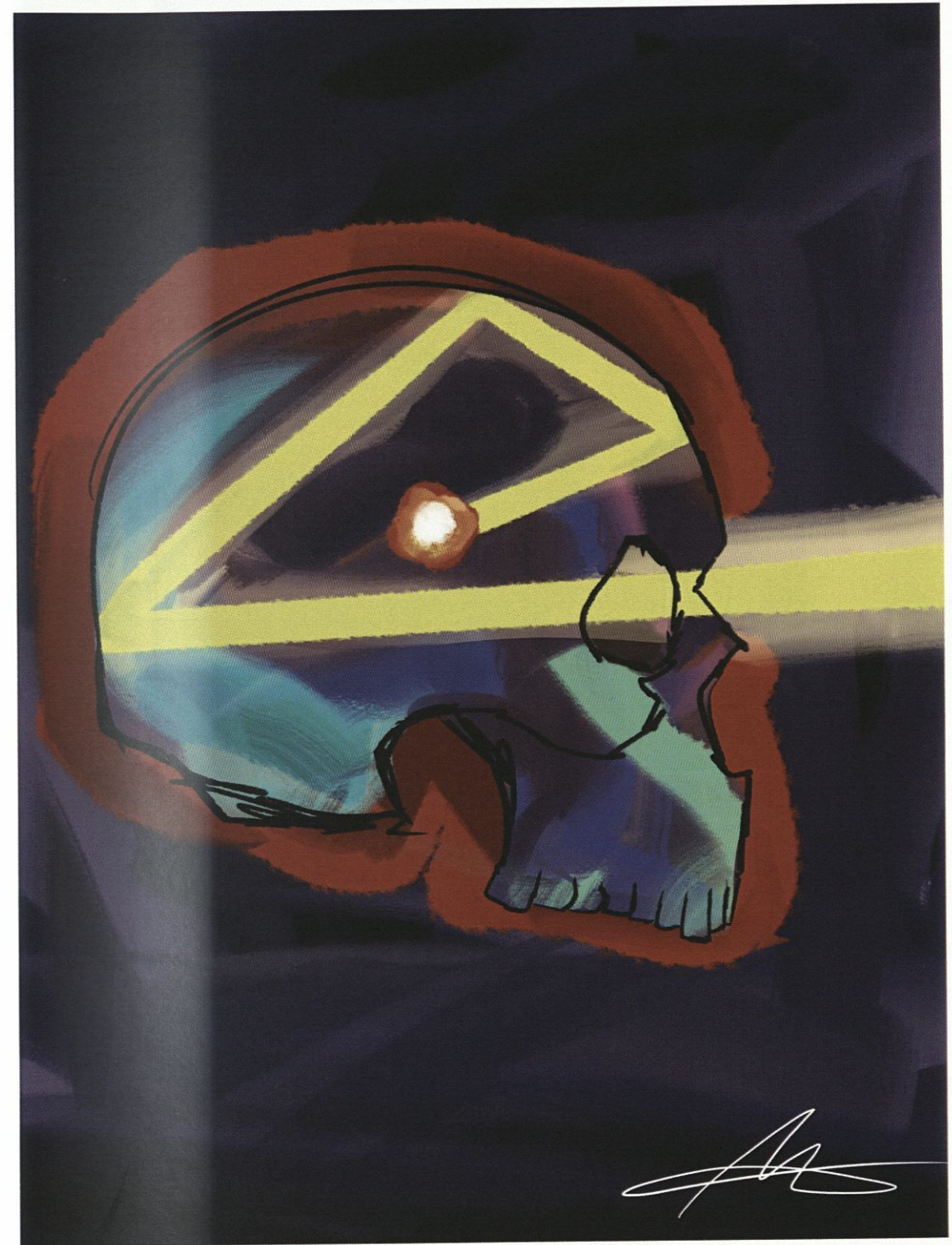
A Breakthrough Moment

Arianna Tapia '25

"Hola, niñita!" My patient called out, as our eyes met from across the empty dining room. What to me was a simple greeting left the hospice nurses wide-eyed and whispering in disbelief. "She hasn't spoken to anyone, not even her family, in weeks," a nurse shared. I was visiting Rosa, an elderly Mexican woman, as a hospice volunteer for only the second time and was amazed by her response.

Before my first visit, I had not anticipated the difficulties of communicating with a non-verbal patient. Despite my many attempts to engage with her—I was curious about her life and passions—Rosa closed her eyes and turned away from me. Her deepening breaths seemed to signal her wish to be left alone.

After sitting in silence for a few minutes, I searched online for Mariachi performances from the 1950s, thinking that she might have grown up listening to those bands. As the violin and guitar sounds filled the room, my patient opened her eyes and leaned in. Slowly, she began tapping her feet and bobbing her head to the beat. By the end of our visit, Rosa was mouthing the lyrics with a change in her expression—something resembling a smile. This breakthrough moment with my first patient compelled me to consider the difference I could make in people's lives as their physician; I could empower my patients to voice their feelings about their medical care—or just say hello.



Perceive, Ashley Ramirez '23



Growth, Kajal Patel '24

Amaranthine

Cosette Pulido '24

Look at yourself objectively
 Pretend it's not you
 Inspect yourself as if you've never seen the curves of
 your skin in this hue
 See yourself bare and accept all that you are
 You love yourself, you do
 It's just that you were taught not to



The Art of Medicine, Franklin Danger '15

Author Update:

Dr. Franklin Danger has given up being the caped crusader and protecting the innocent, but he has since become a breast imager in Lafayette, Louisiana. He is still singing, still dancing.

2nd Edition Look Back, 2014

One of the Peaks

Robert Allman '16

I have spent upwards of 40 hours the past few months in a clinical environment and my encounters with patients are often predictable. While emergency rooms seem like chaos, some patients often end up there because they have nowhere else to go. Their undiagnosed illness: lack of human interaction. They are desperate to talk with and be touched by another person. This came as a sobering realization because after years of training, many doctors are still numb to the fact of the patient's actual needs. I have also been able to rotate in a clinic that services a homeless population. I have seen patients with chronic respiratory disease who smoke two packs a day as well as patients infected with Hepatitis C who are still chronic alcoholics. I don't blame the patients because I can't possibly imagine what they have experienced in their lifetime. I do recognize, however, when they take their health into their hands for the better. During my last rotation I came face to face with a patient who made that choice.

It came at the end of a long day and I had just taken the history of a patient who told me she had pain everywhere except between her toes. The doctor I was following gave a brief synopsis of the next patient and told me he came in for a wellness check. I walked in, washed my hands, and introduced myself. He was a tall African-American man in his early sixties. He told me that his COPD was improving and that he had not touched a cigarette in months. In listening to his story, I heard true redemption. A drug addict for more than 13 years, he found his way into a program to get clean. He now lives in housing provided by that program and attends college in pursuit of a business degree.

When I say true redemption, it sounds like a theme found in many Oscar-nominated dramas I have seen or hundreds of books I've read that try to convey what redemption is. The reality of this patient's life still staggers me. A sixty year old recovering drug addict getting a business degree. This is something I haven't even seen in the movies.

In his story, I also witnessed the achievement of the doctor I had the honor to observe. This patient spoke of her as a partner helping him climb out of a hole that seemed insurmountable. When I spoke to her about him, she sounded like a proud friend speaking of the triumph of another. Their support for each other blew me away. She never demanded anything of him and in return, he gave her honesty about how he was living his life. I wish I could have followed each interaction between them. To be there from the beginning as the proverbial fly on the wall, witnessing how this relationship between doctor and patient flourished. It would have been a learning experience that would serve as the paradigm that I would apply to my approach to medicine. What I got to see was a work in progress that will go on and on. Like any relationship there will be peaks and valleys, but it is an inspiring thing to see one of the peaks.

Author Update:

Dr. Robert Allman is currently a first year cardiothoracic fellow at East Carolina University in Greenville, North Carolina, where he also completed his general surgery residency. He is about to celebrate his 10th wedding anniversary and has two beautiful boys: Finn, three years old, and Anders, one year old.



I'm Just Here For My 60K-Mile Tune-Up, Eric Knott '16

Author Update:

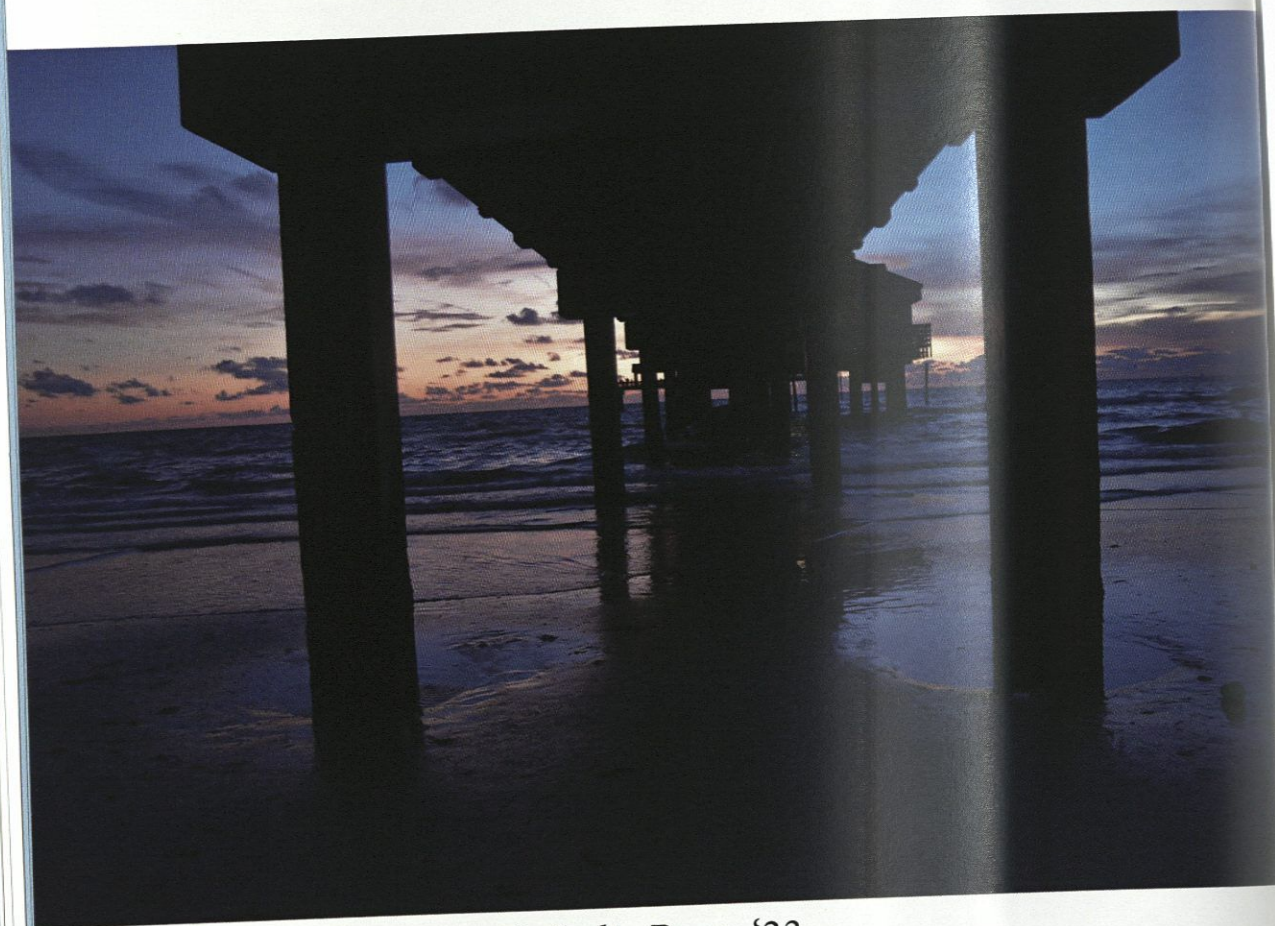
Dr. Eric Knott completed an Internal Medicine Residency at Emory University in 2019 and Pulmonary & Critical Care Medicine (PCCM) Fellowship at the University of Miami/Jackson Memorial Hospital in 2022. Currently, he practices PCCM at the Miami VA Hospital and at Jackson Memorial Hospital and conducts basic science research on pathways connecting the process of aging to lung cancer metastasis.



Market 02, Cesar Larancuent '24



Market 03, Cesar Larancuent '24



Springsteen Summer, Nathalie Perez '23

A New Direction

Steven Latta '25

I mended old ships
Unconcerned with broken hips

I worked on the stern
Never heard of the sternum

My hammer's direction
Now for reflex detection

Grown up on the docks
Without the goal of "doc"



Boat Day, Marthana Phan '26

I only love you in the morning

Juan Cordero '25

I only love you in the morning
When it's still dark outside
When the shadows are still mourning
And it's warm by your side

I only love you when it's pouring
When your flesh becomes my only aid
And your scent is painfully luring
Only then the insomnia slowly fades

I only love you when I'm falling
Into an abyss of anxiety
When my body won't stop shaking
From this love's sobriety

I only love you in the morning
When I'm drowned in depression
When my soul starts bleeding
From this suffocating obsession



Lizards, Mathew Pendo '23



Paradise, Ciara Lusnia '25

Dinner

Dwight Philip '24

I look across to her and cannot imagine a more perfect
moment.

It's like a scene from a movie,

The Epilogue

Where the hero can take a deep breath and be at
Peace.

Mom smiles at me and I can see the love in her eyes.

She is beautiful.

Eyes of dark amber capable of
True empathy; mirrors that see your pain and reflect back love.

We talk and laugh.

The food is excellent; the atmosphere serene.

Elysium.

The night draws to an end.

The waiter brings the check and I gesture that I will be footing it.

She does not fight or argue; she just smiles...

It means everything to me.

At that moment, that moment, any doubt she has of me is gone.

She knows I became the man she knew I could be.

Her baby boy made it and it is all

Going to be okay.

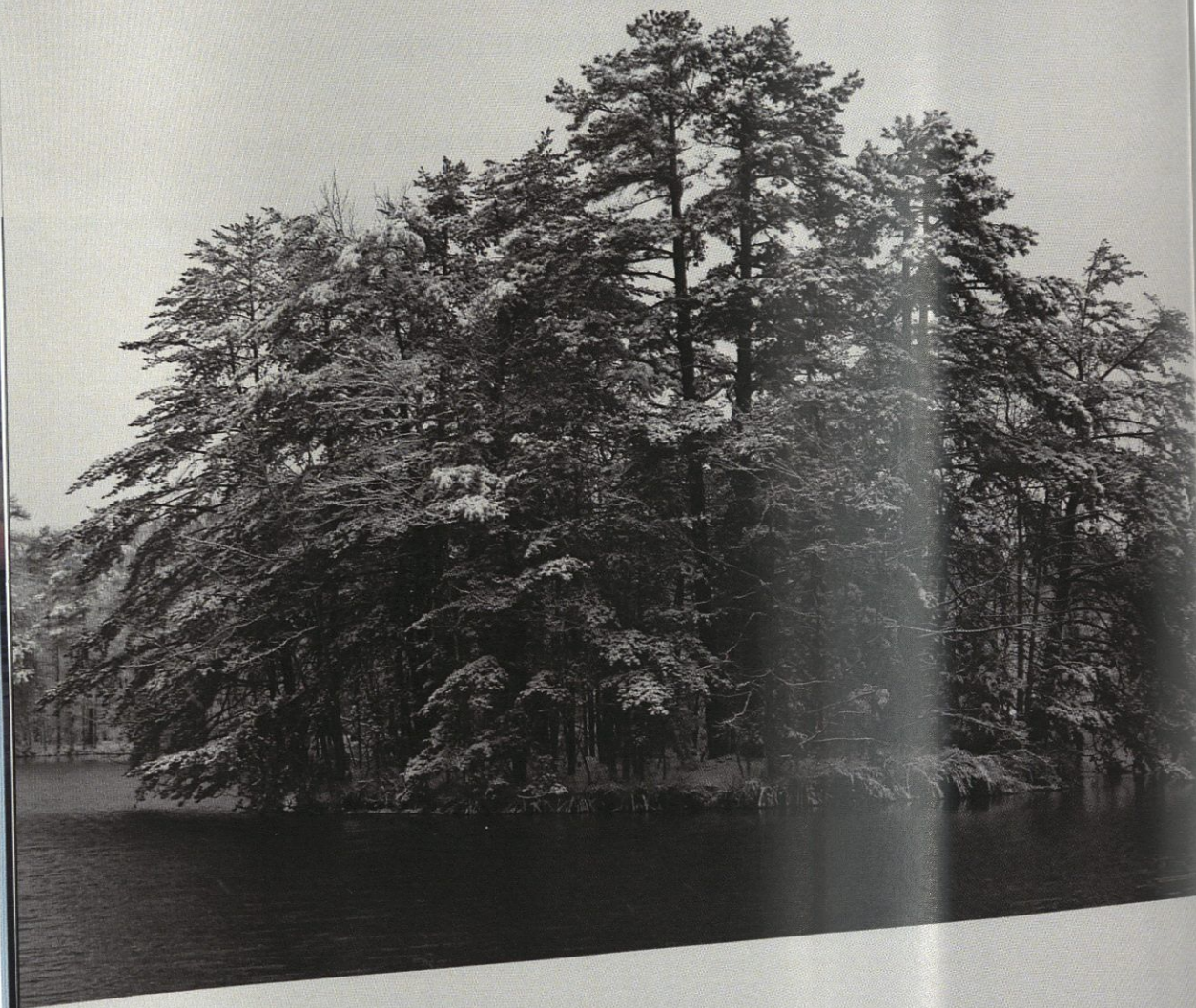
I look off into the distance and imagine that moment of peace;

Stolen.

She meant so much to me...

I think about that moment years from now and realize

It will just be me sitting at the table.



Snowy Isle of Trees, Allison Lindsey '23

Senseless. Silence. Endless.

Richard Suarez '24

Welcome to the
Forgotten place.
A place often spoken about,
Yet easily beyond recall.
We, the inhabitants,
All share one commonality:
We are victims,
Condemned because of
Senselessness.

We died because our right to live was not as
Important as a sick individual's right to a weapon.

Innocent.

Unaware.

Dead.

We continuously watch new arrivals join the
Hundreds already present.

Why are we unidentifiable you ask?

Well, as time continues and

We do not,

We fade away,

Like a gust of wind,

Like metal left in the rain,

Like the spark from a gunshot.

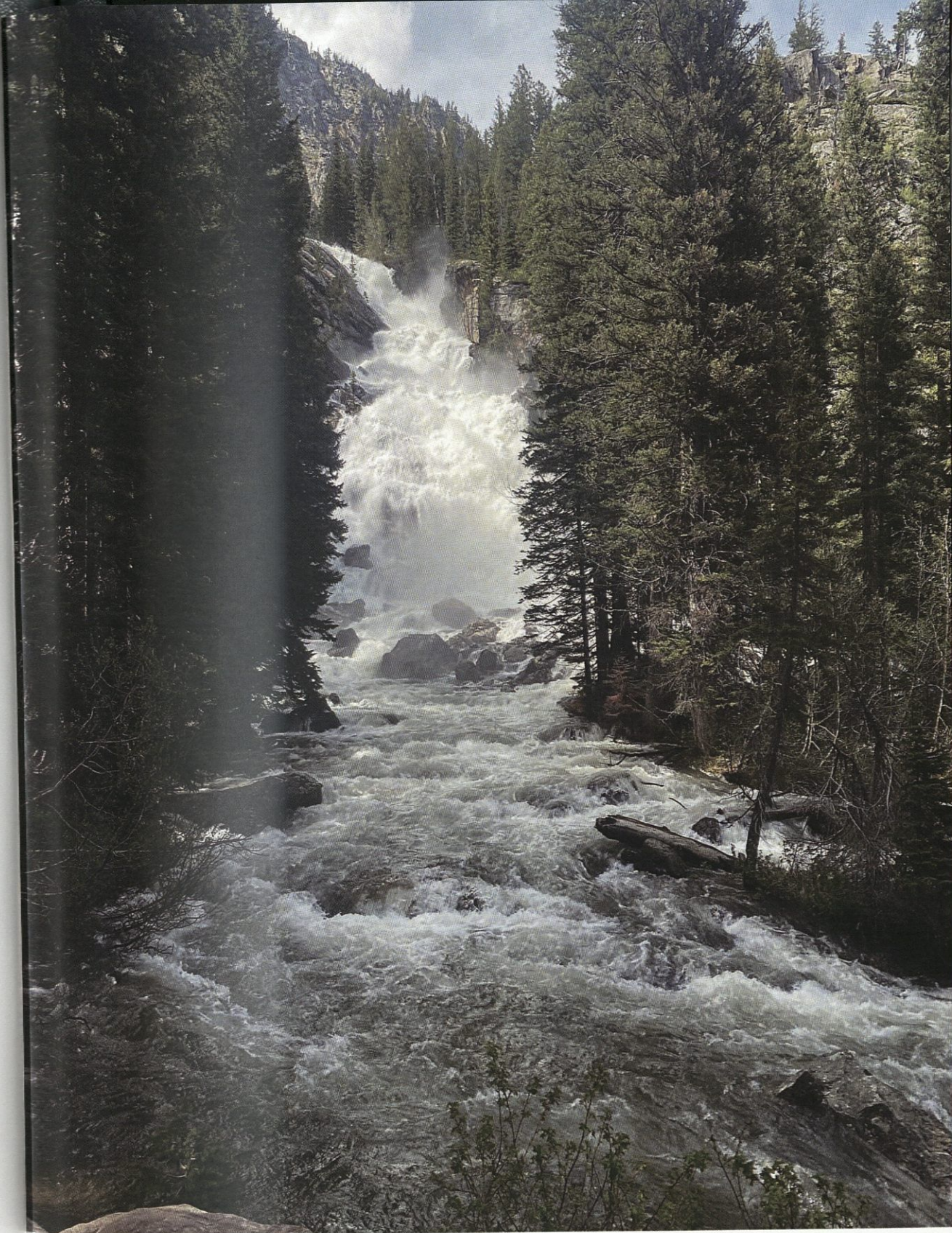
Our lives were cut short because of the
Silence,

This deafening sound that promotes

More of us to arrive

In this god-forsaken place.

We are dead,
And for what?
Another headline that will soon be
Replaced?
Another moment where the blood of innocents
Is allowed to spill again,
Endlessly?
Another instance in which lives are
Worthless when dollar signs are in question?
We are dead for
Nothing.
We are
Nothing
Because we are not enough.
Columbine.
Sandy Hook.
Marjory Stoneman Douglas.
Uvalde.
Etc.
When will it end?
When will our tragedies be enough?
When will our lives be valued as much as a campaign?
The answer is
Now.



Hidden Falls, Rachel Shatanof '23



Anatomy Lesson, Shana Sandford Antón '19

Author Update:

Dr. Shana Sandford Antón completed her residency in Family Medicine at Tidelands Health in South Carolina this past year. She now lives in St. Petersburg, FL with her husband and rescue pupper where she enjoys work as a primary care provider and continues to paint in her spare time.

Author Update:

Dr. Elan Baskir is a third year Med/Peds resident at Rutgers – NJMS in Newark, New Jersey. He is interested in hematology/oncology and survivorship, with a special interest in patient education and health literacy.

Doctors Are People Too

Elan Baskir '20

Despite years in school,
Studying every single molecule,
Differentiating a bulla from a macule,
Or green from greenish-yellow stool.
Despite white coats signaling purity,
Affinity signaling B-cell maturity,
Always maintaining confidentiality,
Giving off that vibe of ultimate security.
Bacteria just don't care
If you're wealthy or on welfare.
A prestigious surgeon or a bear
If there are no more treatments, only prayer.
Docs sometimes overwhelmed by stress,
And it just doesn't cut it trying your best.
Can't seem to remember the transverse process
Always cramming for the next test.
It's a shock when a doctor gets cancer,
Everyone searching for an answer.
Same recovery chance, sir,
As a cashier or belly dancer.
It's a shame when a doc gets caught.
Gone viral, his mugshot.
How has everyone forgot
That even docs sometimes need a booster shot?
Yes, doctors need social interaction,
Or they'll develop a hyposensitivity reaction.
Loneliness, maybe retraction,
Only friends can prevent necrotic liquefaction.
All the connective tissue
That constitutes this MD or M2
Is not a golden statue.
Remember, doctors are people too.

6th Edition Look Back, 2018

SOS

Ronaldo Nuesi '21

In my first year, I asked a fourth year student for advice.

On classes, on patient care, on anything.

On life?

We talked for a while and he shared as much wisdom as he could.

Still not a doctor himself, but farther along than myself—and anything helped—

so I listened on as I figured I should.

At the time, I had not really paid attention to one particular message he shared,

but as the year passed, and I ruminated,

all of a sudden I had a million more questions.

By then though, he had graduated.

So alone I reflected:

He told me “Treat all of the patients as best as you can,

and the poorest of patients even better than that.

Even in this day and age, being poor is still the biggest detriment to your health.”

I had not said it at the time, but now I was intrigued and gave it thought.

So alone I deflected:

“But there are so many free clinics, free screenings, free treatments,

free safety nets in place.

How could being poor be the biggest detriment to your health?”

Not being from the richest background and having utilized resources myself,

I wondered how could there be much association between healthcare

...and wealth?

I missed an obvious point.

First off, I wasn't that poor, I did not have to choose between education

and helping support my family,

I did not have many luxuries but could freely focus on attaining a degree.

Others are not so fortunate.

Loans, scholarships, even a “free education” could feed him or her,
but what about the brother or cousin, living under the same roof, struggling;

how free is free?

Is it reasonable to expect everyone to chase academic success,

when there are bills to pay, jobs to work, and mouths to feed?

Juggling.

That is an understatement.

I was blessed.

Able to major in a health field, I was semi, sort of, at least a little bit,

health literate, tech savvy, and could figure my way from point A to point B.

But transportation, health literacy, education, availability,
all I had taken for granted, all problems that had not occurred to me.

It is not as simple as saying “Go to the free clinic.”

Because “the nearest one is a 2 hour walk, a bus fare is expensive
and plus my first job gave me time off, but my second one didn't.”

A scenario all too real.

It is not as simple as saying “Go to the free clinic.”

Access, Access, Access.

Poor can mean inaccessible.

Inaccessible can mean unattainable.

Unattainable, in the case of one's health: unsustainable.

A slippery slope I know,

but one walked one too many times by those the most stricken by poverty,
at risk to slip and fall in a convoluted system that may not always be fair to all.

And lets say this fall leads to a fracture

and lets say this fracture is one that is difficult to heal.

Or maybe not.

But at the very least, it is difficult to call.

Because after all, the problem is not not having healthcare,

it is having it and not having access at all.

Author Update:

Dr. Rony Nuesi is at the Bascom Palmer Eye Institute completing his ophthalmology residency. He is loving getting to work in Miami for an underserved population that needs improved access to eye care!

Donation After Cardiac Death

Nathan VanderVeer-Harris '24

The ICU director called down and asked if the medical student could attend the DCD. It felt remiss to forgo such a rare opportunity – usually only seven occurred each year at this hospital.

I went to see the patient, finding him encircled by numerous sobbing family members. An announcement was made over the hospital's PA system that we would be commencing his "honor walk" in approximately 10 minutes. When it came time, I followed behind his mourning family as he was wheeled from the ICU to the OR. Nearly 50 hospital staff members, many of whom stood teary-eyed, lined the hallways. His favorite music played from the case coordinator's phone speaker.

In the operating room, it took nearly an hour to prepare the patient. The organ procurement coordinator respectfully called a time-out and read his family's written last words, which they had asked to be shared with those present. His wife and mother were permitted to enter the theater. They held his hand as I stood just behind him, holding up the drape so they could directly see his face.

The ICU director ordered the administration of a frightening dose of hydromorphone and promptly extubated him. My focus shifted between the man's face, quickly turning ash gray without mechanical intervention to support his existence, and the telemetry monitor. It screamed to all that would listen that there were chaotic EKG changes, variable pressure drops, and poor oxygen saturation. I wanted to scream too.

Rather, I cried. I looked his mother in the eyes when she would glance up at me. I knew not what reaction would be appropriate.

Sometimes, a soft nod. Other times, an intense stare back into her distraught eyes. I wondered if she felt how I did, uncomfortable and numb, yet almost waiting impatiently for him to pass, for this moment of suffering to end. An additional dose of hydromorphone was necessary when his body panicked for life and sent epinephrine shooting through every last fiber of his soul-bound being.

He took exactly 43 minutes until he reached asystole. Time of death was called. It was the first death that I had ever witnessed, notably, on my very first day of the ICU subspecialty rotation. Immediately upon his death, the family was to be quickly whisked away from him. I proudly held his drape high as they kissed his lifeless cheek good-bye.

The surgeons had been washed and waiting since the pre-operative preparation. They quickly entered, as ever-impatient Time had already started ticking. The organ procurement organization coordinator did his job, screaming out a countdown of "5, 4, 3, 2, 1" to mark exactly 120 seconds. This was the legal time needed after death until the surgeons could begin their work. They splayed this man's abdomen like he was a lab animal. They tore through his sternum with a screaming saw. I watched as they dove elbow deep into his abdomen in search for his donations.

The liver was rejected. It had been too long from extubation to death for it to be functional without ischemic damage. I later learned that 30 minutes was the cut off. If only he could have died faster... I guess?

His kidneys were still good. Kidneys can withstand 90 minutes after the ventilator is pulled. The surgeons found and cut them from his large abdomen. I watched one surgeon micro-dissect the perinephric fascia and fat, then place the kidneys into a special machine to preserve functional flow until an appropriate donor

could be identified and they could be re-homed within 24 hours. Meanwhile, another surgeon carefully cut out his lungs and heart en bloc. I gasped as they exsanguinated through the pulmonic artery and intubated the dissected trachea. The lungs inflated as if they were the star of a YouTube video. These precious organs would be sent off to research labs along with dissected samples of his liver.

I left the operating room in a state of shock, soon to be sent home by a compassionate attending physician. An unshakeable discomfort persisted despite my attempts to compartmentalize as I opened UWorld and began the day's block. Questions interrupted questions. What difficult sacrifice this man's family made? Realizing their loved one's quality of life would not be sustainable after suffering a near-drowning incident following a cardiac arrest on the beach, that his brain would be too edematous from anoxia for any meaningful recovery. How can physicians prescribe death and evisceration to their patient, who was not legally brain dead, to enact such a generous gesture? Could I possibly maintain my status as an organ donor after witnessing the "harvesting?"

For me, the answer is yes. I hope that as a physician, I will personally extend and improve the lives of my patients while in practice. Should my time come before old age—God forbid!—I hope that emotional experiences are made easier for my family given that I already have made this decision, even now with first-hand knowledge of what must be done, to provide organ donation in efforts to prolong life for others.



Hidden Peril, Elena Pham '24

Being There
Nitya Ramalingam '23

We were already 45 minutes behind schedule at my new Family Medicine office. I tried to quickly chart review the next patient so I could quickly evaluate her and quickly get back on schedule. She was a 73-year-old woman presenting for an established patient annual physical. Per the intake note, the patient had no acute complaints.

I walked in with my pen and paper, introduced myself, and sat on the stool in front of my patient. She looked exasperated. I allowed myself to let out a small internal sigh: another patient who is going to express their frustrations about the wait time. My nerves kept me hyper-focused on the time. After all, I didn't want to slow down my attending physician's already busy schedule. I tried to remember how anxious I would always feel in the time leading up to my doctors' appointments – not only the time I spent in the waiting room, but also in the days leading up to my appointment. The anxiety would take over, leaving me wondering if there was another way my body threatened to fail me. I took a deep breath and began the interview.

I habitually took the history and began the medication review: she mentioned clonazepam. As I was about to ask her about other medications, she confessed the medication was necessary to control her long-term struggles with anxiety and depression. The sudden change in her tone caught my attention. I looked up from my notes at her and caught her gaze.

She looked at me intently and tears began to well up. In her dark brown eyes, I could see her reliving painful memories: a childhood surrounded by violence, she explained. How she watched her mother get murdered at the age of five. The challenges she faced

growing up with grief, anger, frustration, and a sense of helplessness. Spending her younger years repressing these emotions so she and her siblings could support themselves. Even after all those years, it was difficult to talk about it, she admitted.

She broke eye contact and looked out the window. The sun that had been warming the air in the room was fading, leaving us alone in the frigid office air lit by the harsh white lighting. We sat in a moving silence for a while. The light breeze blowing through the palm fronds outside the window were audible as she slowly regained control of her shaky breathing. Her grief and frustration were palpable in the room. I asked her if she was interested in seeing a counselor whom she could talk to.

Her gaze reconnected with mine – the reaction of displeasure was swift and unfiltered.

"When we were facing custody battles over my grandson, one counselor promised me that she would work with DCF to give me my grandson back. She promised me. How could she do that to me?"

"That's not right, I'm so sorry," I said, sheepishly trying to console her.

She looked at me again for a few beats. "Thank you so much for actually looking at me while I talk. Whenever I go to a doctor, they're always staring at the computer. That's why I don't want to see a therapist. My psychiatrist knows this already. The two therapists he referred me to were horrible. You could just tell they didn't care about me at all. I would rather just come here and talk to you."

All I did was sit with her. I was moved by the trust she placed in

me. Her pain had been bubbling to the surface, searching for any outlet to express it. How many more patients had I come across who suffered in silence? How many were desperate to share their stories to get even one step closer to healing their wounds?

The simple decision to be present allowed my patient and I to connect in a way that she had been unable to with previous providers at the clinic.

As the interview came to a close, I couldn't help but be grateful for her. Now every time I check the clock during clinic and notice how behind we inevitably are, I think of her. She reminds me that each patient who walks into the office comes with an enriched life filled with tragedy and joy; anxiety and excitement; failures and successes; grief and gratitude. She reminds me that very few come to a doctor's office on their good days and that even the so-called "difficult patients" need and deserve to be treated with compassion. She reminds me that despite external factors constantly threatening to dehumanize medicine for providers, I can have an impact if I just take a deep breath and be present with my patients.



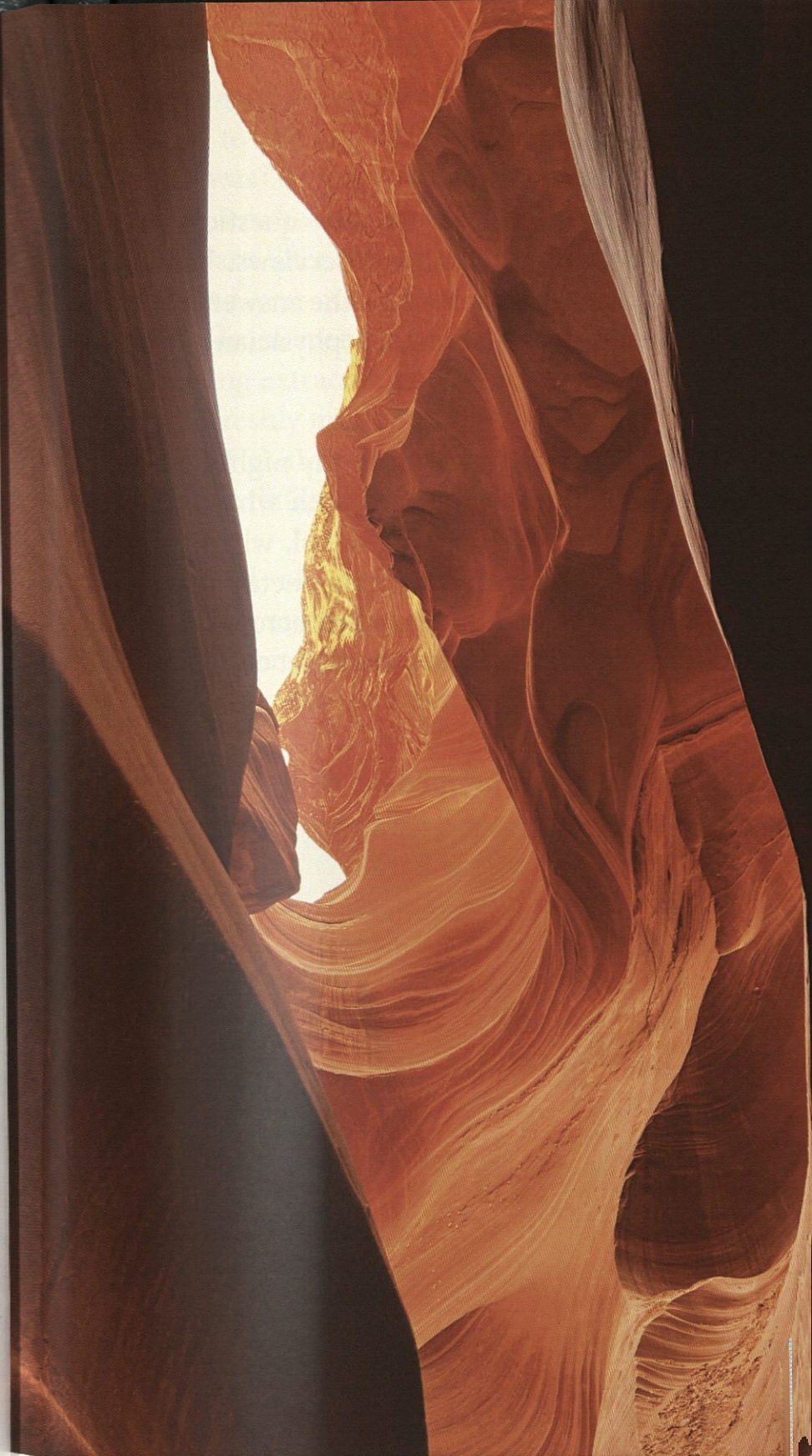
Routine

Heena Mansuri '25

The morning rays seep into my room
Fresh coffee grounds calm my racing mind
The soft rhythm of verses fills my ears
I exhale and start clicking
Card after card, I go
Like a carousel that doesn't stop

As day slips into night
And the lull weighs on me
Roller coasters enter my dreams
The unexpected twists and turns
Releasing me from the everlasting lull

Morning rolls in
And card after card, I go again
Only this time, I am hopeful
Someday the carousel will stop
And with open arms I will welcome
The unexpected



Where Water Runs

Motivation in Medicine

Alyssa Cartwright '24

"Why do you want to be a physician?" is the first question we are faced with during medical school admissions interviews. While the question itself can seem daunting, for most of us, the answer is usually quite clear. For me, the decision to become a physician occurred instantaneously one night in February 2011...

I was a fifteen-year-old being driven home from my nighttime dual-enrollment classes by my father, annoying him with what I learned in my American Cinema class in excruciating detail, when we were suddenly interrupted by the sound of crunching metal. My father slammed on the brakes and our car skidded to a halt across from what we realized was the scene of an accident which had just occurred right in front of us.

I instinctively unfastened my seatbelt, jumped out of the car, and raced towards a motorcyclist who was lying still on the ground. While my father called 911, I knelt by the man and did the only thing I could think of to help him as he fought the unbearable pain he was so obviously in – I tried to keep him talking until help arrived. He told me that his name was Glen and that he was trying to get to his daughter's house "just around the corner" before the accident occurred. I tried to ask him more details about what happened and where he was injured, but his responses became more strained... and eventually ceased altogether.

The moment I realized he died in front of me, feelings of immediate grief and helplessness consumed me. As I watched Glen being taken away by EMS, I knew that I never again wanted to feel this sort of powerlessness due to inability to intervene in a medical emergency. I vowed to become a physician so that I could one day have the tools and skills necessary to save countless other lives, even though I could not save Glen's.

This turned out to be a moment I would reflect on for many years

to come. As a pre-medical student overcome with a paralyzing fear of failure to accomplish my dreams of getting accepted to medical school, it was Glen who got me through. As a first-year medical student entirely overwhelmed by the sheer amount of material I had to learn (and re-learn after three gap years), it was Glen who got me through. As a second-year medical student experiencing burnout to the core of my being from spending the entirety of my days studying for exams and juggling extracurriculars, it was Glen who got me through. And now, as a freshly minted third-year medical student still in awe of the wonders of clinical medicine, I know Glen will continue to get me through the difficult days that are yet to come in my medical career.

In the field of medicine, we are constantly being challenged emotionally, mentally, and spiritually. Thus, I firmly believe the constant remembrance of our "why" is what ultimately motivates us to persevere even on our worst days.



Transience, Kevin Pendo '24



Mammoth Hot Springs, Rachel Shatanof '23

The things that stare back at me

Rachel Siretskiy '25

What did his first heartbreak feel like? Did he ever feel alone?
What was his happiest moment? And his most proud? Did he
have kids? Was he religious? Did he feel loved?

I inhale the formaldehyde that lingers in the air between us and
adjust his stiff body only to discover a small depression in his skin
resembling a scar that makes me wonder: how did he get it?

We share that — scars. Some of them remain visible, some of them
are tucked away in places no one would ever find, not even if they
peeled us back layer by layer trying to uncover what we work so
hard to hide.

The skin, the muscle, and the bone that I name with obscure terms
like “inguinal ligament” and “rectus abdominis” show me the
other parts of him that he innately shares with me.

I realize that what makes his individualism so intoxicating to me
is that I know he's not alone in it. Although his body serves as a
map of his losses and his wins, I share his worries and his fears,
I relate to his pain and his struggle, I understand his frustrations
and his joy.

All too familiar is the movie reel of memories that play in my
head, tinted in a chrome-colored filter, reminding me of the
nostalgia of what my life will someday be when I too lay in front
of a medical student eager to discover our universal anatomy.

Will my humanity persist despite the limpness of the body that
once was known for housing my entire being?

Notes on "Property of the VA"*

Praveen Wickremasinghe '24

The title, "Property of the VA" is something that is written on all of the medical gowns in the VA — the patient's eventual realization is a spin on the phrase in the title.

The patient's dialogue is in bold, a mimesis of the patient. As the conversation continues, the patient's dialogue becomes more centered in insight. The patient realizes that he is also a part of other people's world when he learns that he was given a codename by them.

The patient's dialogue is centered, reflecting the importance of patient-centered communication throughout, as it structurally supports other statements.

The medical student's dialogue is on the left: when all health care professionals are busy doing tasks, it often weights upon the student to ensure that the patient gets the emotional support they need to feel cared for. The medical student may not say much (emulated structurally by indentations done with every couple of words), but what they do say can have a major impact upon the patient's feelings and thoughts.

The Certified Healthcare Professional's dialogue is on the right, as they are a mirror for the medical student — a foil of sorts and a model.

*EDITOR'S NOTE:

Praveen's description above pertains to the piece on the next two pages.

~~~~~ Property of the VA, Not for Sale—

It reads in cracked mustard yellow on a deep brown hospital gown.

I'm really proud
of you.

Thank you...I didn't think I would get here
but here we are on the 4th try.

Sir, we can go to the room with
your belongings now! One more
stop and you're on your way
out!

I came in with belongings? All of that was
such a blur for me.
Guess Bumps will do that to ya. Alright so it's gonna be like Christmas huh?

An unmarked, blank white door opens to a closet with several white boxes, each with a combination of numbers and letters.

Let's see...ah yes, there you are.
Sorry, it's so hard with the
"code-names" they give y'all.

I got a codename? What is it?

It's nothing special, just a bunch
of random letters and numbers.
But *I* like to call you smiles
cause that's all you've been
giving us lately!

I'm just happy to be me again.
Glad I can make y'all feel a little
good too.

A white box is pulled out, and the nurse lays the box down on the floor. Within the box is a single item: a worn cardboard sign that reads "Not gonna lie, Bucks for Bumps."

Man, I came in with that? I'm so embarrassed. Why is that even here?

Well...you kind of insisted upon keeping that with you when you arrived. What do you think you're going to do with it?

He takes a long look at the sign, quietly. The silence is as striking as his ward-roommate's fists on the wall 3 mornings ago when they wouldn't give them any more lorazepam.

I think I'm going to keep it.

Why's that?

It's a mirror for me, and I think I need that about now. I'm a black man that's given his country most of himself, but I feel like I'm about to go through more at the half house. Maybe it's a way out.

Maybe it's a way in— to a new place.

Hell, maybe. Hey. You're gonna be a great doctor.

I appreciate you saying that! What Made you say it?

Because you and everyone here made me realize that I'm not for sale, like it says here on them clothes. I've sold myself to that crap but I'm not for sale. Not no more.

~~~~~



# Green Family Foundation

## NeighborhoodHELP

### Narratives



# The Phone Call

Bryan Kamel '23

*NeighborhoodHELP Narrative Award Winner*

Having been born to and raised by immigrant Latino parents, I have always heard the phrase, "Be grateful for what you have here in the USA, because we had nothing growing up in our countries and others have it much worse than you do." While this is true, it is difficult to fully appreciate its meaning until having firsthand experience, especially when providing care in the medical field. For me, the notion of understanding others' hardships came to fruition when I was assigned a household to care for through Florida International University's NeighborhoodHELP. When assigned to the household, I saw that it was a Brazilian woman I was tasked to call, introduce myself to, and touch base with on how NeighborhoodHELP could help her. The ensuing phone call opened my eyes.

What I expected to be a standard introductory phone call turned out to be a 45-minute conversation. When asked how she was doing, she replied, "Mentally and psychologically, I am not doing well." This alarmed me, as I was not expecting such a response. I took a breath and assessed how to approach the situation, taking into account my medical training. Upon further questioning, I learned much about her; she was open about her past and her current struggles, as if I had been her provider for many years. I allowed her to take the stage and share her emotions as I listened and validated her concerns, and she proceeded to describe her struggles with mental health throughout the years. Between the trauma of her father committing suicide to her battling borderline personality disorder and institutionalization for multiple suicide attempts, she had overcome mountains. But there was much more to her story.

Overwhelmed and trying very hard to process all this information from the other side of the phone line, I inquired about her support system and how they played a role in this. She revealed that she had impulsively come to Florida on vacation but had decided to stay, leaving her children and family behind in Brazil. She had been getting by here in South Florida by living with a friend, but she was struggling to maintain good standing at work due to her borderline personality disorder interfering with any stable relationships. In addition, she'd had difficulty getting medicine to treat her condition, along with the added difficulty of chronic fatigue. Holding the phone to my ear, I started to think about how daunting living through these experiences must be. To me, a medical student with scarce clinical

**"...she had overcome mountains.  
But there was much more to her story."**

experience at the time, her story was unfathomable, and I had an appreciation for her resiliency. One could say that I relied on my patient-centered skills from our clinical skills course, but I would say that it was more second nature to comfort her, validate her feelings and concerns, and show her respect as a human being. I believe that this is what makes medicine beautiful. Being able to help others when they are at their most vulnerable and make a positive impact fueled me to learn more about this patient and think of ways to help her. I reassured her that with NeighborhoodHELP, she would get the care she needed and deserved.

Afterwards, I reflected on the experience and processed the unexpected interaction. It made me realize that people come from various walks of life and carry a vast array of experiences with them that shape who they are. Most importantly I realized that mental health, an essential to overall health, can easily be overlooked. This experience served as a reminder to always attend to mental health along with physical health. I became grateful for my own health while still painfully aware of the many people that struggle with theirs. To me, this woman encapsulated the many struggles that healthcare providers need to consider when we practice medicine with the biopsychosocial approach. Between migrating to a foreign country, not speaking the language, having medical conditions, and lacking appropriate access to care; she needed care from providers who were willing to view her holistically, and not just treat her with medications.

From that point on, I made it a priority to be someone who would listen to her and offer any support that could help her. She symbolized the struggles that many people face when they leave behind their lives in hopes of attaining a better one, that battles within your mind can be as debilitating as physical struggles, and that mental health is something to be taken seriously. I hope to serve as an advocate for those overcoming their battles, just as I did for this patient. Despite it being our first conversation, I felt like I had known her much longer.



# Time

Olga Lopez '23

## *NeighborhoodHELP Narrative Runner-Up*

It was a Monday afternoon, and a patient came to the mobile health center as a walk-in. She was 19 years old and had a look on her face of fear and worry. She sat down and fumbled with her hands in the exam room chair.

Me: "What brings you in today?"

Her: "Umm... I just want to get a check-up and I am not sure what else. It's been a while since I have been in. My sister is here today so I just came with her and thought I should get checked out too."

Me: "Well we can definitely do that today! I am very glad you came in if it's been a while. Tell me if there is anything bothering you today."

Her: "Nope nothing, I am all good."

Me: "Okay that sounds good, let me ask you some questions then if you don't mind."

Her: "Wait actually... I am worried about something..."

Me: "Tell me, what's on your mind?"

Her: "I have been having this weird smell down there... I had a miscarriage recently and I am not sure if it's related to that..."

It was at this time that she started tearing up. She broke down in tears and told me what had happened. She had a miscarriage and hadn't been able to tell her mom or anyone in her family because of religious reasons. Her mother never spoke to her about safe sex practices because in her family this was never a conversation that was welcomed. Her sister, 17 years old, sat in the other exam room with a similar complaint. We completed a pelvic exam, swabbed her cervix, and sent the sample to the lab for STI testing. A week later, she returned to the clinic.

Me: "Hey there, it's been a while since we saw each other. How has everything been?"

Her: "Good! I broke up with that guy and I'm so happy that I don't have to deal with all that drama anymore."

Me: "That's amazing, I'm so happy for you! We do have to discuss something though..."

**"..something about me that made them feel safe enough to share their experiences..."**

Her: "Oh no, what is it? Does it have to do with the testing we did?"

Me: "Yes, unfortunately, the results of the swab we did last week showed that you have chlamydia."

Her: "What do I do now? Will I have this forever?"

I proceeded to explain to her that we would treat this and that I would be there for her every step of the way. We immediately prescribed her treatment. Her sisters came with her again and we had to disclose a similar diagnosis to her older sister. These girls were in their early-mid 20's and had already suffered such hardship from the miscarriage to sexually transmitted infections, all of which were topics that had always been off-limits in their household.

These were such personal and intimate topics yet each of these women chose to confide in me, a mere medical student just starting my career with a smidgeon of the knowledge that a practicing provider would have. There was something about me that made them feel safe enough to share their experiences with me. I went home that day and thought long and hard about what I said or did to make them feel comfortable. Was it the way I was sitting? Was it the way I was dressed?

The answer came to me weeks later. It was simple and there all along, present in each encounter that I had with all my other patients: time. Once we are physicians, we will be bogged down in documentation, liability, and other tasks that will pile up more than the current challenges that we face with day-to-day work as medical students. Even though it doesn't feel like it now, we medical students have some spare time.

Every day when I go see patients, I have the time to sit down with them and elicit a thorough history that one day I may not have time to gather. This is why medical students and residents are an essential part of the medical team; without us, the diagnosis may be missed. I hope to continue to be present with each one of my patients when I am a doctor even though I know that may not always happen. At least for now, while I have the privilege of time, I hope to continue being someone that patients open up to and trust because the things they disclose may save their lives without them even knowing.



# Matters of the Heart

Allison Kleinsmith '23

My interactions with my NeighborhoodHELP household continue to enforce and deepen my holistic approach to healthcare and my goals when serving others as a physician. I believe I have provided the most support and benefit to my household through a very simple concept – human connection. A seemingly basic aspect of humanity serves as a hugely impactful aspect of my relationship with my household and my hospital patients as well.

My household is a very health literate 79-year-old woman that lives alone in an apartment that she owns. She has a handful of well-controlled chronic health conditions and an overall very positive mental outlook. Her biggest worry is her isolation, which is very understandable. She lives alone, does not have any family in the immediate South Florida area, and is juggling a two year long global pandemic. As her assigned medical student, it became very clear to me early on in our relationship that I could best serve her as a companion and source of support.

When we speak on the phone or complete telehealth visits, much of our time is spent chatting about our hobbies, recent books or magazines we have read, current events, or upcoming plans. We easily speak for 30 minutes or more, and the time flies by. We talk earnestly. We inquire about each other's lives. We laugh together. We are friends. We both leave the conversation with a sense of connection, joy, and strength. It is also very easy for us to cover any acute health complications or social determinants of health that may need addressing because there is complete transparency and honesty in our relationship. It is a trusting relationship, which helps us to be both thorough and efficient.

While I know that there are limits in building a deep connection such as this with all patients that I encounter, especially in a hectic inpatient setting, I have learned to always strive for even a small sense of fellowship. When I approach patients in a clinical setting, I use my strong connection with my household as a reminder to take a few extra seconds to build real rapport with my patients. Rapport really matters. It doesn't significantly prolong the clinical encounter to ask about their hobbies, family, pets, and, most importantly, their goals for their care and the foreseeable future. These are simple things that you can build upon as you work with them on their health and wellbeing.

**“We both leave the conversation with a sense of connection, joy, and strength.”**

All patients should receive good medical care when they are in the hospital. Their labs will be drawn, their images reviewed, and their discharge summary will be handed to them on the way out the door. I ask, however, is that enough? In my opinion, we must address the way we make patients feel. Within a few weeks of discharge, many patients will not remember all the minutiae of their hospital course. What will stick with them for months and even years, however, is the sense of connection they felt with their physician and healthcare team. I want to be a cheerleader for my patients. I want to pray with my patients if they would so like. I want to remind them that their concerns matter. When someone is in the hospital, they need a little extra encouragement, support, positivity, and connection. As providers, it is part of our duty to be a source of strength for them.

If I could summarize my main takeaways from my two-year relationship with my household so far, it would all be related to matters of the heart. I trust my medical school to give a strong and proper medical education, including teachings on humanity and social determinants of health. It wasn't until I started NeighborhoodHELP, however, that I experienced for myself the power of the heart. When I think about graduating in a year, I am genuinely sad that my time with my household will be over. That is true human connection.

I aim to always remember what the relationship with my household has taught me as I meet new patients every day of my career. I can remember the way that, in the past, my own physicians have made me feel, both good and bad. I vow to be remembered by my patients as a physician who made them feel heard, supported, cared for, and connected with. One of my favorite quotes, written in *To End All Wars* by Ernest Gordon about his time as a prisoner of war at a Japanese concentration camp during WWII, says, “I thought to myself as I heard this, ‘Aren't there two kinds of food – one for the body and one for the soul? And of the two, surely the latter is the more satisfying?’”



# Overcoming, Together

Kristy Terp '24

I remember going into my first household visit feeling a little bit more nervous than I wished to be. I had thoroughly read through my household member's electronic medical record (EMR). I had spoken to her on the phone twice. I felt like I was just beginning to get to know her and build the slightest bit of rapport. Fast forward to the end of our first household visit, and I realized that I had written over two pages of notes on everything we had discussed. After reading over my notes and updating her EMR, I realized the common themes that had emerged involved much more than her past medical history—the social determinants of health (SDOH) were weighing her down.

After months of being plagued by the COVID-19 pandemic, my household member was having a hard time putting food on the table. Even with her insurance, she could still barely afford her medications. Add to that her high car insurance bill, steep internet costs, vision care, dental care, and a much-needed repair for her roof that was barely holding together due to hurricane damage from years ago; and my household member was barely managing to make ends meet. As she spoke about her struggles during our telehealth visit, I could see how these burdens were weighing her down. I wasn't even in the same room as her, but I could feel the burden on her shoulders through what would become our normal visit because of the COVID-19 pandemic—a Zoom telehealth call. I knew that she was struggling with fears of contracting the virus with her poor immune status and immunosuppressive medications but knowing that she was also struggling with addressing these SDOH opened my eyes to see a fuller picture of my household member and the burdens that she carries daily.

I remember feeling very overwhelmed at first—how could my team possibly help her address all the social determinants that were weighing her down? The list seemed endless. That's when I remembered that I was part of a team—my NeighborhoodHELP team members had the ability to work together and use our knowledge and experiences to do our best to address each social issue that was negatively impacting our household member. I also remembered the outreach team, which I found to be extremely resourceful in helping our team meet our household's needs.

**“...how could my team possibly...address all the social determinants...weighing her down?”**

Fast forward to today, I realize what seemed practically impossible has become very attainable. We have had food delivered to the household, connected her with local food pantries, and introduced her to GoodRx for medication coupons. We also helped her get in touch with her car insurance company and internet provider to find more affordable rates. We provided her with resources on reduced rate dental care in the local community. I found out that the roof repair that was greatly needed for my household member's home was repaired after months of contacting outreach and connecting the household with a company who could do it at an affordable rate. I will never forget hearing the household member's joy through the phone when she told me that her roof was finally repaired after years of barely holding up.

I am no longer nervous to call or meet with my NeighborhoodHELP household. My team and I have built a strong relationship with her, and I know that with each meeting, we will be able to provide her support. Through addressing the social determinants specific to her, I have noticed a weight has slowly been lifted off her shoulders. Even amidst ongoing struggles, she is brighter, happier, and able to take care of her health better knowing that she has less obstacles to face. There is always more that we can do to support her, and I know that new obstacles will arise, but my household member and her resilience have shown me that together we can change her life for the better by tackling the SDOH she faces to ultimately improve her holistic health.



# *Lessons From Working With My NeighborhoodHELP Household*

Justin Yeh '23

Through NeighborhoodHELP at Florida International University, I have had the privilege of caring for a medically underserved household over the past three years. As a student interested in Obstetrics and Gynecology, my household taught me many valuable lessons that have not only opened my eyes to the difficulties of being a woman without health insurance, but also influenced how I communicate with patients about concerns surrounding women's health.

My household member (Ms. O) is a young woman with a history of irregular periods and Stage III breast cancer diagnosed in her twenties. She is now status-post chemotherapy and left mastectomy. Ms. O is currently in remission for her breast cancer and, before the pandemic, had normally followed up with yearly mammograms and breast MRI. Ms. O also followed up with an OB-GYN for her irregular periods and wished to conceive in the near future. However, during the onset of the pandemic, Ms. O lost her job and consequently, her health insurance. Unable to undergo yearly mammograms and breast MRI, as well as follow up with her OB-GYN, she relied heavily on telehealth calls from NeighborhoodHELP's mobile health center for her well-woman visits in 2020. Hearing her stories and concerns, I often wondered what more I could do as a medical student to advocate for her.

Over the course of the pandemic, I helped Ms. O apply for the Jackson Card to secure financial assistance for medical care and get in contact with a breast health navigator. This experience quickly opened my eyes to the disparities and obstacles underserved women face in receiving healthcare, as well as the amount of homework required to navigate the health system without insurance. During this time, Ms. O was worried about her breast health as she had gone 14 months without undergoing a mammogram and breast MRI. Prior to the pandemic in 2019, she was told that a BIRADS 2 lesion was found in her right breast. As nobody had told her what "BIRADS" and other medical jargon on her 2019 pathology report meant, Ms. O reached out to me. Throughout several telehealth visits, and under the supervision of an attending physician, I was able to reassure Ms. O that the findings were benign but encouraged her to follow up with breast imaging once the pandemic slowed down.

***"...empowering patients...is one of the most valuable skills a clinician can learn. I credit Ms. O as the first teacher that helped me develop this skill."***

During conversations in which I was able to reassure Ms. O about her breast findings, I felt fulfilled that I could grant her some peace of mind during an already stressful pandemic. As I quelled her fears and anxiety, I began to learn which phrases and tone-of-voice work best when walking patients through pathology reports. Today in clinic, I still use phrases like: "Before we talk about the report/findings, can you share with me what worries you?" or "Let's walk through the report/findings together and please stop me whenever you do not understand anything...I am here for you, and we will read through this together." Finally, I usually add, "Would you like a moment to process what we just read?"

I believe that empowering patients with knowledge and a plan of treatment is one of the most valuable skills a clinician can learn. And I credit Ms. O as the first teacher that helped me develop this skill.

Ms. O also taught me how to be more confident when asking sensitive questions regarding women's reproductive health. During one telehealth visit, Ms. O stated that she wanted to see an OB-GYN regarding her irregular periods and inability to conceive over the past year. As part of the conversation, I took a complete medical history surrounding her reproductive health. However, during the part where I had to review her sexual history and timed intercourse patterns, I noticed that I was stuttering over my words. Ms. O laughed and stated, "Be more confident! Do not be afraid to ask – we are ready for these questions, especially when we bring up stuff regarding sex. We WANT you to ask, doctor!" I still hear her voice in my head every time I ask patients sensitive questions. Over time, with practice and micro-adjustments on how I approach these questions, I have become more confident and natural at asking questions regarding sexual history.

While didactic lectures and Q-bank test prep services are often touted as the best way to learn medicine, NeighborhoodHELP is an invaluable resource that has helped me strengthen both my soft skills and clinical acumen. Taking care of Ms. O taught me that taking time to help patients understand their health, advocate for their wellbeing, and interview patients in a confident yet comforting manner are pillars to quality medical care. These opportunities beget the valuable opportunity to slow down a clinical encounter, to listen to the patient, and ultimately to cultivate a stronger patient-provider relationship.



# Smiling Through the Pain & Fighting Shame

Sofia Portuondo Quirch '23

It was the first day of my family medicine rotation on Florida International University's mobile health clinic (MHC) when I met the patient that would have a lasting impact on me and my medical career: a 31-year-old female with no past medical history who came with her 9-year-old son from Jamaica two years ago to establish herself in Miami. From an outsider's perspective, the patient seemed like a happy, cheerful, and caring mother whose main priority was focusing on her child's health and well-being.

Before entering the room, I read up on her previous visits to the MHC. An alarming HPI stated: "Wants to be independent but relies on her boyfriend to cover the bills. Sometimes feels heart racing. Must calm herself down. States she is always smiling and appears happy, but this is fake. Her son is her motivation."

I entered the room, introduced myself, and set the agenda for the day. I asked the question we all ask to spark conversation: "What brings you in today?" "I just want to ensure my son is doing well and is healthy," she replied. Immediately putting others first, an innate motherly instinct.

They had a beautiful relationship. Her son was a ball of energy, bouncing off the bus walls, unable to sit still. You could tell she was embarrassed by the chaos, but I couldn't help but smile at the charisma he expressed and the affection she showed to him. She spoke softly, calmly, and begged him to stay in the chair so we could continue talking. When I asked how she was doing, she would say, "I'm doing good because of him; he keeps me on my toes!" We managed to get through the well-child visit without any major meltdowns. Overall, her son was doing well, active, social, and performing well in school. We could see that he was thriving in his new environment here in the States.

Shifting my attention toward her, I couldn't help but think of what was in her previous chart. I inquired about her move from Jamaica to the USA. She told me about her new job in the bakery and how things had been going better now that she could make some money on her own. I followed up by asking her how she was previously being supported financially, to which she mentioned her boyfriend. I didn't observe any timid body language or change in tone when mentioning his name. Before I could continue, her son interrupted. As any 9-year-old would behave, he was impatient and ready to get home for his afternoon snack. She was scheduled to be seen in the next couple of weeks, so I figured I'd thoroughly assess her social situation then.

**"She states she is always smiling and appears happy, but this is fake. Her son is her motivation."**

Fast forward two weeks. She had come into the clinic on her own this time, again with a contagious smile on her face. She had this grace about her that none of us could put into words, but her energy helped control the mayhem of the morning rush. We greeted each other, and I was glad she remembered my familiar face. We reviewed lab results and discussed her resolved urinary tract infection and intermittent acid reflux. She stated improvements and reported feeling "pretty good." She inquired about food banks in the area. I asked about food insecurity, and she replied, "It's going well; I just want to get my food and not feel as dependent on my boyfriend... as you know, my son is quite the eater!" I told her I would print some resources for her to take home. I proceeded to get my attending so she could examine the patient before we sent her on her way.

This is where the conversation turned. I missed the subtle comment in our discussion; however, my attending knew how to proceed. She began by speaking about her job in the bakery and food resources. The patient mentioned, "You know I just want to feel independent from my boyfriend; he's been paying for everything." The attending decided to investigate further. "Does it bother you that he pays for everything?" she asked. "He feels entitled to control my life because he is financially responsible," the patient replied. The room grew quiet. Her demeanor changed as she started sinking into the chair. She continued, "He is very controlling. He calls multiple times daily and gets angry when I can't pick up the phone at work. He pays rent, but we don't live together. He pays school tuition and food for my son. Thankfully, he has never gotten physical."

Halfway through her descriptions, the phone rang. He was calling. You could see the frustration in her eyes as she swiped to answer it. "Where are you?" he demanded. "I am still at the doctor's; we are talking now," she responded. He insisted on staying on the phone for the remainder of the visit. She placed her phone on speaker so we could hear what he was saying. "What is the doctor saying, huh?" he said as she rolled her eyes. Our conversation continued on the more medical route. We told her to keep up the excellent work and scheduled her for a follow-up visit to draw labs.

She was able to hang up before leaving, and we assessed intimate partner violence. She reported feeling strong enough to deal with it and mentioned having a safe place and people who would support her. We provided her with resources and she was on her way, smiling once more as she left for the bus.



# A Window Into Community Health

Jacklyn Garcia '23

The Linda Fenner 3D Mammography Center provides an invaluable resource to those who need it most. Being a part of this as a medical student was a key highlight of my medical school journey. Whether it was helping patients fill out the necessary paperwork, explaining how the exam was done, or just calming nerves, I always felt like part of the care team. Additionally, as an aspiring radiologist, I have found it incredibly rewarding to participate in the interpretation of screening mammograms while also valuing the clinical and patient-centered aspect of the field. Patients that utilize this service do not have insurance, nor do they usually speak English, which contributes to their limited access to medical care. Like many other resources that the Florida International University Herbert Wertheim College of Medicine provides, screening mammograms save many lives by detecting asymptomatic cancer and pre-cancerous lesions in very vulnerable populations who might not have access to this care otherwise.

One key aspect that makes volunteering on the van so rewarding is the amazing staff. I always felt like a valuable part of the team and was immediately placed in the frontlines to interact with the patients. In the van, I was able to help patients understand the medical forms that need to be completed prior to their medical appointments. In addition, I helped explain what the procedures entailed, and the risks and benefits associated with each. As a medical student, I was in charge of taking breast health histories from all patients which allowed the team to understand if they were at higher risk of disease and any additional questions that were necessary to properly assess patients.

The majority of patients that utilized the van for their screening mammograms spoke Spanish or Creole. For patients that spoke Creole, it was a challenge to find ways to communicate with them. With the resources that come with the health fairs that the van drives to, we were able to find nursing students from other schools that were generous and willing to help translate for us as we conducted interviews and helped fill out forms. During this experience, I learned the beauty of medicine is especially seen when everyone is willing to work together as a team for the benefit of the patient and the health of the community. The experience was inspiring, and I hope to work in a hospital which encourages collaboration like this one day. The incredible experience of working directly with this population has sparked my interest in potentially pursuing a fellowship in mammography.

**“...I learned the beauty of medicine is especially seen when everyone is willing to work together as a team for the benefit of the patient and the health of the community.”**

One particular patient I had was a 72-year-old female who had never had a mammogram done before. She explained to me that she had a history of breast pain that she had for years, but which she no longer felt. Since she never had insurance and was an immigrant, she never had the opportunity to see a physician about the particular complaint. Although a screening mammogram is meant for patients with no acute complaints, we were able to get the mammogram approved because she did not have any current pain. Along with the patient, I was also nervous about the results because she shared with me in-depth the amount of stress this was causing her. She was so grateful to have the opportunity to have a scan done through the 3D mammography van.

After the scan was done, the patient was so grateful to all of the staff that helped her that day feel more at ease with her first mammogram. I was so grateful to be part of her medical team and to be able to provide her with the support and resources she needed during this difficult time. It was such a great feeling knowing that through this initiative, we can help so many patients like her receive access to vital, possibly life-saving care that they would not have been able to access otherwise.



**A Letter to Myself**  
Roshni Bisoodial '25

You make me want to be a wild thing. Like a child who's discovered rain, little feet dancing with the thunder, laughter entwining with the smell of the earth as she rises to greet her old friend. Where curiosity still shoots through her veins like lightning and the fear of her future hasn't settled into her bones.

You make me want to be a vagabond. Like a wanderer who can feel her heartbeat in her fingertips. Where her hair sticks to her skin from a day well spent, grass stains speckling her dress and her voice hoarse from how much she's laughed - unashamed of taking up space.

You make me want to grow into myself. Like a rose that's begun to love her thorns. Where she won't shy away from the moon, burning regret ebbing as their silver fingers trace her scars. Where the bitter unyielding handcuffs of ego are replaced by understanding's warm hug.

You make me want to have an affair with life - let it treat me like a lover of a thousand lifetimes. As though each experience is a note shared between us, colored by inside jokes and growing pains.

You taught me living is a blessing I can afford.



*Just Keep Swimming, Anna Kenney '25*



**One To Go**  
Daniel Aloise '23

I took a deep breath and smiled, for the time had finally come,  
At long last I completed Step 2, so I could rest easy knowing my  
job here was done.

I pushed myself all year for this moment, staying focused and  
dedicated with one goal in mind,

With tunnel vision I had rowed my boat each day, rarely  
deviating from the grind.

All those long nights of Anki and UWorld had finally come to an  
end;

My will never broken, though it definitely did bend.

Infinite tabs open on my desktop filled with videos and notes in  
their folders,

I looked forward to closing them all, walking out with a great  
weight lifted from my shoulders.

I enjoyed an amazing weekend with my family and friends that I  
love,

Thankful for those around me & those who guided me along the  
way, including some up above.

We spent a day on a boat filled with laughter, drinks, and fun,  
Though seemingly before I could blink, however, my next  
rotation had begun.

Monday rolled around very quickly, as I got myself back in the  
zone,

One more month of focus I told myself, and then I'd be done.

Day after day I pushed myself to improve and get through it all,  
Often reflecting on my journey, finding motivation so that I would  
not again fall.

Whether being rejected professionally or failing on the field or a  
test to get the necessary score,

Each time I failed it ultimately worked out better, each failure  
leading to a new open door.

I applied to ten medical schools my first time around and was  
denied by them all;

For this reason, you'll find a chip on my shoulder - one that pushes  
me to run through any wall.

I look to my idols for motivation when I am faced with new  
personal challenges & strife,

Listening to Kobe before my exams, as hard work breeds results in  
any field of life.

This serves me well as I become reinvigorated with passion and I  
remember from where I came,

"I can get through this just like everything else", I thought, but now  
I shake my head in shame.

I find myself asking, "What is this really all for?"

I don't want to keep just getting through this, for there will  
always be one more.

One more year, one more test, one more shift, one more to go,  
I want to stop living this way & enjoy each moment, looking  
beyond the boat as I row.

I take pride in my accomplishments and look forward to new  
challenges that come,

Though I must remind myself there is more than the task at hand,  
so I do not become numb.

One more year at FIU before I receive the title M.D.,

Which I am so excited to attain, though I also look forward to  
what this next year, itself, can be.

Finally, more free time to spend with the most amazing people I  
may ever find,

Taking each day as it comes and being sure to enjoy the ride.

Though the chip on my shoulder remains, the weight on my  
shoulders feels light,

For I am confident my future in medicine - and in life - is bright.



### Requiem

Lizis Rodriguez '25

And there you are standing in front of him  
A man whose face you've seen age and wrinkle with time  
Holding a gaze you wish you could forget  
A man that is one breath away from crossing the line into  
nothingness.

You try to hold on to all the memories in a slip of a second,  
as if they weren't yours, to begin with.  
That man was the sole bearer of those memories,  
and you knew you were losing them both.

The more you pressed on his chest,  
the more tears came down your face.  
Sorrow became an invader of your thoughts and reality was more  
imminent  
than any string of hope you were holding on to.

The hazelnut of his iris was now a deep black  
that possessed his whole body into a standstill state of emptiness.  
The look of barrenness of a dead man.  
A man who held you when you were born and now you hold him.

How can you ever exit the never-ending stages of grief?  
Undulating forwards and back,  
as waves of an ocean that come and go  
until they forcefully crash into the shore,  
and all chaos breaks loose under that water

Time will never mend how my heart washed away with you that  
day.

I kept all our memories as you left them to me  
and didn't take any of them with you.  
As I have been your secret keeper,  
to one day share them with my children,  
for you will be known even to those who never met you.



*Reflections*, Ciara Lusnia '25



## Doctors Don't Cry

Emily Sterling '23

Student doctors are taught not to cry. I reminded myself of this as I stood in the PICU of the children's hospital. We were only halfway through rounds when we entered a room that was different from the others. The gray walls were covered with twenty to thirty photos of middle schoolers holding up letters. The letters spelled out the words: GET WELL SOON, WE MISS YOU. The room was filled with party decorations and colorful drawings and games. There were three adults in the room standing over the patient's bed, looking tired yet joyful. Lying in bed was the first smiling patient of the day: a 13-year-old boy recovering from a heart attack.

Less than a month ago the patient had just returned home from summer camp. "I don't feel so good," he told his dad. Before his dad could respond, the boy dropped to the ground. The dad immediately called 911 and began CPR. Even with the father's life-saving response, the boy was without a spontaneous heartbeat for nearly 45 minutes. His pulse returned shortly after entering the hospital, but this was regarded as a miracle under the circumstances.

This boy was now sitting in bed, comfortably, as the resident team began presenting the case to the attending physician. He was smiling, but shy. His disposition resembled that of a baby who could not yet speak, walk, or hold up his body on his own. He looked at all the new faces with big, curious hazel eyes. The parents answered the routine questions asked by the team, and they celebrated the fact that another word had been added to the list taped to the wall behind the patient's bed. The list held all the words the boy had relearned since his heart attack; that day, it grew to six words long.

I felt frozen in time. I looked around the room, feeling the love and adoration this child was surrounded by, coming from his family, his friends, and his community.

Who was he before this heart attack that had left him with a vocabulary of six words and an inability to feed himself? I thought about this and held back tears as my eyes scanned the walls to learn more about my first smiling patient of the day. He seemed to be a popular kid, with an adoring family and a bright future. I looked at the soccer ball placed in the corner of the room. Maybe he wanted to try out for the soccer team next year as a freshman in high school. I looked at the image of the classmate with the large bow in her hair that was placed closer than the rest. Maybe he had a crush on this girl in math class, and he used to gossip with his mom at night about girls and drama. He probably had a colorful life, just like his colorful hospital room. As the team finished answering the family's questions, I grew more grateful for my N-95. This mandatory mask in the COVID-19 era was working overtime to keep viral particles out, while also keeping my subtle frown and scrunched up nose hidden.

As we rounded on the next ten patients, I could not help but think about the boy in the colorful room. Something similar happened to a boy in my neighborhood many years ago. He was in a four-wheeling accident and was without oxygen for nearly seven minutes. He recovered much quicker than the doctors predicted. He relearned how to walk and talk, but he was never the same. He had lasting memory problems and delayed learning abilities. I believe I reacted so strongly to this patient in the colorful room because I thought of the kid from my neighborhood back home. These two boys had done nothing wrong, but their lives completely changed in a matter of seconds.



I have been told doctors do not cry, that doctors must remain strong for their patients. When I sat in my car to go home later that day, I finally felt safe enough to let my eyes fill and allow a tear to run down my face without the fear of being seen. Am I weak? Am I strong?

It was impossible to know at that moment. A miracle case, with the magic of medicine defying the impossible, and yet I succumbed to my emotions in my car as I wished life were different for this innocent child. I have been told doctors do not cry, but I don't think that is entirely true. I think doctors cry as often as they need to, doing so in the few quiet moments they find alone. Doctors do this so their patients do not lose the hope they so desperately want to provide.



*Nature's Intricacy, Phillip Cifuentes '24*



*Same Path Different Season, Kristy Terp '24*





*Sunrise in Miami, Raghuram Reddy '26*

### **If Only You Were Still Here**

Elena Pham '24

If I had to choose a hero, it would be you.  
 Only you loved without expectations.  
 You had a booming laugh that could light a room.  
 Were there times when I wanted to just get away? Of course.  
 Still, you accepted me and my flaws. Now,  
 Here I am wishing I could see you again.



*Protection, Elena Pham '24*



youth  
anonymous

my struggle, my youth  
how you've chosen to bind me until death  
my country, my rock  
how you've shown me the taste of bittersweet

the cries of horror as explosions ripple across the innocent streets  
my shock, my windows  
the tantrums thrown as a single toy truck meant the world to me  
my gift, my hope  
the dreariness of the settled darkness as I wept behind closed school doors  
my wit, my potential  
the sudden realization that it would all be left behind  
my hollow, my youth  
the creeping isolation as the plane lifted from the disfigured tarmac  
my baladi, my home

my love for you fades, as cedar embers dwindle in the wintry  
mountain air  
the waves of my desolate youth crash upon the walls of my naive  
heart  
my ensnarement in a labyrinth with no smoke signals in sight  
the screams that once took refuge in my head were becoming  
muffled  
how the insidiousness of memory haunts me, for a lifetime

the shock of a new land that looked differently upon Arabs  
my ridicule, my humiliation  
the laziness of those who could not bother to say my name correctly  
my shame, my shell  
the missing help of those who could not always be around

my struggle, my loneliness  
the inability to envision becoming a physician  
my impairment, my burden  
the thin-veiled racism that accosted me as a child  
my difference, my trauma

but my love grows slowly like tinder that is ignited by my soul's content  
but the seismic waves of my heart flood the fields of human  
destitution  
but there is once again smoke in the labyrinth that fooled us all  
but the screams sit in silence, anxious to escape as hymns to the sky  
how the forgiveness of memory fills me, for a lifetime

my hope, my medicine  
how this cruelty showed me only more love  
my tear, my smile  
like the moon in the morning  
my jaded, my faded

almost gone.





*Infinite*, Elena Pham '24

**Code Blue**  
Raelynn Vigue '23

Pale skin, a blank stare.  
What lies behind the blue eyes  
Whose soul is elsewhere?



*7th Edition Look Back, 2019*

**The Weight of a White Coat**

Ashley Dixon '22

No one told me how heavy it was;  
The weight of a white coat.  
And I'm not speaking of the tangible, the physical  
The pens, clipboards, books, and tablets  
Tangled headphones, half-eaten granola bars between patients  
Stuffed into all 5 pockets  
Of an ill-fitted coat  
Desperately trying to stay pure white amidst  
The coffee, blood, sweat, tears, urine, pus, and god knows what else.  
No  
Not any of that.

The weight I speak of is in holding a patient's hand  
When you tell them, they are terminal.  
The hefty pain of discovering multiple healing fractures  
On an innocent child's chest x-ray for cough.  
The heaviness of the responsibility to care for others  
Regardless of their judgement of your dark skin, religion, tattoos, accent,  
or anything else  
That doesn't quite fit the mold of the Physician.

I've heard it in my father's friends  
They call him doc, instead of Donald  
Ever since he went to med school.  
I hear it now when I see family  
Young doc, baby doc, almost doc. Soon enough I'll be just doc.  
Not Ashley.  
No one told me the weight of having your identity change the moment  
you take that oath.

People respect doctors  
Or at least they did before Google and WebMD  
They hold physicians in high regard  
Until they refuse to prescribe antibiotics for a viral illness.

This burden and privilege is heavy.

All too heavy

We see it in the statistics  
Year after year residents take their own lives  
After sacrificing everything to save others  
They couldn't save themselves.  
The white coat became too heavy to bear.

You see, this white coat is more than just  
A piece of linen, a uniform, a lab coat.  
It's more than just  
That thing we spend years struggling to earn,  
And then more years to feel worthy of.  
It's so much more.

But it's not everything.

It's heavy,  
Carrying the hopes and dreams of patients and loved ones  
Who are at their most vulnerable  
And trust you to  
heal them, cure them, save them.  
But we can't forget who we were before we put it on.  
Because when we do,  
Each stitch, seam, thread, pocket  
Becomes endowed with a weight that is all too heavy.  
So take it off, take a break, take a breath.  
You are not your white coat.  
You are human.

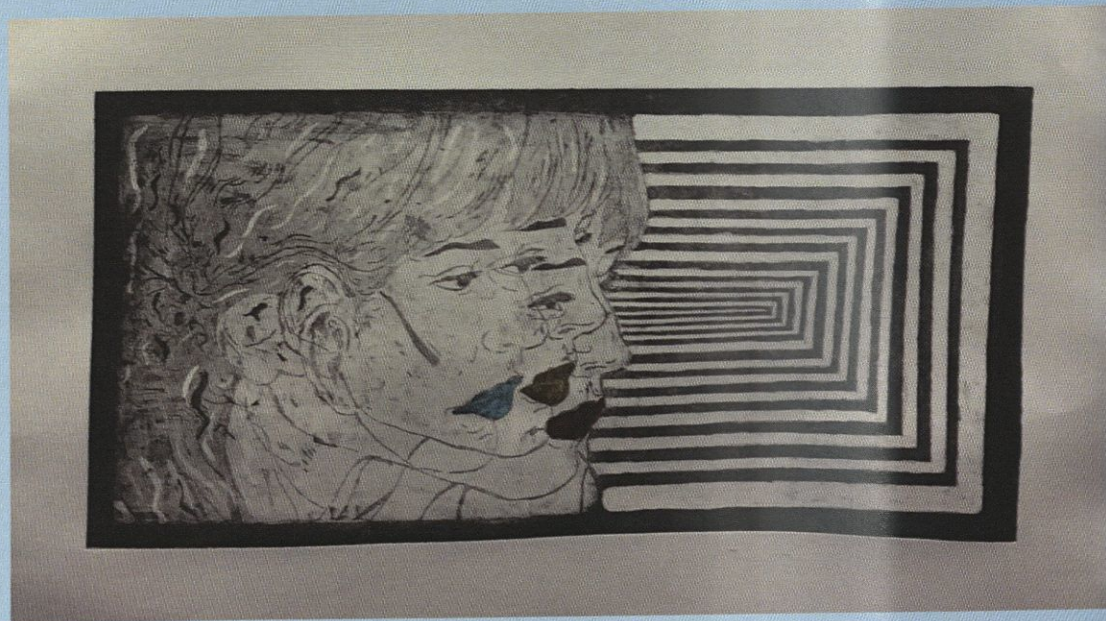
**Author Update:**

Dr. Ashley Dixon is currently just about halfway through her intern year of her psychiatry residency in Orlando. She still enjoys writing poetry and reading fiction. She is planning on pursuing a fellowship in addiction medicine.





*Coding*, Rachel Shatanof '23



*Dissociate*, Rachel Shatanof '23

**Author Update:**

Rachel Shatanof is now an MS4 at FIU and is currently interviewing for residency as well as training for Miami Half Marathon. She hopes to match at her perfect Internal Medicine program and has aspirations to pursue a GI fellowship following residency.

**Clouds**

Addison Brown '23

The clouds look the same in China  
It struck me today  
That when everything looks  
different  
Some things stay the same  
  
Hills of snow stretch wide in  
Greenland  
As far as the eye can see  
City lights shine at night in Italy  
Like ones lining my own street

On the screen in slow motion  
The videos play  
If I stare at them long enough  
The room around me fades away

The next video starts:  
Now the clouds from above  
Like the view from an airplane  
That as a child, I loved

I used to wish, I remember  
That I could open the window  
Catch a jar full of clouds  
Bring it to the ground below

Its been a while, I realize  
Since I thought of that little girl  
And there's part of me that wishes  
I could still look through her eyes at  
the world

So much is different now  
But it brings me peace to know  
That the clouds, at least, would  
still look the same  
Looking down from a plane  
window

The seasons have changed  
And my home  
And my name  
But like the clouds,  
Some parts stay the same

So, through time marches forward  
And the days still grow shorter  
And these days, the world looks  
strange

The seasons will change, again  
And I'll look up at the sky then  
See the clouds  
Breathe out  
Breathe in

**Author Update:**

Addison Brown is in her final year of medical school and applying for residency in Family Medicine, with plans to focus on working with underserved and marginalized populations. Her vision for her career has been largely shaped by the people she has met and opportunities she has had at HWCUM. She is excited to see what the future holds.





*Summer Day*, Phillip Cifuentes '24



*Light at the End*, Anna Kenney '25



## Space

Waleem Hernandez '23

Dear Today,  
Tomorrow is almost here.  
Though my body has adjusted to this new normalcy,  
My feet still yearn to touch the ground.  
In the distance, a golden hue emerges,  
Faintly illuminating the silhouette of darkened terrain,  
Contouring a duality that reminds us  
Where we have been,  
And where we have yet to go.

In training, we studied the science,  
But yearned for the art.  
Without warning, we were launched into orbit.  
Cold, desolate, and ill-suited,  
Left to float alone in space.

We whispered wishes on fallen stars,  
As brightly lit flames withered into the background.  
Yet, only in the darkness,  
Can humans truly see,  
That even a chaotic assortment of light,  
Can form a beautiful constellation.

And so Today, I wish you farewell,  
For we will no longer remain lone stars.  
Tomorrow, we will return to our vessels,  
Severing the 6-foot rope that kept us tethered.  
The sun is rising,  
And I see it clearer than ever,  
A revitalizing hue dawning new light.

As I approach Houston,  
I feel the pull of the terrain.  
Though my brittle bones have large shoes to fill,  
I will eagerly don my crisp white coat,  
With a new mission in mind:  
To help us convalesce,  
And fill the void left behind.



*Entrust*, Ashley Ramirez '23



## The Power of Holding Someone's Hand

Samantha Gogola '24

It's pitch black outside and my alarm is blaring. Rubbing the crust from my eyes, I remember that it really is 4:00 AM right now, and it really is my first day of surgical breast oncology. I stumble out of bed and head to the bathroom. Too lazy to wash my face, I reach for the makeup wipes. "Doing something halfway is better than not doing it at all," I mumble to myself as I scrub with the glorified baby wipe.

After gathering my compression socks, high-arch shoe inserts, fanny pack, and protein shake, I am finally ready to leave the house. I try listening to Online MedEd in the car but it's hard to pay attention when I'm simultaneously trying to think of the questions I might get asked today. I park, chug my protein shake, and head inside.

Considering how bad I am at directions, it's hard to believe how fast I found where I am supposed to be. "Here you go," the nurse says as she plops the heaviest patient chart in my arms. Suddenly, I am glad that I was still an hour early. The words "ductal carcinoma in situ", "BI-RADS 4", and "sentinel lymph node biopsy" flash before my eyes.

"I'll go bring the patient in," the nurse says. And then I see her. I can't believe how young she looks. Going back to her chart and, quickly flipping through pages upon pages of pathology reports, lab results, imaging, and histories, I find it. My eyes go wide as I look back at her – 20 years old.

I continue listening as the nurse fills out the consent forms with the patient and notice how, even though the nurse is speaking to her in English, she will only respond in Spanish. When I talk, she won't even look in my direction or acknowledge my existence. "Why is she so uncomfortable with me?" I think to myself. "Is it because we are close to the same age?"

She disappears behind the curtain to change into her gown. The next time I see her, she is surrounded by so many people that there isn't a spot for me next to her bed. As I am standing in the corner on my tip toes and craning my neck in a thousand directions, and through all of the coordinated hands and wires swaying above her like a symphony, I finally catch a glimpse.

"Wait... is she crying?"

Someone leaves her side and I make my move to be beside her. Her eyelashes are glistening and two tears fall at once from each of her eyes. I instinctually grab her hand and am surprised that she immediately squeezes it. Her breath is shaking as she tries deep breathing exercises - in through the nose, out through the mouth. While I am looking at her trying to come up with the right words to say, everyone else notices what I see.

"Sorry that we had to stick you twice for the IV, but you can relax now," says the anesthesiologist with a smile before he walks away. "It's okay, this is a very simple procedure. You have nothing to worry about," says the nurse as she pats her shoulder before following him out. "We caught this early, you're going to be okay," says the doctor as he shuts the curtain, leaving me and the patient alone. "How are you feeling right now?" I say, surprising myself in finding the words without thinking.

She grips my hand harder and looks up at me for the first time. "I'm just really worried about the anesthesia. I don't like the idea of being asleep and not having control over my body." As we talk I can see her heart rate decreasing on the monitor. 102, 99, 96. The anesthesia team comes back and I continue to hold her as she is rolled to the OR. The symphony of hands and wires plays again as she is hooked back up to the monitors. 85, 81, 78. "Thank you, I really appreciated that," she says as an oxygen mask is stretched over her face.

As I walk away to scrub in, I am amazed at the power of holding someone's hand.

We have been told time and time again throughout our medical training that a simple touch can soothe our patients, but I had no idea the magnitude of its power until this very moment. This patient would not have felt comfortable with me or relayed her true fears to me otherwise. As we continue along our paths, in addition to trying to remember countless details about which genes contribute to a certain pathophysiology, which lab values are important to pay attention to, and which things we need to say and when, we must first remember to be human.





*Unnamed, Michel Wakim '25*

## Maintaining Perspective

Michael Rejzer '24

It was a new chapter, a fresh frontier of experiences begging to be explored. Ceaseless lectures with intangible lessons were now a remnant of the past. This was year three of medical school. This was healthcare in action, where I would be able to employ my accumulated database of knowledge. It was finally time to enact meaningful change in the lives of others.

I began my third year on my internal medicine rotation where I worked as a member of the inpatient hospitalist team. For my first day, I was assigned a single, newly-admitted patient to read up on and evaluate. In an effort to make a solid first impression, I spent over an hour painstakingly eliciting every minute detail in a manner that would make any OSCE grader beam with pride. With my initial work complete I was finally ready to go see my patient in person.

Following a brief knock, I entered the inpatient room to find a smiling, outgoing young woman in her mid-twenties who greeted me warmly. I hesitated and double checked that I had the correct room. This was not the patient I had read about that presented to the emergency department yesterday with debilitating abdominal pain and bloody stools. Increasingly perplexed, I asked my basic questions and completed a physical examination, unable to identify any of the previously recorded abnormal findings. I thanked the patient for her time and hastily began researching her case. Was this a short-lived flair of her well-controlled ulcerative colitis? Was this an infectious process that responded quickly to prophylactic antibiotics? Or was this something else entirely? I was obsessed with eliciting the underlying reason for my patient's presentation and abrupt recovery.

It was 8:30 am, and rounds proceeded as expected with me anxiously awaiting my turn to present. When we finally came to my patient, I thoroughly laid out the case and included my own lingering questions. However, I was ultimately left disappointed. The attending physician was similarly unsure as to the exact nature of my patient's condition but was content in the fact that she had significantly recovered. Continuation of her current therapy with observation was the decided disposition, and with that the rounding team shuffled on to the next patient.



I spent that night incessantly reviewing the aspects of my patient case. What were all the diagnostics I could order to cover the possible differentials? Should I start a new medication to prevent reoccurrence? How many consults would be appropriate to better define what was happening? My mind raced through a sleepless night with all the possible options.

The next morning I arrived at the hospital well-caffeinated, focused, and wholly determined to solve this puzzle that had been entrusted to me. After quickly checking the EMR for updates, I eagerly made my way to my patient's room. The crinkling of paper echoed down the hospital hallway as I stood outside the door, hurriedly shuffling through a final review of my notes from the day before. Satisfied with all my hard work, I once again gave a brief knock and entered, ready to tell my wonderfully pleasant patient everything I was going to do for her.

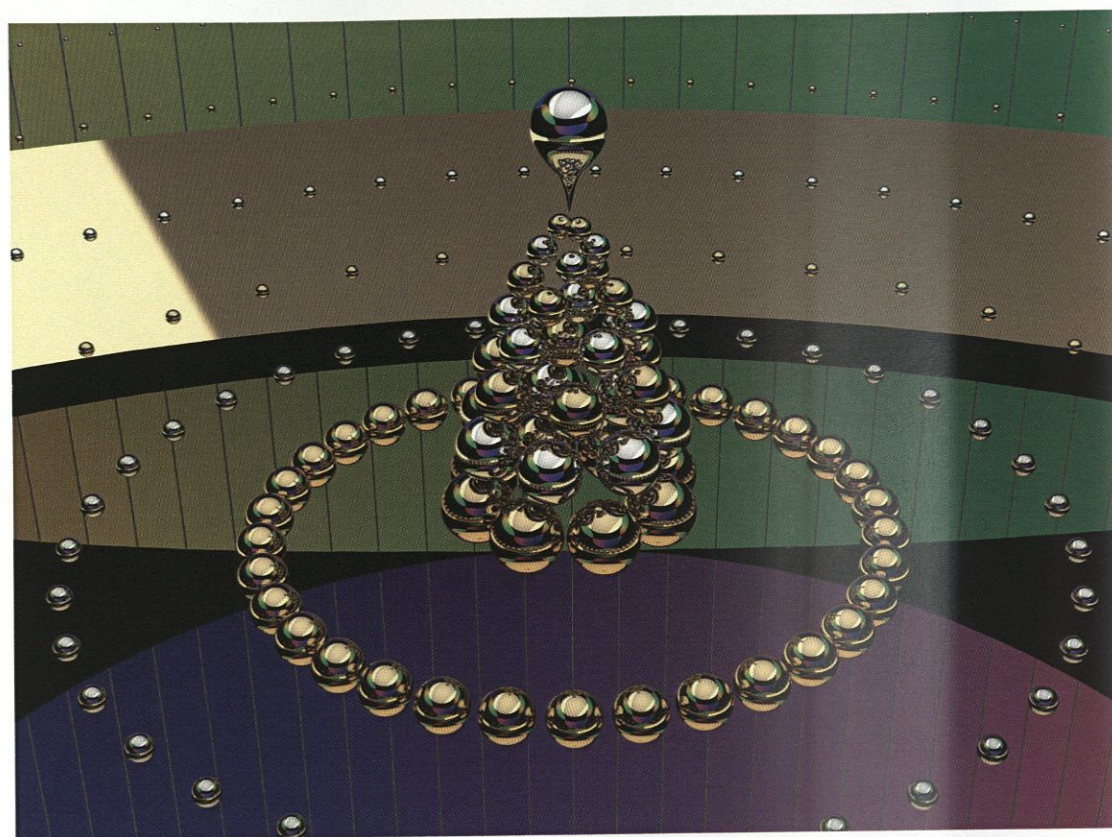
Upon entering the room, it was immediately clear that something was different. The friendly, outgoing patient who had greeted me so warmly the day before was nowhere to be found. Instead, before me lay a young woman who seemed entirely uninterested in my presence and could barely muster a flattened hello. Once again, I hesitated. The eagerness I had felt only moments earlier had been swallowed by the vortex of exasperation consuming my patient. Discarding my pages of prepared notes and questions, I knelt at her level, asked her how she was feeling, and what had changed since we last talked. On the brink of tears she mustered a reply that has resonated deep within my bones ever since. Please, let me go home, I just want to go home.

That day I learned a powerful lesson about maintaining perspective. Years in the classroom had instilled in me the importance and excitement of diagnostic medicine. It's thrilling to be able to recognize certain presenting symptoms and establish a plan of action that might actually make a difference. Yet, we as medical professionals must never lose sight of the fact that these are not lab animals for us to test, or cases to satiate our curiosity. They are human beings. They have lives with hopes and dreams, the same as us. It is my hope that any who read this piece might at least briefly reflect on their own interactions and strive to better incorporate the patient's experience as an equal component into their plan of care.



*Una Siestita*, Allison Lindsey '23





*Fountain of Reflections, Christopher Yin '24*

**Engineering a Doctor — Dear Future Patient**  
Silas Helbig '25

My brain is an engineer, my initial calling.  
It works like gears perfectly meshed,  
sending currents throughout my body.

My heart is a transducer,  
Turning those electrical impulses,  
Into a colorful song called medicine.

I think in numbers, but my true calling is people,  
I want you to know, you are getting both in me.

**Notes on "Dedicated"\***  
Praveen Wickremasinghe '24

The inspiration for this work is from a screenshot of "Notes," an app many of us use for scribbling down information when we are in a rush, or between doing important things.

"Dedicated" is the name of a period of time medical students take to study for board exams. The theme of the work revolves around the implication of constant distraction during a time of intense dedication, which draws a parallel to a delusion.

The only capitalized word is "You", symbolizing the feeling of selfishness during "dedicated".

The structure of the indentation reflects the juxtaposition between guitar and studying (left-brain, right-brain, respectively).

The lines that begin in the middle are lines that lead the speaker along "the middle path or absolute truths"—things that hold absolute weight and are grounding.

Act of self-care (playing guitar) allow recall and reflection of good memories (1 and 5 = chord progressions and are used to recall the memory, written as "1" and "5")

"9:55. \_\_\_\_\_ dementia" reflects an inability to stop studying, while thinking about a loved one.

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**\*EDITOR'S NOTE:**

*The description above pertains to the piece on the next two pages.*



## Dedicated

To what exactly?

sleep

okay so if You hit the hay at 10 then  
You can get up at 6 then so you can work it out  
but remember that Your shoulder is killing  
You so maybe see how You feel in the morning  
but You can just do legs

oh right! Hypoxia initiates the physiologic changes when You exercise  
the most common cause of hypoxia in the wards was V/Q mismatch  
Wasn't CO2 the primary mediator of cranial vasodilation?

slow Your breathing, close Your eyes

— when was the last time You fell asleep in a car?

study

all-right? today You're going to look at  
ekg cardio since it's more likely to come up  
the limb leads are based on a frontal plane  
the precordial leads are a vertical plane  
the heart is a #D shape

You need to combine both of the leads in order to see the pathology  
okay so if You see an acute coronary syndrome problem  
in a specific group of both leads, You can localize it  
so what if You localize it?

You can treat it

what makes people susceptible to this? hypertension?

hypertension increases afterload

how does increased afterload affect that starling curve?

over

extended periods of learning-curves application

play guitar

warm up the tubes, check the cables, tune  
how did that turnaround go again?

Right! 1,5

twenty-twenty-1, winter break was the last time You fell, asleep in a car, it was quite bright that late californian afternoon—  
You could see the clouds moving through their stark shadows on the san-scaped pavement  
listen closely, You can hear those palm leaves giving each other those rustling high-5s;

call Your parents

ask Your mom about Your grandma: a world away, on an island, with her nurse

Bradykinesia, shuffling gait, substantia nigra, ropinarole

Stop it's 9:55

dementia.

leg workout

study heme / onc

Put off scheduling that trip after STEP

Forget to call your parents for 4 days

Don't workout for 6 days

Forget to play guitar everyday for 10 days

Ignore that text from your best friend

Put off making dinner for your partner

Use this planner consistently

Dedicated

to what? exactly.



## Growing Pains of Medicine

Cecilia Nosti '23

I fondly remember the experience of my first clinical rotation where I learned to participate in the real world of medicine, one that wasn't from behind a computer screen. It was an exhilarating experience: showing up to work every day, giving my best to contribute to patient care in any way possible as a background character. Each day growing more confident in my abilities and approach to patient encounters. My obstetrics and gynecology rotation was a delight, as each pregnant patient that came in was enthusiastically awaiting her bundle of joy. Over the course of weeks, I saw them return, counting down the days to that fateful day. A truly wonderful specialty of medicine, where providers are fortunate to witness the blessing of life. This was especially true the first day I heard a fetal heart rate monitor. The fast-paced flutter of the fetal heart almost brought me to tears. It was the most beautiful sound, and I could see it on the mother's face.

This next patient was due for a fetal ultrasound. In a room full of healthcare professionals, the patient and I were the only Spanish speakers, so I translated the entire interaction to the language most comfortable to her. Within the dark room, the only light flashing back at us was the ultrasound monitor projected on the big screen. An image of a tiny sac of the resting fetus confirmed an intrauterine pregnancy. At 10 weeks, it could not have been larger than an orange! What a miracle, considering this patient was considered a geriatric pregnancy, on her last attempt at in vitro fertilization. The ultrasound tech exchanged a smile with mama and proceeded with the routine visit. "Now let's hear the baby's heartbeat," she narrated.

What followed was the longest and most disheartening silence possible. It wasn't until what felt like a few minutes had passed that I caught on to the gravity of the situation. My attending approached and informed me that she would coach me through the message we were about to deliver. Little did I know I was about to develop further in my skills of patient care, a skill that no one anticipates to learn. As if with total ease, my attending asserted that at this stage in her pregnancy, there should be a strong fetal heartbeat. If no heartbeat is heard, it was an indication of termination of pregnancy.

The baby would not make it to birth. I was frozen, as all the eyes in the room looked to me to translate. This patient, dawn eyed looking back at me, was reflecting a feeling of confusion but was slowly coming to realization from what she could already interpret from the faces in the room. I could barely let the words out; I was choked up, unsure how to put it lightly.

Her face grew more worried with each word that crossed my mouth. The room suddenly grew cold. A continuous back and forth ensued as the patient kept pleading "are you sure there is no hope left for my baby?" she demanded in Spanish. It was in this moment, that I myself, wanted to believe it not to be true. I found myself having difficulty finding words for her to understand. This was when I learned the grim part of medicine that we all come to learn at some point inevitably. It is in these moments that you truly empathize with a patient and their feelings become your own as you wish you could do everything for the patient within your power to reverse the outcome. At last, I delivered my hard and final "No." The whole time she was fighting her tears, but at this moment she let them out on full display.

I remember feeling so helpless that there was nothing further I could do for her comfort. I looked her in the eyes signaling that I couldn't even begin to understand the pain she is currently experiencing. "Lo siento mucho" I repeated in an attempt to verbalize my emotions. I let the patient's emotions unfold and just waited with her in silence. I stood there to take in this moment with her, in solidarity.

There is only so much we can do for patient care but the very least we can do is simply be a warm presence to listen to their troubles. This small act can hold more power than we know. When a stranger can push through social constructs and partake in a moment of shared sentiment, it can make a world of a difference. While not a bright memory, I hold it closely to remind me of the humanity behind medicine. It remains a fundamental lesson to be there for your patient, to understand them, and empathize with them.





*Essence, Cosette Pulido '24*



*Evening in Miami, Nisarg Ray '24*



### Three Weeks

Brenda Abreu Molnar '24

At the beginning of my family medicine rotation, I encountered a 43-year-old male who presented for preoperative evaluation. He was a new patient to the practice and aside from his intake form, I had limited information on his history. I entered the room and introduced myself, explaining I was the medical student who would be gathering his story and performing the physical exam. I began with the open-ended question, "What brings you in today?" and he mentioned he was getting right elbow surgery and needed medical clearance. His blood pressure was elevated, and I wondered if it may have been because he had not taken his medication that morning, or because of new-onset stress from a job he was hired for, or because of how nervous he was to be at the doctor's office.

At the beginning of the interview, his responses were short and brief. However, as we continued conversing, he opened up about his medical past, revealing he had been in a terrible motorcycle accident in 2018. He recalled how he was approaching a red light on his motorcycle near his home and a woman in a car saw him in her side view mirror, but still merged into his lane and hit his bike. He showed me the indented scar on his thigh from where the motorcycle handlebar had pierced him. He shared that he had been in a coma for one month during which he had vivid dreams. The dream that stuck with him most was that of a dog. "My friends told me the dog was 'God,' so once I left the hospital, I adopted one." He told me about his various surgeries, months of dialysis, infections, and complications since the incident. I had just met this man and he shared with me personal details of the most horrible moment of his life. He told me that family members came to visit him, pray for him, and say their goodbyes, as they did not think he would make it. However, three weeks later he emerged from the hospital, a miracle of a team of medical hands working to keep him alive and give him back his life.

While I performed the physical exam, I heard crackles in his lower lung base, signs of remaining scar tissue. I saw hypertrophic scars that healed and cemented on his body a second in time that would stay with him forever. During the abdominal exam, I saw a vertical scar, two inches in width spanning from his sternum to his umbilicus. "They closed my

stomach like a shoe," he explained. He revealed his troubles with his right elbow, including pain and limited range of motion, along with tingling along his ulnar nerve. He was worried about the upcoming surgery, not entirely certain whether he should go through with it, but hopeful it would improve his quality of life. He returned the following week to recheck his blood pressure and to review his blood work. He had high LDL cholesterol and I shared with him what he could do to bring it down, showing him on my computer what to look for on food nutrition labels. We agreed he was low risk for surgery and finalized his paperwork.

Two weeks passed and I was not sure what the outcome was for the patient. Had he gone through with the surgery? Was he content with his decision? I showed up to clinic on Wednesday morning, three weeks after my initial encounter with him, happy to recognize a familiar name on the schedule.

I knocked on his door and walked in to see him beaming with his right elbow wrapped. "You decided to do the surgery!" I exclaimed. He showed me his newest scar and he was glad to note the pain was not nearly as bad as he thought it would be. During the conversation he was able to flex his right elbow to remove remaining glue on his left arm from where they had placed tape for IV fluids, a maneuver that had been impossible three weeks prior. His blood pressure had normalized, he was starting his new job the next day, and he was looking forward to the improvement in his quality of life. A beautiful aspect of medicine is the continuity of care and ability to see the evolution of a patient's health as they come back to see you and share their progress. While he may not remember the third-year medical student on her first rotation who eagerly listened to his story and educated him on how to lower his cholesterol and regularly check his blood pressure, I am grateful to have played a role in his journey through medicine and hope to have made a positive impact on his health in the years to come.





*Beauty in the Little Things*, Justin Shaw '24



*Busy Bee*, Justin Shaw '24

## Dual Therapy

Emma Bennett '23

I wondered if she could see the throbbing headache I felt as a giant cartoon fist protruding through my temple with each pulse from where she sat across from me on the exam table. Or the gnawing in my stomach, reminding me that I'd forgotten to eat in the bustle of a busy clinic day yet again. Or that I'd attempted to wipe away tear tracks while sitting in my car a few minutes before walking into clinic that morning.

Having embarked on a Frodo-and-the-ring level quest for mental health a year ago, I'd slain quite a few dragons, but I still had moments where my still-healing battle wounds needed tending to. I'd had a rough morning this particular day and had even considered staying home, but I knew seeing patients was exactly what my soul needed, so I pulled myself up by my tennis-shoe-laces, grabbed a clean but crumpled pair of scrubs, and threw my hair into a battle ponytail.

Trying to bring myself back to the present moment and practice truly mentally being in the room with the patient, I let myself sit back against the wall and get comfortable. I focused my attention on the general appearance of the young lady in front of me and to each word she chose to tell her story.

She was dressed in a very cute outfit with her hair and makeup done for this visit. Her watch, shoes, and purse were color coordinated, and upon my entering, she smiled at me before I'd even spoken. Despite not feeling like I was running on all four cylinders, I was able to note a striking contrast to her appearance the last time I'd seen her. That visit she had sat on the exam table in crumpled sweatpants with a posture that made every inch of her as small as she could. She'd had a hard time with eye contact, and I had had to pull a lot of the story out of her with meticulous questioning and clarification.

"You look like you may feel better than you did last time," I noted. "Well, I didn't have my medicine last time," she explained. "Sometimes I'm so busy with the kids I don't have time to get my refills and then before I know it, I'm out and I have to start the process of getting the medicine all over again."



She looked down sheepishly. "I know I shouldn't let them run out, but everything can get to be too much."

I understood completely. I was going to have to leave from clinic that day directly to my pharmacy to pick up the medication they'd had to re-refill for me, because I'd been so late to pick it up.

She explained further: "I never want to miss them. My depression medications are even more important to me than my diabetes medications, because of how I feel when I don't take them." I also understood this statement.

I asked her to walk me through her routine for a day in great detail. We discussed what time she should take each of her medications, what location in the home they should be stored, what reminders she'd use for each medication, how and where she would fill and keep her pill caddy, and what she should do if she ran out of refills at the pharmacy.

As the visit came to a close, I marveled at how truly enjoyable the talk had been. I was "working" but I felt like I'd just had coffee with a dear friend.

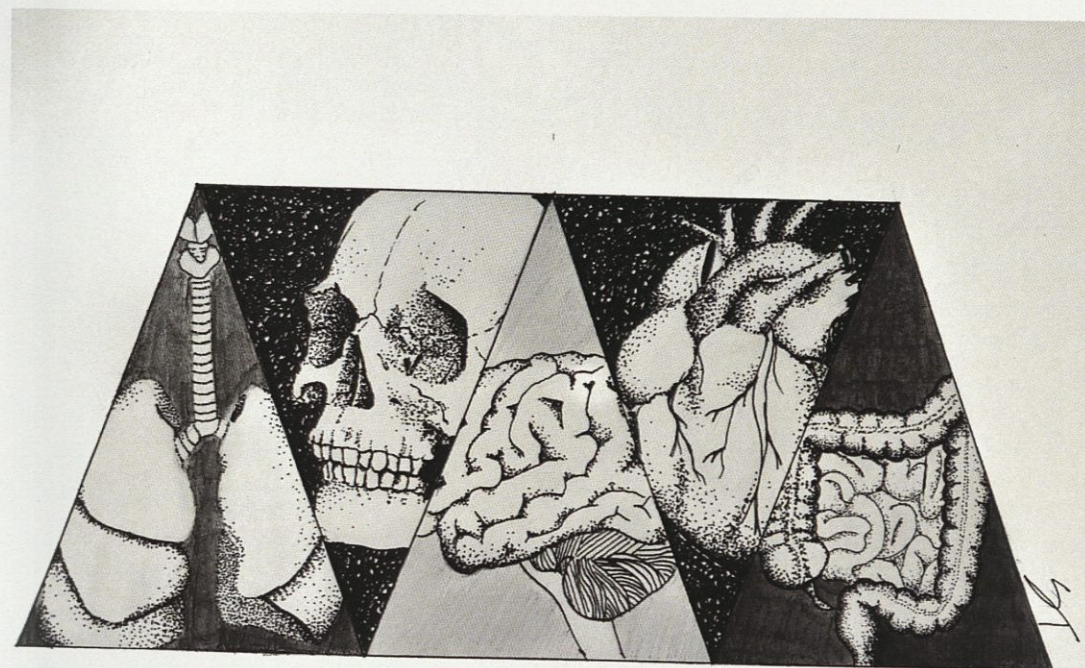
Before I walked out, she stopped me.

"You know I've never told anyone some of this before," she explained. "I went home last time and even mentioned you to my mom. I have never had a doctor listen so intently and be so thorough with my visit. I really appreciated that."

I was floored. I felt like I'd been running on empty for weeks and not doing a good job in clinic. All I had done was show up as myself and follow the basics steps of a history and physical exam we've been learning since first year.

In that moment I was flooded with immense gratitude for the blessing of this journey and for the meaningful work we get to do each day.

I was reminded that clinic is therapeutic for both patient and provider, and sometimes, there's no better medicine.



*Charioscuro Anatomy, Sally Trinh '24*

### **The Now**

Ciara Lusnia '25

Lectures, lessons, texts  
Impetuous study breaks  
Medical school is