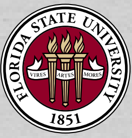

FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

HEAL

Humanism Evolving through Arts and Literature

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FIRE AND SKY MEET
Raye Ng, Class of 2019

TRUCE

Stacy Ranson, Class of 2017

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

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

I sat on the small rolling stool and looked up at her on the exam table in the paper gown. She was in her mid-sixties with unkempt gray hair and horn-rimmed glasses. I asked her what brought her in for today's visit, following the script I'd used in countless encounters before. "Well…" she began with a tone laden with sarcasm and mockery. "I was referred from my endocrinologist; didn't you read any of the papers they sent over?" I told her I had not. I showed her the paucity of information I had at my disposal and explained that since it was her

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

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

Check out our new medical satire column THE BUNION on page 11.

TRUCE (CONTINUED)

first visit at this office, it was our duty to collect a thorough history straight from her. "That's ridiculous. I don't know why I have to fill out all this paperwork if you people don't even read it." My face flushed. I tried empathizing with her, lamenting over the immense amount of paperwork required as a new patient.

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

I took a deep, cleansing breath as my pulse began to slow. I'd never felt so charred while seeing a patient. I'd been turned away before when a patient preferred not to see a student, but never had I experienced an encounter where I was met with what felt like open aggression. I tried to apologize for her wait, commiserate with her over the paperwork, but nothing I did allowed me to establish a connection with her. There had to be something else upsetting her. I gathered my thoughts and calmed my nerves.

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

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

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

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

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

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

PRESLEY

Susanna Taylor Zorn, Class of 2017

October 21, 2015

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

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

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

The following Monday she woke up with a headache and vomited twice. Her mother said Presley threw up every time the Ibuprofen wore off. Presley was not seen by another health professional until I saw her on the 15th. Her established pediatrician was on vacation, so she was a new patient to my preceptor. I looked at her face sheet before I entered. Migraine was the only information I had to go on. Immediately prior to seeing Presley, I saw an 11 year old boy with seemingly benign headaches most likely due to the fact that he needed an updated prescription for his glasses. After that encounter, my preceptor educated me on headache red flags—headaches that wake you up at night. Headaches in the morning. Headaches associated with vomiting. Presley had all of these red flags.

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

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

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

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

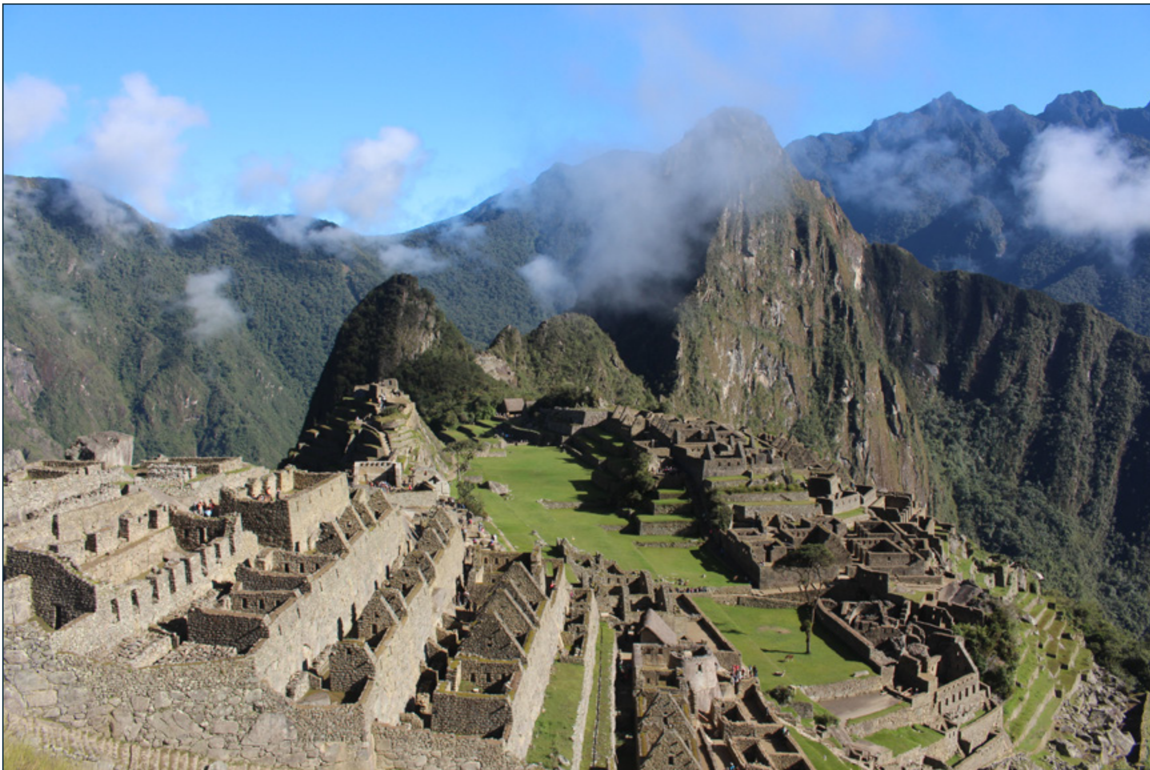
The cause of Presley's death is still unknown. It is suspected to be meningoencephalitis due to an arbovirus, either West Nile, Eastern Equine, or St. Louis. I called my parents to cry and repent of my failure to care for this child. My dad, a family physician, reminded me that there is no treatment except for supportive care. But what if they found it earlier and supportive care was the only boost her immune system needed? I got home, cried for an hour, then got up and ran like a maniac on a completely empty stomach down to the bay. Water calms me. It's the place that I can find God and He can find me. When I got back to the house I found my roommate doing laundry. She had just started her pediatric inpatient rotation at St. Mary's Hospital. She knew the missing piece of Presley's story—what took place from Thursday, October 15th to Monday, October 19th.

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

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

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

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



AMONG THE CLOUDS
Andrew Michael Kropp,
Class of 2019

THE HEART OF ORLANDO

Kevin Sherin, MD

Christina Grimmie was shot and died—
little did we know what lurked next, outside

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

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

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

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

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

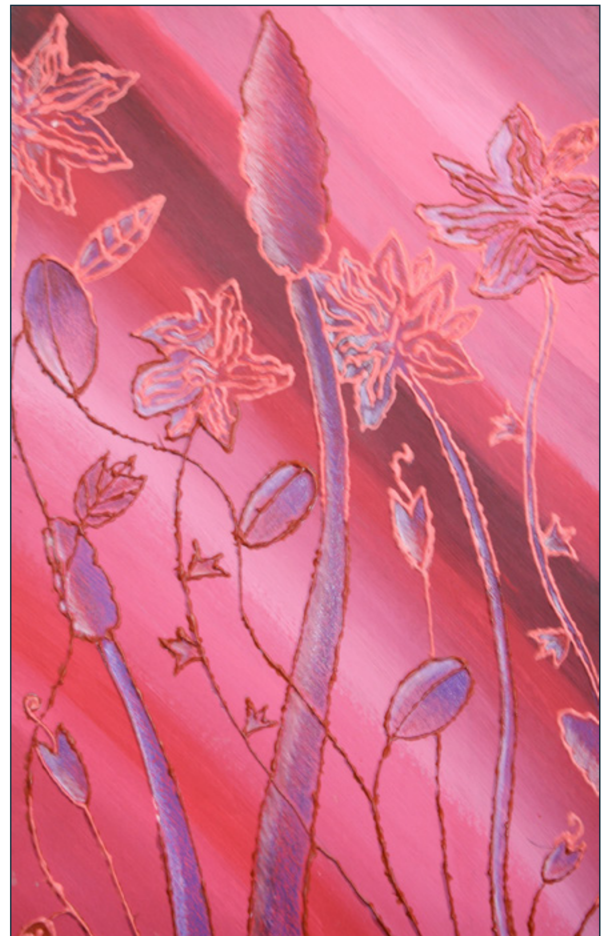
The shock resounded far and wide,
but one thing stood strong—Orlando's Pride.

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

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

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

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



MONOCHROME FLOWERS
Mollika Hossain, Class of 2018

WHEN TIME STOOD STILL

Makandall Saint-Eloi, MD, Class of 2016

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

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

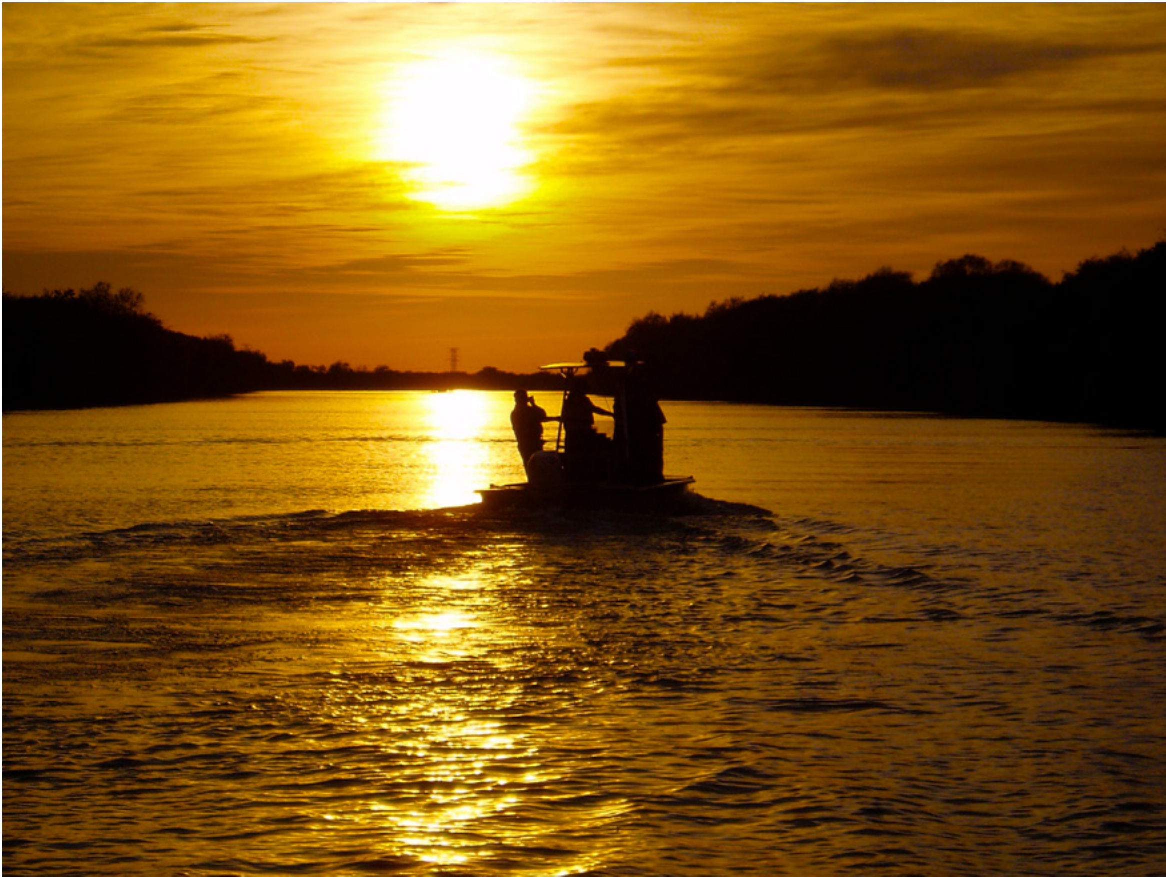
I immediately began to build a differential in my mind; the pairing of a mass enlargement with significant weight loss never adds up to a good diagnosis. I asked her what her biggest concern about her medical issues was, and she began to cry. At this moment I held her hand and looked into her face as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

"What scares me the most is the possibility this could be cancer. I feel I have always done everything in my life for the good of other people. I feel as if bad things always happen to good people," my patient revealed.

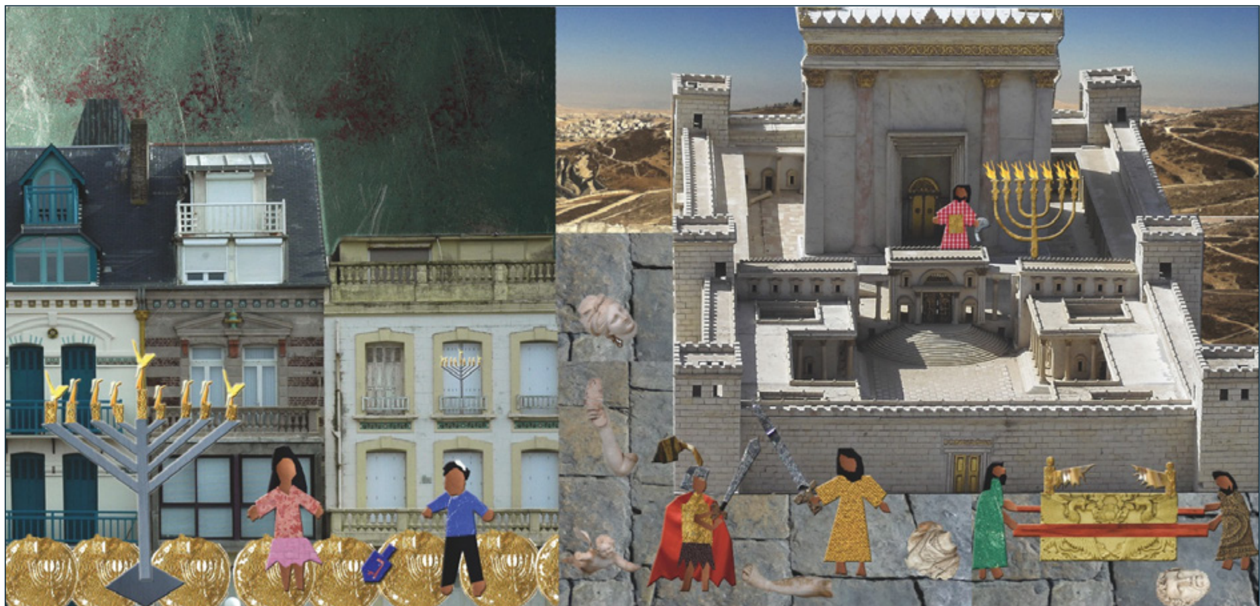
With no definitive diagnosis reported, I told her to be optimistic; the diagnosis could be a collection of diseases which present the same way. Looking into her eyes, I could see a mild sense of relief. I decided to dig a bit deeper to understand who this special woman was instead of labeling her based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

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

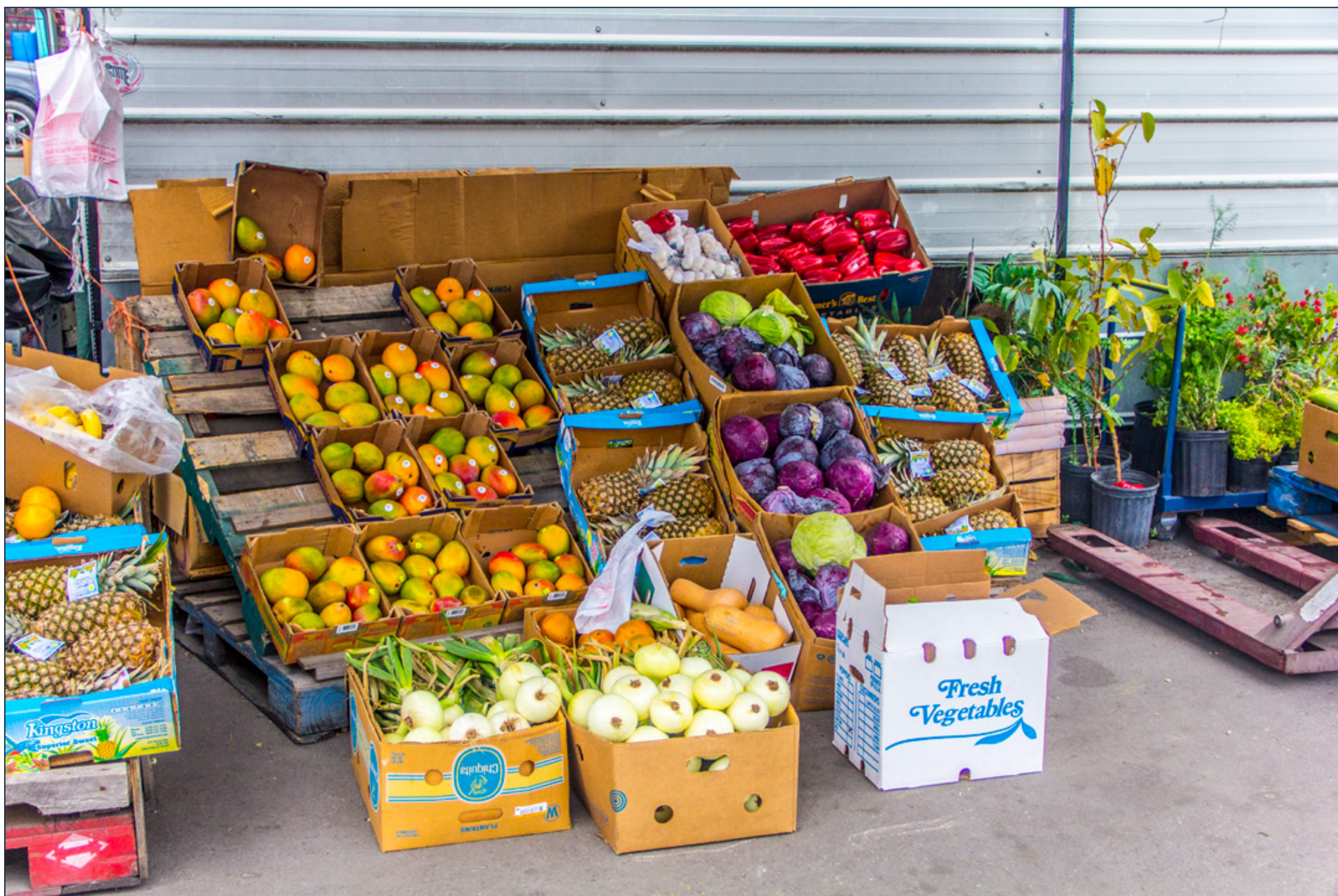
> I asked her what her biggest concern about her medical issues was, and she began to cry.



RIO GRANDE BORDER PATROL
Daniel Van Durme, MD



CHANUKAH
José E. Rodríguez, MD



FARMERS' MARKET
Simon James Lopez, Class of 2018

A WELL-DELIVERED LESSON

Tamara Marryshow Granados, Class of 2017

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

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

And then I met my first patient. She was a single, unemployed, 34 year-old Caucasian who presented in labor at 34 weeks with premature rupture of membranes. Her social history was significant

for marijuana use, a half-pack of tobacco daily for at least 10 years and unspecified intravenous drug use. She was positive for hepatitis C. Thankfully, she was negative for group B strep. My heart started racing. I began to run through every complication that may arise, for the baby or for her, preparing myself for an undoubtedly nervous mom bursting with questions.

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

As I took my place beside him, I braced for hours of difficult organized pushing. I wondered if the tasks of labor would animate the parents above this lackluster, underwhelming disinterest they seemingly had. I wondered if she too was trying to be strong, composed just as my mom had been for me, but for her partner. I wondered if he was trying to detach from the situation to avoid worrying or even for fear of passing out. I tried to drown out these thoughts so I could concentrate on coaching her through second stage labor. It took three rounds of pushing and all of ten minutes and my patient's healthy baby girl moved from inside her belly to resting on it. Absently, I could hear my preceptor explaining and guiding me through the placental delivery. I fought to stay attentive and professional despite being overwhelmed by so many emotions.

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

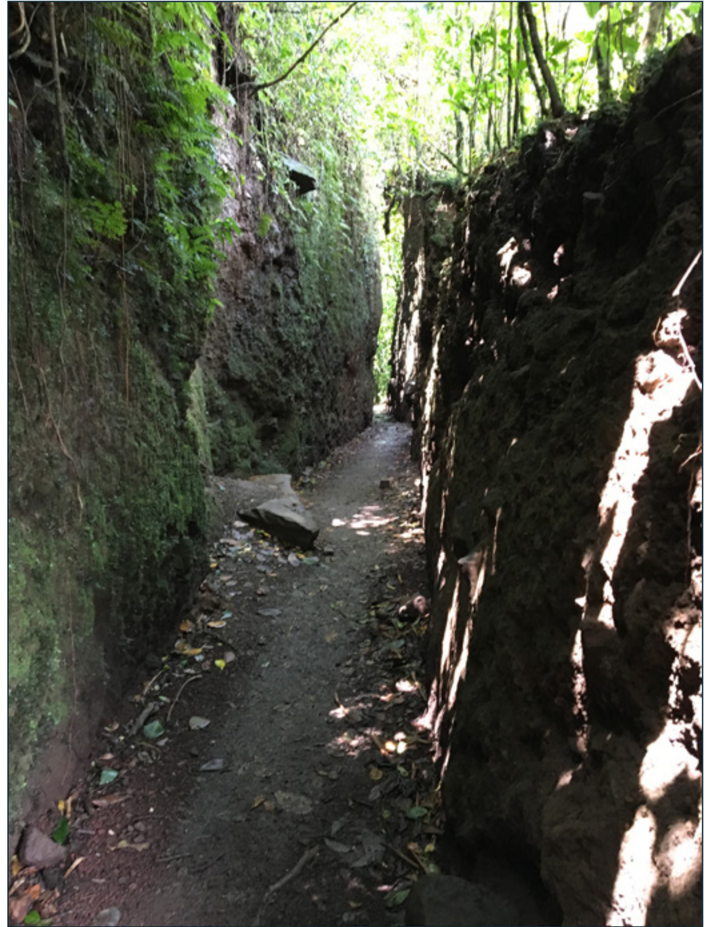
A HELPING HAND

Julia Teytelbaum, Class of 2018

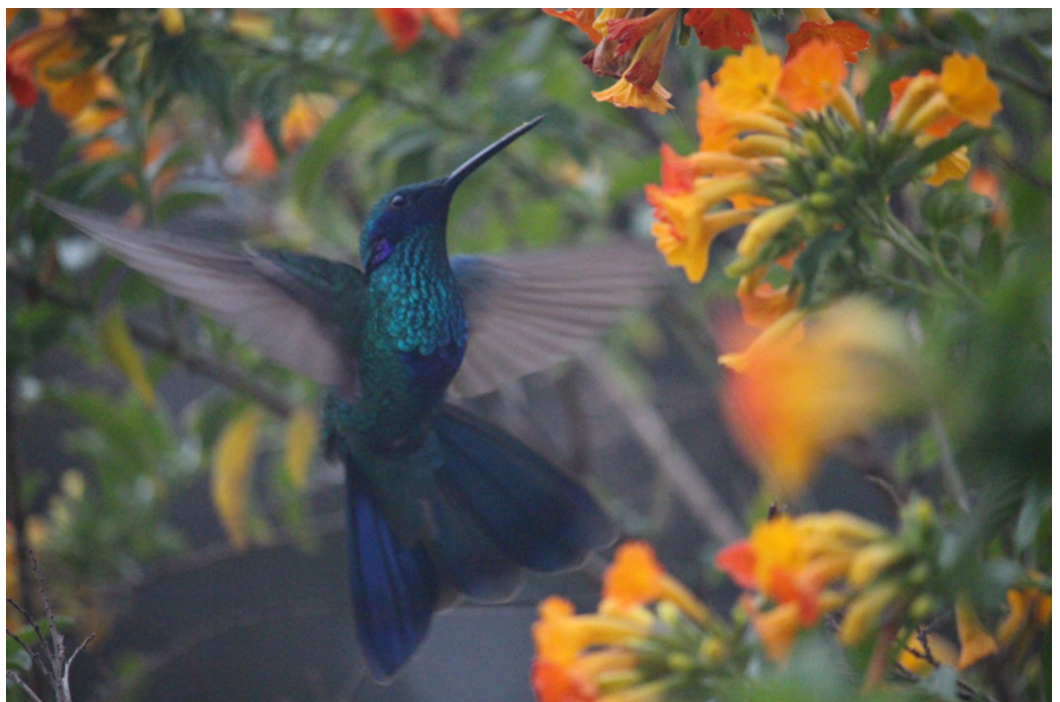
FAILURE

Ludonir Sebastiany, Class of 2018

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



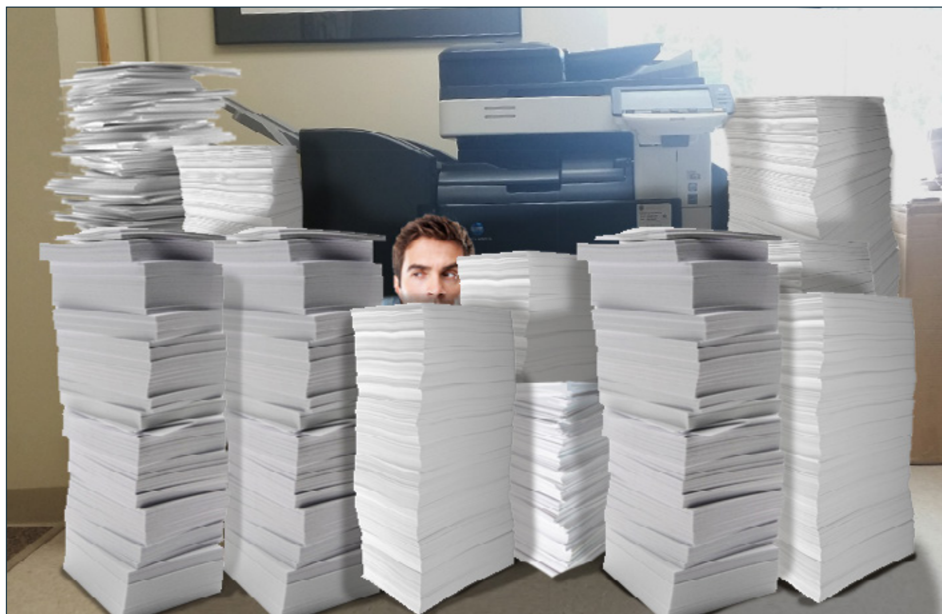
PATH
Shelbi Brown, Class of 2019



SHOWY VIOLETEAR
Andrew Michael Kropp,
Class of 2019

Pay for the Paper: A New Solution

TORUS TUBARIUS,
CLASS OF 2018



"Dozens of students told me this Paper Wall is the best way to save paper in the LCs. I don't know, but that is what people are telling me. And these are very not wrong people, believe me."

As a 21st century modern medical college, FSU COM offers many benefits and privileges to its medical students—including the right to endless free printing. Many students take this right as serious as the Freedom of Speech and exercise it just as loosely, with unclaimed printed paper stacked high on printers or found overflowing from the recycle bins. Though speech may come freely, printing does not. Particularly during times leading up to exams, a huge paper shortage has plagued the students and their necessity to print endless tomes of pharmacology notes and physiology flowcharts. Known as the Great Paper Shortage, the Department of Student Affairs has struggled in its efforts to address this concern while disgruntled medical students are on the verge of rioting.

Within each Learning Community (LC), this paper drought has pushed medical students to invade the printing supplies of neighboring LCs, while a few desperate medical students have resorted to scavenging the leftover dirty scraps of single-sided printed papers. Tina Solano, a second year medical student, shares, "There is perfectly good paper in the trash here! I'm not sure why everyone looks at me weird when there are starving children in Africa. If only we would print on both sides, the world could be a better place. Until then, we have perfectly usable paper here in the trash."

Many have commented on the wasteful nature of medical students printing entire presentation slides, one-sided and one slide at a time. Jennifer Jordan, of Student Affairs, elucidates, "Over 30% of this year's budget has been funneled toward trying to meet the demand for paper. I'm not sure how we can feasibly keep up with the demand, but the medical students are just starving to print."

Solutions to control costs have been discussed and implemented with varying rates of success. From outsourcing foods at Doctor's Inn to be grown in a tiny potted patio garden, proposals seem to leave only messy paper trails behind. The Student Affairs Department is at their wit's end trying to satisfy the broiling dissent and have opened a discussion with Dr. Amber Biggles to all. The associate dean assures us, "Our only hope is to make FSU COM a home that can offer shelter and basic necessities a medical student needs to flourish into the blossoming primary care physicians we all know you stated in your medical interview you would become—including the right to print."

And so here I propose a new and innovative solution that can hopefully satisfy all parties and prevent the deterioration of the fragile infrastructure of FSU COM. Taken from

PAY FOR THE PAPER (CONTINUED)

a literal page of the man who will Make America ~~White~~ Great again, we will build a wall—out of paper. These Paper Walls will be erected around each LC's printers with no cost to the great citizens of each LC. Instead, the costs will be shouldered by the LC immigrants. A visa entry fee of 1 clean sheet of paper or 400 sheets of recyclable papers—whether it be from that pile of untouched JAMA articles dating 20 issues ago or excessively highlighted pharmacology notes in which the ink can no longer be read—will be charged to guests who enter a non-native born LC's domain. By collecting this tariff, the papers can be contributed to the Great Paper Wall within each LC. Why pay for this Paper Wall when each native LC citizen has only experienced vexing frustration at sending a printer job to their own printer, only to find a 68-page printout of a Comic Sans lecture eating up the rare commodity of paper!? This injustice can no longer be tolerated as the anxiety of medical students and their need to print out volumes of paper (in which they technically have the pdf format of, but would really like to highlight things in multicolor anyways) escalates!

It is my hope that implementing this new policy, FSU COM can become a school known for its green and economically savvy practices of repurposing recycled paper while creating new designs of architecture that rival the Great Wall of China. By enforcing this law on immigrants from different LCs, we can insure the purity of each LC, and ensure that the limited paper sources allotted to each LC is used by the privileged people born into each LC. And if a non-native LC immigrant refuses to pay the paper visa fee, just deny their access to the LC completely! We do not need their lazy and non-patriotic attitude when we stand strong together around the printers that make the heart of each LC.

So this is a call to action, medical students. Take all your unused TML issues, AMA membership letters, and old embryology notes you found in the crevices of your closet to your LC and barricade yourself around the printer. Make your LC great again! The Paper Wall will stand as a testimony of your dedication to your LC. Our LCs have borne the extraordinary daily cost of this criminal activity from non-native born LCs, including the cost of trials and incarcerations. Not to mention the even greater human cost—lack of paper. We have the moral high ground here, and all the leverage. It is time we use it in order to "Make our LCs Great Again."

Write for The Bunion: It's not scary

The Bunion is a place for satirical medical news and humor related to experiences with which medical students, faculty, and clinicians are all familiar. Such experiences can involve the FSU College of Medicine, the medical school experience, or healthcare in general. Content is not intended to offend or humiliate anyone. All names are factitious and any resemblance to actual people would be merely coincidental. Submit to The Bunion through the HEAL submission site: http://journals.fcla.edu/heal