



FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE

# HEAL

Humanism Evolving through Arts and Literature

## IN THIS ISSUE:

### PROSE

- The Special Patch*  
by Cesar Garcia-Canet.....1
- The Depth of Daily Interactions*  
by Kevin Draper.....4
- Straight, No Chaser*  
by Randall Stephens.....6

### POETRY

- Dotsy*  
by Jason Miles.....3

### ARTWORK

- Dwarfed Sailboat*  
by Andrew Michael Kropp.....1
- Mom and Baby Gentoo*
- Drifting Ice Arch*  
by Andrew Michael Kropp.....3
- View from Halifax Hospital*  
by Lindsey McAlarnen.....4
- Vision NYC*  
by Daniel Farinas Lugo.....6
- Fire Dancing*  
by Bryce Vaughn Bergeron.....7
- All the Same*
- Echo*  
by Juno Lee.....8



### DWARFED SAILBOAT

Andrew Michael Kropp, Class of 2019

## THE SPECIAL PATCH

Cesar Garcia-Canet, Class of 2016

People often ask me why I'm choosing to train in pediatrics once I graduate from medical school. "It must be hard to see a child suffer," they say. In my pediatrics rotation, as well as in my chronic care rotation where I followed pediatric patients throughout a whole year, there were tough moments. It is difficult to see a child in the ICU recovering from an anaphylactic reaction. It is difficult to see a teenager there, too, for attempted suicide. It is difficult to see a newborn without her mom for almost a month because she had to be hospitalized for postpartum depression. However, what these patients and all others in pediatrics have in common is resiliency.

Resiliency to bounce back and recover from an illness. Resiliency to fight during an illness. Despite it all, children smile and are happy. They are content to play a game. Or talk about Olaf from the movie Frozen. Or talk about things that, in our adult world, make no sense, but to them makes perfect sense. Gina is one of these kids. In fact, she loves Olaf and thinks he is the best thing since sliced bread! And she, like all my other pediatric patients, is the reason why I am going into pediatrics. Her resiliency makes me learn more, do better, and aspire to be the best pediatrician out there. Gina's story is inspirational and is what the field of pediatrics is all about.

## Editors

José E. Rodríguez, MD

Tana Jean Welch, PhD

Shelbi Brown

Juno Lee

Simon J. Lopez

Tirajeh Zohourian

Stephanie Tran

Angela Bradford

Samantha Mahon

Ashley Kreher

Andrea Comiskey

Anna Fulghum

Andrew Kropp

Raye Ng

Jodi Slade, MA, CMI

Mark Bauer

Support Provided by

The Jules B. Chapman and Annie Lou

Chapman Private Foundation

Department of Family Medicine and Rural  
Health

Department of Behavioral Sciences and  
Social Medicine

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.

## COVER ART CONTEST WINNER ANNOUNCEMENT

See page 8 for details.

Gina is a 5-year-old whom I first met at the beginning of my chronic care rotation when she came in for her annual well-child visit. When she was only three or four months old, she was abandoned at the gate of Provincial Hospital in China. At the time of admission, the doctors noticed that she had a spina bifida defect in the lumbosacral region, in addition to poor function of the left side of the body and left foot drop. Subsequent studies also showed diastematomyelia at about the level of T10. According to available medical records, Gina underwent surgical treatment for this and recovered well. Eventually, Gina was adopted and came to the United States. Visits to various hospitals in Orlando, FL were established in the summer of that year. Today, she walks only with minor difficulty (her left leg is slightly shorter than her right). Overall, she has been doing well—gaining weight, thriving, and hitting developmental milestones. Gina is very intelligent. She jumps over low obstacles, rides a tricycle, is fluent in English and Mandarin, speaks in 4-5 word sentences, recognizes alphabet letters, says her full name, counts to ten, copies a circle, washes and dries her hands on her own, and plays make believe. Currently, there is a well-healing scar in her thoracic spine with a hairy tuft. Gina refers to this as “my special patch” and loves to tell anyone and everyone about it. She is very proud of it, in fact.

One must take a step back and fully be in awe of her story. Imagine as a baby being abandoned. Imagine having a defect that exposes a great deal of your spinal column. Imagine undergoing a very complex surgical procedure and not having a parent in recovery. Granted, Gina was a tiny baby, so she never knew what was happening. But now she does. She is a 5-year-old who knows exactly where she came from and what happened. Gina is not

resentful. Even at this young age, she is fully aware of her diagnosis and all the subsequent follow-up she must have as she grows up. Her adoptive parents do, too. Yet, Gina is so resilient. So happy. So curious of the world around her (she asked me what each instrument I used to perform her physical exam was and what it did). She wants to be a puppy doctor when she grows up. And she does not mind going to Orlando for follow-ups at all. It gives her the opportunity to “visit Olaf and Ana and Elsa” and tell all her nurses and doctors about her “special patch.” Think about a child, like Gina, that sees the future ahead of her (in spite of her past and in spite of her diagnosis) and smiles. How often in medicine do we come across patients that are noncompliant or just feel like life has dealt them a bad hand? If you stop to ponder this, you will probably say, “Too many.” Gina, like so many kids in the pediatric patient population, is different. She loves life. She loves her mom, dad, and siblings. She loves the simple things in life. She loves her two cats and three dogs.

Maybe what is needed today in medicine from both patients and doctors is to look at illness, disease, and treatments through the eyes of a child. Maybe, just maybe, patients would be happier (even healthier), and doctors would be more content with their line of work. Maybe what does not make sense in our adult world...finally will. All it takes is to read Gina's story. To extrapolate further, all it takes is to see the smile of a pediatric patient and it is all worth it. Life happens and it is tough to see a child go through something as terrible as this. But they are not jaded by the situation. They tackle it head on, with a smile. I believe that each sick child is proud to show off their “special patch.” And because of this, we should be inspired and strive to be better for all our patients, young and old.

# DOTSY

Jason Miles, Class of 2016

Running on the beach,  
many kids within her reach.  
“Don’t throw sand!” she would say,  
but we would do it anyway.  
The wooden spoon, striking fear.  
“No more ice cream!” we would hear.  
Racing big wheels down the drive,  
with mostly luck, we did survive.  
Start the race with a push,  
someone’s stuck in the bush.  
Scraped up elbows, knees and toes.  
Brush it off, away we’d go.  
Running fast, wild and young,  
Zachy fell and split his tongue.  
Cousins come from out of town—  
hugs and laughs all around.  
Over first, dunes below,  
then out to surf, we would go.  
Paddle out to the sea  
to catch a wave, you and me.  
In the puddles, we would play.  
On the sand, our parents lay.  
All the while, she was there,  
watching with such loving care.  
All of this and so much more,  
these memories, I do adore.  
So very much, she meant to me  
and to all our family.  
Older now, we all shall get  
but our time with you, we won’t forget.



## ANDREW MICHAEL KROPP, CLASS OF 2019

Mom and Baby Gentoo (above)  
Drifting Ice Arch (below)





## VIEW FROM HALIFAX HEALTH

Lindsey McAlarnen, Class of 2016

# THE DEPTH OF DAILY INTERACTIONS

Kevin Draper, Class of 2016

I remember my first solo interview during the first week of my psychiatry clerkship in the same way that I remember my most intimate, life changing, and personal memories. These are memories that awaken all five senses and transport you in time and place. I was instructed to enter a cramped, all but forgotten room of the psychiatric ward to gather a detailed history from a newly admitted patient, Ms. Smith, a candidate for electroconvulsive therapy (ECT). At that point in my education the thought of ECT still conjured scenes from *One Flew Over the Cuckoo's Nest*. I had of course read up on ECT, but not yet witnessing it, those powerful movie scenes were still etched into my memory.

With a knock on the door I entered the room. A middle-aged woman wearing a pink t-shirt and faded blue jeans stood up to greet me. I introduced myself as a medical student assigned to conduct her interview on behalf of her attending physician, and we exchanged handshakes. She was strikingly tall—well over six feet—and her broad shoulders projected an intimidating presence. On closer inspection, she had soft blue eyes complimenting her welcoming smile, and her long brown hair was tied into a pony tail with a pink bow, all of which tempered her otherwise imposing frame. I settled in for the interview for which I was supposed to follow a structured packet of detailed questions. I started simply by asking, “What brings you in here today?” This question would be all I needed to spark a free flowing conversation between us. I gathered more information than I ever anticipated. I barely kept up.

She began with childhood stories about being the tallest person in the class and the mean-spirited name calling by her classmates. She

recounted how she would come home from school in tears, which in turn caused her father to hit her and demand that she toughen up. She opened up about how deeply it hurt to be different. Boys either paid no attention to her or were just outright mean. She constantly resented her appearance. Amidst stories of heartache, she also told of occasional moments of happiness growing up, such as when her size was an advantage and she led her high school volleyball team to the state championship. Unfortunately, these moments of joy were fleeting, inevitably drowning in some deep sadness. It was midway through her senior year when she first attempted to take her life. She laughed awkwardly when told me how she woke up in the hospital with bandages around both wrists, thinking about how she was a failure—even at trying to die. I wasn't sure how to respond except to simply say, “I'm sorry.” She nodded then continued.

Following her suicide attempt she started seeing a therapist. Things seemed to improve over the next several years, although in the back of her mind the sadness always lingered. She explained how she had earned a volleyball scholarship and went off to college where she majored in education. This led to a master's degree and a solid teaching job. A few years later she fell in love with who she thought was a wonderful man. When he became verbally abusive, she spiraled into a depression worse than any she previously experienced. She swallowed all of the pills in her medicine cabinet, and as she dozed off she had thoughts of finally being free of the pain that had tormented her. Again she would survive, and she laughed uncomfortably as she lamented having to begin another cycle of rehabilitation. Her doctor prescribed new medication after new

And so it is with the profession I have chosen; often very brief interactions with patients can be the most impactful moments in one's medical education.

medication, what she described as “every drug out there,” but nothing worked for more than just a little while. For years the sadness and treatment failures went on and time slowly passed. Although she wasn't better, life had become tolerable, but that changed when she recently lost her teaching job. She felt the all too familiar overwhelming desire to end her suffering by her own hand. This time, however, for reasons that escaped her, she decided to not give up. She felt out of options, save ECT. She expressed hope that it would bring her a semblance of peace for which she had long yearned. Under that backdrop, Ms. Smith found herself sitting on an old couch in an old room in a remote wing of a large hospital telling her life story to a medical student. She was asking me, a green third-year medical student still adjusting to a new rotation to be the bridge to what she saw as her last chance at happiness. I had to be receptive, understanding, inquisitive, reassuring, and advisory, when all I felt was confusion and sadness. I knew I had to hide how I really felt for the sake of Ms. Smith, except to remark how hard this has been for her and that I hoped for the best. As our interview concluded, I thanked her for sharing her story and she thanked me for kindly listening. We shook hands and parted ways.

When I got home that day I reflected on what transpired in that interview room. I couldn't escape the thought that it was so unfair that someone so kind could be so lost and alone. Had I found myself standing next to Ms. Smith in a grocery line, I would imagine we might just say hello and move on with our happy lives. How could so much anguish lay beneath the surface of an unassuming and gentle façade?

From the start of medical school I had heard many times how the greatest but most humbling part of entering the medical field was the privilege it afforded you to gain trust from the patients you treat.

I hadn't gained a full appreciation of this until I learned it from being the med student assigned to Ms. Smith. I heard about past events that haunted her, the things in the present that worried her, and the things about the future that scared her, and she looked to me for help. And so it is with the profession I have chosen; often very brief interactions with patients can be the most impactful moments in one's medical education. Ms. Smith was my catalyst to contemplate the complexities of human interaction and human existence at its face, and realize that the struggles we experience are not always on the surface. Without knowing it, Ms. Smith taught me that everyone I meet, no matter how normal they seem on the surface, has problems and secrets they hold close to the heart and I must always strive for empathy and understanding with any patient I see.

The beauty of the field of medicine and life as a physician does not lay in the simple privilege of patient contact and trust. That is part of what makes it special, but it is not what makes it unique, and it is not what changes one as a person. What changed in me that day, and what I think changes everyone in this field, whether they realize it or not, is that you must truly understand and appreciate the depth of everyone you treat. One must open up the heart and the mind and consider what may be, not just what is or what seems to be. I hope I can one day master what I began to realize that day with Ms. Smith. For now, all I can do is to extend kindness, care, and understanding to patients that come my way, and do it without any thoughts of receiving something in return, save a sense of having done some good.

# STRAIGHT, NO CHASER

Randall Stephens, Class of 2018

A 25 year-old male presents to an AA Meeting complaining of an ache in his heart and a weight on his shoulders. After all, what better way to get in the mindset of someone dealing with an addiction than getting your now traditional gut punch this morning over coffee (*with a side of tears, hold the tissues*), a punch that even the strongest whiskey sour the night prior couldn't lessen (*you hypocrite, add this failed relationship attempt to the proverbial frequent-buyer punch card. Two more and my next emotional breakdown is free!*). People of all types begin to walk through the doors of the meeting hall, excited to be around other people "Living Sober," the official name of this AA group (*yet the only type that's on my mind, was how I wasn't hers*). Only 4 out of 13 lights try their best to brighten a fellowship hall full of couches, chairs, and tables—each looking like they had been worn out, beaten up, but recovered by people who needed them more than they would know (*one empathizes*). A beautiful mid-morning sun does its best to peek in through the pollen-covered windows that keep this meeting private. The dust dancing in the sunrays that do get through begins to settle down and take its seat as the meeting begins.

Sundays on Monday Road (*the irony is not lost on me*) are for discussion. I sit on a beat-up blue couch, seeped with the tears of women giving up their children because of "the drink and the drug" (to think, I had only signed up for this meeting out of others because it had a free breakfast, as if that was going to keep me from breaking down). "Are there any visitors that would like to make themselves known?" I sheepishly raise my hand first and bleat out my name with the confidence of a hundred ants (*perhaps next time I'll ask the Wizard for courage*). More hands slowly go up as names are spoken aloud with a courage not worthy of my typing fingers. Each with the same last name, "...and I'm an alcoholic." They begin an open discussion on procrastination and a shiver goes down my spine as I realize the pathology lectures piling up on my desk (*how exactly did I become a second year medical student again?*). Across from me, someone who's been sober for more years than I've been alive (*twice the amount of time I've been alive but who's counting*) begins to talk about their own struggles but also of their own resolve to get through each day. I can feel my eyes begin to water up (*side of tears, order up!*) as this person says they want their grandchildren and great-grandchildren to know their elder died sober. I look away to wipe a tear and I make eye contact with someone, a slight smile showing on their face gave me more comfort than I had anticipated (*or thought I deserved*).



## VISION NYC

Daniel Farinas Lugo, Class of 2019

More hands slowly go up  
as names are spoken aloud  
with a courage not worthy  
of my typing fingers.

Each with the same  
last name,  
“...and I’m an alcoholic.”

## STRAIGHT, NO CHASER (CONTINUED)

As I begin to leave, the person next to me buys me a copy of *Alcoholics Anonymous* (*the latest edition I might add, I haven't purchased the newest edition of any textbook in my life*). "Now you'll definitely get an A on your paper," they exclaim. They remind me that, as a future doctor, I can never truly diagnosis someone as an alcoholic; that is something the patient needs to discover for themselves. The only thing I could provide is my guidance in getting them to a meeting. As I flip through the pages of this book, I see doctors have known this since the 30's: "Faced with this problem, if a doctor is honest with himself, he must sometimes feel his own inadequacy. Although he gives all that is in him, it often is not enough" (*If that ain't just the gospel truth*).

If character traits could only be described through word association games, it wouldn't come as a surprise to me if my name is synonymous with "beer snobbery" (*I'd rather it be associated with witty, but writers can't be choosers*). After all, at any social gathering the statistical odds of me getting asked, "Hey, what beer are you drinking?" or, "Hey, you drink a lot of beer, what do you recommend?" are so good I should go to Vegas with them (*adios student loans*). None of that will ever make me a good doctor. I want to be able to get people the help they deserve. To recommend meetings like "Living Sober" because people jokingly calling me an alcoholic isn't funny once you've cried in your car after realizing your gut-punches don't amount to a hill of beans in this crazy world (*Here's looking at you, kid*). Because joking around with your colleagues about going to these meetings as a fictional *Fight Club* character isn't funny when a recovering alcoholic stares you in the eyes and thanks you for being a doctor that cares for people like them. The general welfare of our future patients rely on the notion that we understand their pains, and I'll always remember sitting on that beat-up blue couch Sunday morning on Monday Road (*hold the tissues*).



### FIRE DANCING

Bryce Vaughn Bergeron, Class of 2019

They remind me that,  
as a future doctor,  
I can never truly diagnosis  
someone  
as an alcoholic; that is  
something the patient  
needs to discover for  
themselves.



**JUNO LEE, CLASS OF 2018**  
 All the Same (above)  
 Echo (left)

## SAMANTHA CLEVELAND, 3RD ANNUAL HEAL COVER ART CONTEST WINNER

Samantha's artwork, *Serenity*, will be featured on the cover of HEAL Volume 7, arriving Match Day 2016. Congratulations Samantha!

We had a bounty of fantastic entries this year, all of which will be included in the upcoming Volume 7, **March 18th, 2016!**

