

FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE

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HE A L

Humanism Evolving through Arts and Literature



SONORAN FLOWERS Amy Hollen



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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.

HELPLESS

Alessandra Menequelli Corrêa Taylor, Class of 2017

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

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

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

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

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

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

That morning, we sat there in silence as we waited for a Cesarean section to be taken back to the OR. "She was fine when we left. I told her mom we were gonna take care of her," my attending told me. "Her mom had no one else

HELPLESS (CONTINUED)

take the time to talk to her, but you did, even without knowing the outcome... I'm glad you did," I told her. At that moment I saw something in my attending I hadn't seen yet—vulnerability and that was the strongest she had ever looked. My attending is one of those women that demand respect and, some may even say fear, when she walks into the room. She's a badass surgeon whom I've admired from day one, but seeing her so touched by this family blew me away—that is the kind of doctor I want to become. The kind of physician who is confident in her own skills and self, but strong enough to be vulnerable for a patient—to truly deeply connect with a patient because THAT is what medicine is about. We sat there staring at each other, trying to be strong for one another, until a tear streamed down each of our faces in what almost felt like synchronization. At that moment, we smiled, and wiped off our tears. I said a silent prayer and we were off to the next surgery.

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



ABANDONED OPERA HOUSE, BERLIN, GERMANY
Michael Tandlich, Class of 2020

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





CURIOUS GEORGE (TOP) &
HANGING OUT (BOTTOM)
Andrew Michael Kropp, Class of 2019

DAY 1

Roddy Bernard, Class of 2019

I am anxious, but confident. I have practiced this before Yet this time is different. How will I perform?

I grab their chart. A smile masking my face. I'm tachypneic and diaphoretic, My pulse running a race.

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

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

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

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

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



MOTHER OF WATERS, MEKONG DELTA, VIETNAM Liana Angeli Apolis, Class of 2020

MY STOMACH HURTS

Susan LaJoie, DrPH, ARNP-c, Department of Family Medicine and Rural Health

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

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

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

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

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



A HAND TO HOLD

Efe Cudjoe, Class of 2020

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

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

I confidently knocked on the door. Silence. I thought to myself, "Perhaps you knocked too lightly." So I proceeded to knock again. And again, I was met with silence. Rather than knocking a third time, I decided to open the door. I immediately saw a woman in black jeans and a purple t-shirt. She had multiple tattoos extending down each of her arms. She was slightly slouched in her chair and was intently staring at the ground. I slowly walked into the room and began to sanitize my hands as I greeted her. Despite my greeting the woman did not move or acknowledge my presence. My palms began to sweat and a small lump formed in the back of my throat. All of a sudden I felt very unprepared. This is not what I had planned for. In that moment, I wanted to let fear win.

I wanted to run out of the room and let the nurse know that I was not ready. It was clear that this woman did not want to interact with me. Despite these thoughts—I sat down and persisted. I began to introduce myself and informed Ms. Jones that I was a first-year medical student and that I had been instructed to gather some information from her. Ms. Jones did not stir.

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

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

A tear glistened at the corner of her eye and then slowly rolled down her cheek. She outstretched her hands and grabbed both of mine. We then sat in silence. Strangely, in that moment, I was comfortable with the silence. It gave me peace. I realized that as much as Ms. Jones needed the comfort of my embrace, I too, needed the comfort of hers. Unbeknownst to Ms. Jones, I was also dealing with the unexpected death of my aunt who had passed away just three months prior. Up until my aunt's death she was

It's been long enough that I shouldn't be in this much pain. Today is a particularly hard day because she loved the rain. It's been 2 months since her death and things just never seem to get easier...My daughter.

A HAND TO HOLD (CONTINUED)

healthy and full of life. As I sat there holding Ms. Jones' hands I could feel not only our shared pain but also the glimmer of hope that the pain would not last forever.

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

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



PLAYGROUND BOMB SHELTER, SDEROT ISRAEL
Michael Tandlich. Class of 2020

H E A L WRITING WORKSHOP

This past March HEAL hosted a writing workshop for the medical students at the College of Medicine's main campus. Students responded to the following prompt: "Think of an issue that concerns you, and then consider where it intersects with either your personal life, or possibly the life of a friend or family member. Write a long paragraph or poem that frames this issue in the form of a story of witness or testimony."

THE SMILE SHE CARIES

Shannon Lyons, Class of 2020

Dark, cracked, and hollow Surrounded by a halo

White,

Like the rest of them

Appeared on the light.

Radiating from a silver pen with a logo

Everything else in place, "pink and moist"

We say. Automated. Passively,

"The pain is sharp"

She says

"She misses ice cream"

She says

All in quotes

Don't misquote.

Brush and floss

I advise

Prior proper prevention. My dad used to say

Preventative care

Not a choice for all, where

A free monogrammed toothbrush

Isn't so free.

Nothing left but a black hole.

It'll be gone soon enough, the traveling

Ladies who pull

"What's your favorite ice cream?" I ask

TRAVEL BAN

Michael Tandlich, Class of 2020

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



HORSE & CACTI Haley Parsley, Class of 2020

PLAYING OUTSIDE

Michelle McCullers, Class of 2020

It used to be green

I swear

I swear... desperately, as I feel its heat rising.

She looks up, with a drip of sweat

Lining her bangs.

"Like in the pictures?"

No, better than the pictures.

I'm so sorry that you can't see it.

"It's okay"

It's not okay.

Growing up in concrete, skinning

Your knees instead of falling

Into grass.

Not fair.

LOVE IS STILL THE KEY

Jacqueline DePorre, Class of 2020

Surrounded.

It's everywhere.

Check social media – it's there.

Take a break.

Watch a show.

You will still find it-

Trust me, I know.

Home for the weekend!

Another debate.

Tearing us apart – it feels like hate.

We don't have to agree,

It's better we don't.

Change comes from our differences,

Change gives us hope.

But, it's hard to cope

Trapped and surrounded

By words of distain.

So let us debate! Let us talk and be free

But let's love one another respectfully.

NOVEMBER 9TH, 2016

Scott Nelson, Class of 2020

Cloudy skies.

Sunken eyes.

Tight lips.

November 9th.

Driving, looking straight ahead.

Pundits on the radio, never saw it coming.

His president, but not hers. Her president, but not his.

Our president?

Disconnected from it all.

I only know my vote. I only know me.

Cloudy skies.

Sunken eyes.

Tight lips.

November 9th.

TIME AND SPACE

Jasmine Jordan, Class of 2020

Is it June?

Are you my son or are you

My brother?

No one is listening...

Where is my wallet?

Where are my keys?

I need to go home,

Someone says, "No, Dad,

You are home!"

No. Home is in

Palatka.

No one understands!

