



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

PROSE

The Struggle is Real
Thomas Paterniti.....2

Day of Surgery
Emily Deibert Cisneros.....4

Healing for Two
Kate Harrison.....7

POETRY

Ode to Veins
Maher Khazem.....2

Mount Sinai
Hana Bui.....2

Smile
Shelby Hartwell.....10

Centerpiece
Sana F. Azam.....10

We Are Nothing With Out Diversity
Daniela Salazar.....10

WELL-BEING & RESILLIENCE
THROUGH ART.....11

ARTWORK

Umbrellas
Amanda Wilder.....1

Sunset
Karolain Garcia.....3

Hand Built Uterus Plate
and
Wheel Thrown Ceramic Vase
Hana Bui.....6

Gulf Fritillary
Caroline Nicole Jackson.....8

*View from on Top
of a Dead Log*
Hana Bui14

HEAL

Humanism Evolving through Arts and Literature



UMBRELLAS
Amanda Wilder, Class of 2018

Lead Editors

Thuy Nguyen
Alyssa Allem

Editorial Team

Hema Chagarlamudi
Sophia Zhang
Shelby Hartwell
Gabby Cintron

Faculty Clinician Editor

Suzanne Harrison, MD

Faculty Managing Editor

Tana Jean Welch, PhD

Layout

Instructional Design & Media Production

Support Provided by

The Jules B. Chapman and Annie Lou
Chapman Private Foundation

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.

THE 3RD ANNUAL “HUMANISM AND MEDICINE” ESSAY CONTEST

Sponsored by the FSUCOM Chapman Chapter of the Gold Humanism Honor Society, in partnership with HEAL: Humanism Evolving through Arts and Literature

1ST PLACE

THE STRUGGLE IS REAL

Thomas Paterniti, Class of 2019

When mention is made of medical errors, the tendency for most is to think of disastrous mistakes that result in patient injury or even death. For others, perhaps near misses come to mind, missteps with catastrophic potential that were luckily noticed in time to prevent serious injury. There is, however, another type of mistake that we make in medicine, not the sort that dramatically impacts patient care, but rather the minute, small mistakes we make daily that mostly impact the way we see ourselves as healthcare practitioners.

It didn't take very many surgeries under my belt to reach what many will consider a self-evident conclusion: surgery is hard. I remember early during my OBGYN rotation (my first rotation) being asked by a doctor on one occasion, then soon after by a fellow, to do a free tie on a tubal ligation. This was of course long before I had gotten the chance to really practice knot tying and to develop facility with it in a pressured situation. I stammered something incoherent as I struggled through it, doing a miserable job and clearly floundering. When this also happened with the fellow, she was even less patient than the attending. “You'll just have to practice this later,” she tersely concluded, and tied it for me. As someone who prides myself on preparation and technical competence, I was at once humiliated, flustered, and frustrated. This was by no means the last time I would experience that packet of emotions during surgery, and for a while I waited with trepidation when it came time to suture or tie, hoping I would not be made to look as foolish

as I had looked early on. I practiced my knots of course, but was unsure how I would react under the bright lights when the pressure was on.

Some time later, during a colorectal surgery rotation, everything changed for me. As I was watching one of the colorectal fellows doing a colonoscopy, the attending came in after seven or eight minutes and took over for her. This happened again, and yet again, at which point she finally explained, “If I'm too slow, he comes in and does it himself.” Then she added with frustration, “I wish he would let me struggle with it.” Her words struck me. “I wish he would let me struggle.” As I reflected on what she had said, I realized that the very thing I was avoiding – struggling – was precisely what she was wishing for. What she knew that I did not, was that struggling in surgery is not a dreaded occasion to be avoided; it is an opportunity for improvement and growth. Surgery can only be learned by doing. The sooner you struggle, the sooner you learn and improve. She craved the opportunity to struggle, and I realized that I had been thinking about my difficulties all wrong.

With this perspective in mind, I felt like my eyes had been opened, and I began watching for other people struggling, especially so I could see how they approached it and dealt with it. One day before a small bowel resection, I saw an experienced anesthesiologist struggling to start an arterial line on a patient with difficult vasculature. He opened one kit, tried to insert the line, but could not find the artery. He called

THE STRUGGLE IS REAL (CONTINUED)

for the ultrasound machine and tried again. No luck. After a third unsuccessful attempt, he shook his head in disgust and concluded that someone in the ICU would have to insert it. At that moment I realized that even after years of experience as a physician, the twinge of embarrassment and frustration following even a minor failure was no less palpable. Indeed these emotions are perhaps more pronounced, since both the physician and those around him or her have higher expectations.

As I progressed through my third year, especially during surgical rotations, I came to realize that doctors and doctors-to-be at all levels of training struggle with something, and that no matter where we are, there is always some skill or piece of knowledge that

is just beyond our comfort zone. The fellow who uttered those words, “I wish he would let me struggle,” opened my eyes to a different and better way to approach these times of difficulty and frustration; in particular she showed me that I ought to view them as a gift, an opportunity to be cherished rather than a catastrophe to be avoided. Struggling spurred me to practice, and in time I came to look forward to opportunities to tie and suture. Maybe I would perform exceptionally; maybe I would struggle. But whatever the outcome, I knew I would be better as a result. To my colleagues at all levels of training, I share with you the lesson I have learned: the struggle is real – embrace it with humility and determination and you will grow!



SUNSET

Karolain Garcia, Class of 2019

DAY OF SURGERY

Emily Deibert Cisneros, Class of 2019

It's a Friday and I'm halfway through my surgical rotation. Our patient is in her early sixties and had a history of perforated diverticulitis, requiring a partial colectomy. She was up for an elective colostomy reversal that morning. Like most patients with temporary colostomies, she was eager to get rid of it.

Due to her history of mechanical mitral valve replacement, she was taking a blood thinner called warfarin. In order to reduce the risk of bleeding during surgery, patients must stop warfarin. Meanwhile, to prevent a clot forming around the artificial valve, they must inject themselves with the shorter-acting blood thinner, “Lovenox.” Our patient and her husband had followed these “bridging anticoagulation” instructions faithfully.

During surgery, everything went as expected. I was impressed, as always, by my surgeon's delicate maneuvering, as he sewed the glistening layers of bowel wall back together.

But now, just after lunch, I hear his phone ring. It's our patient's nurse. “Be right up,” he responds.

We arrive at her room and she is lying in bed, pale. She says she feels lightheaded. The nurse lifts off her bandage and reveals a large dark purple hematoma that is bursting at the seams of her stapled midline incision. Her blood pressure is 83/52. My surgeon repeats it. Even lower. Her husband looks worried. As the rapid response team circles the bed to transfer the patient to the ICU, my surgeon pulls him to the side, “She is having very low blood pressures. I'm concerned that she may be bleeding internally.”

Our patient's husband looks upset and confused. “But we followed the instructions from your office!” he exclaims. “She stopped the warfarin earlier this week and I gave her the shot of Lovenox this morning.”

My surgeon's brow shifts ever so slightly. “This morning?” he asks, softly, looking concerned. Although it is still early in my rotation, I have yet to hear him raise his voice.

“Yeah, at 4am I gave her the 90 milligram injection day of surgery, like it said,” he responds. “Is she going to be okay?” he asks, panic starting to build.

Reassuring him, my surgeon steps into the hallway. “Listen, I need to make a quick call. She's in good hands. Be right back.”

On the phone with his office manager, he paces. “Can you read me our Lovenox bridge instructions, verbatim, please?”

“It says take 90 milligrams day of surgery.”

My surgeon explains to me what happened with our patient, as calmly as ever, “Nowhere does it specify after surgery.” He looks at me, solemnly. “It's not clear. Our instructions are not clear,” he sighs. “What a shame.”

Approaching the patient's husband, my surgeon is quiet. He is generally serious, but the weight of his silence is different this time. He apologizes to the husband immediately, earnestly. He explains that the form is poorly worded and misleading. He takes full responsibility for what happened. “This is our mistake,” he repeats, “and we're already in the process of changing that form.”

Later that evening, we take her back to surgery. Her husband trails behind the gurney. I walk beside him, trying to be supportive, but not wanting to provide false reassurance that everything is going to be fine, because honestly I don't know. As we disappear behind the double doors, he tearfully calls out, “I love you so much, honey.”

In the OR, I ask her how she is feeling. Despite her critical condition, she states, “Oh, I'll be fine, God-willing. It's my husband who...” as she drifts off to sleep.

We scrub in side-by-side in silence. The hallway is also quiet, as most people are gone for the day. My surgeon takes a long pause, hands dripping into the sink, and turns to me. “I just hate this,” he admits, vulnerably. “I feel so terrible.”

The amount of blood in surgery is overwhelming. We suction out as much as possible, but it continues oozing from everywhere. The anastomosis is intact, luckily, but to my surgeon's disappointment, there are no clear sources of bleeding to control. He lays down some hemostatic gauze, and we begin to close.

A week later, our patient is readying for discharge. After several days in the ICU, with multiple transfusions of red blood cells and plasma, her blood count finally stabilized. She is dressed in her own clothes and putting on lipstick when we walk in the room. She looks happy to see us.

“I'm so glad to be done with that thing and go home,” she says, regarding the colostomy. My surgeon nods, understandingly, and

DAY OF SURGERY (CONTINUED)

apologizes again for what happened. She smiles and shrugs, as if she has already forgotten how critical her condition was, just days ago.

--

My surgeon demonstrated integrity in his response to this life-threatening error. He put pride aside and the patient and her husband first. He could have easily dodged these difficult conversations and passively allowed them to assume blame for misreading the instructions. Instead, he took full responsibility for the miscommunication, relieving them of that burden. He apologized for their suffering. He was never defensive or accusatory, and he never tried to shift blame to any of his office staff, or to anyone else who had seen the patient prior to surgery. He sought to fix the problem immediately, and new, clearer instructions were written as a result.

Through this experience, I was reminded of the immense value of honesty in medicine. I learned the importance of identifying one's individual role, as well as understanding the system flaws involved in medical errors. There are miscommunications every day in medicine, many of which put patients at risk. Thankfully, our patient was okay, and improvements were made to prevent this from happening again.

Maintaining the façade of perfection is unnaturally expected of physicians. But this is often at the expense of humility, self-reflection, and honesty. As doctors are so highly trained to prevent errors, we should be equally trained to admit error. As my surgeon showed, failure can be the most fertile ground for growth and change, if we allow it.

Maintaining the façade of perfection is unnaturally expected of physicians. But this is often at the expense of humility, self-reflection, and honesty. As doctors are so highly trained to prevent errors, we should be equally trained to admit error.



**HAND BUILT UTERUS PLATE (TOP)
&
WHEEL THROWN CERAMIC VASE
(BOTTOM)**

Hana Bui, Class of 2020

HEALING FOR TWO

Kate Harrison, Class of 2019

“Tenth floor,” declared the familiar robotic female voice. The elevator doors opened and I hurriedly followed my attending surgeon as he strode out to meet our next consult. I looked down the hallway of the stunningly beautiful building, the newest part of the hospital. I had spent most of my third year of medical school in this same building, one floor above. When we entered the room to meet the patient, I noticed she wasn’t alone; several family members were present in the room. The stress of the illness and the treatment had taken an obvious toll on her body, and I could see the pain and fatigue on her face. Next to her in the hospital bed was her husband, sitting with his arm around her. He spoke to my attending, as his wife was nearly too weak to speak. His eyes met mine, and as I looked at him, I saw myself.

This patient was only in her 40s. Cancer wasn’t supposed to happen to her. It wasn’t supposed to happen to my boyfriend at the age of 25, either. The husband’s weak smile poorly concealed the pain on his face, the same fragile smile I had worn for months. To watch your partner suffer as you sit helplessly on the sidelines is a cruel form of torture. I remembered all the days I had spent in a room identical to this one, all the study time I put off, all the hours of sleep I missed. Like this patient’s husband, I made the choice to be present every day during my partner’s prolonged hospitalizations. Although it was hard to stay voluntarily in that room day after day, I understood that it was much harder to leave.

While the patient’s husband informed my attending about his wife’s current condition, I found myself wondering if their experiences were similar to my own with my partner. Supporting your loved one in a hospital setting feels like having your relationship under a microscope, and everyone is looking. How many serious conversations were left hanging when a nurse came in to take vitals again? How many times had they tried to spend a rare quiet moment, just the two of them, when the phone rang again with someone who wanted an update on treatment? How many times had they both put on a brave face for family and friends, when underneath it all, they really just needed to cry together? Unlike some of the pop culture portrayals in movies that romanticize cancer and

relationships, the reality is that illness can place significant barriers between you and your loved one. The real growth comes from the faith that you still have in your partner, even when it feels like the relationship is on hold.

As medical students and eventually practicing physicians, we are expected to maintain a professional barrier between ourselves and the patients. While they may open up to us about all aspects of their life—physically, emotionally, spiritually—we must be careful not to reveal too much about our own personal lives, no matter how much we can relate. Watching this man speak so lovingly about his wife, I longed to say to him, “I understand what this is like.” I had woken up every morning to realize the nightmare was still real. I had fought the tears behind the shaking voice that said, “Yeah, we’re doing fine.” I had felt the weight of a fractured heart that kept beating, because obligations and responsibilities in life don’t wait for you to feel better. Despite all the thoughts rapidly coursing through my mind, my professional standards wouldn’t allow me to cross that line.

Although healthcare professionals may not be able to connect on such a deeply personal level, we can offer comfort to our patients and their loved ones simply by saying, “Let’s try something, and maybe this will help you.” My attending surgeon knew there was nothing in his scope of practice he could do for this particular case,



LEAVING MY COAT AT CANCER’S DOOR

Mike Muszynski, MD

HEALING FOR TWO (CONTINUED)

but he still took the time to have a discussion with the patient and her husband about options to advance her diet and improve nutritional status. The husband agreed with this decision, and I saw a flicker of optimism across his face. Anything to make her feel better and more like herself, because “she’s a badass. She runs marathons.” I remembered those exact words coming out of my mouth just a few short months ago, when my boyfriend and I traded our long training runs for monotonous laps wheeling an IV pole around the eleventh floor together. When you watch your partner’s health status suddenly decline, any glimpse of his or her old self is a blessing. This patient’s strength and energy levels had been completely depleted, and I could see how much her husband wanted her to find some form of relief. I hoped our consultation with them gave them a sense of comfort, knowing that we were willing to offer an option to help ease the effects of her treatment that had robbed her of her vitality.

As we prepared to leave the room to move on to the next patient, the husband expressed his appreciation to my attending for seeing his wife, despite the fact that she was not a candidate for surgery. With a more hopeful smile, he looked me straight in the eye, and said, “Thank you so much.” Suddenly I realized I had hardly said a word during the encounter. I’m not sure what he read on my face underneath my bouffant cap, but somehow I think he knew we understood each other. Although we didn’t walk through the door promising a cure or a new treatment option, I still felt that the visit had made a difference. Despite the painful memories that flooded my mind, my experience gave me the opportunity to look beyond the patient’s diagnosis and instead see two people whose love gave them a glimpse of hope.



GULF FRITILLARY

Caroline Nicole Jackson, Class of 2019

ODE TO VEINS

Maheer Khazem, Class of 2021

I am a vein lacking oxygen and life
Here is an inside look at my ongoing strife

I travel and run with the neurovascular group
People often forget I am one half of the cardiovascular loop

I am the jealous sibling of arteries who seem to get all the hype
Infuriatingly portrayed as the weak and petty blood pipe

Why am I not as important as the rest of the interior
IVC true to the name as I will always be inferior

Scalpels and scissors cutting through
All so that students can get a “better” view

My hunger for anatomical recognition is ravenous
Wanting to be seen as more than just the Saphenous

MOUNT SINAI

Hana Bui, Class of 2020

Because if the going is too tough then you're not made for this
This is your identity now
Clean white jacket setting you apart
Healer, leader, impervious to emotional tolls
Counting backwards so that the number adds up to 80 hours
Because you're not supposed to ask for help
You are the help

SMILE

Shelby Hartwell, Class of 2021

Because someone holds the door for me
And I say thank you.

Because there's hesitation when
I know the answer.

Because I wait
My turn,
For them to finish interrupting,
For my space to be palatable.

Because I was raised to be polite.

I have a smile on my face.

CENTERPIECE

Sana F. Azam, Class of 2021

Because our fruit basket looked the same everyday
Because the apples always shown under the morning rays
Because the wicker bowl was bejeweled with daisies
I stole a golden mango before my mother could see.

Because I stand where she once stood
I hide the bruised pits burned into their wrinkled skins.
I throw out the wilted bulbs of brown
Because I know little girls have not yet awoken—

WE ARE NOTHING WITH OUT DIVERSITY

Daniela Salazar, PA Class of 2019

Because America is a Melting Pot.
Because we all come from different backgrounds.
Because we all have one dream.
Because we are all unique.
Because our races are different, our languages, and even beliefs.
Because without diversity there would be nothing.
Because with nothing, what would the world be.

WELL-BEING & RESILIENCE THROUGH ART

Many of us don't consider ourselves "artists." Yet, art is all around us, including within, if we allow ourselves to tap into it. As clinicians and healers, we often forget to tap into that side of ourselves—the artistic, creative side that provides a path for resilience, healing, inspiration, and transformation, and often serves as a deterrent to burnout.

In 2017, the National Academy of Medicine launched the Action Collaborative on Clinician Well-Being and Resilience, a network of more than 60 organizations committed to reversing trends in clinician burnout. The Collaborative has three goals:

1. Improve baseline understanding of challenges to clinician well-being;
2. Raise the visibility of clinician stress and burnout; and
3. Elevate evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver.

In support of these goals, the National Academy of Medicine recently sponsored an art contest to illustrate what clinician burnout and clinician resilience means to us as healers, and to promote greater awareness and understanding of barriers to clinician well-being, along with solutions that promise a brighter future.

On behalf of FSUCOM's Wellness Committee, we are proud to honor Wyndam Bonnet and Stuart and Jackson Brown for their submissions to NAM and are honored to be able to share them with you in this edition of HEAL.

Christie Alexander, MD and Jo Brown-Speights, MD



HYPNOS

Wyndham Bonett, Class of 2019

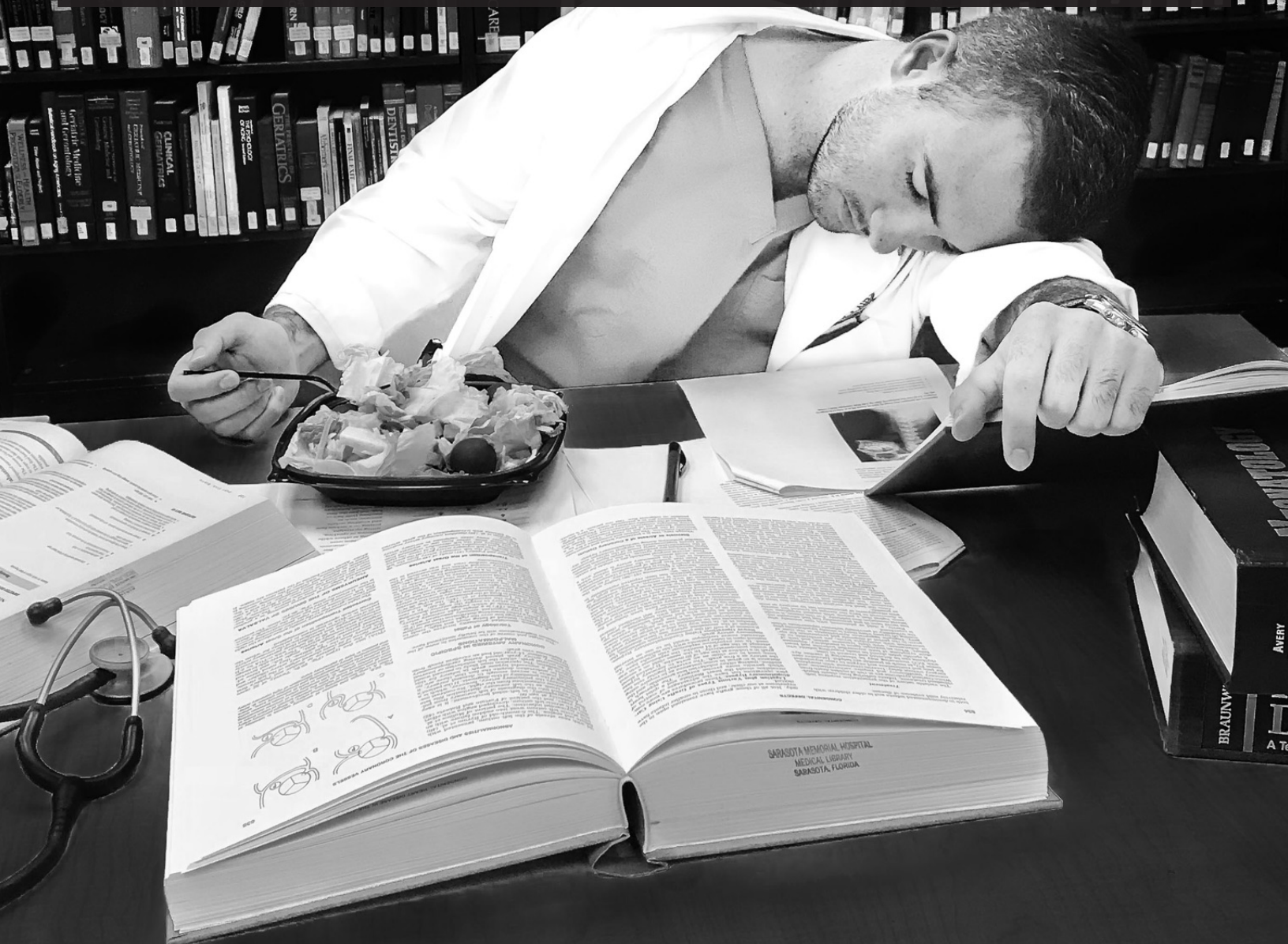
Wyndham Bonett

A DAY IN THE LIFE OF A MEDICAL STUDENT

Stuart Brown, Class of 2019

Jackson Brown, Class of 2019

Your attending tells you to be ready at 6:30 am. You wake up and get ready, down a cup of coffee, and arrive at the hospital at 5:30. You pre-round on your patients, gathering every countless detail from the events overnight. Your attending arrives at 7:00, you spew all of your patients' worries, concerns, and experiences from the previous night. You mix in as many "pearls of wisdom" you can remember from the countless textbooks you have combed over for the past 6 years of your life. Everything comes out in jumbled words and thoughts, but you manage to make it through rounds. Down another cup of coffee. Meanwhile, the whole time you are mentally, physically, and emotionally exhausted from the rat race they call "Medical School." Somehow, you miraculously make it through the day. Next comes the hard part. You have to make an important decision, one that significantly affects your mental and physical well-being. Are you going to open your textbooks and try to begin to study for the night? Are you going to eat? Do you go to bed early in an attempt to prepare your body for the long, daunting next day? So often in medical school you have to choose between studying, eating, sleeping, or having a life outside of medicine. A decision that we as medical students often get wrong—we put our school and job before our own mental health and well-being. We have to remember, that in order to be the best doctors we can be, and truly care for our patients, we have to take care of ourselves as well. Or else, in the end, all we will have is a worn down soul with a caffeine addiction.





VIEW FROM ON TOP OF A DEAD LOG
Hana Bui, Class of 2020