HEAL

Humanism Evolving through Arts and Literature

MOTHER NATURE
Aisha Khodijah Kholib Jati
Universiti Sains Malaysia

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FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

PROSE

POETRY

ARTWORK

THE NATURE OF LOVE

Shellon Baugh, Class of 2023

Not every soil is good for growing a flower;
One must find the best environment
Optimum to nurture its growth.
Even then the sower has no control
Over which seed will take hold;
It might be the right seed at the wrong time
Or the wrong seed altogether.
The sower is nonetheless hopeful that
Nature will do the trick.
Rain will fall and water the seed;
As nutrients flow, a flower will grow.
With expectations of a masterpiece in mind,
The sower dreams of the vibrant bloom.
Despite his many efforts of preparation,
He is never fully ready for the unique beauty
That will bring happiness and love to his life.

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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.

A *Simple* Wellness Visit

By Gabriella Glassman, Class of 2020

"Ok, last one of the day. Go ahead and see the child in room 2. It's a wellness visit so it should be simple," said my preceptor. If my third year of medical school had taught me anything, it was that very few cases are actually "simple." Nonetheless, this was my first week of outpatient pediatrics in Immokalee so without hesitation I grabbed the child's immunization records and proceeded as instructed.

When entering the room, I introduced myself and shuffled through what I thought was her immunization records. I quickly halted when I came across page 2 titled "toxic stress" with the words "positive screen" in red, bolded capital letters. I scanned the survey questions until I came across, "Have you ever wanted to hurt yourself, or feel that you would be better off dead?" And to my shock, she had answered "yes."

First of all, I had never seen a toxic stress screen in my textbooks, UWorld question bank, or in the charts of any of my other patients. And secondly, before me sat a beautiful 12-year-old girl. "What on earth could be that bad for a 12-year-old?" I thought.

Unsure of how to proceed I quickly gathered my thoughts and asked questions about school, band class, and if she has ever felt depressed or anxious. Naturally, I received all positive answers to which mom smilingly reaffirmed. At this point I assumed there must have been some sort of mistake. I knew better than to ask directly, as I could not breach this young girl's confidentiality in front of her mother, but I had no idea how to approach this scenario otherwise. I finished my physical exam, collected my papers, and went back to present the case to my attending.

As soon as I showed my attending the toxic stress screen, we quickly turned around and were immediately re-entering the room. My attending tactfully found a way to remove the patient from the examining room so we could privately address her positive results. Unwilling to voice her secret aloud, we offered the young girl a pen and paper. And she wrote:

"I am pansexual and I do not know how to tell my father. I am scared he will not love me anymore. Other kids, especially the boys, tease me too…"

I was astonished by how well this young girl, who I perceived as happy, had managed to bottle up all her emotions. And yet here we were, 5:30pm at the pediatrician's office, addressing this young girl's darkest fears at a "simple" wellness visit.

We paged the on-call psychologist at the health center and explained the situation. It was slipping past 5:30pm and the building was emptying, but to my amazement the on-call psychologist appeared within minutes to assess the child's immediate safety and suicidal risk. For the next hour, the psychologist, pediatrician, and I encouraged both mom and her daughter to voice their reservations and concerns. A box of tissues later, we all agreed she was safe and not a danger to herself.

This entire experience came as a shock to me. I had already finished my psychiatry rotation months ago and never did I experience anything like this. I was taken back by the efficiency of the process and amazed that I never knew the role of adverse childhood experiences (ACES) in pediatric healthcare, nor had I seen the implementation of routine toxic stress screenings. Toxic stress by definition is a prolonged activation of stress response systems in the absence of protective relationships or support, a phenomenon that countless children undergo, especially among lower economic social classes. In general, a higher ACEs score is associated with a greater physical and mental morbidity. As physicians, we are taught to solve problems and ultimately save lives. If a child presents with unrelenting abdominal pain, we do a history and physical, make a diagnosis, and consult the surgeon for an appendectomy. With this integrated care model the psychologist, like a surgeon, ultimately achieves a similar result by performing a lifesaving procedure.

During the remainder of my pediatric rotation, my preceptor told me stories of the infinite cases she has seen and the tragedies that many children from underserved communities face. I am surprised more places have not yet adopted this routine screening system and the integrated primary care-psychology model. Imagine the amount of lives that could be altered and suicides prevented if more health care providers installed universal screening to assess their pediatric patients' ACEs and toxic stress. After all, why should a child's general well-being be separated from their wellness?

I see your future. I see you winning the fight against cancer.

A GLIMPSE INTO THE FUTURE
Elizabeth Bentze

HOSPITAL DAY

Joanna White, DMA
Central Michigan University

I lift the sash to the whistle
of finches, leafy maple rustling
with squirrels. Aroma of coffee
spirals down the hall, then
I remember—no coffee allowed.
Going out to the porch, I clutch
an empty mug, watch an endless
game of ring the trunk, plumes of tails
switching. I sit on the steps, gaze
above the maple's frilled crown to see
the silver mirror of the red-tipped hawk
reverse and dive.

HEAR ME, I'M STILL HERE

Samantha Hurt,
Interdisciplinary Medical Sciences

My body is weak.
My arm drifts down
My leg won't hold me
My once strong voice
Is only a whisper.

Vowels change form
Suddenly, my fluent tongue
Is no longer understood
But I'm still here,
And I have a voice.

I still know Shakespeare,
Can tell the nurse that TV
Is sound and fury,
Signifying nothing,
Turn it off!

I still know the intimate
Workings of DNA
And humor
And fear,
And I'm still here.

One nurse hears me.
She sees my pain,
She massages my healing body
And speaks
In the tender language of the soul.
She doesn't have to do that,
But she hears me.

One nurse doesn't hear me.
I ask questions
About her family and her life
But I can only whisper.
She thinks I am mumbling
Incoherent
And doesn't hear—
I am invisible to her.

I'm still here.
I have a voice.
Some can hear me,
Some cannot.
Will you?

A NIGHT IN HAVANA
Anmol Patel, Class of 2021

SMALL DETAILS

by Erin Petrie, Class of 2020

In my second week of outpatient Internal Medicine I felt comfortable taking a history and performing a thorough physical exam to present to my preceptor when he entered the room. On one particularly busy morning, I knocked on the door to the next patient's room and was greeted by a thin, energetic man in his 60s. As I glanced at his medication list after shaking his hand and introducing myself, I remarked, "It looks like you're a pretty healthy guy! We don't usually get patients in here on so few medications." He laughed and proudly told me he exercises five times a week and eats a mostly vegetarian diet.

I remember thinking it was nice to have an uncomplicated patient after three stressful encounters back-to-back-to-back and maybe if we wrapped this up quickly I could actually have more than ten minutes for lunch. As I inquired about past medical history, there was nothing of significance, just as I suspected. He was here for his annual physical and as ready to get to lunch as I was. When I asked about anything new he wanted the physician to know about, he told me he'd had some knee pain but thinks it was due to overuse in the gym and was responding well to acetaminophen. I made a mental note to include that in my oral presentation and prepared to move to the physical exam.

As I was about to encourage the gentlemen to get on the exam table, he paused and said there was this other "silly" thing he should bring up since we had the time. Instead of trying to explain it, he said it would be easier if I gave him my pen and paper. He took the pen in his right hand and began to write his name. His hand quivered violently and he had to use his left hand to stabilize his right just so he could finish the last few letters of his last name. Putting the pen down, he laughed and said, "Isn't that strange? It's just one of those kooky things that happens with old age, right?"

My heart sank. I had seen quite a few people well into their nineties in this practice and this felt like more than just old age to me. The lightness to the encounter dissipated as I began asking rapid fire questions related to the tremor and he began to sense my concern. As medical students, we often jump to the worst case scenario. As a medical student whose own grandmother was initially diagnosed with Parkinson's disease by a sudden change in handwriting, the worst case scenario was jumping out at me.

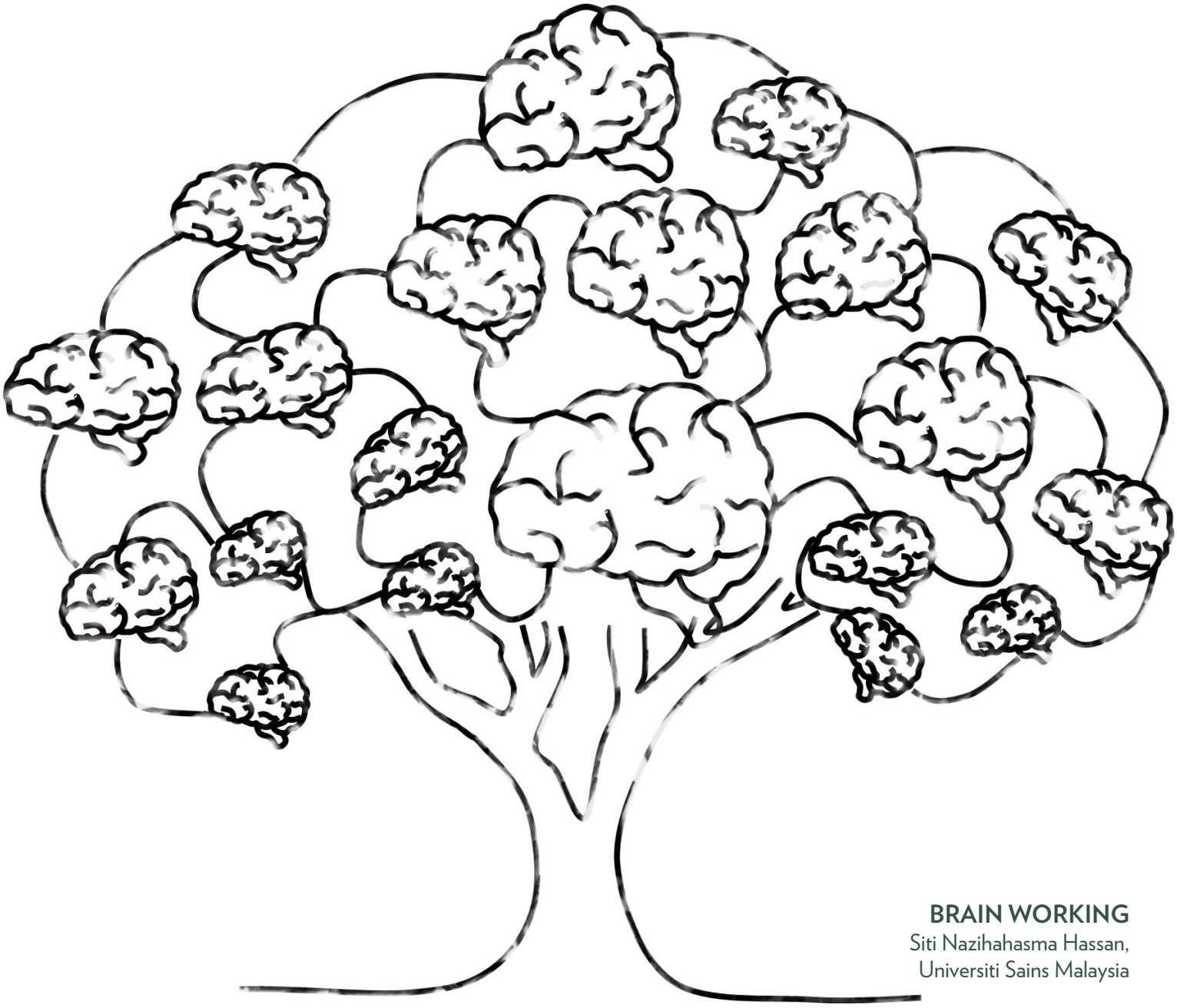
Before I could figure out a way to discuss my concerns with the patient, my preceptor entered and asked me to present the patient. I quickly started, "This is a 63-year-old male who presents today for his annual wellness exam…" I continued my routine until the part of the presentation where I included new problems to address. I looked pointedly at my preceptor and mentioned the patient had noticed a change in his handwriting associated with a new tremor. The patient jumped in, clarifying it was nothing to be concerned about medically and felt silly he even mentioned it to me. I pressed on and asked the patient to rewrite his name on the paper for my preceptor as he had demonstrated for me.

The mood shifted once again. My preceptor had the patient get on the exam table and conducted a full neurological exam and asked him to walk back and forth across the room a few times so we could assess his gait. During this, we asked if he'd had any changes in his sense of smell or increasingly vivid dreams.

Aside from the tremor when writing, everything appeared perfectly normal. This gave me some relief but I couldn't get rid of the feeling in the pit of my stomach. My preceptor wasn't completely satisfied either and recommended the patient follow-up with a neurologist. While he assured him there was nothing urgent about his situation, my preceptor explained how changes in handwriting can be an early sign of Parkinson's disease and it would be best to get additional assessments to rule it out.

The healthiest patient I'd seen in days left the office being the one I worried about most. While I'll likely never know if this symptom was due to Parkinson's, or was just a benign essential tremor, I think about that man every so often. He reminded me that we serve a vital purpose as physicians to listen to what our patients are telling us and pick up on subtle findings that may go unnoticed to an untrained observer. Every patient deserves your full undivided attention because we risk patients staying silent in fear they are burdening us with their problems.

One thing that was emphasized ad nauseum in the clinical learning center during our first and second year was asking patients "anything else?" to ensure we didn't miss any details. While it felt silly for standardized patients to withhold information they knew would lead us to the right diagnosis on the score sheet, I've now realized that's exactly how patients in the real word act. They may tell you about their runny nose and weird elbow pain but forget to mention their stools have become black or they've lost a good amount of weight without trying since you last saw them. As physicians, we should strive to be present with each patient during every encounter. While it can be important to let our guard down to develop relationships, our ears should always be tuned to those alarm bells in simple conversations. With time I hope to continue to develop this gut sense in addition to continuing to develop the skills needed to deliver difficult news to patients in a kind, thorough manner.



BRAIN WORKING
Siti Nazihahasma Hassan,
Universiti Sains Malaysia

INTERSPECIES COMMUNICATION

Andrew Kropp, Class of 2019

SERENITY AND SPLENDOR
Shellon Baugh, Class of 2023

LOVE

Ghazal Farajzadeh, Class of 2023

The Sun
Most days we want more of it
Some days a little less
Only to realize when it's gone
How much we miss it
Most mornings, you welcome
the kiss of its rays
upon your face
only to feel its sting
when you forget your SPF –
Still, it brings out your best, in you
turning your skin to a soft glow.
And it brings out your worst
when it burns and that same skin peels off.
But we can't live without it.
Because through the many moods
Of the sun
We still want it.

PRETTY MISLEADING (A LOVE POEM)

Caitlin Marquis, Class of 2023

A pretty plate of food is brightly colored
with greens, yellows, oranges, and browns.
A pretty plate of food is well-balanced,
with 60% raw and 40% cooked.
But sometimes, a pretty plate of food is just that—
pretty.
Appealing to the eyes, but hard to swallow, to chew.
Each bite, harsher than the last.
Sometimes, we may pass on the pretty plate of food.

Too Sweet TO BE TRUE

by Edward Corty, Class of 2021

When a 40-year-old woman arrives at the integrative care clinic in Immokalee, Florida with a fasting blood sugar of 255 g/dL (normal is below 126), alarm bells ring in the minds of providers. As a third year medical student, my job was to speak with patients about behavioral issues during the 15 minute window before the medical team arrived. This would make the most of everyone's time and, ideally, improve health outcomes.

Before entering this patient's room, I was expecting to find a woman who would benefit from learning about lifestyle modifications and preparing for the addition of another diabetes medication. I was surprised when I found a healthy-appearing, smiling woman who looked younger than her age. She had bright, hazel eyes and a soft smile. Only 15 minutes was allotted for this meeting, so we got straight to the point, conducting the interview in Spanish.

"Hi, Clara, I saw that your sugar was pretty high today. How has your diet been recently?" I asked.

"Um, not too bad, I guess," she said timidly. "Sometimes I do eat a lot all at once in the middle of the night."

"What kinds of foods do you normally choose?"

"Well, when it's late at night, usually tortillas, maybe with some marmalade or other snacks."

While a large percentage of Immokalee's population works picking nutritious tomatoes and peppers, the foods most available to those same workers are often high in carbohydrates and saturated fats. Furthermore, when people have several children to feed on an exceedingly tight budget, their own nutritional needs are often considered last. The snacks Clara described also happen to be delicious – I know because I've indulged. Something about her clinical picture didn't quite add up, but I was willing to accept it. I knew we had some options for her.

"Look, I know how difficult it can be to change diets. Could we try to set you up with a nutritionist?"

"Yes, I'll try that" Clara responded. She looked down and to the side like someone trying to do mental math.

Type 2 diabetes starts as a problem with cellular ability to effectively use sugar in the blood – the cells become "insulin resistant." This leads the pancreas to pump out more insulin. Eventually, the pancreas can't keep up and "burns out," stopping production altogether. When blood sugars stay elevated for years, complications set in – vision becomes blurred from retinal damage, foot ulcers and infections form due to nerve and blood vessel destruction, and the kidneys begin to fail.

Pride was bubbling inside of me – in less than 10 minutes we had uncovered the source of Clara's newly high blood sugar and, better yet, we almost had a solution in place. All she would have to do is follow up with a nutritionist. This was too simple.

But I had missed the mark. As we were wrapping up our conversation Clara held up a hand like a diner hesitantly asking the waiter for a check.

"One thing," she said. "Could stress make sugars go high?" Now, alarm bells sounded in my own head.

"Actually, yes," I told her, remembering that stress hormones like cortisol increase blood sugar levels and hunger. "Has something changed recently?"

"Well, my husband was arrested by Immigration," she said in a matter of fact tone. Silence hung for the next 10 seconds, which felt like minutes. She continued, "That, and we just found out my father has cancer."

When someone has back pain for years it is considered "chronic" pain. When that same person has an "acute" attack of back pain it can be considered "acute on chronic" – an acute exacerbation in the setting of a chronic problem. Clara wasn't suffering from normal worsening of chronic diabetes, she was suffering from acute on chronic diabetes that I had failed to uncover. I relied on the patient to give me her perspective instead of asking "Why?" In just the past month, her husband was arrested, her father had received a cancer diagnosis, and she had continued working to support her two young children and herself. Now, instead of having two sub-minimum wage paychecks for rent, utilities, and food, the burden fell on her alone.

I more completely uncovered Clara's perspective by asking her about new challenges she was facing. I asked others in the clinic about how they had approached similar

problems in the past and laid out options to her about how we could help. She needed support for her children while she worked longer hours, so we connected her with a free after school program. She would grapple with intense stress and anxiety for the foreseeable future, so we informed her about a clinical psychologist who specializes in spouse separation and associated anxieties. These services existed, but she had no way of knowing and almost missed out.

Even after finally finding Clara's perspective, her situation is not reassuring. Economic, social, and political structures are all in place to make her fail, but we can hope additional services will provide some real relief. In health care, we have a unique opportunity to give an open ear to our patients, complete with confidentiality and completely free of judgement. It is now clear to me that the benefits of our system are easily wasted if we don't take the vital extra step to ask, "Why?"

CHASING KANYAKUMARI
INDIA 2009
Marcus Lackey, Class of 2023

MINNESOTA NICE
Chelsea Life, Class of 2020