

# HEAL

Humanism Evolving through Arts and Literature

**SPRING IV**

Ghazal Farajzadeh  
Class of 2023

*Spring*

•

2020



FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE

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# THE 6TH ANNUAL “HUMANISM IN MEDICINE” ESSAY CONTEST

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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.



# All It Takes Is a *Smile*

By Justin Kuhlman, Class of 2020

I walked into my preceptor's office on the first day of a new clinical rotation with hospice and found a bright face beaming ear to ear. A smile. That's often all it takes. "Look at that quote on the wall because that's the heart of what we do here," he immediately said to me. Turning around towards the plaque on his wall, I read the quote aloud, "I alone cannot change the world, but I can cast a stone across waters to create many ripples." Quickly reflecting on the phrase, I honestly found it cliché at first glance...until I read who had said it. Mother Teresa of Calcutta. I knew that name – I had studied her growing up. I always admired the five-foot-nothing nun who possessed the most deformed feet, and who throughout the world had opened numerous AIDS clinics, homes for the dying, and orphanages for unwanted children. I always wondered how someone so tiny, and seemingly unappealing, could do something so incredible for so many people throughout her life? How could someone so ordinary do something so extraordinary?

Before we had the chance to talk more about the quote, my preceptor instructed me to hop in his car and we drove to a nursing home. He said this wasn't a formal part of the rotation, but I figured he would explain more about patient management in nursing homes or something along those lines. That was not the case. Upon entering the nursing home, my preceptor seemed oddly excited. It's a nursing home, I thought. What could possibly be so exciting about a nursing home? Making our way through the hallways, it was no different from any other nursing home I had visited. Half of the patients were resting in their rooms while the other half were either creeping through the hallways with their wheel-chair bound feet or simply catching repose against a wall or chair.

As we passed through the halls, multiple nurses and employees joyfully greeted my preceptor. It was apparent that he was well liked by all of the nursing home staff. Meanwhile, I was still wondering what in the world we were doing here. We continued our stroll through the common area where some residents were sitting idle and others were watching TV. WHAT WERE WE DOING? I was still clueless. Finally, we started making our way back towards the front. What was the point of that, I thought. Despite my relief in seeing the exit doors ahead of us, I suddenly noticed something unusual before we left. Every single patient we passed by on our way out of the nursing home had a smile on their face. Why were they smiling? For a few seconds, I couldn't figure it out. Then, I caught sight of it. It was not until I glanced over at my preceptor when I noticed that he was the initiator of the exchanging smiles. Without saying a word, he would smile and nod as he passed each resident, and they would light up in return. Then, we left the nursing home.

Getting back into his car, my preceptor explained to me that he tried to visit residents in the nursing home as often as possible. Why? We didn't even truly visit with any of them, I thought. He then stressed the importance of having compassion for every person I would encounter as a physician, regardless of their circumstances and background. Even if a person wasn't my patient, he urged me to treat each individual with dignity, respect, and empathy. Everyone is going through a trial in life in some capacity or another, especially in

medicine. As he spoke these words, I became greatly inspired, particularly because this man was not even a physician. Truth be told, he was only playing a small part in the midst of a large interdisciplinary hospice team. He went on, "Do you know where the root meaning of the word 'compassion' comes from?" Seeing the stupefied look on my face, he answered his own question, "It means to suffer with the person." When I heard those words, something clicked inside my head. I reflected on the smiles of the nursing home residents, and began to understand why we visited the nursing home that day. We were not visiting the nursing home. We were not even visiting patients. We were visiting each and every person.

I imagine that each medical professional cherishes the thought of saving countless lives by means of our medical expertise (rightly so). However, at the heart of it all, that seemingly purposeless stroll through that very normal nursing home taught me that in order to save lives, we must first walk with them, and dare I say, suffer with them. Through something as ordinary as a smile, my preceptor taught me that as future physicians we have a responsibility to enter into the lives of our patients through ordinary words and actions. This is accomplished not necessarily by extraordinary acts, but by actions as ordinary as a smile. "I alone cannot change the world, but I can cast a stone across waters to create many ripples." The disposition that motivated

Mother Teresa of Calcutta allowed her to accomplish great things not by doing prestigious acts, but by doing small things with great love. Perhaps that is why someone as ordinary as Mother Teresa could do something as extraordinary as she did. As soon as I made this realization, I immediately felt the desire to express my gratitude to my preceptor for teaching me such a profound lesson, but before I had the chance, we had reached my car and he told me that we were finished for the day. I briefly thanked him, got out of his car and shut the door behind me, when I glanced back in his direction one final time. There it was again. A smile. That's often all it takes.



**DENTAL HYGIENE**  
Chaitali Hambire, MDS





**WE COULD HAVE DANCED ALL NIGHT**

Carol Saville

Photo by Michael Hayward

# NOVEMBER 30<sup>TH</sup>, 2019

By Katherine Foley, Class of 2021

It was the Saturday evening after Thanksgiving, and I was returning to my regional campus from being at home with my family for the holiday. One minute I was driving on a familiar interstate, a drive I'd made what seems like a million times before, and the next I was watching a small SUV flip over the hood of my car. Everything after that happened so quickly, yet I remember it all in excruciating detail. My car spinning from hitting the brakes so hard. Running across two lanes of interstate traffic trying to get my 911 call to go through. Pulling a screaming six-year-old through the broken shards of a car window as someone yelled for a fire extinguisher.

Just several weeks prior, I had witnessed a man on a bicycle get hit by a car. I pulled over, as had a paramedic and an intensive care nurse. I remember the feeling of relief as these two people took charge, knowing that I would have had no idea what to do in a situation like this had I been the only medically trained individual around. As a third year medical student, I thought, I should be able to do something here. But I hadn't really had to, and I was so grateful the others were there.

But that night in the pitch black in the middle of nowhere on the interstate median, I looked up at the half a dozen bystanders who had pulled over and asked if anyone was in the medical field. The resounding silence and wide-eyed looks of horror answered the question for me without anyone having to utter the word, "No." It was just me. I asked a teenager to hold a towel to a bleeding head, had another person try to calm a man with a clearly broken femur and keep him from moving. And I knelt there on the muddy ground with two fingers on a woman's neck, desperately trying to find the pulse that I had just located two minutes prior. I never found it.

The first responders got there and I was all but shoved out of the way. I stood there covered in dirt and blood, watching them, completely on my own and still trying to process what had just transpired. The ambulance left, a helicopter came and went. The bystanders had gone by now.

At some point I dropped to my knees and felt a warmth around my shoulders. A woman had her arms around me. It was the woman who had been driving the car behind me, returning with her family to the same place I was going. We had crossed the interstate together. She asked me my name. She said, "I'm just going to sit here with you for a few minutes. I think someone needs to sit here and be with you. So I'm going to be with you here." I said nothing to her, just nodded.

I will never forget that moment for my entire life. I had just witnessed one of the worst things any human being could witness. Up until this point in my medical career I had seen one person die, a 100-year old woman in the hospital who was DNR, and I happened to be in the hallway when the Code Blue was called. As cold as it may sound, I hadn't lost a wink of sleep over it. This night, November 30th, 2019, I had shone a flashlight into a human's eyes and watched the life literally disappear from them. This woman sitting with me now sensed the gravity of that. As everyone moved in a giant blur around us, this woman saw that I needed comfort.

*"The compassion she showed me that night is something that has yet to be matched in any moment of my medical career."*

Her arms around me kept me grounded and safe. The compassion she showed me that night is something that has yet to be matched in any moment of my medical career. As medical providers, I think we often forget about the invisible impact of what our patients and their families go through. I didn't have a physical



scratch on me, but the impact of that night and that woman's actions will forever remain in my mind. It showed me the importance of looking out for the unseen wounds. Our patients' families who are dealing with a diagnosis in their own silent ways, an exhausted caregiver's well-being, the long-lasting consequences for those around our patients who are not technically ours to care for. Even our colleagues who have had to endure difficult situations or see terrible things and continue working as if it were any other normal day for them. These are aspects of medical care that are constantly right in front of our faces but are never supposed to be the center of our attention.

As a future surgeon, I hope to apply this compassionate care to the family members of my patients. Support systems are an important part of healing, but they may need their own support sometimes, as do our colleagues who deal with illness and death. Those

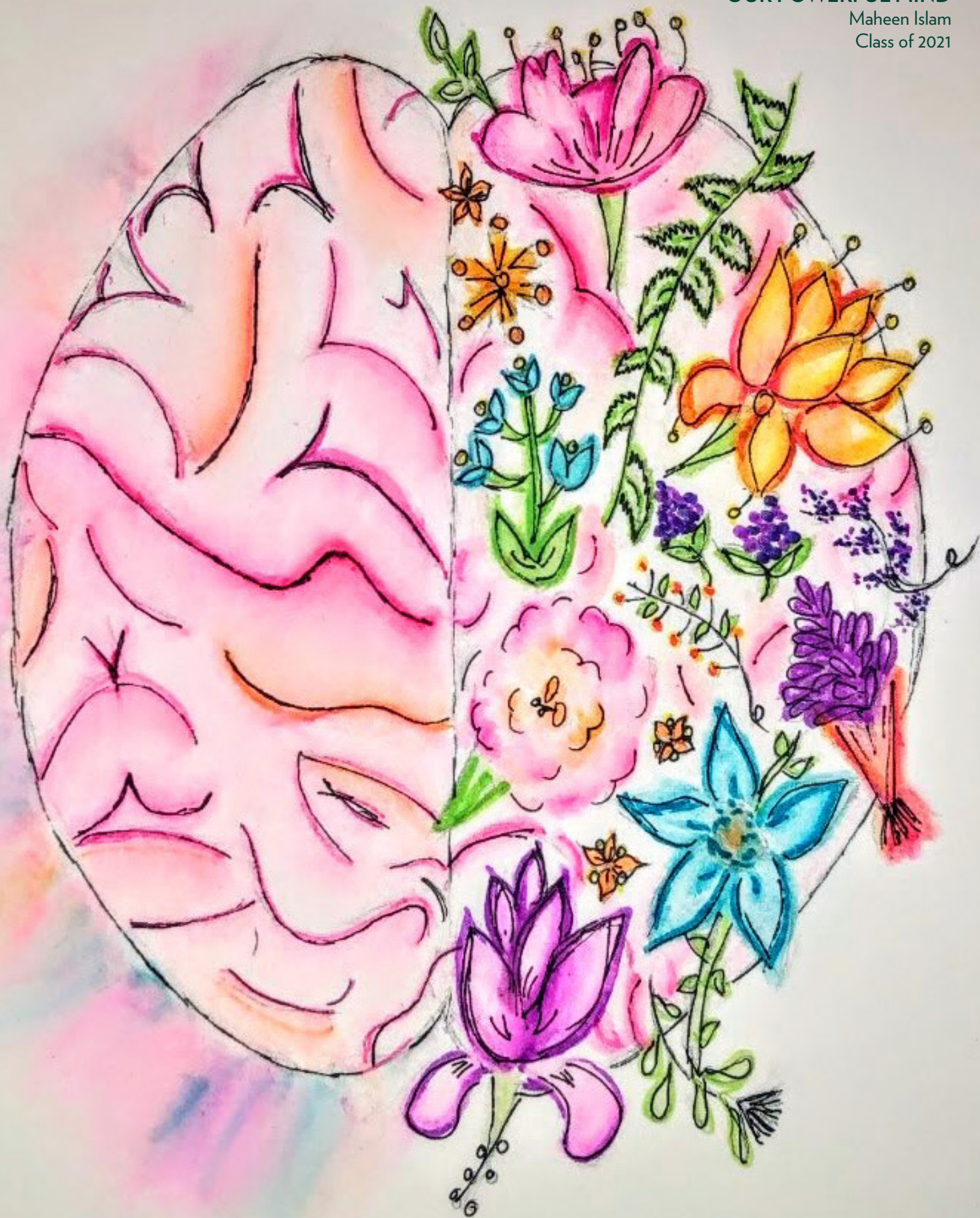
without physical ailments need our attention, too. And it's the small efforts—the extra five minutes we may spend calming a mother's nerves before her child goes into surgery, the extra effort it takes to discuss a trauma victim's nightmares that sets us apart.

During the first week of my third year, my surgery mentor told me that a simple, "We care about you," directed to your patients and their families is so much more impactful than one might assume. She told me studies have shown that simply speaking those words out loud can lessen anxiety and build trust between patients, families, and their doctors. Although that night everyone else around me needed more attention than I did, this woman saw my silent pain and her, "I care about you," resounds with me for a lifetime. I am determined to play that role as I treat my patients and care for their families.



**SUNRISE**  
Sonia Koul  
Class of 2021







# HEY, PHARMACY COUNTER STAFF

by Andrew McLean, MD  
University of North Dakota

turn the medication label over  
when you ring up  
THE NEXT PERSON  
so that their landlord's nosy cousin  
standing behind them  
doesn't see "AZT"  
and they get an  
eviction notice  
for previously ignored  
minor infractions  
and no longer have  
a place to stay  
and lose their job  
and can't afford  
to come back  
and get their AZT.

*Andrew McLean is a psychiatrist whose writing has been featured in literary and medical journals.*

## CATCH ME IF YOU CAN

Jonathan Grisiaffi  
Class of 2022

# All About Me

by Hope Atlas

I have killed every plant I have ever owned – 5 to be exact.  
I come alive at night.  
I listen to the cats cry and the airplanes fly overhead.  
I hear the crickets singing.

I watch my beta fish swim.  
I take pictures of flowers.  
I listen to the sounds of the ocean waves.  
I knit twisted scarves.

I travel all over the world  
but won't drive through a tunnel,  
climb a mountain,  
or walk up a winding staircase.

I love Portuguese food,  
chocolate and popcorn.  
I love teaching reading to  
those who can't read.

My mother's addiction robbed me of my childhood.  
My father's illness gives me a purpose.  
Nine months on bedrest  
gave life to my two beautiful baby girls.

I comfort those who have lost someone.  
I write quotes about life.  
I write poetry in death's memory.  
I write poetry to remember to live.

*Hope Atlas holds a master's degree in reading education from Syracuse University. For many years she worked as a bereavement volunteer. Her writing has been published in various medical humanities and healing journals.*

# JANE DOE & The Resident

Michael Tandlich, Class of 2020

Jane Doe was a middle-aged female recently diagnosed with masses in her pelvis and lungs, highly concerning for malignancy, and she was pissed. She wanted to leave. She had won a free cruise and it set sail in two days.

“Ok,” said my attending. As Jane carried on, he walked away. “We’ll come back, Miss Doe.”

A moment later and my attending physician already was seeing the next patient. We had many, and there was no time to waste. We rounded the halls, stopping in front of each patient room to form a large circle of healthcare workers and discuss updates in each patient’s case. It was a long process, and my mind was drifting. Jane’s reaction had struck me. If Jane needed immediate evaluation and treatment, how could she want simply to leave?

I wanted to know more.

Turns out, so did the resident with whom I was working. Maybe an hour after seeing Jane, while my attending was speaking, he leaned over. “Hey,” he whispered, “After shift, we’re going to talk to room 714.” After shift, it would start to get dark outside. Surely, we would be hungry and tired, but I was pleased to stay.

As planned, we ended shift and walked to Jane’s room.

For the next 45 minutes, the resident built a rapport. With compassion and an open mind, the resident intended to learn more about Jane, her enjoyments, her fears, and her motivations. Every response he gave was in an attempt to show he was listening and curious to learn more. Every response was to show this was not about him. It was about Jane.

As Jane became more comfortable, the resident started to learn much more than one could appreciate from only a fifteen-minute clinical encounter. He learned Jane was terribly afraid. She was a mother of two daughters and could not bear the idea of dying and leaving them behind. She had a father who died of cancer and could not accept she would have the same fate. Jane attributed many of the successes



STAIRS. ST. AUGUSTINE LIGHTHOUSE.  
Michael Hayward



in her life to a “You Can’t Stop Me” attitude, and found it difficult to be told she must stay in the hospital. She was a stubborn free spirit and being stuck inside her hospital room made her feel “dead inside.”

Learning Jane’s experience was humbling and stirred compassion within the resident. He felt Jane’s fear of dying. He felt her resentment for feeling trapped. “Ms. Doe,” he said. Although tearful, Jane looked to him with an open mind. She knew well from his interview that the resident was concerned only in her best interest. She knew he only wanted to help. “I understand you are afraid,” he said. He validated her experience. Then, he addressed her fears and concerns.

This difficult and delicate conversation was a success. It was possible only because the resident had learned enough about Jane’s complexity to be able to get through to her, to “speak her language,” and to make her feel cared for and understood. The next morning, he communicated his impression of Jane with her nursing staff and attending physician. As a team, they were able to further address her concerns.


Jane decided to stay in the hospital, and she began to improve. The next weekend, she received radiation treatment. She did not have health insurance, and while leaving against medical advice would have made follow-up outpatient treatment much more difficult, remaining

in the hospital gave her the opportunity to receive financial assistance. She received the appropriate follow up care. Outside the hospital, she was able to continue seeing a physician.

Jane Doe left the hospital, sadly to return only one month later. On a different clerkship, I received the news via text message from the previous resident with whom I worked. Did I have time to stop by and visit her?

Of course I had time, the resident taught me. Of course I would stop by, say hello, show her support and show her compassion. Of course, such a visit was not required, but of course, it would make me a better physician in the end.

After my rotation with the resident, I stopped simply fulfilling my student requirements and started truly to embrace my role as a physician-in-training. “Just my next shift” at the hospital became “one of my unlimited opportunities.” Each shift is a chance to serve. Each shift is a chance to make a difference. To sit at the bedside and show compassion or to spend extra time explaining and answering questions about a diagnosis became the kind of opportunities I seek out and can fulfill. Each shift is a chance to strive for excellence, and because of the resident, and because there will be endless Jane Doe’s, I now strive every day to become the best version of my future physician-self.



**THE BEACH VIBES**  
Aisha Khodijah Kholib Jati  
Universiti Sains Malaysia

# Wound Nurse

by Joanne M. Clarkson

Skin is my task, my challenge, calling  
within my nursing vocation.  
My grandmother was a seamstress.  
My talent is the mending  
within her genes. My patient today:  
an 83-year-old woman, living alone,  
who fell and could not rise,  
who, throughout the night,  
crawled across rough carpet  
scraping away her skin.

First, I offer assurances,  
I am here to help.  
She nods her permission.  
Gently I cleanse the abrasion  
easing out dust and fibers.  
Sensing pain, I explain to distract,  
salves of honey and silver,  
one to feed as the other disinfects,  
gifts from a nurturing earth.

Skin is the body, its largest organ.  
Others argue the importance  
of heart and brain, bone and kidney,  
digestive tract. I practice what I  
believe, cover the wound  
with a non-adhesive pad. Wind  
and secure the gauze. Promise to return  
tomorrow. But my visit is not complete.

I touch her shoulder, create electricity  
between us in the pulsing, vibrant nerves  
alive within her dermis. This  
is the place where we trust the world  
or turn it away. And I know  
through working wisdom, nothing  
holds the soul like the miracle of skin.

*Joanne M. Clarkson's poetry collections include The Fates, which won Bright Hill Press' 2017 contest and Believing the Body, a finalist for Gribble Press' award, published in 2014. Recently retired, Clarkson worked for many years as a registered nurse specializing in Home Health and Hospice.*



**SPRING 1**  
Ghazal Farajzadeh  
Class of 2023





**CATCH OF THE DAY**

Jonathan Grisaffi

Class of 2022