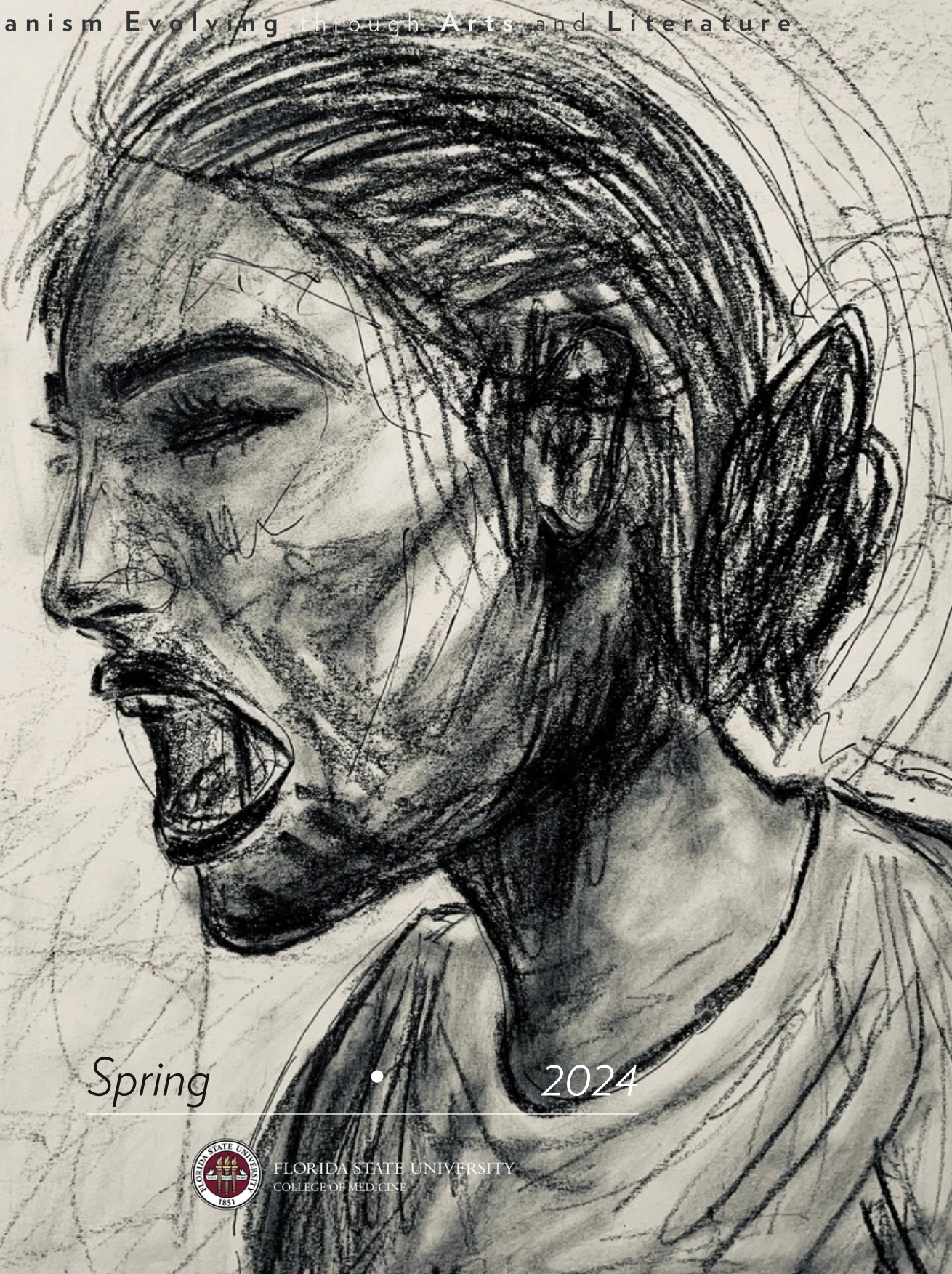


H E A L

Humanism Evolving through Arts and Literature



INTERNAL
Nikita Kulkarni

Spring

• 2024



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

PROSE

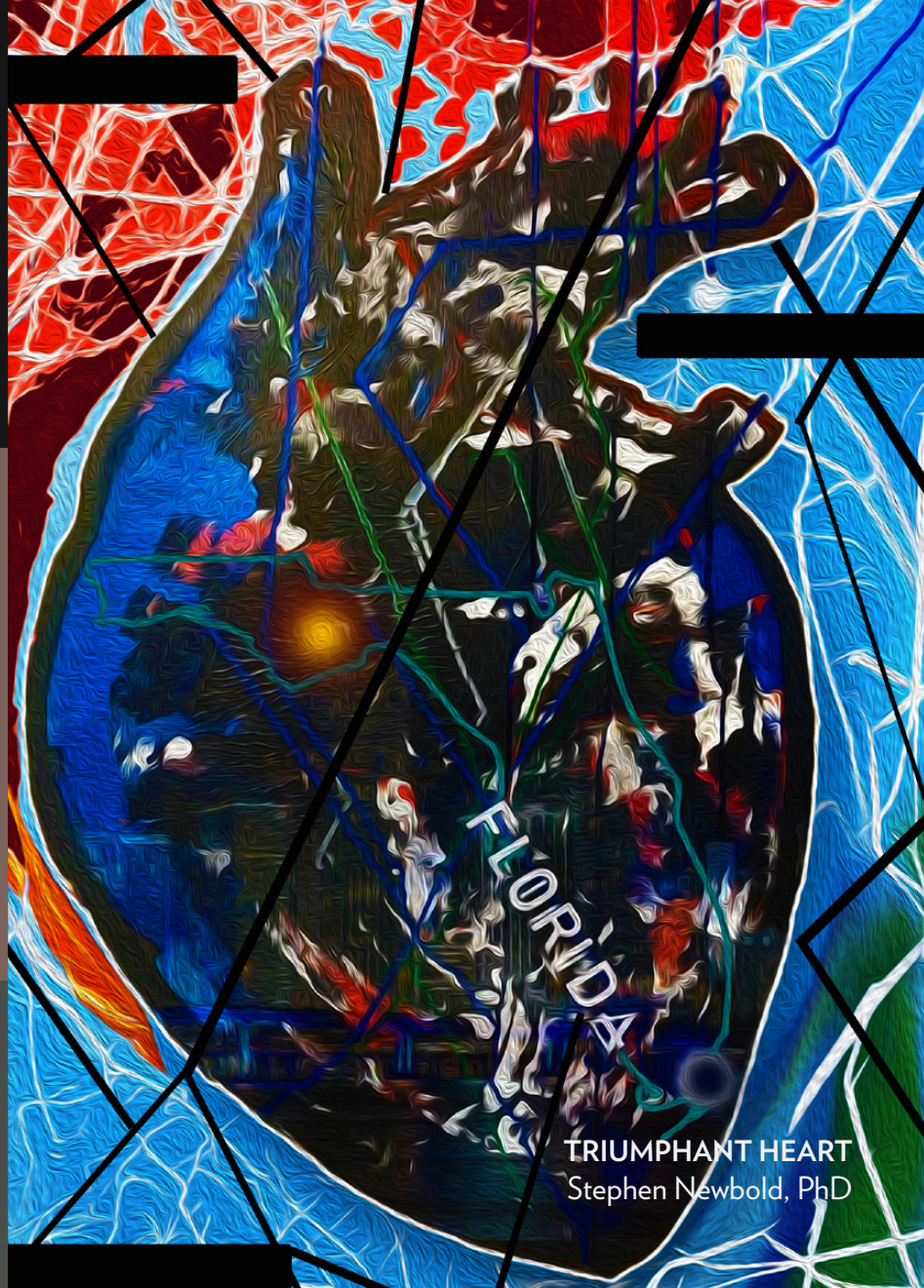
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2024

Daniel Van Durme
**HUMANISM
IN MEDICINE
ESSAY CONTEST**

Sponsored by the Florida State University College of Medicine Chapman Chapter of the Gold Humanism Honor Society, in partnership with *HEAL: Humanism Evolving through Arts and Literature*.

This year we officially change the name of our annual essay contest to honor our dear friend, mentor, teacher, and colleague, Daniel Van Durme, MD. Thus, it is only fitting that the 2024 writing prompt includes a quote from Dr. Van Durme himself:

“Compassion is like a mountain lake. If you have a large water source with different reservoirs and sources, your lake will never run dry. Our many passions—faith, fitness, family, friends, vacations—are the rivers that keep our lakes full.”

Reflect on a personal experience where the diverse “rivers” of your passions contributed to your ability to maintain a reservoir of compassion in a medical setting.

Shivani Patel, Class of 2027

Death is a crazy five letter word. Just five letters, but so much more. We spend our whole lives trying to prevent it from occurring, but death is the only thing life can actually guarantee.

Mr. X was a 45-year-old man with dark brown features that contrasted with his green eyes. I walked into his room and was greeted by his wife and two kids. Mr. X had just been diagnosed with a rare progressive neurological disease with no cure. Normally, when I walk into these patients' rooms, there's a silent sadness palpable in the air. But Mr. X and his family were different. The room was filled with giggles and smiles when I walked in. Albeit, I was confused, but pleasantly surprised by the joy I felt upon hearing their contentment. I explained I was part of the research team, and I was there to walk Mr. X through some neurological tests to track his progress. Mr. X completed each test with ease, with his family watching and cheering him on as if it were the Olympic games. I thanked them for their time, eagerly looking forward to my next visit with them.

Week by week, I got to know each member of the family more. S, Mr. X's wife, loved to paint portraits. J, Mr. X's son, wanted to be a doctor. A, Mr. X's daughter, was on her high school soccer team and headed to the playoffs. However, the more I learned about his family, the less I learned about Mr. X. His disease started to progress rapidly, and the man I met a few weeks ago seemed like a distant memory. The once easy tasks I asked him to do became insurmountable.

Determined to form a connection with him, I asked his family about his favorite things to do. They all talked about his love for photography and his dream of publishing his work in a big magazine one day. Personally, I am horrible at taking photos, so I thought who better to learn from than Mr. X? I asked S if she could bring Mr. X's camera to the hospital the next day. On my next visit, I started by asking Mr. X about photography and if he'd be willing to show me some tips. He hesitated at first, but his family encouraged him to give it a shot. He'd developed a dramatic tremor in his left hand, which made holding the camera extremely difficult, so I held it for him as he instructed me. He explained photography is much like life: "It's about capturing objectively mundane things and

shaping them to be beautiful, just as this wonderful life we live in is." We took a picture of the hospital room together. It was nothing fancy, just a boring white room with light brown wooden cabinets and a shelf of teal-colored bedsheets. But after he saw the photo, the Mr. X I met on the first day of his admission was back.

Mr. X's words stuck with me during my long commute back to my apartment. Normally during my walks from the metro, I'm aimlessly staring at my phone or listening to music. But that day, I walked in silence, listening to the bustling noises of the city contrasted with the rich pink color of cherry blossoms. It felt like I could take a photo of anything, and it would be meaningful. So that's exactly what I did.

LIFE & DEATH

A couple days later, I was very excited to show Mr. X the photo I took of my favorite Mom and Pop grocery store. But as I walked into his room, the name on the door had been changed and someone new was in his bed. I wondered if he had just switched rooms, so I asked the charge nurse. She informed me that Mr. X passed away early that morning. It felt like my heart had sunk to the bottom of my toes. I desperately searched for his family and finally found out they had already left; but wrote a note for me: "Thank you for giving him his life back. Love, S, J, & A."

Death is a crazy five letter word, but life is an even crazier four lettered word. The way Mr. X's life and death affected mine is something I will never be able to truly express in words, so I carry his memory with me through photos. Majestic trees, a crooked painting in an office, popcorn at the movie theater—every moment of life, no matter how "mundane," is worth capturing to remember how lucky we are to exist and connect with each other. With the help of Mr. X, I changed my lens and realized life is guaranteed for us all as well.



WHEN YOUR HEART BLOOMS
Katelyn Kirves, Class of 2027

Compassion

PRN

Franziska Leutsch, Class of 2024

Sharp sobs cut through the soothing background hum of fluorescent lighting in the PACU. Shrouded from the unit by thin curtains offering shreds of privacy, my patient sits in front of me crying desperately while holding her nine-year-old son. I watch tears course a quick path down her face and catch in her son's blond hair, staining it a darker, morose color.

The resident and I had just consented her for the surgery she is having this morning: a D&C for an 18-week intrauterine fetal demise. Noticing the patient's evident distress, I had decided to stay with her for support. I balance on a small stool near her bed and allow myself to feel her pain with her. The heavy atmosphere of our little sectioned-off area is palpable, and my heart is filled with sadness for this young mother's devastating loss.

Wracked with grief, the patient starts telling me about her hopes and dreams for this child, how he was a desperately wanted pregnancy, and how she already misses him more than she can understand despite never meeting him. As we converse, I try my best to offer comfort and alleviate some of the crushing pain she is feeling. It is a profoundly emotional conversation and soon my own eyes fill with tears.

Suddenly, my phone vibrates with a text from one of the residents. "OR-3 C-section needs med student assist, they are prepping the patient now." Wiping my eyes, I apologize to the family and say I have to go. With one last clasp to the patient's hand signifying my deep compassion for her situation, I quietly slip out. Heading downstairs, I reflect on how often in medicine we are expected to sharply turn off our emotions and move on to the next patient. I realize it is almost like we have to be compassionate PRN, only when needed.

I am still thinking of the tragic scene upstairs as I introduce myself to the patient in the OR. The sharp contrast between the fetal demise I had just come from to this jovial OR anticipating the birth of a new life is not lost on me, but I remind myself I have to process those feelings later. Now I need to be focused for this patient's surgery.

A bead of sweat builds up on my forehead as I retract under the hot OR lights while the attending and resident dissect down to the patient's uterus. I focus on keeping my position steady and giving the surgeons the best view, watching them go through the steps to a C-section like a well-oiled machine. As the resident makes the uterine incision, I release my retractor and stand aside to watch my favorite part of this operation: the baby being delivered. The resident reaches in to elevate the fetal head to the incision but struggles and cannot. The attending tries too and also cannot manage to deliver the baby. All of a sudden, the atmosphere in the OR changes from a relaxed routine C-section to one of raw panic.

HELPING HANDS

Elizabeth Teets, Class of 2027



While nurses start yelling, the patient and her husband cry in fear, and the physicians become increasingly more frantic in their efforts to deliver this baby, I feel adrenaline surging. Everything else in the world melts away and I am only focused on one thing: doing whatever I can to save this baby and his mom. "Hand from below!" I yell and the resident and I rush to try and elevate the fetal head vaginally. Our initial efforts do not prove successful and I reposition the patient's leg further outwards, allowing the resident a better position to elevate the head. Finally, after several agonizingly long minutes, the baby is delivered and everyone in the OR is rewarded with his cries.

But my need to focus is far from over; I see the attending struggling to control the rush of blood after the baby is delivered. I rip off my gown and gloves and rush outside to rescrub, running by the resident crying in the hallway about how scared she was while being comforted by the nurses. Compassion PRN, I do not have time to sympathize with her. I rush back into the OR and re-gown and glove, my hands shaking with adrenaline. As I retract and help the attending visualize the sources of bleeding, I notice the patient still sobbing uncontrollably, overcome with emotion about the traumatic turn of events. Compassion PRN, I again cannot empathize with her right now. Anesthesia gives her sedation since her baby has been delivered and I feel her abdominal shudders slow to a stop.

Finally, the attending closes the uterus and achieves hemostasis. She closes the fascia and leaves me to close the subcutaneous tissue and skin. I feel the relief of the high-pressure situation subsiding and take my time suturing, giving myself the space to attempt to process the past twenty minutes of unexpected events. Realizing that I turned off my emotions in the moment, I know that it was the right thing to do because I had to focus on actions.

Later that day, I take the time to go up to the NICU and see her baby. I hold his tiny hand and feel compassion overcome me watching him comfortably sleeping under the warmer. I am so happy he is doing well. I also visit the PACU and make sure his mom and the young bereaved mother are both feeling okay after their respective ordeals. Leaving the hospital that evening, I realize that although the concept of compassion PRN is a necessary one in medicine, it does not preclude one from experiencing emotions later. I resolve that no matter what happens, I will always try to revisit situations and feel my justified full emotions later. Compassion might be PRN in the moment, but I know that continuing to work through those strong emotions later on will make me the best doctor possible.

The Cycle

Stephanie Conner, Class of 2026

I rub my eyes,
hoping for a jolt of energy.
None comes.

I open my laptop.
When did I last call my parents?
I can't remember.
A call takes an hour at least.
tick, tock
I'll call them later. I promise.

I grab a burger on my way home;
I'll eat half today
and half tomorrow.
No cooking, no dishes.
That buys me 30 extra minutes.
tick, tock

My legs feel heavy—
they need exercise.
I go for a run.
There goes 40 minutes.
tick, tock
My body says thank you.
My brain does not.

I missed my best friend's birthday.
I can't take a weekend off.
tick, tock. tick, tock
Just study tomorrow, everyone says.
They are proud of me
but they don't understand ***tick, tock***
the guilt I feel ***tick, tock***
when I stop ***tick, tock***

I cannot sleep
tick, tock
Sleep should be 8 hours
tick, tock
Maybe I can get 7
tick, tock
Okay maybe 6.
tick, tock
I toss and I turn
tick, tock

Recovery

Katelyn Kirves, Class of 2027

At twelve years old life feels so free.
In the midst of innocence, uncontaminated
until you are scarred on your heart and body.
The dreams you once had are gone forever.

Time heals all wounds, but not all heal fully.
When you see your flesh outside of your skin,
how can you return to your purity?

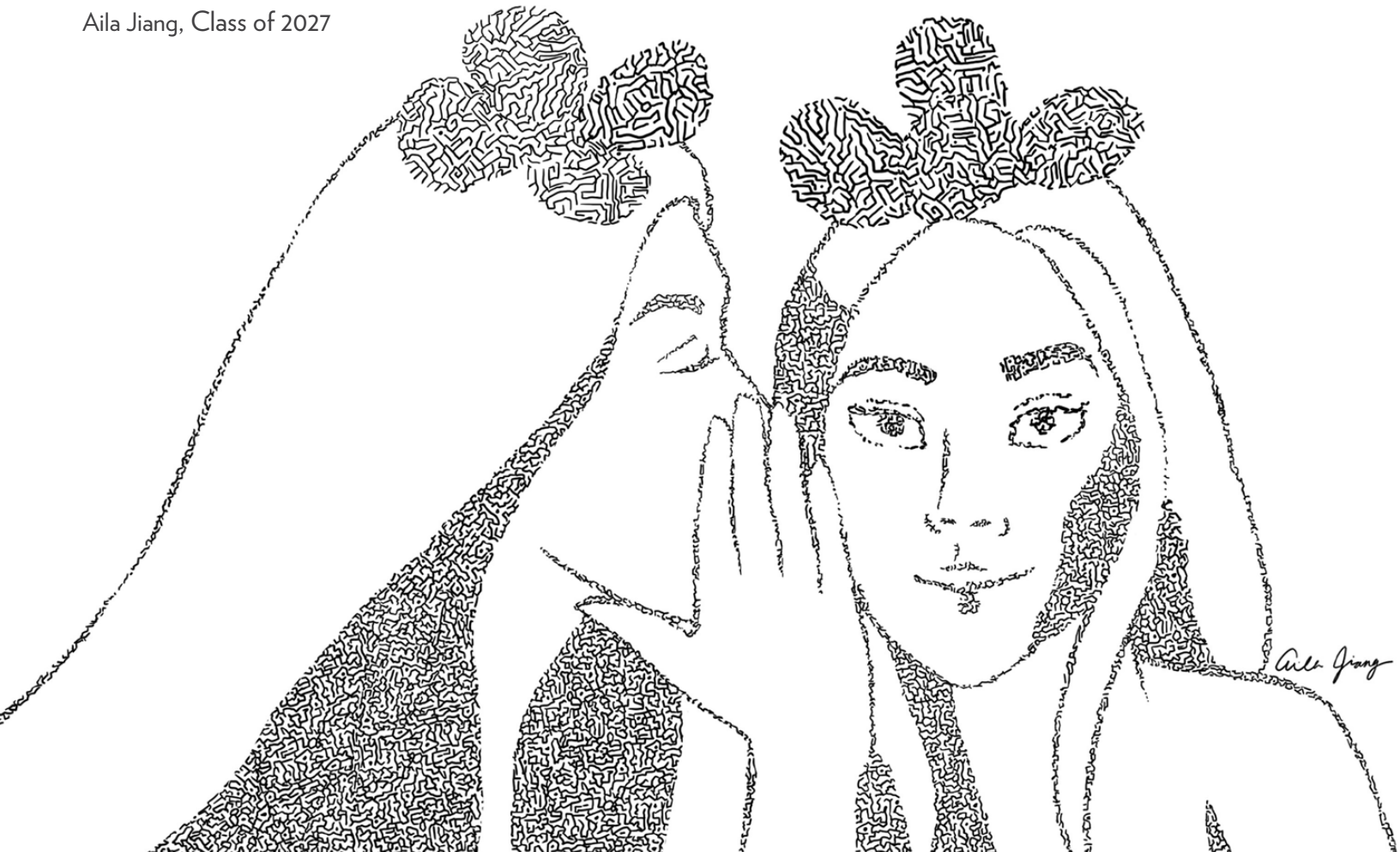
While flesh and bone can be realigned,
your consciousness can never return
to that wholesome state of mind.

Your memory is fuzzy, but also crystal clear.
You can't recall the details, but you feel every morsel.
The vehemence of your nightmares still come
no matter how much healing you feel you have done.

You learn to dampen the noise in your head
until it is too strong to be overcome.
But even then, you think
no one will understand, no matter how far you have come.

SECRET OF THE PLANTS

Aila Jiang, Class of 2027



A Tribute to SSTRIDE

(Science Students Together Reaching Instructional Diversity & Excellence)

Sean Gabany, Class of 2025

When they walk through that door, swing
with everything you got.
They're bigger, stronger, maybe armed.
We only get one shot. So I swing
and fight with all my might
to ensure my siblings and I
make it through the night.
Can't sleep, can't dream, not while I wait.
A life of just this, is that my only fate?

Still, I dare.
To picture something different.
A life I choose.

Above the noise, the pain, and all that confuse.
Helpless and alone, let's help people
so this doesn't have to be everyone's tale.
I hear doctors do this (not that I had one).
After all, growing up was hard:
When the people who should protect you cause the most harm.
When checking food for bugs, raised no alarm.
Hearing things like "You got 'go to the doctor' money?"
No, I don't, but still
maybe my suffering isn't so funny.
Waking up unable to breathe—
black mold angers the lungs, but I'll just let it be.

Eventually breaths become gasps, and when the doctors do see me,
I learn of their superpowers to know the human body.
Metal plate in front, now they see what's wrong.
A med here, a med there, and air flows again.

But should breaths have become gasps?
NO, this has to change.
let's make it happen,
put this in my range.
Because I want superpowers too—
I want to make a difference.
I want to do more.
Do more than breathe,
I want to be.
So I work hard to be the smartest
so my voice can be heard.
But which way to go?
And what exactly to do?



8th grade comes, and SSTRIDE is right there,
But all that noise keeps me from getting a chair.
But that's not the end, no it won't be a finality.
After all, SSTRIDE promises to make my dream become reality.
I work and I work, and I work some more,
until somebody sees me and gives me the floor.
With this I prove to myself and to them
this is where I belong,
my one profession.
Suddenly there's light to my darkness.
A path to walk on.
But even more important,
people to lean on.
Because the noise, the pain, the confusion's still there.
But people in SSTRIDE ensure I still breathe air.
Because it is easy to drown, easy to despair—
the difference is having these people that care.
I've been allowed to dream and take my future into my own hands.
I'm so grateful to have given everything I've got
to this amazing opportunity that gave me a shot.
So now I can fight with all my might,
to make a difference to all who need it and make it right.
And when my name ends with the letters MD
I'll always remember S.S.T.R.I.D.E.

Visit [SSTRIDE](#) to learn more
about this outreach program.



SEEING THE LIGHT
Renish Contractor, Class of 2025



DOUBLE HELIX
Sarah Smith, DO

Dr. Smith is a board-certified family physician, an author, and a mother of two. She lives in Tampa, Florida.

WHAT'S THE RUSH?

Kirstie Walters, Class of 2025

The first couple weeks of my Surgery rotation were enough to break me down: waking up at 4AM, working 14-hour days, and struggling to answer difficult practice questions at the end of days that were both physically and mentally exhausting. The difference between this rotation and the others was the lack of patient interaction that I craved and was energized by. Maybe I would get to exchange a smile with the patient as they drifted off to sleep, but most of my patient interaction this rotation was moving patients to and from the operating table while they were in propofol dreamland and marveling at their inner anatomy. I was tired, drained, stressed, and felt like I could not move fast enough to keep up with the pace of my surgeon attendings.

Even when I experienced time outside of the operating room, surgery clinic was nothing like my Family Medicine rotation. The resident I was working with took me into the first encounter to show me how they operate. "How are you feeling since your surgery? No problems? Great!" Then onto the next. Patients were scheduled every 10 minutes, and we were an hour late to clinic since the last surgery of the day ran long. I felt overwhelmed and feared holding up the attending. Next on the schedule was a new patient, a 47-year-old female, referred to the breast clinic for a new mass found on her mammogram. The resident told me to go take a history, assess her risk factors for breast cancer, and do a physical exam. As I entered the room and introduced myself as the medical student working with the breast surgery

team, I noticed the usual squint and eyeroll I have become accustomed to, but she agreed to talk with me, so I began my interview. She answered my usual "What brings you in today?" question with tight lips: "I want a second opinion for a mass they found in my breast."

I asked where she received her first opinion, and she answered, "I don't even know the doctor's name, you know they don't even talk to you? They do the mammogram, and you wait and then they put you in another room to wait more because they found a mass, and now I am here to see what this doctor has to say about it." She was frustrated with all my questions and provided short answers. I could tell I was a little irritating, and she was anxious to hear what the doctor had to tell her. I was also anxious; I had taken longer than 10 minutes and would be pushing the doctor behind. I completed my breast exam, thanked her for sharing her history with me, and informed her I would go grab the attending.

As I placed my hand on the door handle, I hesitated. I was rushing. I was quick. I was not being myself. I turned around and said, "Actually, if it is okay with you, may I just take a second? How are you feeling? All of this is scary, and I cannot imagine what you must be feeling. It is okay to be scared." I figured these emotions may have been what caused her to be so short with me and not just disdain for the medical student asking millions of seemingly pointless questions. The patient instantly broke down sobbing and explained, "It is scary. No one takes the time to sit with me and explain what is happening. I have no idea what is going on in my body and what the next steps are; I just have to wait and wait until hopefully it will be okay, but how do I know when no one takes the time to tell me?" I sat with her, handing her tissues, and offering a comforting touch. I provided a space for her to let it out to someone who is listening.

She said the doctor who told her about the mass lacked compassion and for me to never lose that; she appreciated that I took the time to sit with her. I left to report to the attending and apologized for taking a little longer in the room. She was understanding, and my fear of being reprimanded for being too slow proved irrational. It is easy, especially as a tired student seeking to please, to lose compassion and sympathy in the whirlwind of medicine. It is so easy that even I felt rushed, and I could identify the same uncertainty I felt when I was diagnosed with cancer myself in this patient's eyes. My plea is for others to take the time. One might think it would take too long to sit and comfort, but it does not. A little time goes a long way for providing reassurance, establishing trust, and understanding our patients.

In Her Bones

Daphne Grant

*In Loving Memory
Kirsten M. French
1988 - 2023*

*cancer in her bones
cancer in her cage
frantic butterflies
trapped in a rage*

*Pain that would cause the weak to shiver
Courage that would make a lion whisper*

*cancer in her bones
cancer in her cage
suffering bred in
her wisdom sage*

"Don't wait until you start dying to live." KMF

*cancer in her bones
cancer in her cage
ripped from her life at
too young an age*

*Please tell my daughter, please tell my wife
I am with you forever, you are my life*

*cancer in her bones
cancer in her cage
frantic butterflies
trapped in a rage*



पंकज

SKULL BASE AILMENTS
Pankaj Goyal, MD

*Dr. Goyal is a surgeon at the Apollo
ENT Hospital in Jodhpur, India.*