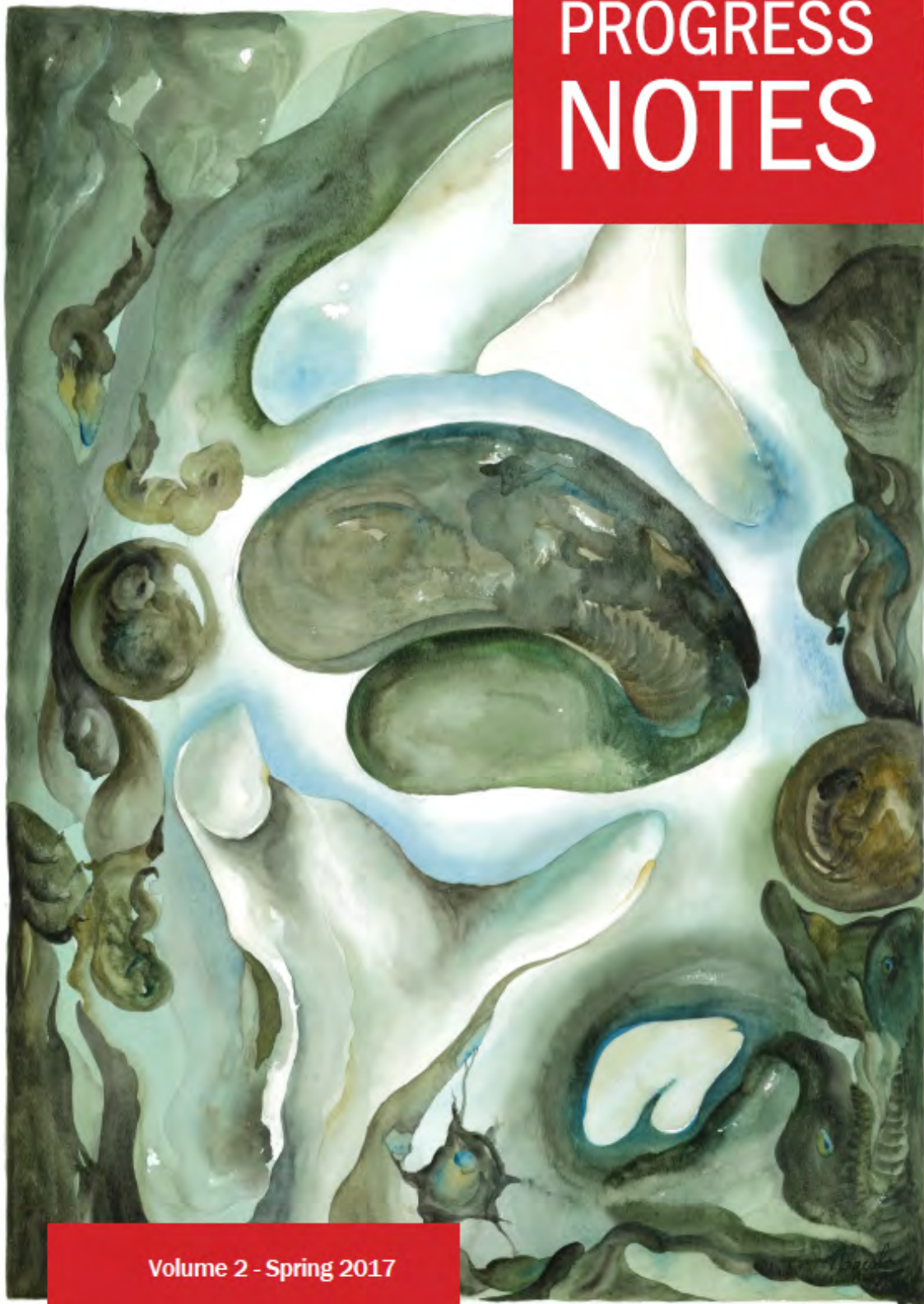


The Federal Healthcare Student Literary Review

PROGRESS NOTES



Volume 2 - Spring 2017

PROGRESS NOTES

The Federal Healthcare Student Literary Review

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Guidelines for Submission

- Artist Requirements: Currently enrolled in a school of medicine, nursing, dentistry, physical therapy, or other healthcare science as a federal healthcare student
- Writers may submit up to three unpublished works
- Visual artists may submit up to three unpublished individual images or a single thematically-linked collection of images (more details in table below)
- All submissions must include a short biographical paragraph (no more than 150 words) and a signed copy of Progress Notes Copyright Notice (available on request)
- If a submission reasonably identifies an individual, it should be accompanied by a consent for publication executed by the individual described or pictured.
- All submissions should be sent to progressnotesjournal@gmail.com
- The deadline for submissions is December 1 of each year.

Technical Requirements for Submissions

Submission Type	Format	Requirements
Reflective Writing	.DOC/.DOCX	No longer than 1500 words
Fiction	.DOC/.DOCX	No longer than 2000 words
Poetry	.DOC/.DOCX	No longer than 1000 words
Visual Art*	.JPG/.PDF	300ppi; Minimum 6"x10"

** Visual artists may submit individual works or a selection of up to 10 thematically-linked pieces. Please include with your image(s) a short statement (no more than 500 words) describing your art, its meaning to you, and a reflection on your selections (if multiple and thematically-linked)*

Disclaimer: The opinions expressed herein are the authors' own and do not reflect the view of the Department of Defense, the Department of Health and Human Services, or the United States government.

Letter from the Editor

In April 2016, the first edition of Progress Notes was printed. In the 12 months that have followed, it has been our pleasure to share it with others and to work on this second edition, using lessons learned from the first. In the context of walking down that path with our tremendous editorial staff, I have had multiple opportunities to talk with individuals (both in and out of uniform) who have read the review. Among a multitude of comments, there are two that strike me as particularly poignant.

The first, often shared by very supportive individuals who have had only limited past engagement with members of the uniformed services is, “Gosh, I never knew that people who wear the uniform were also into the arts.” The second, typically offered by current and former members of the military is, “This is so great - a forum where federal healthcare students can share their art with others – I’ve had lots of friends over my years in the service who wrote/created art, but it seemed like they never had a place to share it – I’m glad to see that this is changing.”

For me, these two comments, in tandem, highlight both the importance of Progress Notes and the Arts in Uniformed Healthcare. The arts and art therapies are playing an increasingly prominent role in the care of service members and their families, and have been shown to offer substantial benefits in the treatment of PTSD, TBI, and other health conditions. Consequently, art therapies are becoming a core component of the care our servicemembers and families receive at military treatment facilities. By contrast, once servicemembers leave the military, accessing art therapy and engaging in the arts can become more challenging.

For those who serve in the healthcare arena, the arts also offer many benefits including decreased burnout and increased resilience. This can be especially important for healthcare trainees who often feel overwhelmed in the course of their training. Many try to compartmentalize these feelings and experiences, locking them behind a door that can be difficult to open later. The arts – to include poetry, prose, visual art, music, and others – often provide a way of expressing oneself that helps us discover the combination needed to unlock these doors, allowing us to process through the most difficult moments of our lives and to find a way forward.

It is our hope that this and future editions of Progress Notes highlight the important role that engagement with the arts plays in the healing process - both for our patients (during and after their time in uniform) and for those who provide them care.

Very respectfully,

Adam K. Saperstein
Editor-in-Chief

progress note / prăgres nōt / *noun*

a record of events written by healthcare professionals to document a patient's care; a forum open to all members of the healthcare team to discuss findings, interpretations, and plans for future care

Progress Notes Mission

To nurture and celebrate the finest art of federal healthcare students, to foster empathy and professional development by encouraging reflection on the human condition, and to cultivate a sense of community among federal healthcare students.

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Simple Glimpses of Medical School

Thomas Powell

軍 人	Waiting for metro The cool air renews For learning today
で	A hacking cough Rhinorrhea and chills Am I a patient?
す と	Teenage interviews Get inside their HEEADSSS Psychiatric angst
私	Rectal exam The instructor insists Learning moment
は 医	A Speculum Unlocks the closed portal The door of life
者	Fatty tissue Dulls both scalpel and smell And my mind
で す	Springtime now The Sakura are in bloom And cadaver mold
責	Failure now Has a bitter flavor Drink deeply
務 で	Last class Many celebrate now But not for long
す	A chill wind A patient exits Learning does not

Progress Notes



Anima

Monica Lee

Gravidity and Parity

Kyle Rollins

"Wait! Doctor?"

The intern I've been following abruptly stops mid-stride, turning back to the worry-laced voice beckoning us to stay in the room.

"Yes?" the perplexed intern replies.

Betrayed by the emotion in her voice, the new mother timidly asks, "It's just..." she pauses, "what about SIDS? Isn't he high risk because he was born premature? Don't we need more time? Or...", her voice trails off, "something?"

The room goes quiet. A delicate tension born of anxiety draws the seconds out.

"I don't..." the intern begins, struggling for words, "I don't think you need to worry. The bassinet you described at home is perfect for newborns. As long as he sleeps on his back and you keep all stuffed animals and loose blankets out of—"

"That's the thing!" The woman interjects, "He always unwraps my swaddle, then the blanket gets loose and bunched up in front of his face and—"

"That's normal for babies, - it really is," The intern replies, the words coming out more sharply than she had anticipated, "as long as you just—"

"But you said it's dangerous!" The woman interrupts, almost pleadingly. "I can't make him stop—I've tried." She hangs her head; eyes glistening earnestly, "Isn't there anything else we can do to protect him this time?"

A somber, heavy silence fills the room. I watch the intern's face, silently rooting for her, hoping that her next words will somehow ease the tension.

She looks concerned and confused. I notice a flash of something not unlike irritation cross her face as she begins to say something and stops.

From the corner of the room a voice breaks the silence. "We'll protect him, Hun. It'll be fine," a man says in a reassuring tone. "We'll try our best, it's all we can do." He sits down beside the woman. She slumps against him looking tired and defeated. He looks up at us and gives a knowing nod. An invitation to exit.

As we head to the door the intern offers, "These things are hard to predict. They're multi-factorial and nobody really knows what causes them for sure. You both strike me as caring, loving parents. I'm sure he'll be fine."

The woman smiles at us politely with melancholic eyes.

We exit the room and the door falls shut with a click.

As we make our way back to the workroom the intern says, "I just don't get these first-time parents. We spend all this time with newborn education and then we get this headache as they head out the door. It's exasperating! I swear, they take twice as long to discharge—and those are the healthy kids!" We find our computers and sit down, shaking away the screen savers with our mice and typing in our passwords.

"I don't mean to sound rude," she continues, her fingers clicking away discharge orders for the woman and her child. "It's just that they have absolutely no experience yet. You know? But they continue to get so worked up over nothing!"

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I nod thoughtlessly as my screen comes back to life, the woman's medical record still loaded on the terminal. As my eyes scan the monitor looking for the exit icon they fall on a newly updated 7 digit alphanumeric near the top of the document:

G2P0201

I pause for a moment, unknowingly holding my breath as I slowly recall the significance of each character. A weight grows in my stomach. My mind flashes back to the woman's comment, "Isn't there anything else we can do to protect him this time?"

This time.

We both missed it, the intern and I. My gut turns to lead. I rest my head in my hands and find my mind wandering back to the first time I laid my eyes on my little girl. Lying there, curled up and naked on my wife's chest. Cheesy vernix still stuck behind her tiny ears, her perfectly formed helix curling down and ending in a little detached ear lobe, just like mine. She was perfect. I was in awe. Astounded how so many tiny features and organs and trillions of cells could synergistically create the perfect creature I was now looking at, this new presence in my life. The nervous anticipation of the previous nine months melted away into the gratitude. She was okay. She was here.

My mind snaps back to the present - the woman and the man and their newborn son packing up to leave the hospital and go home for the first time. The '2' glares from the monitor as my mind races down a thousand perilous paths of possibility, all of them darker and heavier than the feeling in my stomach.

Knowing the origin of her concern, of her heartbreak, lowers a curtain of remorse over me. Regret for not having reviewed her chart more carefully and guilt for being in a hurry while rounding. I know I can never understand her loss, yet a part of me shudders to think that I could. I think of the space within me that grew to contain those feelings I had the day my daughter was born; the space that continues to grow everyday she is in my life. Imagining the hollow it could create in its absence causes me to feel the poignant undercurrents of the conversation all the more acutely.

An exchange of good-byes and well-wishes at the nurse's station catches my attention. I see the couple carrying their newborn son in his car seat down the hall, escorted by their nurse to the elevators. I watch as they gently bustle through the steel doors, treating the car seat with the fragility of an egg. The doors slide shut with a soft hush.

Sighing, I look back to my computer and click the exit icon.





Study of the Human Body as a
Landscape

Lauren Kecskes



Life Outside of Dental School

Stephen Thomas

Flood Wall

Brent Nosé

Lift with your legs, and not your back,
my father says to me.
My hands are raw and sore and green,
from dew and moss and things.

Every fall we return here,
to the foothills around our farm,
to tend the wall we have built,
to keep our crops from harm.

We stack these rocks to stop,
the progression that God has set,
the death that winter rains bring,
the nature of gravity.

While I exhaust myself from heart to heel,
I wonder why it must be,
that we do so much to curb the flow,
of natural seasonality.

The sky darkens as winter nears,
and my father begins to grow weak.
I know that soon the floods will take him,
and these crops will be mine to keep.

Belongings

Katherine Kasper

"Rose, do you remember my name?" The elderly woman looks at the nurse and smiles. "Do you know where you are?"

Her gaze wanders; she appears troubled for a moment, then smiles again. "No." She laughs gently.

"You're in the hospital Rose, in the Emergency Department. My name is Jessica. I'm your nurse. Do you know why you're here?"

"No." The timber of concern in her voice fades into a soft chuckle.

Jessica smiles, "That's okay Rose, do you have any pain? Do you feel ill at all? Like you might have a fever?"

"No."

Jessica ponders, internally debating the best approach. "Alright Rose, I'll be right back."

"Oh, okay!"

Stepping behind the curtain, she leaves Rose smiling peacefully and returns minutes later with another nurse in tow.

"Rose, do you remember me?"

"Oh yes, hello."

"I'm Jessica, and this is Ryan. He's going to help me take care of you." She pulls gloves from a box above the sink and hands Ryan a pair. "We're going to lift your blanket now and remove your diaper. Is that okay?"

"Mm-hmm."

Jessica gives Rose a comforting look then unfastens her diaper. She glances at Ryan whose face demonstrates clear disgust. "Smells like roses," he says wryly.

"Just hand me the wipes." Ryan brings a box of wet wipes to the bed. He is appalled; not by the woman in front of him, but by the people who sent her here like this, with stool pressed into every crease. Together they wash.

"How long do you think?"

"A few hours at least."

Rose is shaking. She looks up at Jessica, fearful. "Thank you." She closes her eyes. Jessica walks over to the counter. She changes her gloves and prepares the urine collection tube, a small vial with a short straw at the tip.

"You good?" Ryan asks. She nods.

"Rose?" Rose opens her eyes and looks up at her. "We need to collect a urine sample, okay? I need you to relax." Rose tenses. "Rose, can you relax your legs?" Ryan moves closer to the bed and places his hands on Rose's knees.

"Rose, I'm going to help Jessica collect urine." He spreads her legs and she begins shaking. Jessica approaches with a Betadine swab. She can clearly see where urine is leaking and trickling onto the sheets, but hesitates when she sees Rose's inflamed anatomy. Ryan turns to her. "Just be quick." She touches the swab against raw skin and Rose screams. She continues to scream as Jessica collects the sample, until Ryan releases her legs.

She turns to the side and lies there clammy, breathing hard. Something awful has happened but she can't remember. Ryan leaves. Jessica places her hand on Rose's shoulder. "It's over Rose, you're okay."

Rose looks up at her, trying to make sense of her emotional state. "No one here belongs to me." She starts to cry.

"Who belongs to you Rose?"

"My mom and dad."

"Do you have siblings?"

"I have brothers." She pauses; considering. "And sisters." She smiles. Her fear dissipates as the soft outline of kinder memories take its place.

"What are their names?"

"Alice, Claire, and Tony." She contemplates each name as it crosses her lips and for the first time, Jessica sees life behind her eyes. Rose is content and begins to drift.

"Do you have nieces or nephews?"

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"Mm, sometimes." A thought occurs to her and she looks deliberately at Jessica. "Would you be able to help me to the bathroom?" Jessica gets a bedpan from the cabinet and places it under Rose.

"Alright Rose, there's a bedpan under you. Now you can go." She walks over to the counter and busies herself with cleaning up and putting a label on the urine sample.

"Excuse me, I need to use the bathroom." Jessica turns to look at Rose.

"You can go Rose, there's a bedpan under you."

From behind the curtain Jessica hears the ambulance doors open, hurried steps and shouts. She looks again at Rose.

"Rose, I'm going to put a clean diaper on you okay?" She reaches into the cabinet and brings a fresh diaper over to Rose who complies as Jessica puts it on.

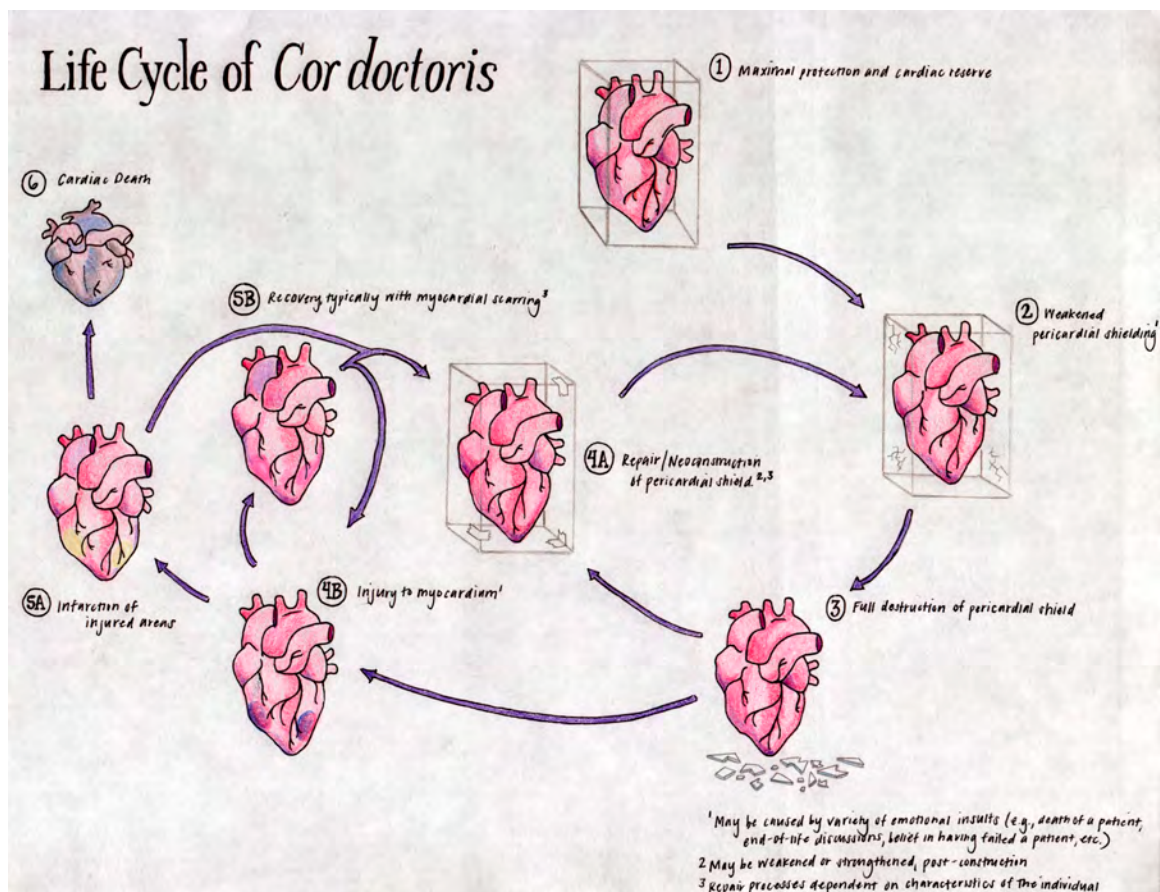
"Thank you."

"You're welcome." She squeezes Rose's hand and smiles. "I'll check on you soon."

As she steps away, she hears Rose behind her.

"Excuse me, can you help me to the bathroom?"

Jessica continues past the curtain without looking back.

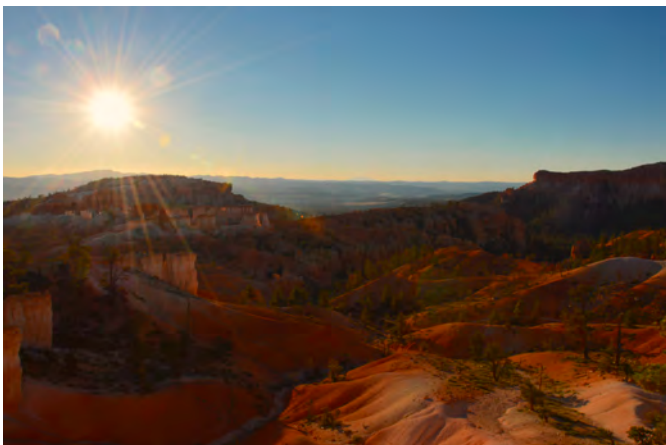


Life Cycle of Cor Doctoris

Aimee Moores



Appreciating
Simplicity in
Complexity
Adrienne Wendling





Serenity

Helal Syed

As I returned home after an especially long day on General Surgery, I saw this sunset. It reminded me of the poem by the great Rumi:

I said, "What about my eyes?"

God said, "Keep them on the road."

I said, "What about my passion?"

God said, "Keep it burning."

I said, "What about my heart?"

God said, "Tell me what you hold inside it?"

I said, "Pain and sorrow."

He said, "Stay with it. The wound is the place where the Light enters you."

Forgive those who Trespass Against Us

James Harter

Wisps of cotton-candy clouds pressed against the ceiling of atmosphere high above the ominous dam. Early morning colors danced in the ripples of water running colder than melting snowmen. For hours, Bear and Jared lost themselves in the melodic repetition of casting their flies. The water gently gurgled as it swept over smooth, washed stone; the young men waded downstream, casting and reeling in the occasional rainbow trout. As one would strip the line and keep tension on the fish, the other would gently net it. After a brief moment of admiration, the fish was released.

Most of the morning was spent this way, interrupted only by trout jumping in the water, the screams of hawks, and spits of tobacco juice from Jared's mouth. Despite the crisp air, the direct sun was warm in the periodic absence of wind. The two young men headed for the truck. They both had afternoon plans.

"Man, I'm glad you're driving. We're in the boonies, all right," observed Jared.

"The hell we are. We're just on a county road. I know exactly where we are. You'd think a sensible man like yourself would appreciate the fine art and science of cartography."

"You and your damned maps."

"A sensible man like yourself..."

Bear didn't finish his sentence as he turned onto another dirt road, this one in even worse condition than the one before. Unkempt growth from trees and bushes crowded the road; its entirety laden with deep ruts, washed out by every rainstorm in the last decade.

After fifteen or so minutes, Jared grew a bit skeptical of Bear's navigational skills.

"I think we should turn back. This isn't the way we came in."

"Relax. The map says it cuts right through. It should save us half an hour."

Jared sat quietly until ten more minutes passed without promise.

"I'm calling bullshit. We're lost, let's turn back."

"I'm telling you, it goes right on through."

As Bear finished his sentence, an old white pickup truck parked in the bend in the road, the first sign of civilization in more than half an hour. As they approached, they could see that the truck was blocking their route. Beside it was an irate man with wild eyes, holding a shotgun. As they pulled up to him, he walked over toward Jared's window.

"I guess we'd better talk to him. I don't want to piss him off." Bear stated.

"He has a shotgun." Jared replied.

Bear brought the truck to a halt, but kept it idling. Jared nervously rolled down his window. Before he could offer any formalities, the man went into a rage.

"Can't you boys read!? This is private property. No trespassing! What the hell are you two doin' on my land! You best state yer' bidness!"

"Sir, we're trying to get back to the main road. We must be lost. We don't want to make any trouble."

"I'm not buying a goddamn bit of it. Y'all two out snooping around when the sign clearly says no trespassin'! I've half a mind to shoot you boys."

As the man yelled, Jared noted the sour stench of hard liquor on his breath despite the early hour. The man's piercing, cerulean eyes were oddly incongruous with his weather-hardened face, making an estimation of his age impossible. His hair was disheveled and graying, and heavy freckles gave his otherwise ruddy complexion a leathery, tanned look. He wore a white t-shirt and fraying blue jeans, that covered the tops of his mud-stained brown leather work boots.

"And I half expected overalls," Jared thought.

His lips approached purple in color, and small amounts of spit accumulated on the corners of his mouth as he roared.

"No, sir I mean it. We were fishing this morning and we're just trying to find our way home."

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The old man lowered the muzzle to the ground, transferring his weight onto the butt of the shotgun as he leaned his head through the window of the cab.

The scents of cigarette smoke, hay, and traces of a skillet-cooked breakfast filled the cabin. The man's eyes narrowed to slits.

"You mean it, boy?" He said in a severe tone.

"Yes, sir."

The man withdrew his head from the truck and erupted in volcanic laughter that gave way to a fit of rhonchorous coughs.

"Now why didn't you say so! Come on in an' stay awhile. Be my guest, I insist!"

"Uh, that's OK, sir," Jared sputtered, "We'd better be on our way."

The hardness immediately returned to the man's eyes.

"I said be my guest. I insist."

Veins protruded from his temples and neck. Jared swallowed and exchanged a trepid look with Bear.

"All right! What the hell, we got a few minutes!" Bear said in a jovial manner that betrayed his inner sentiment.

"Y'all follow me. Just leave her parked there in the road. Ain't no one comes this way, anyhow. I reckon y'all know that by now."

As the man turned and walked towards the house, the two quickly talked.

"Text someone right now. I'm going to bring my knife in case anything happens."

Jared frantically texted a close friend. Bear grabbed a hunting knife from beneath his seat and put it in his waistband, concealing it under his shirt.

"All right, let's go."

As they followed the man through the field, they noticed three houses on the property. They followed him to the largest of these, and walked up a set of ramshackle stairs onto the porch. An old flowerpot held stagnant water and cigarette butts. The man rested the shotgun against the door frame and opened a screen door and then a wooden door with peeling white paint. He looked over his shoulder at the boys.

"Now y'all take a look around. Them houses over yonder I built myself. This one too. You boys want a drink?"

Neither of them dared disrespect the unpredictable stranger.

"Sure, we'll have what you're drinking, sir."

The old man laughed wildly.

"The hell you will! I'll give you boys a beer and keep the good stuff for myself."

The inside of the house betrayed its outward appearance. It was impeccably clean. The furniture was aged and the dining table looked homemade. The walls were wooden like an old hunting cabin, and were adorned with antlers, trophy fish, fishing tournament plaques, and old photographs.

"You boys have a seat," the old man said hospitably as he walked to the refrigerator. He returned with two cans of beer, handed them to the boys who were now seated on a couch, and sat down across from them in a wooden rocking chair.

The boys took in their surroundings.

"Lovely home. Looks like you're a big fisherman! By the way sir, we never got your name," Bear said politely.

"Hell, I ain't a *little* fisherman! The name's Greg Kelly. Pleased to meet you boys. I apologize about getting off on the wrong foot. Nasty boys come around for my daughter here and there, and the rest of them folk ain't got no bidness with me either."

"You have a daughter? What's her name?" Bear asked.

"Ha! My daughter! Don't even get me started on that little tramp. She's from my second wife. Boy, I tell you she was a real sweet little girl and then puberty hit and she became a lady of the night. You boys seen them other houses on the property. She used to live here with me but I about killed some neighbor boy over here foolin' around with her. It wasn't the first time, so I kicked her out. She live over in that white house across the yard. Hell, if you boys wanted to get yer jollies, I'm sure she'd oblige."

The boys gave a hesitant laugh and smile. The man produced a bottle of whiskey from behind his chair and took a straight pull. The boys nervously sipped their beer.

"You boys said you was fishin'. Any luck?"

"He did alright. I'm a bit rusty with a fly rod." Bear said.

Jared gave a shy nod of agreement.

"Flyfishin'! So you boys is real fisherman. What flies did y'all use?"

"San Juan worms." Jared responded.

"Midges." Bear replied.

The man furrowed his brow.

"You don't say. You boys come back down the hall with me, let me show you something."

Before they could respond, Greg was out of his seat and walking down the hallway. Bear felt for the knife. He and Jared exchanged glances. They followed the man down the hall and into what looked like a guest bedroom. Greg took a cedar chest from the closet and opened it. It was full of fishing flies.

"I done made most of these myself." Greg proudly began.

"I been a mighty fine fly fisherman in my time. Won all kinds of tournaments. Y'all can see the trophies if you want to look around. If you boys want to catch some fish, you'd better take these."

He took two paper sacks from the chest and began filling them with flies.

"That's very kind."

Greg excitedly returned to the closet and reappeared with two handsome fly rods.

"Are those bamboo?" Jared asked.

"You bet. Made these myself. Used to sell them for a pretty penny. Here, you boys take a look."

He handed over one of the fly rods. Bear remembered reading that bamboo fly rods sometimes ran for thousands of dollars.

"It's incredible."

The man smiled proudly.

"You bet. Them rods have perfect balance; you can't get a better cast. I'd show you boys right now if I didn't have somewhere to get."

"We don't want to keep you. But we appreciate you taking the time to show us these. Thank you for the beer and flies."

The man continued to smile.

"Don't mention it."

With paper sacks full of flies in hand, the boys stood in a triangle with the old man in the lonely guest bedroom that did not appear to host many guests.

"Well, we'd better be on our way. Thanks again, Mr. Kelly."

"Yes, thank you, sir."

"I'll walk you boys out."

They passed their beers, still half full, on the coffee table and went out the front door.

"Well, Mr. Kelly, I suppose this is goodbye."

"I reckon. You boys keep goin' straight. You'd about made it. Squeeze around my truck and follow to the end of the road. A right turn will take you to the highway. It was my delight havin' you boys around. My own two are off raisin' hell God knows where. Haven't seen 'em in years."

"Thanks again."

As the boys walked to the truck, Jared turned to give the old man one last look and saw tears gently streaming down his face.

The boys got into their pickup, navigated around Greg's truck, and followed the road until it ended. They turned right on to a paved road and drove until they saw signs for the highway. Jared watched the passing countryside.

"God, he was lonely. I hope I'm never that alone."

He checked his cell phone, realizing it had just received a signal. His emergency message had never sent.

Bear and I went fishing at the Beaver tail waters. Got lost and this crazy old man wants us to come inside. If we aren't back by 6 tonight, come look for us.

Jared read it once more before deleting it.



Keep Climbing

Stevie Stauble

Dum Spiro Spero

Rachel Bridwell

As a fresh, shiny, and altogether clueless medical student starting clerkship year, I lacked an appreciation for the gyre of chaos that would engulf me the moment I stepped foot on the wards. I was much like a gooey candy with a very thin hard candy exterior, likely to crack and messily spill everywhere with little direction or control.

My sugary shell did just that the first night I took call during my trauma surgery rotation. Five or so hours into the shift, a gun-shot victim, who could not have been more than a few years younger than me, rolled into the emergency department, was whisked into the CT scanner, and then sped to the operating room for an exploratory laparotomy. In this frenzy, I ran around in a manner vaguely resembling a decapitated chicken. I shook the entire 7-hour case while we performed a low anterior resection of the bowel, closing around 0200. Just as we finished, the attending surgeons raced to the next OR to care for a man who had been stabbed with a samurai sword, leaving it up to the rest of the team to update our patient's mother on his status.

Still jittery from what felt like a continuous adrenal gland exercise, I listened as my intern tried to calmly tell the patient's mother about her child's current state. I don't know what scared me more – the tenuous state of her son's life or the worry that I would say the wrong thing. I was overwhelmed with emotion as she cried, her mascara-laden tears soaking in to my green scrubs.

I checked on him every day, and made it a point to track down his mom to ensure she was doing as well as she could be, given the situation. In retrospect, thinking about our discussions, I wonder who was looking for reassurance from whom. He remained my patient until he was nobody's patient – a few days later when he passed away.

I still think about him, as well as the other patients I lost during that trauma rotation in

the surgical ICU. It was there that I clumsily transitioned from solely reviewing charts and presenting patients, to developing the skills needed to update family members and offer them treatment options. I learned the value of early discussions regarding end-of life care options, how to navigate these difficult conversations, and most importantly, the importance of listening.

This truly hit home on call one night while caring for a 23-year-old patient. He had crashed his car while intoxicated and required a hemicraniectomy. It was unlikely that he would ever regain consciousness. In addition to his trauma, he was developing ventilator-associated pneumonia. I listened attentively for half an hour as my resident conversed with the patient's family about palliative care. The family immediately refused, citing strong religious beliefs, and demanded a "full-court press".

Looking through my own lens, all I could see is that it would be nearly impossible for him to resume a normal life; the request seemed pointless. My vaguely agnostic, medically-focused mind was frustrated by their requests. I was exasperated that they were condemning their son to life in a permanent vegetative state, a shell of the person he used to be.

After a game-changing post-call nap, I had the opportunity to consider the family's perspective of losing a son, brother, and friend. Clear-headed and better rested, I began to appreciate their religious beliefs which held that withdrawal of care was not an option. I accepted that they came from a different perspective and saw the world through their own lens. Only after becoming aware of this was I able to provide the most compassionate care for their beloved family member.

Reflecting on that day, I realize how easy it had become to insulate myself with evidence-based practices and empiric treatments.

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Without stopping to breathe, my focus narrowed to an algorithmic approach to care, resulting in my listening poorly to the requests of a mother who was nearly paralyzed with fear for her son. I realized that to truly care for my patients and their loved ones, I need to pause and work to see their perspective, even if, and especially when, that perspective is diametrically opposed to my medical plans.

Perhaps most of all, I learned to recognize the value of a deep breath—something that once seemed cliché—but which I have now found is the key to centering my focus on my patients' needs and deciding together on the care plan going forward. While I breathe, I hope, aspiring to stop and take a moment to stand in the perspective of the patient and family.



Guns and Butter

Benjamin Childs

Broken

Armando Aguilera

New breath for numb,
cold, and blind body,
reaching for arm outstretched.
A sentinel of hope.

Symphonies of echoes;
songs of empty thrumming,
calling at grasping fingers.
Cold water cuts through filth.

In sterilized stranger,
a word heard in sympathy;
not alone anymore,
cupped-hand comfort.

Beauty, teeming, flowing;
before-shard, piece; now whole.
Once spilled life, crimson stain; now scar.
Cracked edge, frayed; mended simplicity.

Order sewn in chaos; aimless, lashed out.
Straying like falsehoods, collected into words.
Lies, folds in pages transforming,
insight into truth, balanced perfectly.

One.



Tunnel Glow
Michael Polmear



Darwin
Monica Lee

Fight or Flight

Ryan Gillis

In my head I debate,
How best to seal my patient's fate,
His wife is yelling, "Don't abate,"
But his will says don't resuscitate.
The clock is ticking - cannot wait,
He's fading to a brain-dead state,
Want to save him, wife irate,
But pronounce him dead at six-oh-eight.

A mother pregnant with her first,
But screening shows a test adverse,
If born at all I fear the worst,
More likely still he'll never nurse.
With mom I struggle to converse,
Offer options so diverse,
Most of which end inside a hearse,
What would I do if roles reversed?

Isolated FOB in South Iraq,
Patrol comes under foe's attack,
Soldier bleeding through his flak,
Commander screaming "Bring him back!"
We just went through our last med pack,
There's nothing left for Private Jack,
His lower limbs are scorched and black,
Ease his death or stay the track?

Moral compass be my guide,
No single answer justified,
Second-guessing won't subside,
Face each choice I cannot hide.
Can't always see the clear divide,
No Dr. Jekyll/Mr. Hyde,
Sense and duty they collide,
What to do? How to decide?

Multiverse

Robert Neiberger

I subscribe to the idea of the multiverse,
Infinite possibilities manifesting simultaneously across space and time.
I take solace in the idea that all my childhood dreams have been accomplished,
Every lost loved one is alive.
Somewhere out there, you and I are still together,
Lying in a field gazing at innumerable stars,
My head on your chest; your laugh warming my ears,

Our hands gently entwined.



Contemplation

Joseph Gutierrez

Good Grief

Graham Harris

I coughed, smoke from a nearby forest fire permeating the sweaty rag around my face. Staring up at two thousand feet of unforgiving granite, I found myself at both a literal and metaphorical impasse. At that very moment, my best friend and his wife were lugging 80 pounds of gear to the top of Kearsarge Pass to meet me with a food resupply. Having flown the red-eye home from their Hawaii honeymoon to join me in the mountains, Evan and Cassidy were supposed to be my jolt of inspiration—the gust to my second wind. But it remained to be seen if I showed up with tattered sails, unfit to go on.

Seven days prior, I had embarked on the John Muir Trail (JMT), roughly 220 miles of dirt path through unspoiled Sierra Nevada wilderness. I had completed the route in the opposite direction the previous summer, having caught the hiking bug in college some years ago. Equal parts masochistic, calming, and inspiring, backpacking brought me a type of serenity I had never experienced before. Nature, as it turned out, was my panacea. It was high among the mountain passes that I developed a profound connection with John Muir, who wrote of the range, “Even the sick should try these so-called dangerous passes, because for every unfortunate they kill, they cure a thousand.” Though damaged in certain ways, I was healed in the High Sierra. And I owe it all to my friend, Charlie.

An avid outdoorsman, Charlie was my steward into this wild world of adventure. He also happened to be one of my parents’ oldest and dearest friends. I am hard-pressed to think of a family function or birthday party he didn’t either attend or help arrange in some way. At first, it felt strange reaching a point in my life where I began to co-opt my parents’ friends as my own, but

that uneasiness faded as Charlie and I spent more time together.

As I entered college, we bonded over hikes, politics, and everything in between. He took me to REI to buy my first backpacking equipment, spending hours patiently enumerating the pros and cons of various pieces of gear and their alternatives. Throughout my gap year after college, our nature walks became an almost weekly routine. His wealth of knowledge and experience made each jaunt a series of beautiful learning moments, and it wasn’t long before our conversations became much more personal. His rich history with my parents gave him a deeper understanding of what I felt and helped provide a context for almost all of the peculiar family matters that I experienced growing up. He told me hilarious stories about my parents, and recounted his adventures and the friendships he made along the way. He took me kayaking, and he revealed little pockets of nature in otherwise overdeveloped Orange County.

More than anything, Charlie seemed to understand me in a way that no one else did. His steadiness, brilliance, and humor made him the perfect sounding board at a time when I was trying to navigate the quarter-life crisis. Grounded. Level-headed. Moral. Humble. Curious. Non-judgmental. These and a hundred other glowing attributes made Charlie one of the most interesting, yet comfortable friends one could have.

Enter cancer. Myelofibrosis. He battled for years, enduring innumerable transfusions that slowed, but could not reverse, the unrelenting march of his disease. As his symptoms worsened, opportunities for outdoor exploration dwindled, and soon we were forced to resign ourselves to slow walks around the harbor. Charlie’s diminished

capacity for activity took its toll on his spirits, though to a much lesser extent than it would have for most I have known. For such a textbook pragmatist, Charlie remained a perpetual optimist. Self-pity wasn't in his wheelhouse.

Despite his condition, Charlie picked me up at the base of Mount Whitney on my first go-around of the JMT, sitting at the trailhead in his lawn chair, holding a sign with my name on it. I would never have dreamed those 220 miles possible without him. And exactly one year later to the day, within the hour before I set out to hike the trail once again, I got the call that Charlie had left this world. I can still hear my mother's words as we talked on the phone – intended to offer reassurance and strength for the path ahead, "... every step you take, you take in his honor."

Raw with emotion, I hoisted my pack and ventured onward toward Yosemite. Over the next few days, my mental fortitude wavered, and then finally unraveled as I summited Whitney again. Plagued by mild altitude sickness, I found myself unable to eat enough to sustain my projected pace. Solitude is one of the many reasons I long to be outdoors, but embracing that isolation requires the right mindset, one I was unable to achieve on this second trek.

Traversing the most beautiful scenery our nation has to offer, I felt utterly miserable. Every morning, I woke at first light, bleary-eyed and starving, yet unable to stomach any more than a few sips of water and half a protein bar. Breaking camp each day, I became increasingly unsure where the physical pain stopped and the emotional pain began. More burdensome than the 45 pounds of gear and food on my back was the sorrow. It dripped from my brow and flooded everything around me. It was like walking through sludge. With that grief-laden pack, I invented pep talks that Charlie would never

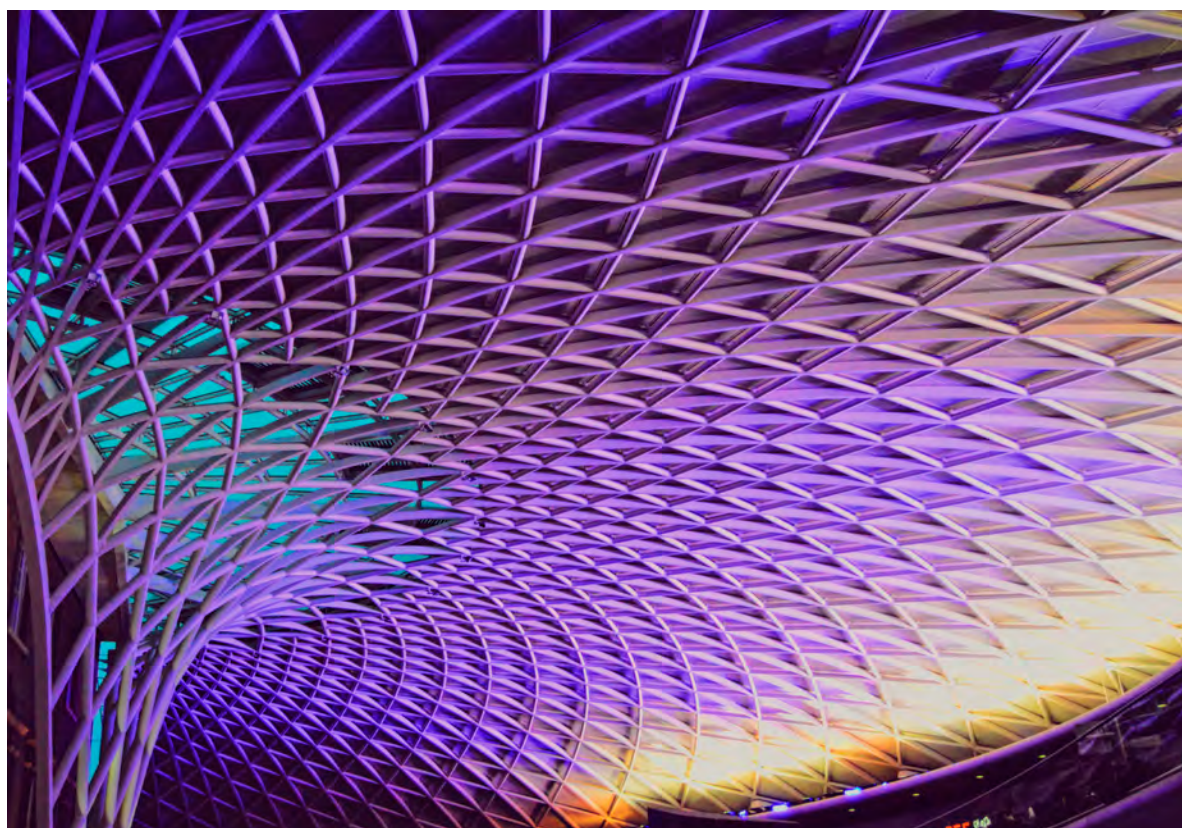
have given, trying to convince myself that he would want me to finish, whatever the cost.

By the time I reached the base of Kearsarge Pass, I had made my decision. There would be no gathering of friends on the trail, no joyous celebration in Yosemite, no notch on my backpacking belt. There would only be what felt like emptiness and disappointment, as Evan and Cassidy shuttled me home to be with my grieving family.

Ever since coming off the trail, I've felt like there was a critical lesson to be learned from this experience, but it always seemed beyond my grasp. For every attempt I would make to identify it—the wisdom of quitting, embracing failure, the importance of grieving—I could produce a convincing counter-argument; some logical, others not. Those close to me insisted that I had made the right decision, but a pit of doubt and guilt remained.

Finding closure proved elusive. I could not help but distill the selfishness from my actions and poison myself with it. Charlie would have laughed at me for this. Time and again, my thoughts returned to the Socratic refrain, "Why?" Why was I doing this? Was I doing it for myself? My family? Charlie? I spent a majority of my last days on the trail grappling with my mother's words. On the trail, all I could think about was the number of steps I didn't take, but off the trail, I was able to realize that it is not the number of steps I take that matters, but the direction in which I take them.

If Charlie is rolling in his grave over my decision to quit, he certainly hasn't let me know about it. I would like to think he would be proud of the adventurous spirit he helped to cultivate – one that offers me the courage to take a path that leads in a different direction from the one originally planned, but always keeps me focused on my own true north, something he always wanted for me.



King's Cross

Joseph Gutierrez

Trapped

Adriana Carpenter

I approached her in the memory unit with
a quiet handshake and a good morning-
my young hands unraveling a stethoscope as
I knelt down, matching my eyes to hers

she sat there looking at me-
she looked right through me;
her eyes were not her own
her brain, atrophied
her hands, shriveled
her heart, skipped a beat or three
her mind, lost in 1954

flags and photographs adorned the walls
lines of dust circled the bottles of pills
thrown onto her dresser

she spoke of her sons who fought in the war-
she, fighting a war she didn't choose
they were fighter pilots-
she, a forgotten prisoner of war
her memory like the dull blade of a fallen helicopter
no longer the violent hum of a Corsair
her sons of flight left her here
and they paid no mind to her fleeting thoughts...

Christmas past brought sons home
Christmas present reveals no presence
of sons or daughters

she grasped my hand with her cold skeleton bones,
and with haste, she groaned--my dear, can you get me
out of here?

From Bed to Bedside: Learning Patient Care as a Patient

Michael Harding

Four weeks prior to completion of my two-year missionary service in a third-world country, I became extremely ill. Friends brought me to the local clinic where it was proposed that my vomiting, diarrhea, and intense abdominal pain were the result of contaminated food or water. This was statistically the most likely diagnosis, but given the frequency with which I had consumed contaminated food and water over the past 2 years, without any notable side effects, I was worried something more serious might be going on. Despite these reservations, I accepted the diagnosis and treatment plan and took the prescribed medication.

Five days later, after incessant vomiting and anorexia had melted 37 pounds off my already scrawny frame, I returned for a second evaluation and was informed that everything necessary had already been done. I just needed to be more patient and would improve over time. My third trip to the clinic—prompted by a dramatic increase in abdominal pain two nights later—resulted in the on-duty nurse deciding it best that I stay the weekend. I would see the doctor when he came back the following Monday morning. Unable to write me a prescription, she graciously offered a frozen water bottle to hold against my abdomen. Despite her compassion, enduring the pain made for a very long weekend, during which my mind frequently drifted to the people I was serving. I was anxious to get back to them and the work I was doing.

I woke on Monday as the physician entered my room. After his examination, I was wheeled into a shiny new CT scanner, which offered hope that perhaps a solution was just around the corner. Unfortunately, when my images came back, there was no more clarity regarding my situation. I was impressed that

the technology was available at such a remote facility, but there was nobody available to read the results and no capability for tele-medicine. I was simultaneously frustrated that no clear answer was forthcoming and appreciative of the limitations with which so many of our medical colleagues around the globe cope on a daily basis. As my symptoms worsened and other treatments proved ineffective, it was decided that the best next step was exploratory laparotomy. The thought of surgery in an under-equipped rural clinic made me more than a little anxious, but those fears subsided as I slipped into an anesthesia-induced slumber and seemed unfounded when I awoke pain free.

Believing that the ordeal was behind me, I hoped for a rapid recovery and quick return to my assignment. These hopes were dashed when the doctor entered my room and explained that when he opened my abdomen, the inflammation was so severe that it could not be treated at his facility. Unable to provide definitive treatment, he had placed a drain in my abdomen and sewed me up.

Crohn's disease and Ulcerative Colitis topped his differential, which made me fearful of what that would mean in terms of my future health. He added that he had phoned my supervisor and together they decided I needed to return to America as soon as possible to be treated in a "fine university hospital." Before I could utter a word, he slipped out of the room to see his next patient.

The news that I was going to be flown home to the United States, instead of returning to serve the people of the village from which I had just come, left me reeling. All of the plans that traditionally accompanied the end

Progress Notes

of a mission dissolved in an instant. I loved both the work I was doing and the people I was serving, and felt cheated out of the opportunity for any sense of closure. I always imagined the final weeks of my mission to be a triumphant crossing of the finish line, but now had to cope with a new reality—one in which I would be transported in a wheelchair from ambulance to a plane waiting to take me back to the United States. Overwhelmed by the situation, I slumped over in my bed and sobbed.

Alone in my room, and uncertain about my future, I suffered from more than just the physical discomforts of my condition. My experiences with health care providers while growing up led me to expect a provider-partnership that included not only discussions about diagnoses and treatments, but reassurance as well. In the moment, I most wanted to know how my quality of life might be affected by this new condition. Unfortunately, the demands placed upon my doctor limited his ability to have that conversation.

When my plane touched down in the United States, I did indeed go to a university hospital. There, I was diagnosed with a ruptured appendix. Given my weakened state, my care team chose to defer surgery in favor of IV antibiotics and total parenteral nutrition, and I gradually improved.

As time has passed, I have gained perspective and appreciation—first as a patient, and more recently as a medical student. The doctor who treated me was the only attending physician in a clinic with minimal resources and a very large patient population. He was responsible for a scope of practice far beyond anything most U.S.-trained providers will see. It was likely all he could do to offer a diagnosis and initiate treatment before the next patient required his attention. His decision to send me back to the United States—based on his astute physical exam skills and his humility—very likely saved my life, and for that I am forever grateful.

As a medical officer in the uniformed services, I am very likely to face similar challenges—providing care in austere environments with limited staff and resources. Transferring patients to higher echelons of care comes with the territory. While this may become second nature to me someday, I suspect that most of my patients will be distressed having to cope with uncertain futures, and many will feel guilty leaving their battle buddies. In such situations, my goal is to remember my own experience, acknowledge how difficult the situation may be, and, whenever possible, spend a little time listening to my patients' worries, answering their questions, and letting them know they are not alone.



Yosemite at Sunset

William Ferris

Visiting a Village

Denise Stiltner

One by one we climb into the backwards mouth of the dragon, sideline seats in the belly await
Dust thick enough to taste
All breathing shallows
No flying today, only the knobby lurching progress of a stiffened five-ton arthritic cage
Fumes replacing flames; coughing, expelling dust
Only to be swallowed as though a sustaining elixir
The minor-toned moans of the wounded pierce our monochrome turtle shells
Our weary limbs alive again, equipment readied
Unhinge your jaw; let us out.

Changing Tracks

Jordan Guraya

Paramedics and other first responders scrambled around me as I regained consciousness. Based on the questions they asked about pain and the "other driver," as well as the bright line they shone into my eyes, and the collar around my neck, it became apparent that I had been in a car accident. Despite this, I felt fine; everything seemed in order, except for my memory. I had no idea which racetrack I had been running, and who had caused my accident. Probably Vettel in the Ferrari – he's always pushing the limits. As they loaded me onto a gurney, they asked my name.

"Jay." I offered.

They seemed satisfied, as one of them confirmed, "That matches his driver's license." "What do you do for a living, buddy?"

"I'm a racecar driver." I answered, confused. How could they not know this if they had just come from the pits?

I watched one of them grin at the other in a way that unnerved me. "OK, boss – whatever you say."

A car pulled up, and the door opened and closed with a slam, followed by the sound of determined steps and an anxious voice.

"What happened?" a worried female voice asked. The paramedics gave her a run down—MVA on the highway—an apparent hit and run. "We're classmates in med school," she explained, "Is he going to be OK?"

I'm not in school. What the hell?

As they loaded me onto the ambulance, I tried to explain who I was. "I'm a driver for the Mercedes AMG Formula 1 team!" I insisted. "Call up Toto Wolff, if you don't believe me! He's the boss of my Formula 1 team. Tell him I've been in an accident. I know you don't believe me – but would you just make one call?" Ron, the more sympathetic of the two paramedics, dialed the number I gave them.

"Mr. Wolff? Sorry to bother you, sir, but do you know a Jay Schroeder?" I heard him explain the situation. "He doesn't know who you are. Do you go by another name?"

"Jay Schroeder's my only name. But how the hell would I know his phone number then?" This is ridiculous. Where's John Malone?

The paramedic continued, "Sir, he's pretty sure that he's a driver on your Formula 1 team. He can't remember much before the accident, but he was able to recite your phone number from mem—" Ron put his phone down and turned to me, "He hung up."

What. The. Hell.

My supposed classmate poked her head into the ambulance, "We'll meet you at the hospital!"

"Okay, sure," I replied with a weak smile, trying to be polite as my mind raged with confusion. What am I doing in the United States? The Belgian Grand Prix is in 3 days. I need to be testing the new rear wing on the car and running simulations. Ferrari must be licking their chops thinking they can finally get a win.

When we arrived at the hospital, my supposed "classmate" friends were there waiting. Scattered "What happened's?" and "Are you okay's?" filled the air. The paramedics asked everyone to stand back as they wheeled me into the ER, giving me a welcome respite from the building anxiety that I had somehow become the central character on a medical school version of the Truman Show. I hate school.

Hours later, after a series of "reassuring" neuro examinations, CT scans, and MRIs, I was admitted for overnight observation. When they moved me to my room, among the throng of well-wishers I had seen earlier, only the woman who had stopped at the scene of the accident remained. She slowly approached my bedside.

Progress Notes

“Jay...” she began, “Do you really not remember who I am?”

I shook my head.

“It’s me - Stephanie. We’re in the same anatomy group at school. We’re neighbors and good friends...well, maybe more than just friends. You have a scar on your lower back from when you were a kid. You’re allergic to cats... I can go on...”

I gestured for her to stop. A chill went down my spine not so much because she seemed to be telling the truth, but more because it made clear the magnitude of my memory loss. I tried to remember even the most basic facts about my life but came up empty. Who was I without my memories?

Tears rolled down my cheeks, “I don’t... I don’t remember anything...” I shook my head as I looked at Stephanie. She sat on the edge of my bed with her hand on my shoulder and consoled me. “Can you tell... what else do you know about me?” I sniffled, “Am I a nice guy or a prick?”

She laughed and playfully hit me, “You’re a nice guy, and pretty smart – one of the top students in our class,” she began to suspiciously smirk, “Sometimes you’re a prick.”

We filled the space in my room with conversation until she left late that night. I fell asleep anticipating seeing the neurologist the next morning. Lights out.

Sometime in the wee hours of the morning, I awoke to footsteps. I guess I’m a light sleeper, note to self. Amidst the dim lighting of the room, I saw the tall silhouette of a woman.

She sounded beautiful, “Jay, may I come in?”

“Are you... a nurse?”

“I’m here to help you,” she replied. Well, that’s vague. She approached the head of my bed. “Sweet child,” she sighed as she brushed her hand through my hair, “Know you are loved, and certain things happen for a reason.”

I nearly felt paralyzed as I lay there, but despite this, I hadn’t a worry in the world. The next thing I knew, the sun had risen, and the neurologist was in my room to see me.

“Is that tall nurse still here?” I asked.

“Hmm... tall nurse? Doesn’t ring a bell,” the doctor replied without interrupting his review of my charts.

“She was a tall, slim, pretty sure blonde...” I continued.

“I can’t think of any nurses who were on last night who match that description. Sorry. Let’s get to you, though. How are you feeling?”

“I feel...” I searched for words, “Well-rested.” The neurologist began to tap and poke me in different places, asking me what I could feel and what hurt. He asked me a litany of questions designed to test my memory. My short term recall was normal, but I couldn’t remember a single thing about my life prior to the accident. I still can’t.

It’s been 10 years since the accident, and according to my wife Stephanie, I’ve changed. I had to start from scratch with all of my relationships, including my family, and I avoid visits to see my parents because my mother seems so devastated that we have lost our history together. I never “returned” to medical school and I avoid watching car racing at all costs. I’ve found it causes me to wonder who I was and who I might have become. Perhaps most troubling, it causes me to question who I am.

On Christmas this year, my oldest son opened a set of matchbox cars—a gift from Stephanie’s parents—and immediately began to race them around the house. Seeing him as a “racecar driver” brought the world in which I once believed and the world I now knew to come crashing together. Surprisingly, this caused me no anxiety, but rather, made crystal clear that I have a choice to make – I can wonder what might have been or choose to live in the moment with my beautiful family and to believe that everything happens for a reason. That’s a race track from which I want no pit stop.



Twenty Thousand Feet

Michael Polmear

The First Anatomy Lab

Steven Nemcek

Today we cut into death.
With mettled resolve and metal blade we pulled back shroud and skin,
Respectively.

Today we cut into death.
The redness of our impassioned knowledge; thirst matched the redness of muscle,
Synchronicity.

Today we cut into death.
It seems cosmic irony that Death whispers us healers the secrets of
Élan vital.

The dead yet provide for the living.

Smile

Matthew Mischio

“Dr. Schmidt?”

She looks up from the screen and flashes a broad, eager smile, the little creases in her cheeks reaching all the way up to her eyes. I’ve seen that smile do magic for patients, and I wonder how many times she’s rehearsed it.

“Whatchya got for me, Jake?” She spins her chair away from the desk, away from the glowing screens and rows of digitalized, binary patients.

Suddenly, I’ve forgotten the speech I had rehearsed on my way from the exam room. “Not much,” I reply. I smile back, but my smile feels cartoonish and overdone. “They wanted to talk to you.”

She nods like it isn’t a problem, but I know I should be doing this on my own by now. She gets up from her chair and we head down the hall together.

“Just based off her chart, then. What do you think?” she asks.

I’d only had a few seconds to skim through it, but I don’t mention that. “It seems pretty straightforward. Probably just something viral, but it’s hard to be sure. You know - with everything else she has going on.”

Dr. Schmidt nods. “Probably. Patients like her are predisposed to almost any infection. They bounce in and out of here all the time for things that wouldn’t keep most kids home from school.” She looks back at me as she pumps sanitizer onto her hand. “What’s the mechanism behind her immunosuppression?”

I do the same— pump, pump— stalling for a little more time. I used to think I was smart. Now I know I was just better than most other kids at faking it.

Inside the exam room, a haggard man moves to open the glass door to let us in, and I silently thank him for the out.

“Hi there,” Dr. Schmidt says. I can’t see her face from where I’m standing, but a bit of the shadow across his face melts away. “You’ve already met my med student, Jake?”

“Yeah, of course,” he mumbles. “Didn’t mean to be rude, but I just wanted to see a real doctor first. Save us all some time.”

I cringe a little on hearing those words. He’s right, of course. I’m not even close to being a doctor yet, but it still stings to hear the way he says it.

“No problem at all,” Dr. Schmidt replies.

I step to the side as she sits on the stool in the corner. She asks the man something, but I’m not listening; my attention absorbed by the sight of the girl in the bed.

She’s sleeping for the first time in hours, the pink elephants on her time-faded blanket marching a line around her shoulders. The grimace on her small, shy face says she’s still hurting, but her breathing seems better now— her nostrils aren’t flaring quite so wide, at least.

Dr. Schmidt stands, walks to the bed, and does a quick exam, careful not to wake the girl, and then we’re walking out of the room. “If you need anything,” she says. “Anything at all. Just let us know.” A frown this time, as a goodbye.

The man nods.

Once the door slides closed behind us, I find the courage to ask, “For a patient like that, what’s the prognosis?”

Dr. Schmidt bites her lip, but I know she isn’t stumped. She’s just thinking how to phrase it. “Well, treatments are getting more effective all the time. There are some really exciting drugs in the pipeline.”

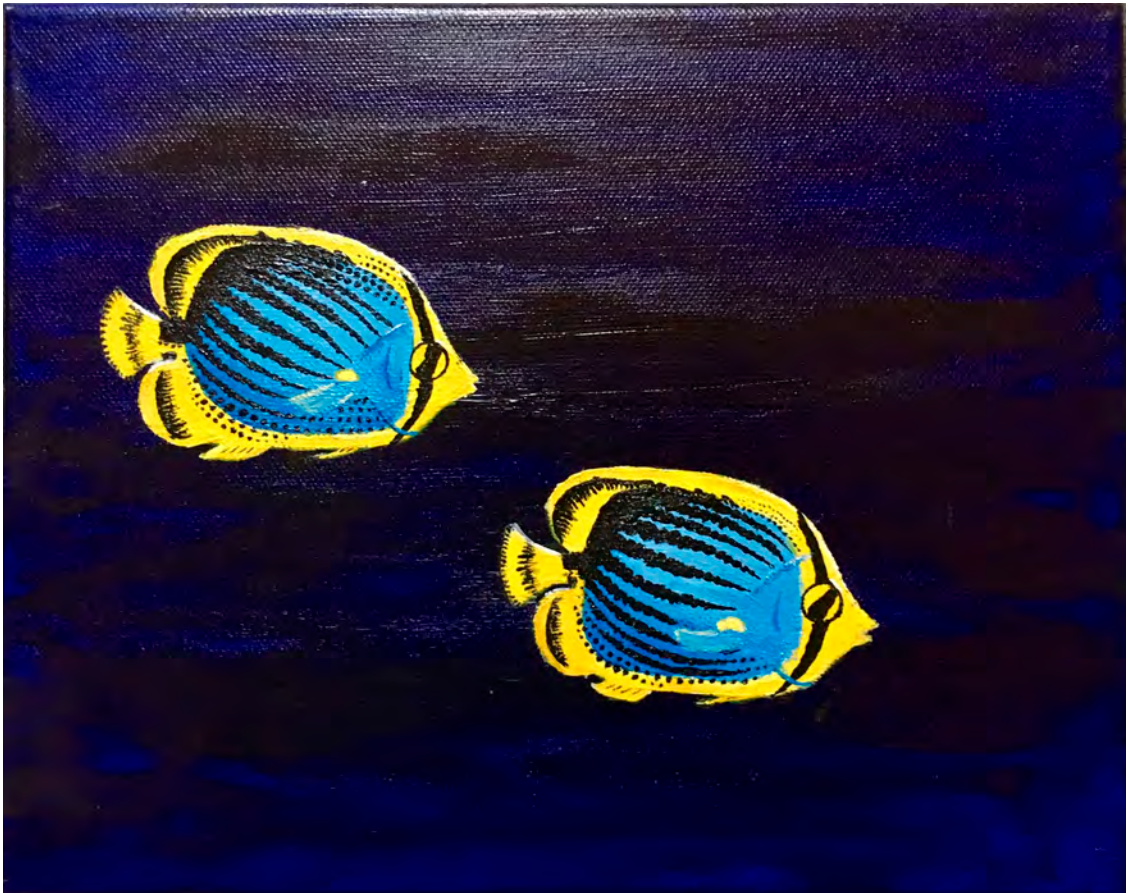
I haven’t been here long, but I can break that code.

“She might make it to fifteen,” Dr. Schmidt finally answers. “Maybe twenty. You never know.”

As we round the corner, a tall, lean doctor walks our way. “Hey Ash,” he says. “You see the game last night?” He flashes that same, bright smile. We must get a class on it next year or something.

Suddenly, the frown on Dr. Schmidt’s face is gone, and she’s grinning back. “Don’t even start with me. Your boys just caught us on a bad night.”

I look back towards the exam room, then down at my feet. Someday, I know, I’ll smile just like they do, but right now I’m not sure that’s a good thing.



Just Keep Swimming

Kristen Heye



Microorganism

Anne Brezovec

An ICU Diary

Andrew Mertz

Day 14

It's morning again; it's always morning.

Alive, not awake,
I forgot what it's like to yawn.
That great first yawn when waking from a cold sleep,
Eyes scanning the room to find my caretaker.

My door is open; this concept of a door is open,
I wonder if they know how to use it, how to close it.
My clock is here and the time is "5",
That mumbling from the hall is back.

An alarm from above, but I still can't feel.
My room, the crowd rushes into my room,
Figures in white gesture above my bed, above my head,
My chair, my daughter is sitting in my chair.

This is my new home; a residence.
People freely come and go.
Sometimes a knock, most times nothing at all.
I am a proud woman, matriarch of my household.

Persistent daylight, how long do I sleep?
Like phantoms, the names and faces meld.
They stand over me; my lips quiver as words fail to exit.
My mind and body tire but my spirit wishes to commune.

It's morning again; it's always morning.

Reinvention

Michelle Binder

I knew a woman once
Found him when she was 17
Lost herself when she was 21
Years went by
Life went on

I knew a woman once
Determined to hold those vows
Trying, hanging on, crying, staying
Realizing the truth
Bit by bit

I knew a woman once
Exhausted, her worth depleted
She had no more fight left, no tears
No more options
Time to go

I knew a woman once
Found herself when she was 34
New... degree, career, life, attitude
No longer just dreaming
But actually living

I knew a woman once
Realized she was limitless at 39
Set new goals
Began her doctorate
Loved herself

Finally.

Progress Notes



Who I am?

Jeanny Wang

2

Strength from Vulnerability-Learning through a Patient's Eyes

Ketan Mehta

There was no comfort to be found in my hospital bed. I stared at the heparin drip, feeling both angry and hopeless, thinking about the path that brought me to the ICU in Mesa, Arizona. I remembered feeling pain in my right calf after playing basketball, and how it worsened during my flight to San Francisco and 12-hour drive south to Mesa. Travel aches, I was sure.

When considering life's challenges, my family embraced the "just deal with it" mentality. In accordance with my upbringing, I played basketball the day after I arrived in Mesa, hoping to work off my pain, only to find myself panting by the time I reached half court. Knee-deep in denial, I laughed at how much I had let myself go during winter break. The following week of hemoptysis did little to persuade me that something was wrong. I convinced myself that my symptoms would go away, chalking them up to post nasal drip or something I ate. After all, I was an avid 24-year old athlete on an Army Health Professional Scholarship to medical school-what could be wrong?

By midweek, I was experiencing excruciating, pleuritic chest pain, and the hemoptysis had become more frequent. Perhaps most troubling, I could no longer breathe when lying flat. At night, I propped myself up on pillows in a futile attempt to find a comfortable position in which to sleep. Be it my bravado, or (more likely) my stupidity, I continued to tell myself that these symptoms would pass. That was, until the end of the week when I awoke from my seated sleep, gasping for breath and unable to move. My girlfriend, a full foot shorter than me, carried me to the emergency room, where the irrefutable data brought my walls of denial crashing down. Heart rate – 110; Pulse ox – 89; Symptoms – orthopnea, hemoptysis, pleuritic chest pain. The diagnosis, even before imaging, was obvious.

I cried the first few days I was in the hospital. A muffled cry, one I hoped others would not notice. I had a sense of vulnerability and hopelessness that felt like a crowbar to the stomach, and all I could do was crumble to the ground. With a deep venous thrombosis and five pulmonary emboli, I found myself bed-ridden and instructed to defecate in the bedside commode with a garbage bag tied to its underside to collect my waste. I could not imagine using it, and, thanks to the opioids I was taking, never had to. It seemed difficult to believe that just days earlier, I had thought of myself as invincible.

I was confined to that hospital bed for 5 heparin-dripping, every-4-hour-needle-sticking days. Through it all, my mom, who had flown out from New York the moment she heard what happened, remained at my bedside. From morning until night, she sat and talked with me, something that I will forever appreciate. Thankfully, my best efforts to keep my hospitalization a secret from my classmates failed, and a steady stream of worried friends came to see me each day. I appreciated their visits, but seeing the faces of my loved ones filled with concern challenged my self-image of a strong person who did not need to lean on others. I did not know how to cope with what I perceived to be their pity. It hurt more than anything else.

At the beginning of my admission, I saw my illness and vulnerability as a personal failure. I viewed myself as weak and worried I would always be "broken". Although only 5 months into my first year of medical school, I had learned enough to know that it was unusual to have a DVT and PE at such a young age. I worried about thrombophilia and cancer; about follow-up appointments and testing; and I worried about the financial costs associated with this new path I was headed down.

Progress Notes

As my hospital stay wore on, these worries caused increasing amounts of stress that became apparent to others. Sometimes my friends would mistake my blank stares while thinking about these stressors as indifference and would ask if I wanted them to leave. Trying to shield my vulnerability, I would tell them I was tired, instead of telling them the truth-I was simply more comfortable feeling alone than feeling pitied.

Given my age and good health, the doctors who cared for me thought my DVT and PE might have been due to a previously undiagnosed malignancy and ordered lab tests and imaging studies to investigate. With my future uncertain, I quickly came to the realization that my approach of “just dealing with it” was not going to work this time. What I needed was compassion – my

mom listening to me, my friends visiting me, and my loved ones reminding me that they would be there for support. Their understanding of my emotional needs helped to relieve my anxiety and gave me hope that I would get better.

The lab tests and imaging studies were negative for malignancy and my DVT was chalked up to a sports injury followed by venous stasis from a flight and 12-hour drive. Reflecting on this experience, I see how much it has taught me about true strength and the courage it takes to be vulnerable.

I now believe that it is okay to feel vulnerable, and it is okay to allow others to witness this vulnerability. It is okay to cry, including crying with my patients when the moment calls for it. There is strength in vulnerability, and each day is a new opportunity to learn through a patient’s eyes.



On the Hill

Joseph Gutierrez

About the Artists

Armando Aguilera is a Second Lieutenant in the US Air Force and a fourth-year medical student at the Uniformed Services University. He was born in Virginia to a Navy family, and has not settled down since. Eventually, he made his way back to VA for high school and college at the University of Virginia. He is proud to be in the world's greatest Air Force, serving alongside many family members, like his father who is a retired LCDR, his brother who is a SGT in the Marines, and his uncle in the Army National Guard in Hawaii. He will be completing his residency in Anesthesiology at the Medical University of South Carolina in Charleston.

Michelle Binder is a Captain in the US Air Force and is a doctoral (DNP) student in the Psychiatric Mental Health Nurse Practitioner Program at Uniformed Services University. She earned her Bachelor of Arts degree in International Studies from Wright State University and her Master of Science degree in Nursing from the University of Toledo. Her clinical interests include EMDR and integrative treatments for PTSD, such as art therapy, creative writing, yoga, and equine therapy.

Anne Brezovec is a Second Lieutenant in the US Army and a first-year medical student at the Edward Via College of Osteopathic Medicine in Blacksburg, VA. She graduated from Virginia Tech with a degree in Nutrition and Exercise in May 2016. She believes that arts and creativity strongly contribute to the mental and physical health of an individual. She believes in the value of integrating creative modalities into treatment plans.

Rachel Bridwell is a Second Lieutenant in the US Army and a third-year medical student at Uniformed Services University. She aspires to an operationally focused career, applying for a residency in Emergency Medicine. Prior to commissioning, she has held a smorgasbord of positions including polar bear guard in Churchill, MB, a cancer research assistant at Children's Hospital of Pittsburgh, and a marine biology instructor in Queensland, Australia. She enjoys running, stress baking, and spending time with her husband, Mat (LT Bridwell, the Greater).

Adriana Carpenter is a Second Lieutenant in the US Air Force and a third-year medical student at Lake Erie College of Osteopathic Medicine in Bradenton, FL. Her favorite times include sipping strong coffee with good friends and taking spontaneous outdoor hiking trips. She passionately pursues music and the arts when she's not hitting the books for school.

Benjamin Childs is a Second Lieutenant in the US Army and a second-year medical student at Florida Atlantic University Charles E. Schmidt College of Medicine. He is a graduate of Florida State University, and Columbia University in the city of New York where he was fortunate to serve as president of the triathlon club for two years. He left a short career in finance in 2007 to teach Algebra in a performing arts high school in Harlem, NY. He now brings his love of human connection and education to the world of military medicine. He is a fan of NPR, college football, and reading on a rainy day.

William Ferris is an Ensign in the US Navy and a first-year medical student at Georgetown University. He is originally from Sheridan, WY and attended school at the US Air Force Academy as a member of the Class of 2006. After graduation, he commissioned into the Navy, and for the past 10 years served as a Naval Aviator. He is now pursuing his childhood dream of becoming a Navy physician.

Ryan Gillis is Second Lieutenant in the US Army and a fourth-year medical student at Uniformed Services University. He is from Salt Lake City, Utah and graduated from Claremont McKenna College with a degree in Biology in 2012. While he originally commissioned into the Army at USU, he is transferring to the US Navy after being fortunate enough to meet his better half, sitting across the desk from him during the first histology class. Although he has no formal background in creative writing, he enjoys coming up with goofy rhymes for the amusement and exasperation of friends and family.

Jordan Guraya is a Second Lieutenant in the US Army and first-year medical student at Lake Erie College of Osteopathic Medicine, Bradenton. He has been flying planes since he was 11 years old, and he has been a licensed private pilot since the age of 18. For as long as he can remember, he has always enjoyed going fast, whether in a car, on a motorcycle, or in a plane.

Progress Notes

Joe Gutierrez is a Second Lieutenant in the US Army and a fourth-year medical student at the Uniformed Services University. He was born and raised in San Diego, CA. As a child he was encouraged to explore creative arts and he pursued music as his primary outlet, although he has always been a visual person. A couple of years ago, he bought a camera to capture his travels during clinical rotations and has not been able to stop taking photos since. It is clear that his military career will continue to provide him with interesting locations, faces, and situations to photograph and he hopes to take full advantage.

Michael Harding is an Ensign in the US Public Health Service and a first-year medical student at the Uniformed Services University. He is an employee in the Indian Health Service. His research interests focus on efforts to ease health disparities in vulnerable populations and he is interested in pursuing a residency in Pediatrics. Aside from work, he enjoys spending time outdoors with his wife, Tiffany, and their two-year-old son, James.

Graham Harris is an Ensign in the United States Navy and a third-year dental student at the University of California San Francisco School of Dentistry. He grew up in Laguna Beach, CA, attending the University of Southern California. His interests include running, cycling, playing piano, singing, and backpacking.

James Harter is a Second Lieutenant in the US Army and is a first-year medical student at the University of Arkansas for Medical Sciences in Little Rock, Arkansas. He was born and raised in Fayetteville, Arkansas, and later graduated from the University of Arkansas. His future interests are to become involved in meaningful scientific research, publish novels, explore the world, continue learning, and raise a happy family.

Kristen Heye is an Ensign in the US Navy and a third-year student at McGovern Medical School, University of Texas Health Science Center at Houston. She hopes to begin a career as an Obstetrician & Gynecologist. She graduated from Texas A&M University in 2014 with a Bachelors of Science in Biology and a Minor in Spanish. Passionate about the underserved, she spends her free time volunteering at free clinics stateside, establishing international community health partnerships in nearby Mexico and Guatemala. She lives intentionally in a disadvantaged Houston community in order to learn firsthand about the issues these groups encounter.

Katherine Kasper is an Ensign in the US Navy and fourth-year medical student at Lake Erie College of Osteopathic Medicine. She received her B.A. in English at Lawrence University in Appleton, WI where she was awarded the Hicks Prize in Poetry. She enjoys traveling and survives on crossword puzzles and coffee.

Lauren Kecskes is a Second Lieutenant in the US Army and a second-year medical student at Uniformed Services University. She received her B.A. in Biology from Claremont McKenna College in Claremont, CA. Though she did not minor in the studio arts, she studied painting, mixed media and sculpture through Pomona and Pitzer Colleges. She hopes to continue her involvement with the studio arts, finding a way to incorporate those skills in her future practice as a physician.

Gregory Lai is a Second Lieutenant in the US Army and a fourth-year medical student at the Uniformed Services University. He is from Arroyo Grande, CA. He studied Molecular Cell Biology at the University of California Berkeley. He will begin his internship and residency training in Ophthalmology at Walter Reed National Military Medical Center in the summer of 2017. He lives in Bethesda, MD with his wife, Jacqueline, and daughter, Joy.

Monica Lee is an Ensign in the US Navy and a second-year dental student at the University of Louisville School of Dentistry. She is a third-degree black belt in Tae Kwon Do and is enthusiastic about photography, videography, traveling to new cities, and experimenting with graphic design.

Ketan Mehta is a Second Lieutenant in the US Army and a third-year medical student at A.T. Still School of Osteopathic Medicine in Arizona. He is originally from Buffalo, NY and attended the University of Buffalo. While there, he earned a B.S. in Nuclear Medicine and MA in Economics. He looks forward to practicing medicine in the US and abroad.

Andrew Mertz is a Second Lieutenant in the US Army and a fourth-year medical student at the Uniformed Services University. He is a prior University of Maryland Terp and has remained in the DC area throughout his young adult life. His hobbies and activities include listening to great music and playing board games with friends. He will be completing an internship in Internal Medicine next year.

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Matthew Mischo is a Second Lieutenant in the US Army and a third-year medical student at the Medical College of Wisconsin. When he isn't too busy studying, he enjoys backpacking, kayaking, and exploring the Midwest with his fantastic wife. He plans to apply to Emergency Medicine residencies next fall.

Aimee Moores is a Second Lieutenant in the US Army and a fourth-year medical student at the Uniformed Services University. She will be completing a residency in Internal Medicine at Madigan Army Medical Center in Tacoma, WA.

Robert Neiberger is an Ensign in the US Navy and a second-year medical student at A.T. Still University of Osteopathic Medicine in Mesa, Arizona. He grew up in Gainesville, Florida as one of four children. After completing a tour in Peace Corps Namibia, he went to graduate school at Syracuse University to study Bioengineering. There, he continued his love of science and passion for service. In the future, he hopes to be a pediatrician serving people near and far.

Steven Nemcek is a Second Lieutenant in the US Army and a second-year medical student at California Northstate University College of Medicine. He was born and raised in Brookfield, Wisconsin, and is the oldest of six children. He attended the University of Wisconsin - Madison where he earned a Bachelor of Science degree with majors in Biochemistry and Political Science. He attended the University of Cincinnati where he earned an MS degree in Physiology. He has spent time at Stanford University as a visiting student researcher with the Department of Psychiatry Eating Disorders program. He is interested in psychiatry and philosophies of human consciousness.

Brent Denn Nisé is a Second Lieutenant in the US Army and a fourth-year medical student at the Uniformed Services University. He is a returned Peace Corps volunteer. His areas of interest include ethics, immunology and transplantation. He will be fulfilling his urology residency at Duke University.

Michael Polmear is a Second Lieutenant in the US Army and a third-year medical student at the Uniformed Services University. He is from Colorado and has an affinity for the tranquility and challenge of the mountains. He is interested in studying about and caring for patients with peripheral nerve injuries.

Thomas Powell is a Second Lieutenant in the US Air Force and a second-year medical student at the Uniformed Services University. He graduated from the Air Force Academy in 2010 majoring in Biology. He continued on to pilot training with both the Air Force and the Navy earning his Air Force pilot wings in 2012. In flight through Asia, he fell in love with Japan and the archipelago's unmatched beauty. He gained an appreciation of the Japanese people's ability to subtly capture the intrinsic beauty of their homeland through art and poetry, most notably haiku. Although only an amateur of poetry, he has been recording his medical school experience through haiku. He hopes to fulfill his dream of becoming an Air Force Pilot-Physician.

Cindy Lee Pubols is a Second Lieutenant in the US Army and a fourth-year medical student at the Uniformed Services University. Prior to medical school, she pursued a career in film and television, and graduated from the University of Southern California with a degree in Theatre Arts. She will begin her residency training in Otolaryngology at Tripler Army Medical Center in the summer of 2017.

Kyle Rollins is a Second Lieutenant in the US Army and a fourth-year medical student at A.T. Still University in Kirksville, Missouri. He is interested in Pediatrics. He enjoys spending his time outside of medicine with his family, being outdoors and working on various creative projects.

Nagesh Shanbhag is a Postdoctoral Fellow under Prof. Aviva Symes in the pre-clinical traumatic brain injury group at Uniformed Services University. He obtained his PhD degree from the University of Groningen, The Netherlands, wherein the work focused on brain ischemia (under Prof. Rob H. Henning). His doctoral projects were carried out as a collaborative work between the University of Heidelberg (Division of Neurosurgical Research, Medical Faculty Mannheim), Germany under Prof. Lothar Schilling and that in Groningen. Before this, he pursued a Master's program in Experimental and Clinical Neurosciences at the University of Regensburg, Germany upon completion of his basic medical studies (MBBS) from Goa University, India.

Stevie Marie Stauble is a Second Lieutenant in the US Air Force and a second-year medical student at New York Institute of Technology, College of Osteopathic Medicine. She grew up hiking in the Hudson Valley of upstate New York and enjoys traveling, reading, and trail running.

Progress Notes

Denise K. Stiltner is a Major in the US Air Force and a student at the Daniel K. Inouye Graduate School of Nursing at the Uniformed Services University where she is enrolled in the Family Nurse Practitioner program. She earned her Bachelor of Science in Biology at Linfield College, and her Bachelor of Science in Nursing at Oregon Health & Science University. Her future interests include Family Medicine and Sports Medicine.

Helal Syed is a Second Lieutenant in the US Air Force and a fourth-year medical student at the Uniformed Services University. He will begin his residency in Urology at San Antonio Uniformed Services Health Education Consortium in the summer of 2017. He is an avid motorcycle rider and combines his passion for bikes and photography as he takes jaunts through nearby scenic landscapes.

Stephen Thomas is a Second Lieutenant in the US Army and a fourth-year dental student at the Arizona School of Dentistry & Oral Health in Mesa, Arizona. He grew up in Nampa, ID playing basketball and tennis. He received a Bachelors degree in Exercise Science and a minor degree in Spanish at Brigham Young University. He is married and has two beautiful daughters.

Adrienne Wendling is an Ensign in the US Navy and a fourth-year medical student at Uniformed Services University. She grew up in Maryland and graduated from Bucknell University with a B.A. in Psychology and a B.S. in Biology. At Bucknell, she played Division 1 lacrosse. She enjoys running, cooking, hiking and going on adventures with her husband, Ryan, who she met at USU. She will be starting her internship in Obstetrics and Gynecology at Naval Medical Center San Diego in July.

Jeanny Wang is a Second Lieutenant in the U.S. Army and a second-year medical student at the Uniformed Services University. She enjoys running, playing the guitar, and reading.



Inside Out
Cindy Lee Pubols