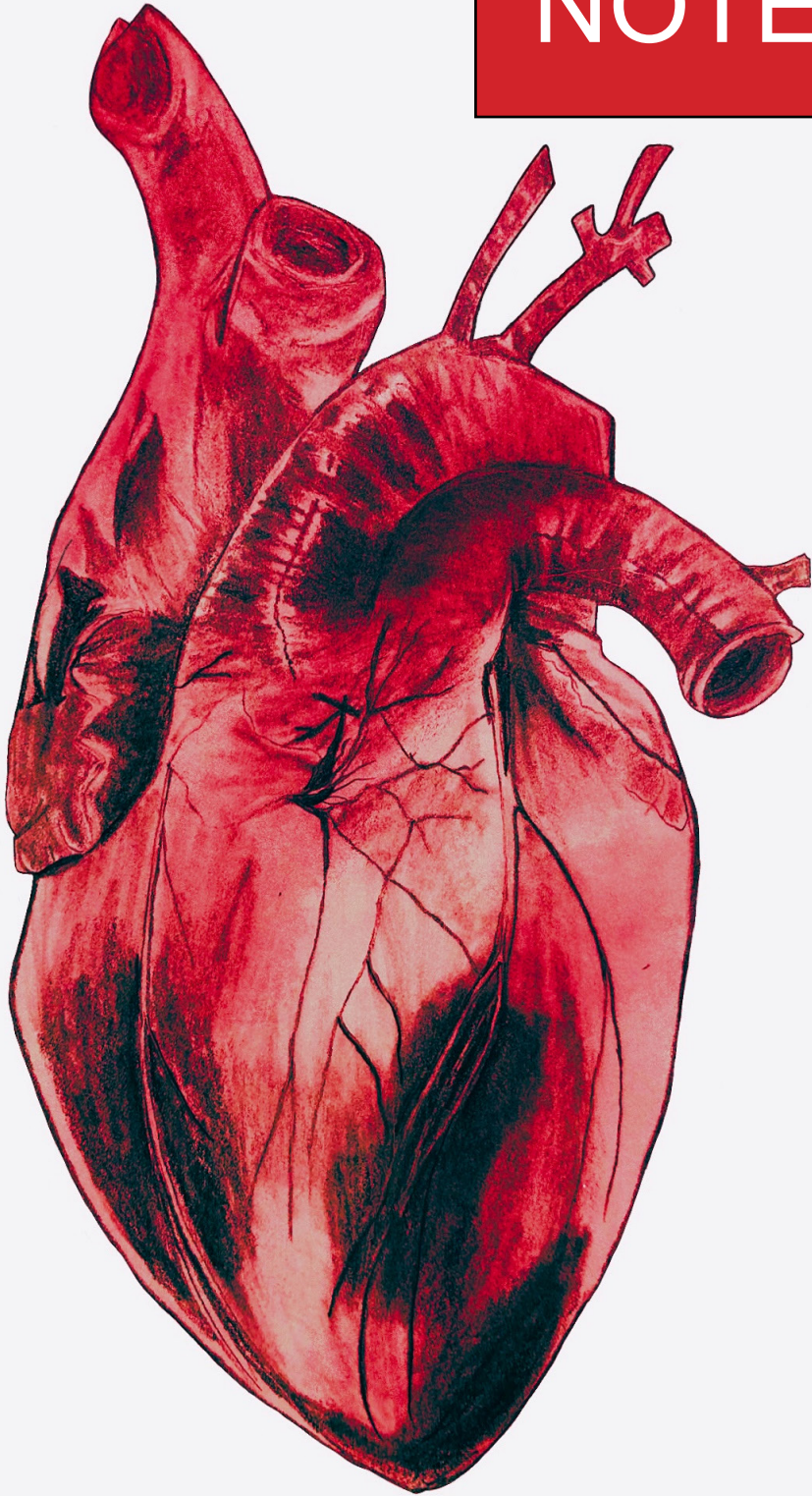


PROGRESS NOTES



Volume 4 - Spring 2019

PROGRESS NOTES

The Federal Healthcare Student Literary Review

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REFLECTIVE WRITING

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Adam Saperstein, Faculty Advisor

FICTION

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Louis Pangaro, Faculty Advisor

VISUAL DESIGN

Norah Shemery, Student Editor

Jennifer Chang, Faculty Advisor

Progress Notes Mission

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

The opinions herein are those of the contributors, and not necessarily those of Uniformed Services University or the Department of Defense

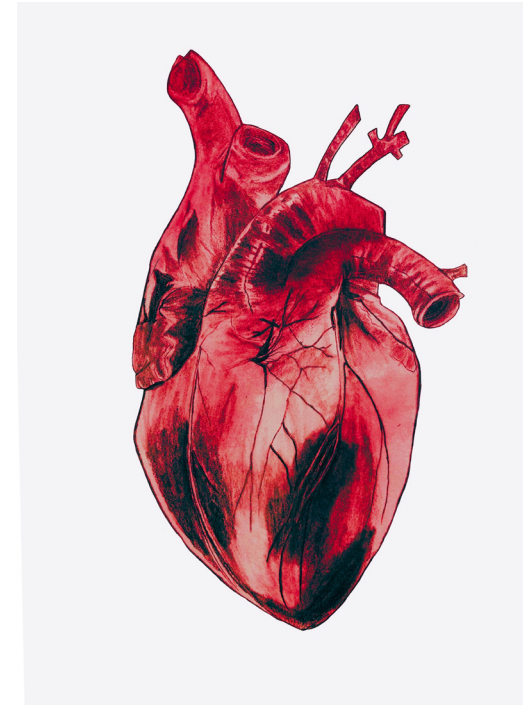
Progress Notes is designed and produced in fulfillment of the scholarship requirements of the Uniformed Services University F. Edward Hébert School of Medicine Capstone Program



progress note / prä-gres 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

Cover Image



Heart Art
Caroline Mosher

Back Cover Image



Hand
Amy Austin

Letter From the Editor

The 2019 Editorial Team is thrilled to introduce the fourth annual edition of Progress Notes. This annual publication has now become a tradition. We would like to personally thank you, our readers, for taking the time to enjoy these pieces from our talented authors and artists.

Each year our editorial staff is comprised of a new team of Uniformed Services University medical students and faculty, allowing every edition to offer a different perspective on humanism and the healthcare student experience. In a world where PTSD, TBI, and burnout are becoming ever more prevalent amongst the service members we treat, artistic self-expression is unlike any other treatment in healthcare; it allows us the space to reflect and process significant events in our lives and has the potential to shape our very being. Perhaps most importantly, engaging with the arts reminds us of our own humanity, and in so doing, reminds us of the humanity of others. This awareness is the critical element needed for the foundation upon which excellent healthcare rests—an environment of mutual respect in which we fully engage with one another.

In this year's submissions, we noticed an overwhelming rumination on the disconnect between what healthcare students thought medicine would be and the reality of clinical practice today. Not surprisingly, research has shown that this cognitive dissonance can lead to burnout and weariness toward the medical community in general. However, many of this year's submissions were different—instead of being disillusioned, artists told stories of the resilience students gain from interacting with their patients and experiencing the camaraderie of the healthcare team.

Just as previous years, we have selected pieces from a competitive pool of submissions that we know will speak to each of you, regardless of where you are in the training pipeline. 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.

Most importantly, we would like to personally thank each of the artists who chose to share their work with us. We appreciate the courage it takes to share your creative efforts with our broad audience and hope you will be inspired to continue to do so.

Very Respectfully,

The Progress Notes Editorial Team

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On the day I met death, the sun was invisible. It was actually the first thing I noticed as my feet hit the pavement and I started walking alongside the other daily commuters towards the hospital that morning. Someone beside me mentioned how sometimes there was a beautiful sunrise visible from this parking lot. Not today. The clouds were dense in the morning air; I couldn't even tell which direction the sun was supposed to be. The air was sharp and sweet against my skin, and as I walked I thought about this new home of mine—I was new there. As I reached the sidewalk my wandering thoughts were interrupted by two black crows who, startled by my footsteps, took flight and rustled the branches in a nearby tree. The two of them flew a straight line across my face, the air from their wings blowing my hair gently. In my family, we've always said that it's good luck when a bird flies directly in front of you in the morning. As these birds flew by, I gasped in a small moment of joy as I marveled at my good fortune. I smiled to myself as I recalled a string of weeks in elementary school when a series of birds flew directly in front of our car every day as my mom drove my sister and me to school. "LUCKY BIRD," she would say. We would laugh in response. Our mother would insist, "It's going to be a great day!" And they all were.

Lucky birds, and two today, so it must be an extra lucky day. I considered for a moment the crows' large size and their deep black feathers and the heavy beats of their wings. Usually my lucky birds were small and brown and had wings that fluttered and struggled against even a light breeze. These birds felt different.

By the time I got inside I already had two patients waiting for me and they were both dead. They'd been dead for a while, both lying cold in the morgue three floors below me. As a new third-year medical student, I recalled my cadaver from only a few months back. I'd seen plenty of dead bodies before. I rode down the musty elevator with my resident in silence and helped him pull my new patients' bodies out of the freezer.

My first patient was Alexis, but her name wasn't actually Alexis. We'd misread her chart and wrote down her name as Alexis, which was really just the name of a tech who had been present in her delivery. In reality, Alexis was nameless, perhaps because not every new parent wants to name their dead child. My attending scratched out "Alexis" at the top of the page and instead wrote "BG," for baby girl. But she was still Alexis to me.

Alexis was beautiful even though her skin was peeling off and her toes were black and her entire body was limp and floppy in a way that only a dead thing can be.

She was a small baby but not too small, certainly big enough to have lived, had she only been born alive. The only thing she was too small for was her white onesie, which wasn't very white anymore because it had somehow become blood-stained the perfect shade of BG pink.

I didn't really look when we cut Alexis open, as if in a delicate surgery, and pulled her tiny perfect organs out one by one, reconstructing them into a homunculus-like structure next to her empty body cavity. Beside me, people chatted about their own kids—how they couldn't believe Marisa was already 7, and how Hunter had a baseball game tonight that he was really hoping his dad could finally make it to. When I finally looked up, I saw only the pieces of a once-perfect newborn, now nothing more than a brain in a jar and a heart on a scale.

My second patient was also nameless, not because she didn't have one, but because I didn't want to know it. She had an eerie familiarity. Even though I was fairly certain I'd never seen her before, I couldn't bring myself to read the name on her chart, just in case she was someone I'd known once and forgotten. Her deep blue Navy uniform was unremarkable, and it stunned me how much it looked like every other uniform I'd ever seen: how much it looked like the one I'd left upstairs, neatly folded in my locker, and how much it looked like the one that nearly everyone walking on the floors above me had on. My second patient looked like my friends, my classmates, the people I walk

past in the hallway and stand with in the cafeteria line. Her hair was the color of my own, pulled back into a bun, like mine. She was the perfect mixture of so many people I've known, and the only thing that didn't fit was the noose around her neck and the way her head hung off her body, just slightly misaligned. Someone finally arrived to cut her uniform off and I thought that was weird—that they'd cut it, rather than just take it off. Protocol, I'm sure. But it wasn't like taking off a uniform was complicated, or no one knew how. We all knew how, all too well.

They left the noose. Too tight to cut off, they said.

My two patients, lying next to each other on a day with the invisible sun, crushed me with their mere presence in that room. Their deaths tasted bitter in my mouth and weighed heavy on my shoulders. Neither of them belonged there, I felt. For a moment, their aloneness—the solitude of death—was so terrifying and so potent and so suffocating in that room that I had to remind myself to breathe. Both of them alone, together, because their hearts happened to stop beating on the same day. At least they are together, I thought. But somehow togetherness doesn't matter if you can't feel the warmth of someone else's hands, or see eyes light up with laughter, or fall asleep to the sound of another heartbeat.

My patients wouldn't get any of that anymore. One because she never had the chance, the other because she chose not to. Comfort was long gone. I suddenly noticed that there was not a single comforting thing left in that entire room.

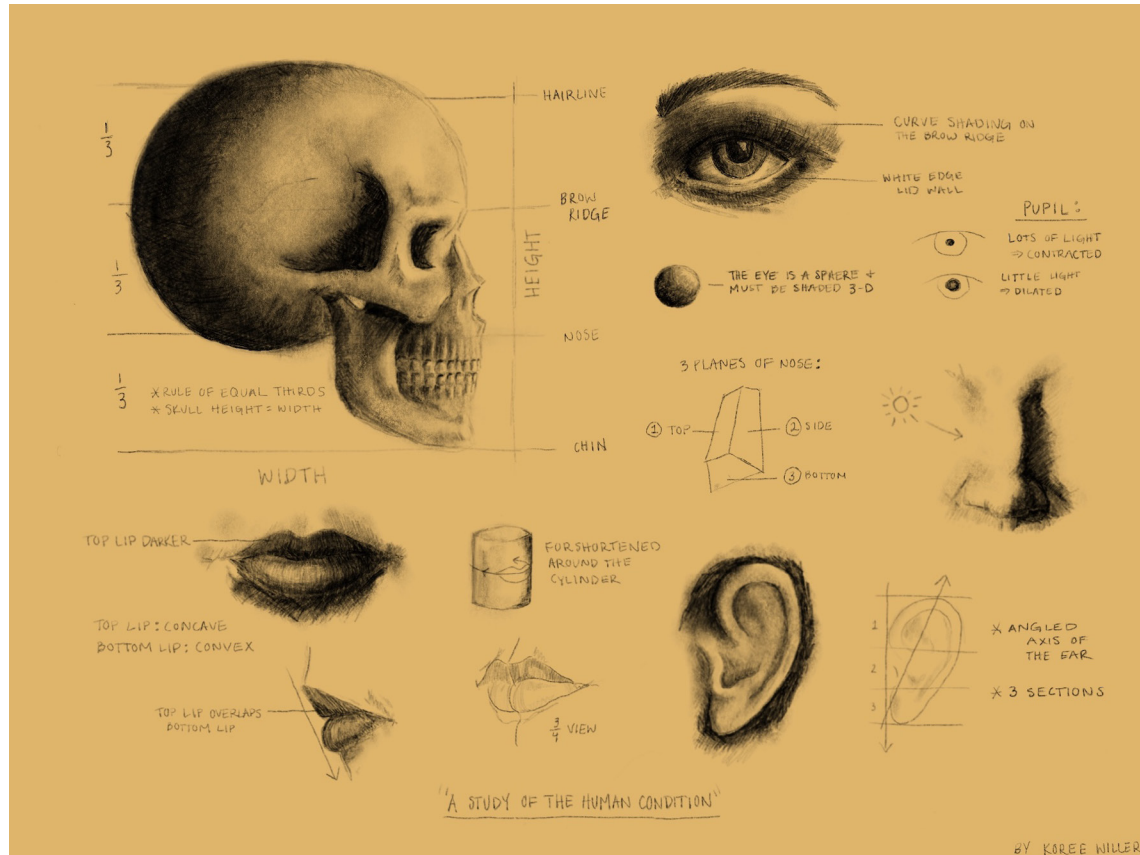
I didn't stay for the rest. I didn't stay to see more healthy organs be pulled from another lifeless body. I didn't stay to watch another human become the pieces of one, and I didn't stay to help them find a baby-sized body bag.

I didn't stay for them. And I left and walked outside, and the invisible sun must've been sinking because I was cold. Were my patients cold? No, I reminded myself. All day long I'd had to remind myself that my patients were dead. I caught myself thinking about how cold they must be as they laid naked on our big metal tables. How much it must hurt to be cut open like that.

Death is funny because it doesn't always look like death. Sometimes, it looks so much like life that it fools you into wanting to go get a dead person a blanket or pump their lifeless body full of morphine. It fools you into thinking that someone is only asleep. That nothing is final. That death is only a cruel joke. It's not.

On the day with the invisible sun I met two crows, two patients, and death. I'm still deciding if it was a lucky day. Perhaps life would've somehow been crueler to my patients than death, and if so, I suppose they were lucky to escape the pain, the coldness of life. And for me, I suppose I'm lucky to know death because I suddenly feel grateful that I can still feel pain and cold and every feeling and emotion that defines me as being alive. But now I am consumed with thoughts of my dead patients and I don't know why, except for that maybe I loved them. And being alive means that I can still love, and perhaps I can love patients in death just as well as I can love them in life.

And perhaps loving them in death is more important, since in death, love becomes the truest nature of itself. In loving the dead we love in the way we are supposed to—but rarely—love the living. We love our dead deeply, giving to them, pouring ourselves out, trading bits of our souls for them, bits of our sanity for them. But the key is that we love them without any hope of ever being repaid. And this is true love. And only death could teach me that.



A Study of the Human Condition

Koree Willer

Frailty

Robert Pahissa

Frailty

Alone in a bed,

uncertain what fate may hold

or what could have been.

Dusk

So little time left,

blind to the reality

that this is the end.



Bind The Nation's Wounds

Samuel Billingslea

"We shall draw from the heart of suffering itself the means of inspiration and survival" – Winston Churchill, Prime Minister of the United Kingdom.

Four Letters From Lady Di

Justin Cordova

An epidemic was raging, sweeping the earth.
From Uganda to Haiti, from Paris to Perth.
Some men had a sickness; some children weren't well.
It was given a name; it was giving them Hell:
A-I-D-S

None knew what caused it, and panic took hold.
Is it the water? Our food? A bacteria? A mold?
They didn't know how to stop it, or how it was spread.
An infection invaded, and filled them with dread:
F-E-A-R

"These men must be dangerous, these children are wild."
They were shunned and abandoned, outcast and reviled.
Affliction consumed and destroyed their immunity.
The virus crept slowly, corrupting community:
H-A-T-E

Some refused to embrace it, this virus so hateful.
 They turned us from darkness, and for that we are grateful.
 One was Diana, the Princess of Wales.
 Though her candle's extinguished, her goodness prevails.

She stepped from her palace, and into their world.
 The People's Princess had watched as their fate had unfurled.
 She went to the hospital, to the HIV floor.
 She took off her gloves, brought cameras, and more.

Her compassion shook hands with a man who was ill.
 It restored his humanity, brought hope, gave him will.
 The globe looked on breathless, a tear in its eye.
 "If a Royal can do this, then I know so can I."

Ignorance abated, education prevailed.
 The people could embrace the children they'd failed.
 To the rest of the world, whom fear had left frozen,
 Princess Di made it clear which letters she'd chosen:

L-O-V-E



Violet

Caroline Mosher

"Violet" is an expression of the hidden chemical nature that many plants and flowers used in medicine possess, such as foxglove (digoxin) or ephedra (ephedrine). The highly unnatural and over-saturated color of the "Violet" is meant to tell the story of how plants and flowers are converted into chemicals, which we use to save lives. We give many of these drugs on a daily basis but rarely stop to think of where they come from.

Everything Goes Smoothly Until It Doesn't

Shane Blunk

The umbilical cord was compressed and his heart rate dipped into the 60s; play time was over. The previous five minutes of pushing (that themselves seemed like hours) were miniscule compared to the next 93 seconds.

“Would you like a crash c-section or vacuum extraction?” The question that needed an answer before it was spoken got a surprisingly swift answer by my usually indecisive wife: the vacuum.

I feel much colder. The fluid that's been my home for 9 months has all but vanished. I'm certainly not where I used to be, but not where air can fill my lungs either. A metaphorical purgatory. Perhaps a literal one, too.

I pride myself in my calm demeanor, no matter the circumstances, but by this point my legs were shaking uncontrollably. My wife recalls closing her eyes for another push, and when she opened them the room was full of people.

Ouch. My arm hurts, something is pulling me by my head. Why can't I stay in the warmth of the womb with the soft, muffled sounds of world beyond?

My first glimpse of my son was when the doctor placed his lifeless body on my wife's suddenly flat belly.

“My son,
Here may indeed be torment, but not death.”
- Dante Alighieri Purgatorio

Clamp, clamp, cut. Within that piece of clamped cord was a snapshot of my son's acid-base status during that 93 seconds of impaired oxygen delivery. He was whisked away from us and taken for “resuscitation.” The word echoed in our heads. My poor wife, undergoing the most challenging physical feat, delivering an almost 9-pound baby, now fearing for the life of the baby she worked for 39 weeks to grow within her.

For the first time in my life I almost fainted. The baby was out, but there was no sense of relief. I feared for the life of my son. I feared for the health of my wife.

I want to live. I'm trying to cry for you mommy, but I can't find the strength.

Our baby was hanging on, fighting to adjust to the world outside the womb. His APGAR score was 1 at one minute: all zeros except for a pulse, albeit below 100 beats per minute. We finally heard the faintest of cries, which we were told don't qualify as cries but instead mere grunts. By five minutes, the team had helped him get an APGAR score of 7, we were almost out of the woods.

I don't mind that I didn't get to cut the cord. I'm just thankful that despite a pregnancy complicated by glucose intolerance, polyhydramnios, and a relatively large baby topped off with a delivery complicated by cord compression and shoulder dystocia, my wife and son are both well. The pure fear and lack of control in those moments will stick with me forever. Without question they will provide me with perspective throughout my career.

In the hurricane that was the delivery, the doctor was right in the eye. Calm, forward-thinking, prepared, and the epitome of a leader. My dad always told me that luck is nothing more than preparation for opportunity. Well on this day we were lucky, but thanks to the preparation of our doctor and his staff. The countless simulations they'd actively participated in, the reading they'd done, and their commitment to a system played a vital role in averting a crisis.

I want my future patients to be lucky, and that starts now with my preparation for opportunity.



Motherhood

David Monroe

During my undergraduate years, I had the good fortune of spending 4 months in Costa Rica learning about tropical medicine and global diseases. One afternoon, while staying at a wildlife research station deep in the rainforest, a troop of howler monkeys passed near our trail. I was struck by the raw expressions of this Mother with her Child; first of almost threatening intimidation, then of cautious reflection back toward her youngling, unfazed by their rain-drenched surroundings. A useful reminder that we're not so different after all.

The Marlboro Marine

Justin Cordova

Rifles crack and bullets fly;
Dawn breaks above Fallujah.
Will they live or will they die?
Tanks invade Fallujah.

Street by street and house by house,
Marines go where we need them.
Each inch is worth its price in blood,
The currency of freedom.

One fights on, much like the rest,
A boy grown old from war.
He raised his hand and gave an oath,
Pledged life and soul and more.

He hears them scream, he sees them fall;
His comrades in Fallujah.
He knows their names, they're heroes all.
Some won't escape Fallujah.

The battle breaks, he stops awhile,
And smokes to calm his nerve.
A photo snapped of dust and gore
Shows what it means to serve.

The picture spreads from shore to shore,
 An awe-inspiring scene;
 Creates a hero overnight,
 This Marlboro Marine.

His tour is through, the battle's won;
 His unit leaves Fallujah.
 His heart and spirit come undone;
 His mind stays in Fallujah.

Twelve months go by, he can't adjust.
 A discharge sends him home.
 A land where shadows crouch and creep,
 Where ghosts and spirits roam.

He's filled with guilt, he's filled with grief.
 His life's consumed by doubt.
 He fights his battle, day by day.
 He's just trying to get out.

Bombs explode and mortars fall;
 His dreams are of Fallujah.
 Faces beckon when voices call;
 He'll never leave Fallujah.



Fire Team

Abigail Hawkins

Each class of medical students at USU is placed into groups of four called Fire Teams. While the term was lifted from the tactical formation used by the Army and Marines, the Fire Teams in medical school provide a consistent group throughout the first 18 months in which students attend interactive classes, dissect in the Anatomy Lab, and complete other activities. In addition, these groups hold students accountable for themselves and each other. In the midst of struggles both academic and personal, a Fire Team can also be there for support and understanding. The responsibilities of learning to be a doctor and an officer can at times feel too burdensome for one person to carry, but having a Fire Team means there is always someone to help lift you back up.

The Very Last Best Day

Ama Winland

She woke up. Maybe she knew this was her last day to wake up. I'm sure that was part of it. But maybe she didn't know. Maybe none of us get to know. I hope she did.

Oatmeal. And not that shitty, add water (or milk), nuke in the microwave oatmeal. Steel Cut. On the stove. And a lot of it. With blueberries and strawberries and bananas and peanut butte— WHAT, WHAT DO YOU MEAN WE DON'T HAVE BANANAS? OUTRAGEOUS. Fine, no bananas. She wanted to swim in a giant vat of oatmeal. She wanted to eat oatmeal until the word oatmeal lost its meaning. So I made oatmeal, knowing she'd end up feeding it to the dogs when she thought I wasn't looking. She watched as I heated up the stove, tracing me with her eyes, over and over again. She told me she never wanted to forget, right before she told me there were palm trees where my eyes were supposed to be.

Dance to that album you're always playing, she said. So I turned on Jack. I danced and I sang until Banana Pancakes, at which point the album had to be turned off because the mention of bananas was just too much. Stupid bananas. Stupid everything. I watched her close her eyes and tap her feet. She talked about the rainbows that were filling the house. When did we get so many? Did you find them? Are they stolen? She must have heard me doing the

dishes because —

HEY.

No dishes today.

No dishes today.

Come here and sit with me.

But watch out! It'll burn your feet. The corners of her mouth turned upward as the living room furniture disintegrated into growing mounds of sand. Seeping in from the cracks in the walls, filling the space between the floorboards— everywhere. My palm tree eyes now stood proudly in the middle of our living room, shading us from the unrelenting sun. The salty breeze stung our pale faces as we filled our lungs with it. Overcome by a rogue wave, the porch was now underwater. Can you get me my sunglasses? The sun is blocking my view. Thank you. This is perfect. In our lawn chairs, in our pajamas, in the middle of Ohio, in the middle of April, we enjoyed our wave, our sand, our beach.

Take me for a drive.

The car doors locked as we pulled out of the driveway and careened down backroads towards the lake. She rolled down the windows. She wanted to feel the wind blowing through the beanie I got her when she decided wigs were too itchy.

Through the town, and the field, and the college, finally, we hit the water.

I'm getting tired, but I need to be awake.

I know, we're almost there.

She swatted my hand as I tried to help her out of the car.

I let her have that. I watched as she teetered toward the water's edge. Sitting on the steps, she pressed her feet firmly in the grass, crinkled her toes, and tugged at individual blades. Closed her eyes. Swayed. Inhaling deeply, she quickly reached out for the railing. Too deep, apparently. She flashed me a grin, rubbing the spot of concrete next to her and turning back to the water. I sat down, closed my eyes and I swayed too, I guess for good measure. I slipped my arm around her and we sat. I looked down at her feet, clad in mismatched wool socks and sandals. I teased her like always.

Even though always is bullshit.

And bananas are stupid.

Is it really necessary to tuck your pants into your socks?

Yes. Very cozy.

Collapsing into giggles, she nuzzled my neck and I felt the weight of her. We sat, her eyelids growing heavy. She grabbed me by my shoulders when I started to get up. I could feel her shaking, but she didn't loosen her grip until I looked at her.

We never saw the Sequoia trees.

You mean today? Let's go see them then.

But when?

May.

Maybe I won't be there.

Maybe you won't be.

But it's okay?

It's okay.

She fell asleep as we pulled into the driveway, Banana Pancakes playing on the radio.



Perspective

Samuel Billingslea

"We must think differently. Look at things in a different way. Peace requires a world of new concepts, new definitions." – Yitzhak Rabin, an Israeli ambassador to the United States and Israel's minister of defense.

The Mechanic

Jordan Guraya

The final piece of my morning routine – keys into my pocket,
Out the door, slam it shut, double check I locked it.
In the car, a light comes on just after ignition,
I think it's fine, but I'm not sure, that's just my intuition.

Alas the time is here, I must concede defeat
It's time to hit the shop, take care of my baby's needs.
Strange man says this and that, I was here to repair the flat.
I oblige reluctantly, getting struck with fees.

Oil change, fluids drained, new parts galore,
My baby's in the hands of a man I've never met before.
I question his demeanor, long for a resume,
To him it's just another, this he well conveyed.

Then it dawned upon me, this must be how patients feel.
We tell them how we plan to cut as if it's no big deal.
We tell them all these plans we have for whom they hold most dear,
Forgotten how to empathize while we studied all those years.

Wheels, seats, a hull, wings, they'll never be any more than things,
Waiting for replacement, however much it stings.
But when it comes to people, the precious life we treat,
How blessed we are, how sacred, to repair these human beings.

Does That Chest Pain Bother You, Sergeant?

Marc Gutierrez

A Reflection

Several months ago, I saw a patient in the cardiology clinic with pulmonary hypertension. Confined to an electric wheel chair with a portable oxygen tank, he appeared much older than his stated age of 67. In the small basket attached to his chair, he had two dirty gallon-sized Ziploc® bags stuffed with bottles of prescription meds, instructions scribbled in large print with a Sharpie® on each bottle. He was feeling “well this morning, all things considered,” presenting to clinic for “my check-up.”

I, on the other hand, was not doing so well that morning, all things considered. It was my first week of my ten-week internal medicine clerkship. I had been a “clerk” for nine months, but none of my previous rotations had prepared me for the complexity of the patients on this rotation. Complex patient usually required complex notes and I had stayed late after clinic the previous day to finish them. As a result, I had not prepared for this man’s appointment and to make matters worse, knew almost nothing about pulmonary hypertension. I was “going in blind” and from the beginning of the encounter, found myself lost in his past medical history, medication list and prior studies. At one point, not knowing what else to do, I asked for his heaping bags of prescription medications and

started cross checking them with the ones in the computer, nodding half-heartedly as the patient told me about his wife and grandchildren.

If you were a fly on the wall during that appointment, you would have seen a doctor-in-training, the same one who would later be nominated by his peers to the Gold Humanism Honor Society, facing away from his patient and towards his computer screen, completely at a loss for how to engage with the human being sitting in front of him. This medical student had received extensive pre-clinical training in how to form relationships with patients. He had been coached to grapple with his unconscious biases towards obese, gay and female patients. He had relished these opportunities to improve himself and serve his future patients. Despite this training, he was less than a year into seeing real patients and was already failing to connect with them. He had let electronic medical records, the fear of disappointing his attendings and his own self-doubt overwhelm him. There was a sick man in front of him and he simply did not have time for all those quaint humanistic practices of establishing a rapport and asking what his patient’s goals were. He still thought of those things as important; he just thought of them as less important than everything else.

I was just finishing my physical exam when the attending cardiologist walked in the room. I had discovered that our patient was having new chest pain since his last appointment and I was going to propose a diagnosis of unstable angina. I managed to get about 30 seconds into my presentation before my attending interrupted.

“Oh I see,” he said, “Is that chest pain bothering you, Sergeant? Would you like something to make it better?”
“No not really,” our patient replied. “This young man just asked me about it, so I figured I’d tell him.”

We all shared a laugh. The cardiologist proceeded to ask him about his life. Our patient was a Vietnam Veteran from southern Illinois. He served as an enlisted cavalryman for 20 years and retired at the grade of E-7. At the end of the appointment, my attending turned to face our patient. “You’re doing great. We’re going to leave you be today,” he said, before adding, “Thank you for everything you’ve done for our country. You guys are real heroes.” We exchanged smiles and handshakes, and I showing him to the waiting room.

Prior to this encounter, I always viewed the scientific and humanistic elements of medicine as fundamentally separate, like two different check boxes on a rubric for doctoring, with the former being much more important than the latter. My attending cardiologist showed me that science and humanism are equally important and mutually reinforcing tools used to serve his patients. His scientific knowledge gave him the confidence to address the patient’s disease, allowing his humanistic values to guide his approach

and decision-making during the encounter. In this way, he was able to understand and manage the disease process while evincing compassion and respect for the senior enlisted Vietnam Veteran in front of us. As result, our patient saw two very different people that day. He saw a young student-doctor, diligently at work in his own little world, followed by a seasoned professional, who look him in the eye and said, “You’re doing great...thank you for everything you’ve done for our country.” The first person evoked the detached doctor that I found myself becoming, the second the healer that I always wanted to be.

Much has changed since that encounter. I learned more medical science, honed my patient preparation and note writing skills and took care of dozens more complex patients in the clinic and on the wards. The biggest change, however, is that I make a conscious effort to practice the humanism modelled by that cardiologist. I do not just ask my patients about their symptoms; I ask how their symptoms affect their lives. I make sure we always come to a mutually agreed upon agenda, even if we cover topics I was not planning to discuss. At the end of every encounter, I try to educate my patient about their health, a difficult skill I am continuing to develop by teaching health classes at a homeless shelter in DC. Most importantly, I make sure I learn something about their lives, such as their hobbies, their former job in the military, or what their children and grandchildren are up to. Regardless of how much their doctor knows about their illness or how many bags of medications they bring to their appointment, every patient deserves to have a doctor who views them as a person.

PTSD

Emily Bergman

He wrings his hands
5 words, 16 letters
Yet he struggles to say
“I want to get better.”

He bows his head to the doctor
So as to shield his eyes
“Every night I see it,
Every night they die.”

“And when I wake—
If I’ve slept at all—
Happiness evades me;
It’s death that calls.”

A few months later
And all he can see is red
The blood of his brothers at night
But awake, visions of the enemy dead

How do you handle
A mind that is what broke it?
How do you dismantle
An improvised explosive?



Daily Rounds - When the Medical Team Comes Together

Valencia Rogan

A Stranger's Help

Britteny Randall

The sky is dark, filled with smoke and unfathomable loss. A strange orange hue colors the sky. The town of Paradise can now only be found on a map. Even being an hour away from the Butte County fire can't provide ignorant bliss of the tragedies befalling families in the north. I trudge through the toxic fumes toward the hospital entrance after a full day of endocrinology classes. A general sense of sadness persists amongst people I pass. I prepare my pleasant patient care facade and rack my brain for the causes of asterixis in a patient with diabetic renal failure, hemophilia, endocarditis, and liver cirrhosis.

With a smile and a nod I pass an older couple grasping balloons and a small stuffed bear heading toward the entrance. A young man paces at the entrance with an odd expression on his face. He seems like he is waiting for something or someone. The man turns toward the older couple as they approach and embraces them with excitement. "Congratulations son! How does it feel to be a father?" I smile and continue on into the hospital.

For a brief moment my sadness disappears as I think of new life and new beginnings. I pass through the busy halls and take the elevator. All the while pondering the strangeness of this place I chose as my future life's work. A hospital

is a symbol of pain and despair to some. To others, a symbol of hope and human kindness. The personal reflection and pride seen in the eyes of new grandparents. The tired medical student obsessing over one elusive case. A concerned family member praying for good news. In a few moments one can see the best and worst moments of someone's life.

I finally make it to room 320, my stressor, source of guilt, and constant companion these long months. I take a deep breath to collect myself and knock as I enter. "How are we feeling today? Did they get your ammonia results back yet?" His response is barely heard over the hum of the dialysis machine. I settle in at his bedside and begin my flashcards. Father and daughter bonding time. This is my reality.

As the hours go by, we attempt to discuss general musings and current events. All the while his dialysis nurse sits awkwardly to the side, trying to minimize the intrusion. The conversation remains light and reeks of denial. We both have a lot to say but can never find the words. Perhaps we are afraid of revealing how we actually feel. Revealing weakness.

Night begins to fall and my mom, a recent addition to my tiny apartment near

the hospital, arrives after a long work day to start her shift of Operation: Improve Morale. I worry about her. As a full-time occupational therapist and family caregiver, I wonder how she lasted this long. Every evening after her hospital visit I listen to her frustration and guilt as she struggles with burnout from 15 years of being a nurse instead of a wife.

What can I do but listen? Nothing. I want to tell her that it only brings me sadness, stress, and undermines my relationship with my dad, but I can't. I am her therapist. I am everyone's ray of sunshine. That is my role, just as it has always been.

I pack up my things for any early class the next morning and hug my mom and dad goodnight. I walk the empty halls toward my car. Tomorrow we will run through the same motions just as we have off and on for the past year. Recent bouts of sepsis, bone fractures, and osteomyelitic ulcerations were mere additions to an already lengthy diagnosis list.

My father will continue his fight with life's "fairness" and I will continue my descent into cynicism.

Most of the time I feel tired. With sadness I watch as my love for medicine and a desire to change the world fades into loathing and callousness. Hospitals used to be a place of promise and a symbol of aspiration to my 6-year old self. Now I'm usually filled with a sense of guilt and obligation as I enter.

But not today. Today, if only for a brief moment, I felt joy. A small piece of hope was restored in my soul. I don't know

that anxious man and he likely has no idea how this simple observation impacted a passing stranger. Perhaps sweet, simple moments are what we must cling to. The joy of a new father gently rocking his baby daughter while his wife looks on. A family in their happiest moment. A picture of serene optimism. There is sadness and despair all around us, but we must hold fast to these memories and use them as a shield from bitterness.

Burnout and grief, much like a fire, can make you feel empty, alone, and desolate. But slowly and with great care, one can rebuild. Small, meaningful steps can offer hope when the charcoaled landscape of your mind lays in waste. And, just like fire-relief efforts, help from friends, family, and even complete strangers can make a meaningful impact, even if they don't realize it themselves.

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The submitted reflective piece was written throughout November and early December of 2018 as my father struggled with severe illness and multiple hospitalizations. My father died soon after the piece was written on December 14, 2018. Fortunately, we were able to speak openly and say goodbye before his passing. During this time, the Butte County Fire had also ravaged entire towns directly north of my home and flooded the Sacramento Valley with smoke. The losses faced by the people of Paradise, CA are devastating, but the kindness of volunteers and those who donated greatly impacted affected individuals and onlookers alike.

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When A Patient's Family Becomes Collateral Damage

Russell De Jong

The third year of medical school, true to its reputation, has been a whirlwind thus far. Working with a new preceptor almost every week, trying to improve physical exam and clinical write up skills, figuring out my personal bedside manner, and studying for final exams all contribute to this. Yet through all the noise, moments shine through.

It was the second to last patient of what had been a busy Thursday morning at the neurology clinic. This patient seemed to be more of the same: a late seventies man coming in with his wife and daughter for a routine post stroke checkup. An unfortunate story, he had suffered a stroke when a clot dislodged after a successful coronary bypass and grafting (CABG) procedure. It was a known risk that the best medicine couldn't have prevented. What unfolded next served as a stark lesson in how physicians not only have the ability to heal or harm patients, but can do the same for patient's families.

As my preceptor opened the encounter, it was obvious the family was suffering. He first addressed the patient and was met with a blank stare. The daughter jumped in and informed him of her father's difficulties with language. It was mostly a conversation between them from then on. Her description of her father's medical history turned out to be the impetus for this essay. She spent some time on his remote

medical history, and when she arrived at the the CABG procedure she paused, subtly but noticeably and said: "we checked him into the hospital the night before his procedure. Everything was all set up, so I went home for the night. The next morning they did the preoperative checks and brought him into surgery, and when he came out, the stroke happened. I've read a lot since then and I can't keep from thinking that they missed something during the pre op. I wasn't there. I should've been. Maybe the outcome could've been different." Tears welled up in her eyes and escaped down her cheek before she could check them with her wadded up tissue. It was a vulnerable, human moment in which the next statement by the physician could make a world of difference. After this point, she could go on carrying the burden of her father's maladies on her narrow shoulders, or she could be absolved and move on, knowing there was nothing the best-trained of clinicians could have done to prevent this random complication, let alone a patient's daughter.

My preceptor paused for a moment then said, "Okay. So what medications is your dad taking?"

Her burden did not budge.

The interview continued and soon we were in the next room, that much closer to lunch.

Collateral damage is a term used to describe destruction inflicted upon an unintended target. In this circumstance, this is exactly what this family became after their patriarch's stroke. There's nothing to be done about the stroke itself, but the collateral damage could surely be mitigated. What this daughter was lacking was education. She didn't know there are checklists and procedures in place with every CABG patient in an effort to prevent situations like this one. I firmly believe if she knew there was nothing she could do, it would alleviate the blame she was clearly placing on herself, thereby putting her on the road to healing the emotional wounds that blame has created. I can only imagine the hours of sleep she has lost and the tears she has, and will, shed over this.

There was no medication the neurologist could prescribe or procedure he could perform here; this is where the art of medicine must come into play. This example is one of long term failure by this family's doctors to realize that they were hurting, and that a simple conversation could alter that. This event has truly changed my outlook on the effect I can have on a patient and their family. Awareness, being present in the moment, and reading between the lines when working with families and other loved ones can be just as potent a medicine for them as a beta blocker is for congestive heart failure or reduction and fixation is for a broken bone. I now believe collateral damage is something I can prevent.



Heart

Amy Austin

A Blinding Diagnosis

Regina Thorp

I entered my first patient's room. He was lying in bed, with his respirations labored. His legs were extremely swollen. His urine output was low. It was as dark as the warm untouched chocolate Boost lying next to his bedside table. His body was emaciated, a skeleton remained of what his body used to be. A military officer. A professor. A runner.

Pancreatic cancer. Specifically, pancreatic neuroendocrine tumor. That is how I thought of my patients. I never referred to the patients by their names, or roles and experiences, but by their diagnosis.

As a junior nurse, what initially started as a way to not violate HIPPA became commonplace. It was a habit. Report at change of shift did not involve names, but diagnoses. "I have a chest pain in bed two." "I have a CPR in progress." "I have a spontaneous abortion in room seven."

The patient's diagnosis allowed me to focus on what to do and how to treat it. After being an emergency nurse for several years, I knew the algorithms in my mind. It was simple as A, B, and C. Airway, Breathing, and Circulation. If a chest pain comes in, we do an EKG. Oxygen. Aspirin. Nitro unless otherwise contraindicated. CPR in progress? Follow ACLS guidelines. Spontaneous abortion? Large-bore IV. Prepare the ultrasound. Type and screen. Quantitative HCG.

However, the focus on the patient's diagnoses gave me tunnel vision. The algorithms I knew to systematically treat patients were rigid. They did not allow for compassion. My approach was narrow-minded. I would address what the patient needed but not go beyond what I saw in the hospital bed.

With the patient presenting with chest pain, I would not ask him or her any further questions beyond their complaint of chest pain. Family members would be at the patient's bedside, and I wouldn't find out their names or how they were related to the patient. I would ignore the panic and fear I saw in the patient's eyes and do what I knew how to do. Treat the complaint.

With the dispatch call for a CPR in progress, I felt my adrenaline spike. My breathing became more rapid. I would focus on getting the necessary supplies ready. My vision narrowed. My heart throbbed in my ear. I had a defined role in affecting the life or death of the patient. Compressions. Medications. Rhythm checks. It would continue until it stopped. The physician would call the time of death and move on.

I would go in with the physician when they talked to the family about their loved one passing away. I would stay, offer a tissue, ask if they needed anything, and then leave. I was never entirely present. I would be thinking about the people I needed to contact. Another algorithm. There was the

medical examiner. The medical donor hotline. Specific hospital personnel.

With the spontaneous abortion, I would offer my few words of condolences. I would ask her if she needed anything or she would like to talk to the chaplain on call. I would give the patient time with their significant other. I would desensitize myself from the tears of the woman, as if trying to stifle my own emotion.

I would do my job, go home, and wake up the next day to do it all over again.

Then I came across a patient that changed my perspective. Pancreatic Neuroendocrine tumor. Hospice. Terminally Ill. Husband of 36 years.

Father of four children. Dad. My Dad.

When your loved one becomes a patient, you see the healthcare team in a different light. My father had several admissions throughout this year-long battle with cancer. The cancer was tenacious. It attacked his liver, his diaphragm, his bones.

Some members of the healthcare team would come in and let my father's diagnosis dictate their care. They built up a wall and would emotionally distance themselves from impending death. They would be unable to reconcile the grim CT scans with the smiling and joking patient sitting up in bed. They focused on the negative instead of celebrating my dad's life. I saw my Dad respond in turn. The more emotionally distant the healthcare team was, the more my Dad withdrew.

Eventually, my dad was transferred to another hospital. This healthcare team saw beyond my father's diagnosis. They saw my father for who he was - a loving and devoted husband, a role

model, a man of integrity. I saw my Dad thrive in this environment. He perked up. His corny jokes returned. He would joke around with the nurses, smile, and radiate positivity. He was laughing until the day he passed away, surrounded by friends and family.

This experience was a gut check. It shifted my way of thinking. When I see my patients now, I do not see their diagnosis, but instead who they are as a person. I think of my father and the profound effect that the healthcare team had on his last few days on earth. I think about how my mentality and approach to my patients can affect them more than I realize.

With that in mind, I compose myself, and introduce myself to my next patient.



Sundown(ing)

Valencia Rogan

Let's Go In Together

Rene MacKinnon

"Why even bother doing an exam right now? We already know what's happening." I thought to myself as I stood awkwardly, hands clasped, wondering whether or not I should politely smile or show a more concerned look on my face. Thoughts like these flooded my mind as my attending in the Emergency Department carried on with a full, and seemingly endless, neurologic exam while I stood crammed between a crash cart and supply cabinet.

An hour prior to this, the same attending sent me into the room alone to conduct an interview and physical exam on our patient. I began pulling up the chart as I usually do when she immediately stopped me.

"No, don't look her up actually. I will tell you that she's coming in for confusion and a headache though, and her family is with her."

"A puzzle, how exciting!" I thought to myself. I figured she had some classic exam findings for, say, meningitis. Or, maybe it was an electrolyte imbalance, not unlike something I had seen before in a 50-something year old patient. In true purist fashion, I was determined to diagnose her by our encounter alone, void of all labs and imaging. Half-way through my fourth year of medical school and already having matched to my future specialty, I thought

this would be an opportunity to truly test my skills.

The ED was crowded that evening; patients boarding in hallways, EMS in and out, and a constant flow of family members approaching the provider station with questions and requests. Privacy was limited by old green and brown curtains that never seemed to extend the full length of the room. Still, I drew the curtain as far as I could, walking in and introduced myself as I normally did, smiling at my newest patient and her family. Most patients have a family member or two when they come to the ED electively, but this patient had four: her dad, brother, sister, and teenage daughter. They must have been concerned about her, but they were in good spirits when I walked in, I noted, as the giggles eventually trailed off.

I ended my interview and exam after about 10 minutes, gathering some good information, but nothing that struck me as a "slam-dunk." Leaving the room slightly frustrated, I was certain that I must have missed something that would soon become a teaching point from my attending.

"Whatcha find?" my attending asked me in a casual tone without pausing as she typed away, working on a different patient's note. Usually I remained more faithful to the traditional presentation structure that was drilled into my head, but I learned quickly there was plenty of wiggle room in

the ED.

"Well, nothing really." I said, perplexed.

"Yeah, same here. Now take a look at her CT."

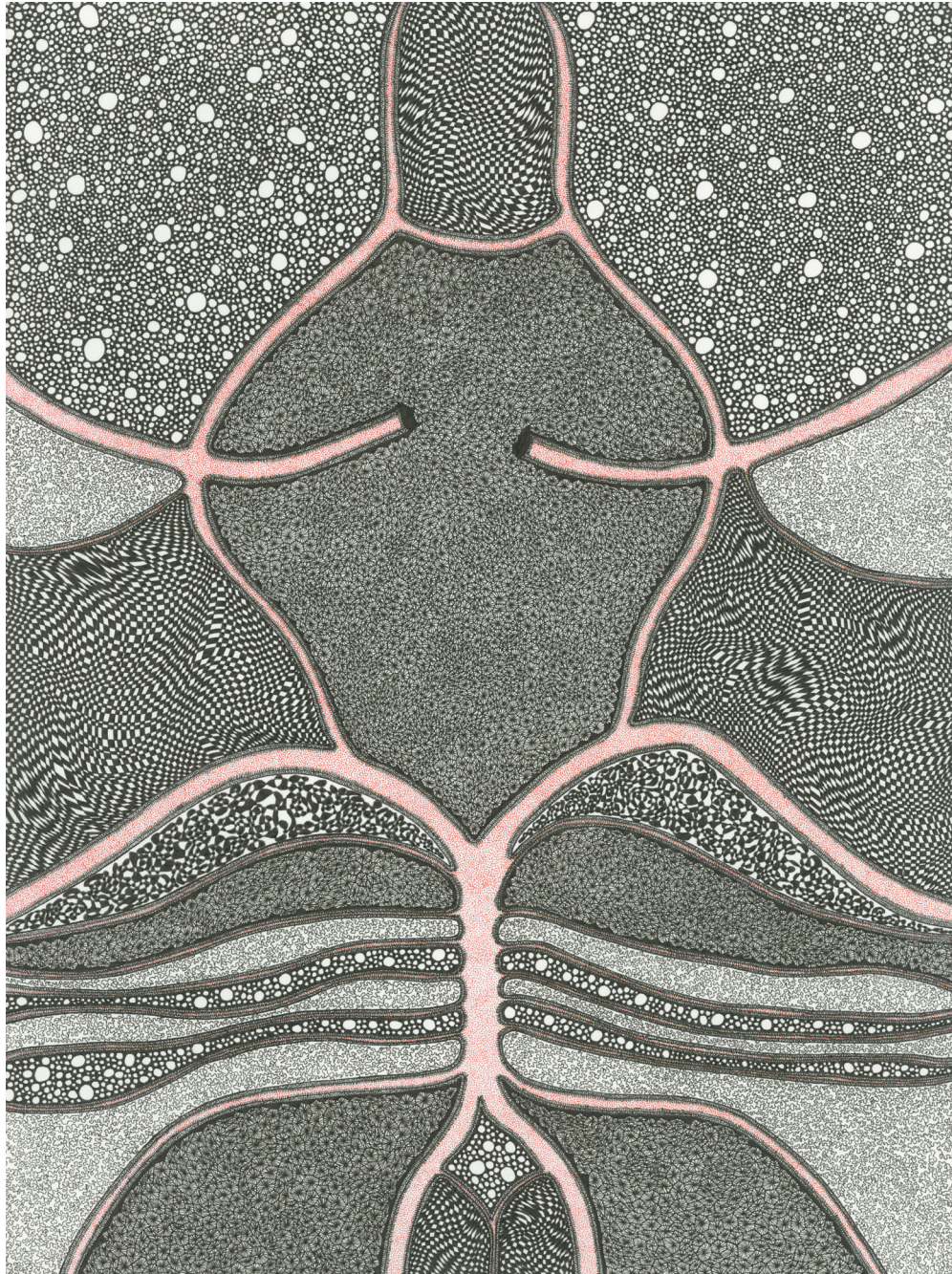
There it was. In front of me stared a large frontal lobe mass that, admittedly, I impatiently read in the report prior to scanning myself. "Vascular" and "concern for malignancy" were other phrases that stuck out to me. I wasn't and likely never will be an expert at reading brain images, but this was obvious to even the minimally trained, and it didn't look good. I realized in that moment that my attending wasn't challenging me before by sending me in blind, she was protecting me.

"Let's go in together" she said to me after a sigh, followed by a shared moment of silence. We then went on to repair a hand laceration in a different room that I don't think truly needed immediate attention, but I was relieved that we could prolong the conversation some more. A pit in my stomach grew as I thought about the inevitable conversation that awaited us. My attending seemed calm, pensive even. I figured as an emergency physician, she must have been a veteran at delivering difficult news. But still, as we walked towards the room, she turned to me quietly with a terrified look on her face, and in the most human way possible said, "this is going to suck."

I'll never know exactly what my attending was thinking during our joint discussion with our patient and her family, but she was calm and direct with her news. She answered all their questions to the best of her ability, lending no definitive diagnoses,

but also steering them in a more informed, "this is actually serious" direction. Most admirably though, she was compassionate. I wonder if she first completed an entire history and physical to delay the news, to give them even just a few extra minutes before what she said would change their lives forever. Reflecting on the few times I personally received bad news about loved ones unexpectedly, I usually had the initial thought of, "can I go back just 10 seconds, before those words existed in my world?" Or, maybe she was just scared, her heart pounding out her chest like mine.

I won't claim to be experienced in tragedy. But, in my short medical career, I've come to realize that tragedy has different forms, different volumes, and different tones. Sometimes it's loud and chaotic, after an hour of chest compressions and pulse-checks, the kind that may send family members weeping as they confront their abrupt fate. And then there is a different, softer kind of tragedy, one that I recognized in the emergency department on that cold, January evening. It's calm and quiet, its looming presence like a storm cloud in the distance. I'm sure there are infinite types of tragedy in between, ones that I'm not privy to yet. I expect to cross paths with more experiences like this one in my career, but I'll always remember that every tragedy is unique and, many times, unpredictable. Regardless, all tragedy deserves careful and finely-tuned attention. Focusing in how people will react to bad news renders intense fear as a provider; nonetheless, we're not the ones who leave the hospital as fearful.



Human Vasculature

Amy Austin

Struggling

Samuel Burton

I am struggling to stay focused when I recall a message from
a mother-in-law struggling to find words to convey the state of her
daughter-in-law struggling to eat, breathe, and survive for
her sweetheart struggling to hope and be patient with
the doctors struggling to stabilize and prolong the life of
the patient struggling for years to just live
a little longer...

I am struggling to find the right way to hold and console
my wife struggling to stop crying and be an example to
her nieces and nephew struggling to understand why
everyone is struggling so much.

Everyone except their mother,
her daughter-in-law,
his sweetheart,
their patient,
her sister,
an Angel,
who has accepted her struggle with grace.
and is not struggling any more.

About the Artists

Amy Austin, 2LT USA, is a fourth-year medical student at the Uniformed Services University pursuing a career as a pathologist. She has always been interested in the visual aspect of medicine and because of that was naturally drawn to the use of human anatomy in her artwork. She has used artwork as a way to relax during the stress of medical school and plans to continue finding new ways to include medicine in her artwork in residency and beyond.

Elizabeth Bergman is a first-year graduate student at the Uniformed Services University. She previously studied posttraumatic stress disorder (PTSD) in a preclinical setting but is now hoping to do research in neurodegenerative disease.

Samuel Billingslea, ENS USN, is a third-year Osteopathic medical student at the Pacific Northwest University of Health Sciences. Prior to attending PNWU he got his B.S. at the University of Idaho. He has a passion for travel, hiking and photography.

Shane Blunk, 2LT USA, is a second-year medical student at California Northstate University College of Medicine and a thankful recipient of the HPSP scholarship through the Army. He is a father of two, a son and a daughter. He studied the Classics as an undergraduate and has a particular interest in philosophy, theology, and systems thinking.

Samuel J Burton, 2d Lt USAF, is a proud graduate of the United States Air Force

Academy and a third-year medical student at Uniformed Services University. He hopes to pursue a residency in primary care. He comes from a large family and believes that relationships are central to happiness in life.

Justin Cordova, 2LT USA, is a second-year medical student at the University of Texas Medical Branch at Galveston. He was previously a military police officer at Fort Hood, TX, and hopes to pursue a career in anesthesiology. He thoroughly enjoys spending time with his wife and two dogs and his hobbies include reading, baseball, and coffee.

Russell De Jong, 2LT USA, is a third-year medical student at California Northstate University College of Medicine. He graduated from Sonoma State University with a BA in Psychology and minor in Biology in 2016. A native of Escondido, CA, his interests outside of medicine include baseball, spending time with friends, food, and video games. He plans to pursue a residency in Otolaryngology.

Eleanor Derouin, ENS USN, is a third-year medical student at the Uniformed Services University. A graduate of the United States Naval Academy, Eleanor was inspired by her fellow classmates and their families to pursue a career in military medicine. Though she remains undecided on medical specialty, her passions include women's health, geriatrics and palliative care, and physician wellness.

Jordan Guraya, 2LT USA, has been a licensed private pilot since age 18 and loves all things with engines. He aspires to be an orthopedic surgeon in the US Army.

Marc Gutierrez, 2d Lt, USAF, is a third-year medical student at Uniformed Services University. He grew up in Burlington, NC and completed his undergraduate degree in chemistry at the University of North Carolina at Chapel Hill. Before embarking on his clinic rotations, he enjoyed performing as a member of the Dermatones, USU's premier a cappella group.

Abigail Hawkins, ENS USPHS, is a first-year medical student at the Uniformed Services University. Cooking and crafts are her favorite study breaks. She looks forward to her service commitment with the Indian Health Service as a primary care physician.

Rene MacKinnon, ENS USN, is a fourth-year medical student at the Uniformed Services University. She studied pathobiology with a minor in anthropology at the University of Connecticut and will be starting her obstetrics and gynecology residency at Walter Reed National Military Medical Center this year.

David Monroe, ENS USN, is a third-year medical student at Tufts University School of Medicine in Boston, MA. He was born and raised in Huntington Beach, CA and began medical school after receiving a degree in History from Duke University in Durham, NC. He plans on pursuing a Masters of Public Health and a career in obstetrics and gynecology to help mothers, women and their families live their healthiest possible lives. The photo in his submission to Progress Notes was taken in La Selva, Costa Rica on a rainy day in autumn of 2014.

Caroline Mosher, LT USN, is a student at the Graduate School of Nursing at the Uniformed Services University. She graduated with a BSN from the University of Virginia in 2013. She was stationed at Portsmouth Naval Hospital for five years, where she worked in the Intensive Care Unit before she was accepted to USU's nursing anesthesia program.

Robert Pahissa, 2d Lt USAF, is a third-year medical student at the Uniformed Services University. Originally from Washington State, he attended the Air Force Academy in Colorado before matriculating at USU. He enjoys hiking and watching movies in his spare time. He is undecided on future specialty, and looks forward to a long commitment serving in the Air Force.

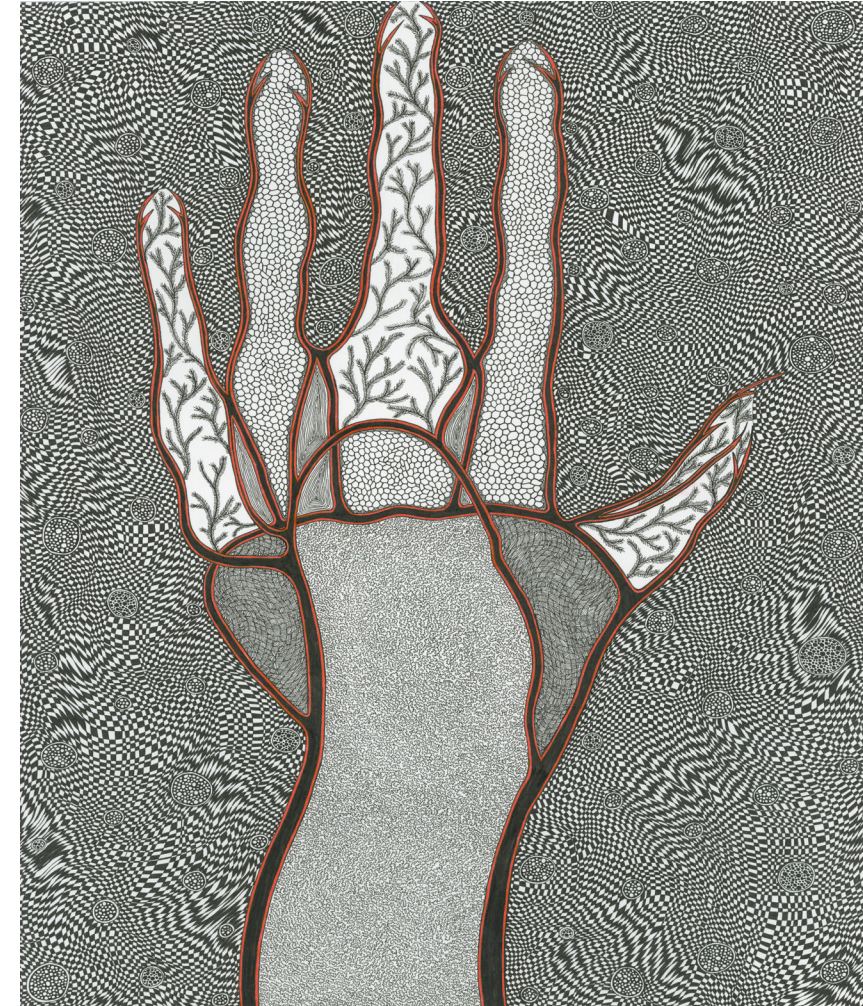
Brittney Randall, 2LT USA, is a second-year medical student at California Northstate University School of Medicine. Her occupational interests include cardiology, pulmonology and critical care. In her free time, she enjoys reading, writing and outdoor activities like camping and archery with her husband, an Air Force veteran.

Valencia Rogan, 2d Lt USAF, is a third-year medical student at the Uniformed Services University. She served as a medical laboratory technician in the US Air Force reserves for 6 years prior to USU. She is happily married and enjoys spending time with her husband Jeseph. She loves to cook, travel and play sports. Upon graduation, she hopes to pursue a residency in psychiatry.

Regina Thorp, MAJ USA, is a student at the Graduate School of Nursing at the Uniformed Services University. Previously, she served as an Emergency Room nurse at Fort Wainwright, AK, Fort Bliss, TX, Korea, and the 47th CSH at JBLM, WA. In her spare time, she loves to spend time with her three-year-old twins.

Koree Willer, 2LT USA, is a first-year medical student with the Army Health Professions Scholarship Program. She is currently unsure of the specialty she hopes to study, but is interested in internal medicine. For now, she is focusing on finding balance in her life, drawing, and keeping her head in the books. Overall, she loves medicine because people are beautiful, and the human body is unbelievable.

Ama Winland, ENS USN, is a third-year medical student at the Uniformed Services University. She is originally from Columbus, OH. In her free time, she enjoys backpacking, rock climbing, and reading. She is interested in pursuing a career in Orthopaedic surgery.



There are three important aspects to medicine: the doctors' mind, heart, and hand. We use our minds to figure out what ails a patient and how we want to fight their illnesses. Our hearts allow us to empathize with our patients and their families. And finally, we are there to provide a helping hand to people in need, whether it be here in the U.S. or overseas on deployment.