

j a n u s



an unexpected journey

j a n u s

spring 2016

Dear reader,

Janus is a student-run narrative literary journal on campus that encourages students to reflect on their personal journeys and experiences in medicine through writing, artwork, and photography. As we go through our medical training, we will find that taking moments to acknowledge and reflect upon our patients' stories, their plights, and our reactions to these experiences is essential to better understanding our patients' needs and providing compassionate care.

In this edition of *Janus*, we would like to take you back to Lewis Carroll's *Alice's Adventures in Wonderland*. *Alice's Adventures in Wonderland* tells the tale of Alice, who finds herself in the magical and nonsensical Wonderland, where she meets intriguing characters, finds adventure, and overcomes obstacles on her journey to return home. Alice's story begins when she falls down a rabbit hole. The proverbial metaphor 'down the rabbit hole' from *Alice's Adventures in Wonderland* is used to describe an unexpected journey-- an entry into the unknown.

Like Alice's fall into Wonderland, our journeys through medicine are filled with surprising experiences and often, unexpected lessons. We are struck by once-familiar encounters in the clinic or hospital that now question our long-held beliefs and inspire new perspectives. At other times, we face new experiences, like meeting our first patients in anatomy lab or within our own families, that compel us to reflect deeper within ourselves to understand who we are and what it means to be a doctor.

We are excited to share the Spring 2016 edition of *Janus*, a collective of the unexpected journeys we have traveled thus far in medicine and the lessons we have learned on our way down the rabbit hole.

Sincerely,



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What does it mean now?

Max Rippe

And what does it mean now? To be accepted? To be initiated, congratulated, and nudged toward a curriculum made jokingly infamous by well-meaning administrators and a culture which treats such consuming endeavors as medical school like abstract forms of busy-ness?

What does it mean that I can already sense the isolation – the one doctors talk about, the one that comes with joining the ranks of a profession so singular in its conceit that it casts a shadow of commonplace on other enterprises?

What can I do when interesting is no longer good enough? When an unimaginable amount of material drowns my most resilient curiosity? When my heart breaks to give so little attention to subjects I always imagined I'd master? Am I doing this right?

And if in constant sacrifice I ascertain focus and still fail to become exceptional, what does that mean? What have I earned? And is the middle good enough in medicine?

What can I do when people treat me, already, like the embodiment of success? Like I should be grateful? Like in receiving a white coat I shed the nascent anxiety of uncertainty that we all live with? Like my life is now merely a long trek that anyone who makes it to the trailhead takes in stride?

And is there any worse torment than being *thought* smart? What amassment of factual information persuades the world that we're so smart? What is it they imagine we know? That we are capable of that they aren't? That makes it easier for us than them? And do they really believe it? Do they take our advice more often? Do they accept our criticism more readily?

And earned or not, how can I avoid for a lifetime the influence of this imposed status on my own estimation of myself? Are we not doomed to superiority? To an increasingly insular world in which we prove ourselves right against a wall of like minds?

But that's all far away, isn't it? We haven't graduated to the clinics. We've barely graduated to the care of people pretending to be sick with needing "a physical for life insurance." You can't help but gawk at the absurdity of school sometimes. To be headed toward something so worthwhile and feel so little of that worth.

Is there not something unsettling about it too, going to school being a part of who you are? About knowing that a girl's parents will judge your other traits a bonus? About having a free pass to underwhelm? And is there any doubt now that this informed my choice?

And if it isn't status, then it's responsibility they see. And if it isn't responsibility, it's ambition. And if it isn't ambition, it's compassion. And what happens when they find out it's none? And what happens when I do?

Alice, M4

Laura Sherwood

such a picture of youth
 optimism
 innocence
her blue dress cleaned and pressed
her headband placed just so
dainty kid shoes shining
 every bow tied with a flourish
her imagination paves the path
 well-meaning feet placed with care

her white coat cleaned and starched
her stethoscope placed just so
efficient pen light shining
 scrub pants tied with a flourish
her preparation paves the path
 well-researched feet placed with care

and then
 she falls
 not a simple trip
 not a little tumble
 she cannot simply pick herself up and skip on

the tunnel is dark
 damp
 dirty
 a committed detour
 the climb out will not be clear
it will take more time
 more effort
 more of herself
 than she ever thought possible

and when she does feel the sunlight again
 she will not be the same

To the Cardiovascular ICU and Back Again

Kate Rampon

I heard the concern in the technician's voice as soon as she pressed the cold, gel covered ultrasound probe to my chest. My heart, she said, didn't fit on the screen like it was supposed to. As she rushed out to find the cardiologist, I had the first suspicion that my third year of medical school would not be what I expected. I thought about how I never expected to be on this side of the diagnostic tests so soon in life. It was supposed to be a reassuring day. My mom and husband were waiting on the text that said, "All clear, nothing to worry about." No healthy, asymptomatic 24 year old medical student would ever expect to hear that their heart had been pumping three times as much blood as a normal heart.

In February 2014, my family medicine doctor heard a heart murmur. Two days after taking USMLE Step I, I was diagnosed with an atrial septal defect. Three weeks later, a friendly radiologist told me that it measured around 3 cm and could not be closed by a heart catheterization (Apparently, you need walls for those devices to hold on to. I only had 25% of the septum). The procedure, he said, would have to be "open." Before this experience, I had no idea what an impact these four seemingly innocuous letters could have on a patient. "Open" meant I'd have to go to sleep and wake up with a scar on my chest. "Open" meant they would stop my heart.

During the next three months, my experience as a patient taught me invaluable lessons in patient care including a greater awareness of the impact of our actions and words on our patients. My most vivid memories of the whole process are shockingly good ones. I remember being awake and intubated after the procedure and unsuccessfully using the alphabet board to ask my husband if I was in normal sinus rhythm. I remember telling the ICU nurse I had 10/10 pain and his compassion as he knocked me out for the next several hours. I remember walking to my room in the cardiac step down unit from the ICU and wondering how many crash carts one unit could possibly need. I remember walking into my first day of "cardiac rehab" and the lady next to me asking, "Did you have a bypass too?" (Thinking, "Of course not, lady.") Finally, I remember being told that the surgeon had removed a left atrial thrombus and crying because I could have had a stroke or a pulmonary embolism at any time.

Experiences on the other side of the curtain change you. I suppose now, over a year after my procedure, I am grateful to have had them. I was blessed to be surrounded by caring physicians who went out of their way to comfort and reassure my family and me. No 24 year - old expects their life to need saving. I plan to spend the rest of my life "paying it forward", not only through primary care but also through the way that I interact with patients.

Six Impossible Things Before Breakfast

Jordan Perchik

"Alice was beginning to get very tired of sitting by her sister on the bank...once or twice she had peeped into the book her sister was reading but it had no pictures"

Cramming for Step 1 was the icing on a very unsavory cake. I was just tired of school by April; 2 years of medical school, 4 years of undergraduate, and 13 years of grade school had worn its welcome thin. All these years were spent sitting at a desk reading books as thick as Harry Potter with approximately 0% of the fun. Step 1 was the final straw, but in April, it was over. I did not know what adventures were ahead of me, but anything was better than this.

"...burning with curiosity, she ran across the field after [the Rabbit], and was just in time to see it pop down a large rabbit-hole under the ledge."

We were all so excited. Colleagues and friends shared their experiences with me, but I always wanted more. I had heard stories of horror and glory from the third years before us. There were stories of death, loss, and sorrow, and stories of heroes, valor, and miracles. Now, it was my turn. I would be making my own stories, and I couldn't wait...

"The rabbit hole went straight on like a tunnel for some way and then dipped suddenly down, so suddenly that Alice had not a moment to think about stopping herself before she found herself falling down"

Everything started easily enough. We had a week of introduction. We met our directors. We separated into our groups. We celebrated a free weekend. Next week was different. My first day of rotations – my first day of surgery no less – and I did not even know even know where the operating room was. I wandered around the hospital asking for help from anyone who could point me in the right direction. I finally made it to the OR, over an hour late, to find a man flayed open on the table with his bowels being held outside his body. I had never seen an open surgery. "Scrub in," the attending physician said. "Come stand here and you can hold back the liver."

"Down, down down. Would the fall never come to an end?"

The sight of blood, the smell of burning flesh, and the sound of my alarm screeching at 4AM day after day became routine. However, every day was something new and something strange. What might happen today? In one case I may be holding a laparoscopic camera, in another, a human heart. I may stitch up a cyclist hit by a car or a prisoner stabbed in a riot. I may be on a team that saves a shooting victim's life. I may be on a team that, despite their best efforts, loses that victim but has to move on. To have done any of these things even one year ago would have seemed crazy, but in a few short weeks, crazy became normal.

"I've had such a curious dream!"

Whereas Alice awakes and may leave the absurdities of Wonderland behind, this strange place will be our home for the rest of our lives. This is where our similarity ends. But is that so bad? Our new lives are strange, exciting, and unpredictable. Even physicians who have been practicing for decades tell me that almost every day, they see something they have never seen before. We have fallen down the rabbit hole and there is no climbing back up, but who wants to? Alice can go back to her warm summer day, but I shall stay and greet the new day with grin from ear to ear, because as her guide the Cheshire cat says "We're all mad here."

Mom, My MVP (Most Valuable Patient)

Anderson Webb

A 44-year-old Caucasian female presents with “C”; her name is Mom. I never thought my first patient would be my mom, but that’s the cruel reality that fell upon me at the end of my second year of medical school. I had gone home to study for that dirty mistress of a board exam known as Step 1. Coming home to my mom’s cooking was the catalyst I thought I needed to fuel the intense studying I was slated for over the next several weeks, but the rabbit hole that is medical school took me down a different path.

My mom is the strongest person I know. She had a less-than-ideal childhood, and that spurred in her a desire to give her children the most love-laden upbringings imaginable. She relentlessly puts others before herself. I am not articulate enough to accurately depict what an amazing woman she is. It’s cliché to say, but she truly was like the Energizer bunny. It pains me to say *was* because I never thought I would see a hardship that could slow her down.

My mom found out that she had cancer, or “C” as she asked us to call it, shortly after the designated Step 1 study period had begun. I remember her telling me that she had an abnormal Pap smear and was going to need a biopsy. She was far more worried about it than I expected her to be.

When the results of her biopsy came back, I held her in my arms, speechless. She broke out into tears and quivered as I held her. I had never seen my mom so vulnerable and fragile in my life. How could someone so strong and positive become so dejected and hopeless so quickly? If this is how the strongest person I know reacted to being diagnosed with “C,” how did other people take news like this?

I continued to try to study, but every time I sat down at the computer all I could think about was my mom downstairs. She would lie in the bed doing nothing, or worse than nothing... watching “The View”; she was clearly in bad shape. When the results of her PET scan showed metastasis in her lymph nodes, her prognosis significantly changed. It was at this point that I really saw my mom start to wilt. If I hadn’t been home during this time, I think she would have been able to hide from me how much this was affecting her. She would never want to do anything to detract from my studies, but by my being home, she had no phone line to hide behind. I feel very blessed to have been home when the strongest person I know faced the biggest battle of her life.

A lot of mystery and fear surrounds cancer. Former patients would often swap cancer stories with her as if all cancer were created equal. This can be a major source of confusion because a newly diagnosed patient instantly starts comparing their cancer story to everyone else’s. My mom would say, “Well so-and-so got diagnosed and they told them they only had ‘x’ number of months to live! How many months do I have?” “I heard so-and-so had it in their bones. Is it in my bones? What about my brain? I have been having headaches lately.” These may seem like ridiculous questions to medical students, like us, but when someone is faced with one of the biggest battles of their life without fully understanding the enemy, it becomes very hard to remain calm and think clearly.

The rabbit hole that is medical school is sure to take us all down some unexpected paths with valuable lessons. I never thought my first patient would be my mom, and I never thought I'd be glad that she was. I learned so much from having her as my first patient that I could not have learned from anyone else. I could never dismiss any of her complaints as petty because she has never been one to gripe or seek attention. Seeing her go through this battle will make me slow to dismiss other's complaints as being due to some inherent weakness or need for attention. After seeing her go through one of the darkest moments in her life, and how that changed her, I'll be sure to always question my perception of a patient's weakness in his or her darkest moments. There will always be limitations in my ability to comprehend a patient's true character in the healthcare setting, as even the strongest people can wilt when faced with scary diagnoses such as "C."

Months later I am elated to report that after a grueling journey of countless hours on the road, numerous doctors' visits, and more chemotherapy and radiation than any 5 foot nothing woman should have to endure, my mother is back to her normal self. She just keeps going, and going, and going, and going, and going, and going, and going, and...

Club Meeting

Omar Tamula

A silver-haired, Caucasian man in his late-sixties sat on the examination table. He wore a smile and welcomed the Pakistani doctor who I had been observing for the day. "Doc, it's about time for some refills. Mah arm's killing me," he proclaimed. His leg rocked back-and-forth next to a metallic cane that stood by the table. "What happened to your arm?" the doctor queried. "Well I was at a club meeting – had to be as the former president 'n all. Anyway, I had some words with some boys coming in causing disruptions."

As he said this, my eyes surveyed his appearance. *His skin has minor purpura, but that's not unusual for older patients. Other than the arm he complained of (which was in a cast), I don't see anythi...wait a minute. Hmm. That's interesting. What's that red and blue thing?* I noticed a faded emblem tattooed on his other arm, it was something I had seen in books and television, but never in person: a swastika.

This older gentleman, jovial and welcoming, apparently was a part of some motorcycle gang. Anybody may have been taken aback as I had, but as a Filipino-American, I surprisingly remained calm. In spite of the infamy the swastika had garnered through association with the Nazi Party and its intolerance for anyone not having ideal "Aryan" characteristics, I did not feel disgusted. Nor was I enraged or frightened. Rather, all I wanted to do was listen.

Confused, the doctor asked, "Why did you *have* to have some 'words' with these guys? Did they start the fight? You could have just walked away and not have been in this pain!" The patient glanced at me, then stared the doctor straight in his eyes. "No they didn't start it, doc. You just know there's something in a man's eyes that tells you he's up to no good." The doctor incredulously shook his head and proceeded with the rest of the encounter.

Why did this person make a decision that only resulted in harm to himself and to others? Was it his upbringing? Was it the thrill of the moment, the epinephrine? Although my mind can merely circle that odd day without arriving to an answer, I realized that he will not be the first patient who has self-destructive behaviors. He will not be the only patient whose lifestyle I cannot understand. As a future physician, however, understanding patients' decisions may not be possible. What my colleagues and I *must* strive for is to acknowledge these habits and proceed to treat patients with dignity.

An Attempt at Gratitude

Robert Elrod

I thought I would know which verb to use;
He *was*,
But then again, a part of him still *is*.

I got caught up in the philosophical implications of to-be verbs.

Just how much of him *was* that no longer *is*?
And for those of us who *are*, what are we to do with our answer to that question?
He who *was* decided, on a day and hour that I could only guess,
That he would become our sightless guide,
That he would lead us in the first steps of our most recent *becoming*.

We four, blinking back formaldehyde tears, met three times a week
To make good on a promise to him who *was*,
That the part of him that still *is*
Makes it possible for us to become who we *will be*.

For the gift you gave,
The vessel that carried a lifetime of verbs,

Thank you.

* * * * *

Bottom of the Rabbit Hole

E. Grace Cho

Guess I just thought I'd
Be better at this. Than this.
Smarter. Adequate.

Sounds and Silence

Anh Vo

The cacophony of approaching footsteps and opening lockers harbingers the start of a new lab class. There is a crisp rustling of turned pages of dissectors accompanied by the thud of heavy atlases being called into action. The dependable clinks, clunks, and clatter of dissection tools soon follow as our not-quite-deft hands commit minor mistakes. Around us, the sounds of teamwork and audible, unfiltered expressions of joy and excitement, and sometimes frustration and disappointment, create a lively backdrop. The occasional tapping of a hammer against a chisel or the sawing of a blade against a bone and the resulting cracking sounds add color to the air. Our anatomy instructors' skilled dissections and explanations ignite *ohh's* and *ahh's*, the sounds of internal light bulbs switching on.

Yet, there was also a silence to our learning in lab. Our most influential anatomy teacher, our first patient, lay silent in front of us. Our bodies towered over hers; her knowledge, over ours. She contextualized abstract words derived from classical Greek and Latin into tangible things and discernable spaces on her body. Over the semester, as our repertoire of anatomy vocabulary and dissection skills grew, so did our relationship with our silent teacher. Guiding us to sites such as her bypass surgery and her pacemaker, she quietly shared with us intimate snapshots of her life.

Our silent teacher taught us by allowing us to see and to touch-- she afforded us mistakes so that we would not commit those mistakes on future patients. The rhythmic beating of her heart may have stopped eight months before we met her, but her lessons will continue to resonate with us through our careers. Creating melodious memories from the sounds and silence of our shared experience, we step out of the anatomy lab and into the next adventures of our education.

The Greater Test

Mustafa Motiwala

Clumsiness and apprehension typified our earliest dissections. Progress was slow, and our untrained eyes struggled to discern fact from fascia. But this initial lack of skill and confidence was outweighed by our eagerness and enthusiasm in caring for our first patient. We were in constant awe at the miracles on the table before us. To think that someone had donated their own body so that we could explore the wonders of the human anatomy firsthand, it was the ultimate privilege. We were sure that we could not take this experience lightly. We were sure that we would only get better. We were certain that this experience would only make us better students, better clinicians, and better people.

But, we were wrong.

As we dove deeper into the dissection manual, we undoubtedly learned more and more. With each passing day, our dissection technique surely improved. And as we grew more confident and bold, I wish I could say that this steadying of hands and nerves was accompanied by a renewed passion, a restored commitment to the cause of caring for our first patient.

But, I can't.

The truth is, we grew too comfortable. We became complacent in our individual abilities and contributions to the group. The day-to-day stresses and sleep deprivation began to catch up with us, and an inscrutable ennui began to creep in. Meaningful discussion gave way to bickering, and soon, we were more often disagreeing than cooperating. Though this journey had started with such an incorrigible idealism, we had already lost sight of these ideals just two months into medical school.

All the same, I am not ashamed to admit this fact. To err is human. To grow weary, especially after enduring test after test and assessment after assessment throughout the course of the semester, is normal. If anything, I would imagine that an appreciation for the fragility and inconstancy of human life was meant to be the crucial takeaway from our time spent with the cadaver. If anything, this lesson in humility was, I believe, the greater test, the real assessment. Having fallen so eagerly and effortlessly down the rabbit hole of human exploration, we only reemerged for air when we realized our own human limitations. We were reminded that we are in no different state of existence than our patients, that we too will experience the failing of our bodies as our souls depart. But in life as in death, what matters most is what we do with this knowledge. To succeed in our goals, we must remain grateful to those before us and never forget their sacrifices. For in the end, we will be remembered not for the facts and figures in our minds, but for the empathy and sincerity in our hearts.

Dr. Gil

Mike Hook

As a medical student, it's rare that I feel confident in my medical knowledge. With the endless reading and disease scripts I face, I'm constantly on my toes. Sometimes I gracefully pirouette, landing deftly upon a diagnosis or a symptom. Sometimes fall on my ass.

This is a story of me falling on my ass.

I had just finished my first round of organ blocks and my first year of medical school. I decided to sign up for a "Deliver-A-Baby" weekend that summer, and to my great excitement, I was asked to join a C-section delivery that night. I eagerly followed the attending to the OR, where the mother-to-be was being prepped for surgery.

I wasn't able to scrub in, but I watched from the periphery as the surgery went along. In the interest of teaching, the attending began pointing at structures on the mother for me to identify. Confidently I would reply: "That's the uterus!"; "that's an ovary"; "suspensory ligament!"; "the ureter runs underneath!". I was on fire.

Then came Dr. Gil, the anesthesiologist. A relaxed looking man with a turban and a large, white beard. "So...what's the benefit of the type of suturing the surgeon is using?" I stared blankly as the attending's head turned. "Dude, he's like an M1, he doesn't know that stuff."

Unfazed Dr. Gil asked, "Oh so what have you been learning about?" Smiling under my mask I rattled off, "Well we did basic science and anatomy stuff, and I just finished blocks on heme, cardio, and renal". I made a mistake.

"Hm. So what's cardiac output?" I immediately started sweating. "Um...it's like how much blood comes out of the heart".

"No...no. Like what determines cardiac output?" My mask was fogging up. "Like how hard the heart muscles are contracting?"

He sighed, "Well...yes. But cardiac output is heart rate times stroke volume." He continued, "What about something easier then? Um... if this lady didn't want to feel any pain during her birth, where would I put the anesthetic?" I froze. I couldn't think. "...in the back?" I mumbled. He sighed, "You'd want to put it between the L3 and L4 vertebrae...what layers would the needle pass through from superficial to deep?"

I was jello. Sweaty, salty jello. I couldn't even think. To be honest I don't even remember what I said, but Dr. Gil shook his head replying, "Oh come on dude."

He kept on. Anatomy questions, renal questions, heme questions. It felt like an eternity of embarrassment. Every correct answer was met with 5 incorrect ones. Finally he left to check on another surgery.

An hour of being pimped had me in shambles. I felt like I didn't even deserve to wear the scrubs on my back. Walking to my car I kept repeating: "skin, fat, fascia, supraspinous, interspinous, ligamentum flavum, epidural space" over and over until I got home.

"Skin, fat, fascia, supraspinous, interspinous, ligamentum flavum, epidural space."

I still say it some days. It has some sort of mantra. It reminds me to learn from my falls. That medical knowledge is hard-earned. That maybe one day I'll feel like I'm supposed to be wearing the scrubs, instead of feeling like an imposter behind a surgical mask.

"Skin, fat, fascia, supraspinous, interspinous, ligamentum flavum, epidural space."

I hope I see Dr. Gil again.

***The Walrus Med School
and the Carpenter its Leader Folk***
Courtenay Glisson

School and tests and essay apps,
A year of interviews,
And finally we had arrived:
Which med school would we choose?
O celebrate, the next goal stands!
And we would fill those shoes.

The summer prior passed right on,
Til day was all but done.
School loomed large, and one day, lo,
The time arrived to gun.
Reality pressed forward still,
Until days left were one.

The sun was hot, the land was flat
As Students trickled in.
They met, they signed, and thus received
A white coat with a pin.
And status post just one short week,
The journey would begin.

The med school and its leader folk
Planned days and printed packs;
They wondered how they would fit in
Such quantities of facts.
"If we only had the months and years,
For more than just extracts!"

"If seven docs gave seven talks
An hour for half a year,
Do you suppose," the med school said,
That all would then be clear?"
"I doubt it," said the leader folk,
"And none would persevere!"

"O Students, come and learn with us!"
The med school did beseech.
"A lecture here, two lectures there,
Then experience shall teach.
Just kidding, kids, so let's get real...
Prelectures? Three; an hour each."

Some older Students self-planned time,
As podcasts filled their heads.
Some older Students raised a brow,
Their seats vacant instead.
Meaning to say they did not choose
To leave their comfy beds.

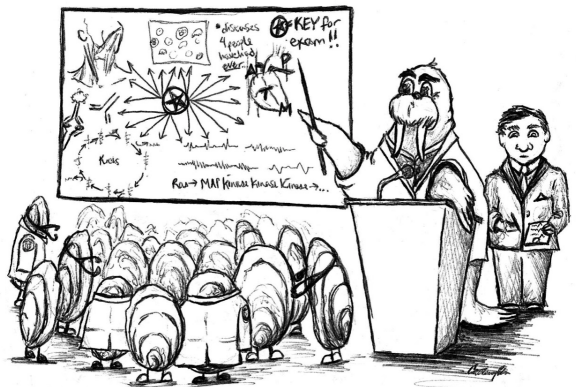
But many Students warmed their seats,
And all were quite steadfast:
Hair maybe brushed, most faces washed,
Whilst knowledge they amassed.
And this continued day by day,
And milestones were passed.

And thus the Students soldiered on,
Through SPED and TBL,
And Osler quotes and antidotes
And tales of sickle cell –
All hopping every hurdle high,
And scrambling til the bell.

The med school and its leader folk
Brought two years to a close,
And planned a meet to say what's next
Lest students take repose.
And pensive Students all arrived
And waited in their rows.

“The time has come,” the med school said
“To talk of many things.
Of passing scores on Step 1 boards,
Of matching into things
And why it is you never sleep
And scapulas have wings.”

“But wait a bit,” the Students cried,
“Before we come to that,
For some of us begin clerkships
And ‘tis a new format!”
“No worries,” said the leader folk,
“We’ve sat where you have sat.”



“A team well led”, the med school said

“Is what we chiefly need:

Your skills and attitude besides

Are very good indeed –

With grit and grind, our Students dear,

We shall see you succeed.”

“But... 5am!?” the Students cried,

“Why, surely it’s untrue!

After sleeping only 4 short hours

Our brains are mostly glue.”

“The night is young,” say Residents

“Now, labs on bed four-two!”

“It was so kind of you to come and try

Your hand at competence.

Your passing shelf score offering

Is acceptable defense.

Now quickly, to rotation number next!”

And years become past tense.

“It seems a shame to push so hard

Such weights we do attach

Still it’s cute they think they might

Escape without a scratch!”

The leader folk agreed but said,

“The goal must be to match!”

“I empathize,” the med school said

“But know you will emerge.”

As core rotations sorted out

Our peds from med from surg.

And thus the whole class did prepare

For when our paths diverge.

“O Students,” cried the leader folk,

“You’ve all had quite the run!

Shall we be heading down to rounds?”

But answer came there none –

And this was scarcely odd, because

They’d each matched, every one.

The Art is Long

Blake Briggs

“Life is short. The Art is long. Opportunity fleeting. Experience delusive. Judgment difficult.”

These words make up the first aphorism, or pithy truth, found in the *Hippocratic Corpus*. When I first came across these words in the middle of my 1st year of medical school, I was younger and far too much in a hurry to comprehend their meaning, so I dismissed them. However, as I enter the last chapter of the 3rd year of med school, I am slowly beginning to understand their importance.

If I were asked what being a physician actually meant before beginning my path toward earning an M.D., my answer would have described medicine as a science- surely not an art. I would have also expected that medical school would prepare me for everything- the difficult patients, the daily physician orders, the insurance paperwork, and definitely what treatments to use in any given situation. I naively believed that the path to becoming a physician was only 4 years.

Much to my surprise, and somewhat horror, it has now become apparent, that my descent down the proverbial med school rabbit hole would *never end*. As that Hippocratic aphorism states correctly, the *art* is long... lifelong. And it is an art. Indeed, I was beginning to feel much more like Da Vinci or Raphael rather than Salk or Osler, for much like the artist, a doctor works for many years to become proficient at his work, only to “peak” for a limited time and then retire thereafter. Hence, the word *practicing* medicine fits entirely with this principle of gaining experience.

The phrase “opportunity fleeting” also caught my eye from Hippocrates. It is incredible to think that each patient presents to their doctor at a different stage in their disease course. If they present too early, we might misdiagnose their malady or miss it entirely. If they present too late, there is often not much we can offer. As a student, I once thought of medicine and disease each on a 2-dimensional plane that were in constant relationship with one another. However, I have come to understand there is no linear relationship. Truly, disease is in a plane of its own and can present itself however it wishes to those who practice ‘The Art’.

One of the main reasons I dismissed this aphorism the first time I discovered it, was not entirely due to misunderstanding, but I was turned off by its near-futility theme. To the untrained eye, the quote, much like ‘the Art’ itself, is elusive and one can easily fall into the trap of suspecting a hint of defeatist attitude. If the Art of medicine is assumed futile, why do I continue to get up every morning at 4 am to go round on patients? Why did my chief resident come back to the hospital at 10 pm to put in an IV himself when the staff on duty could not? What is the point of memorizing volumes of information and tying suture knots on my shoelaces, if I cannot master it all? Maybe, just maybe, we are called to practice medicine not simply to help others, but also to better enrich ourselves. Much like the artist who paints in order to reshape his own version of the world around him, we who practice the medical arts might be called to shape our world as well, through the healing of both others and ourselves.

My White Coat Promise

Feenalie Patel

We finally had fewer patients in the clinic than rooms to fill. Clinic had run later than expected and everyone was ready to head home, including the patients. “I can see the last patient,” I said while my attending prepared to see another patient. I gathered my laptop and knocked on the door of Room 5. A young woman was sitting in the chair, unsuccessfully entertaining herself with her phone and clearly frustrated. As I introduced myself to the patient, I began to prepare mentally for what eventually transpired: her anger with the wait time, my apology for her lengthy wait, and her disappointment that I was not the physician, but the medical student. As I do in those moments, I became aware of my white coat and the expectations that come with it: to be knowledgeable, to be capable of identifying illnesses, to be able to fix them. Rather than feeling cloaked in confidence—the confidence I felt when I proudly recited the Hippocratic Oath—I felt exposed by my inexperience and determined to prove my diagnostic aptitude, as if that might make me more worthy of my white coat.

As we began discussing her chief complaint, she continued to look upset. Something was not right. For a moment I paused, wondering whether her distress was work- or home-related and whether it would be too personal a topic for me to pursue. Dismissing those thoughts, I softly asked, “Are you ok?” She began to sob. Utterly surprised, I scrambled to find a box of tissues as she repeated how upsettingly long the wait time was. While she blew her nose, I pulled my seat next to her. She was clearly not here for only “constipation,” as her door note suggested, and she was not crying because of the wait time, as she insisted. I looked her in the eyes and asked, “What’s wrong?” She paused as she surveyed me.

Slowly, she began to share her anxieties since moving to Memphis to accept a nursing job, her feelings of being homesick, and her determination to stay positive and unaffected whenever her patients passed away. As one health professional to another, I understood where she was coming from. I understood the hopelessness she felt when a patient’s outcome did not mirror the team’s exhaustive efforts. I understood the feeling of self-deception in laughing with one patient when your mind was still processing the adverse events of another. I reassured her of the normalcy in coping with the stresses of our professions. We discussed healthy methods to do so, and additional resources to address her major depressive disorder. Throughout the conversation, I saw her slowly let her guard down and relief take its place. As a smile replaced her tears, she explained how difficult it was to admit that she, a nurse who takes care of other people, needed help herself. She voiced her fear that seeking support might suggest she is not mentally or emotionally capable of her job as a nurse, and that her family history of mental illness might *prove* that she is not capable.

As I digested our interaction, I reflected on those parting words. It was my inexperience that made me feel small in my white coat, yet it was ultimately compassion and empathy that my patient was looking for. She also reminded me of a hard truth: as doctors we must humanize the experience of medicine, not only for our patients, but for *ourselves* as well. I was struck by my patient’s strength and courage to share her fears and anxieties with me, but I was also shocked by how long it took her to seek the support she needed. As medical professionals, we are so focused on the volume of patients we see and providing exceptional care to each one

that it can be easy to overlook our own care. For the first time since clerkships began, I paused to consider how our introduction into hospitals this year had affected my classmates and me. What had we pushed aside so that we could move on to treating the next patient and get through the day? How were my classmates handling their experiences this year? Our white coats are a symbol of our commitment not only to our patients, but also to each other. Since meeting the patient in Room 5, I have embraced that my role as a future physician includes supporting my patients *and* my colleagues. Because to care is to be human. And it is okay for us to be human.

