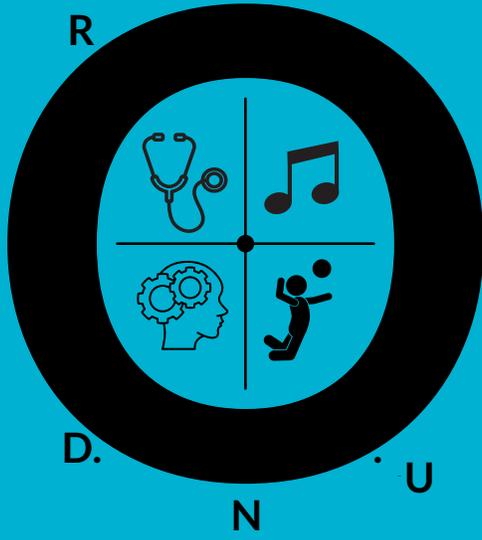
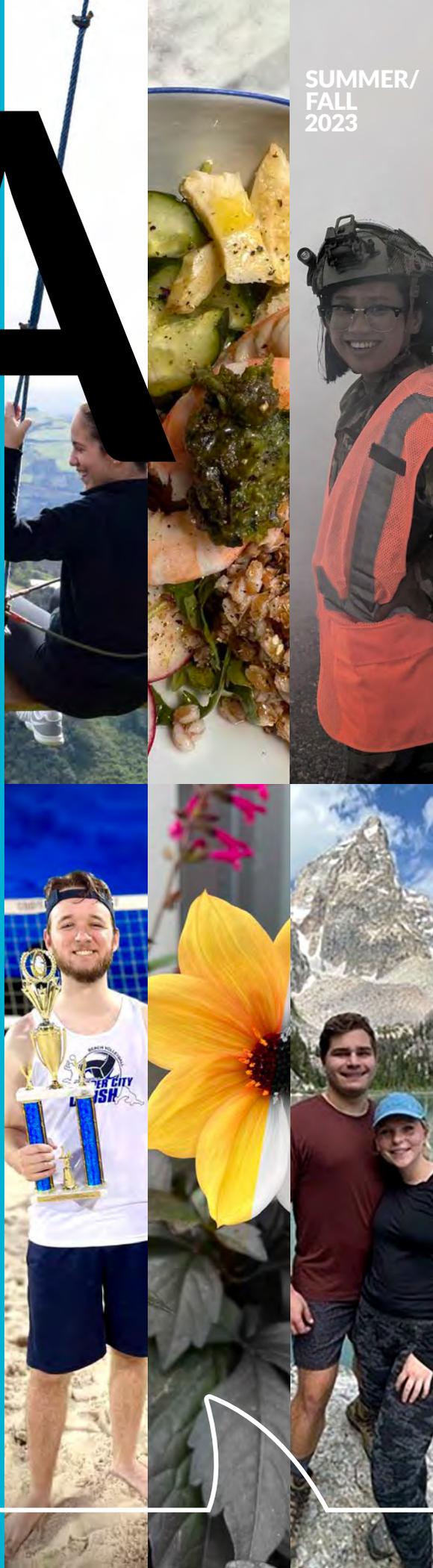


Dr. Kiran C. Patel College of Osteopathic Medicine

# SGA



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BY SHREYA KALAVALA, M.S., OMS-II (FORT LAUDERDALE/DAVIE CAMPUS) AND NIKITA SOOD, OMS-II (TAMPA BAY REGIONAL CAMPUS), EXECUTIVE SGA ADMINISTRATORS OF PUBLIC AFFAIRS

Hello, NSU-KPCOM!

Welcome back to another great year and edition of *SGA Rounds*. We received numerous articles detailing the lives and experiences of our student body and are excited to share these stories and creative pieces with everyone.

First, we would like to thank Scott Colton, our senior editorial director, and Dr. Gayl Canfield, our faculty adviser, for their guidance in creating our first issue as editors in chief. Additionally, we want to thank everyone who submitted their work and all of you who read the publication. We would not have been able to put this together and have it be successful without all of your hard work and dedication.

This edition of *SGA Rounds* is very special. Glancing through the submissions opened our eyes to the struggles, experiences, and unique revelations medical students encounter in their journey to becoming doctors. Whether it's life advice, pivotal life experiences, educational gems, or creative thoughts, there is a meaningful message for everyone.

Our path is not linear, and we hope readers take inspiration in knowing that. As medical students, we are all on this challenging journey together, and we hope this issue allows you to see that others are encountering similar experiences and emotions. Our community thrives on companionship and camaraderie; these articles represent the hard work and passion our peers partake in every day.

As you will come to read about in some of the articles, it is essential to emphasize self-care in medical school above all else. We hope that through reading this issue, you are able to take a brain break, feel connected to your peers, and be left with lasting advice.

We hope you will enjoy reading this issue, and we wish you all the best for the rest of the year.

Go Sharks!

Shreya and Nikita

# The Possibilities—and Pitfalls—of AI in Medical Education

BY ANDREW BOURAS (OMS-I)



As the digital age rapidly evolves, artificial intelligence (AI), particularly generative AI, is carving its niche in diverse fields, including medical education. Its utility extends to several key aspects of learning: encoding, retrieving, and recalling information. These AI-powered interventions, tailored to individual needs, can revolutionize the way medical students assimilate knowledge. However, this technological advancement is not devoid of pitfalls. One significant concern associated with generative AI is the occurrence of “hallucinations,” or the generation of incorrect or misleading information, which necessitates cautious and judicious use.

In the realm of information retrieval, AI holds substantial promise. Specifically, generative AI can fabricate lecture-specific questions that target key points, enabling medical students to recall information more efficiently. This active recall is a cornerstone of effective learning. It pushes the brain

to dig deep and retrieve information, thereby consolidating knowledge and fostering long-term retention. AI-powered question-generation tools offer a personalized and interactive method of revising—creating a stimulus that prompts students to delve into their memory reserves. Thus, these AI enhancements can revolutionize the traditional study regimen, making information retrieval more engaging and effective.

Recall of information—a critical aspect of mastering medical knowledge—can also be enhanced by generative AI. AI applications can suggest mnemonics and other recall strategies tailored to specific content, simplifying complex medical concepts and facilitating long-term memory retention. In the immense expanse of medical education, where students are required to grasp a staggering amount of data, these intelligent recall strategies can be particularly beneficial. By reformatting complicated information into digestible

chunks, AI can ease the cognitive load, making study sessions more productive and less exhausting, thereby assisting students in tackling the vast, intricate field of medicine more effectively.

However, generative AI’s immense potential does not come without pitfalls, the most significant being hallucinations. Hallucinations, in this context, refer to the instances where AI generates incorrect or misleading information. This phenomenon can disrupt the learning process, potentially introducing inaccuracies in students’ medical understanding, which can be especially problematic in clinical decision-making. The potential for these inaccuracies underlines the need for careful use and constant monitoring of AI in education. Ongoing corporate research and development efforts aim to detect and mitigate this issue, underlining the importance of a balanced and cautious approach to the integration of AI into medical education.

In conclusion, generative AI harbors the transformative potential for medical education, promising efficient encoding, retrieval, and recall of knowledge. However, it requires vigilant monitoring to manage its shortcomings, particularly hallucinations, to ensure the fidelity of learning. □



# “I Saw It on TikTok”

BY CHRISTINA THYMALIL (OMS-II)

Last week, when I visited my primary care physician with questions about switching medications, the first thing she asked me was, “Where did you get that information?” I think the correct answer would have been UpToDate, but unfortunately, my information had come from another very trusted source of medical advice—TikTok.

This social media platform, which has gained notoriety in the past couple of years, has since become a source of breaking news, political campaigns, fashion trends, and medical advice. Viral trends, such as rice water for hair growth, liquid chlorophyll for GI issues, bee pollen for breast-tissue growth, and papaya seeds to treat parasitic infections, are some of the many examples of the influence TikTok has. While these videos can be viewed as just influence, the nature of these topics, the advice being given by an individual in scrubs, or the undertone of persuasion are all components that allow audiences to trust and use the medical advice given.

The medical advice you can find on TikTok is not just limited to fads or remedies. When you look up “low-cholesterol meals,” the first video that comes up has 74.4k likes and 24.7k saves. And with every viral trend telling you to stick ice on the top of your mouth to cure a stuffy nose, there is a stitched video of health care professionals with more follow-up information.

A study published on atopic dermatitis (AD) found that TikTok videos about this disease most likely recommended moisturizers, topical corticosteroids, and topical calcineurin inhibitors for the management of AD, which are considered grade A therapies according to 2014 AD guidelines. On the flip side, TikTok, at its core, is a social media app, and even this study, which highlights the benefits of TikTok, shows that 67 percent of the videos made on AD were done by a private company or nonphysician.<sup>1</sup>

In fact, one of the primary functions of this app is marketing for companies and products. A study of the top 100 videos with the hashtag #alcohol positively portrayed alcohol consumption. An app like this allows for the rampant spread of misinformation, which can be especially



harmful within the context of medical advice and has been noted in studies investigating TikTok’s role in misinformation about COVID-19 and prostate cancer.<sup>2</sup>

As we continue our medical education, “Where did you get that information from?” is an important question we must ask our patients. There is a lot of information out there telling patients they have this disease, to use this medication, or to stop using it. As physicians, we are able to serve as a voice of objective reason among all the noise. Guiding patients to updated and trusted sources of medical advice is a crucial role physicians fill. □

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# The Future of Obstetrics and Gynecology

BY NIKKITA MISTRY, M.SC., AND RACHEL PATEL (OMS-IIS)

Many people go into medical school with their hearts set on a particular specialty, but that wasn't the case for either one of us. We were interested in a few areas, including OB-GYN and internal medicine, but nothing was set in stone.

We had many preconceived notions in regard to the OB-GYN field, such as long hours on call and high-stress environments. However, we have yet to get an opportunity to learn about the field firsthand. So, when we received an email from the American College of Obstetricians and Gynecologists (ACOG) about its annual meeting, we were excited.

After browsing the various exhibitor booths at the conference, we were blown away by the technological advances that are changing how OB-GYN care is provided. One product we learned about was called Leva, which is an at-home tool that helps women strengthen their pelvic muscles. It turns out that a large percentage of women are not performing their Kegel exercises effectively to promote improvement.<sup>1</sup>

Tools like these empower patients with knowledge and assistance to take control of their OB-GYN health. We also learned about Myfembree—a gonadotropin-releasing hormone antagonist<sup>2</sup>—



and heard about its various clinical benefits and risks. Because we were currently taking the Endocrinology course, it was exciting to see what we are learning in the classroom be applied to real life and see real patient outcomes. It gave us a new-found appreciation of the classes we are taking.

Despite all the exciting advances in the OB-GYN field, we learned about the significant shortage of OB physicians in the country. We noticed how much the political state of the country affects health care. With both of us being from out of state, we weren't aware of the effects of the polarizing views on women's health in Florida.

At various seminars, we learned that many student physicians were becoming less and less interested in the field due to heavy restrictions on what they would soon be able to practice. We were shocked to hear this. A profession we had thought was focused on empowering women and letting them take charge of their own health and wellness was being led astray.

Moving forward, we are interested in learning more about the health policy aspect of OB-GYN, because it plays a huge role in how we will be able to practice in the future. We hope to attend more ACOG conferences during the rest of our time in medical school. □

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# SOMA: A Sense of Belonging and Empowerment

BY ALENA KHALIL, M.A., AND TARA MCKENNA, M.S. (OMS-IIS)

The Student Osteopathic Medical Association (SOMA) represents the country's largest body of osteopathic medical students. As the only direct student affiliate organization of the American Osteopathic Association (AOA), it plays a vital role in its members' professional and career development. From awarding scholarships and facilitating educational events to providing a research platform and hosting the House of Delegates, the SOMA has something to offer each osteopathic medical student.

Every spring, NSU SOMA chapter leaders have the unique opportunity to travel to Washington, D.C., to represent the Dr. Kiran C. Patel College of Osteopathic Medicine (KPCOM) at the national SOMA Spring Convention. This is usually one of the most memorable conferences for the chapter leaders, since it occurs right after the executive board transition. Delegates are excited, yet anxious, to meet their counterparts from 50+ colleges of osteopathic medicine nationwide for the first time.

This year, delegates were invited to attend small group learning workshops on successful residency matches, developing suturing techniques, and mastering resolution writing. They also had the opportunity to listen to a series of presentations delivered by physicians and fellow students nationwide. From listening to a panel discussion on battling imposter syndrome and meeting with a National Board of Medical Examiners representative to getting trained in epinephrine administration, delegates were exposed to rich learning experiences.

While networking with other chapter leaders promotes a sense of belonging, participation at the SOMA House of Delegates empowers medical students to advocate for patients and ignite policy change even before entering the health care profession as practitioners. During the House of Delegates, representatives from each osteopathic medical school are allowed to vote on policies, known as resolutions, to improve health care policy as we know it. Resolutions

passed during the SOMA House of Delegates are adopted as national SOMA policy and move up to be presented to the AOA.

Among the many forward-thinking resolutions proposed at this year's House of Delegates, there was a notable triumph for our SOMA chapter at the KPCOM's Fort Lauderdale/Davie Campus. One of the resolutions drafted by our national liaison officer, who would be me, Alena Khalil, in cooperation with a group of SOMA members, was passed unanimously. This resolution calls for the current practice of ordering breast-imaging studies to be specifically tailored to the follicular phase of the menstrual cycle in premenopausal women. This policy intends to improve diagnostic accuracy, decrease health care costs, and, most importantly, promote optimization in medical imaging by utilizing it efficiently for high-quality patient care.

The SOMA's mission is to sculpt leaders who will advocate for the betterment of the future of health care for all. At our local chapter, we aim to mirror this goal while advocating for change at the local level. As SOMA members, students are offered exclusive access to member benefits, including discounts on test-prep materials, professional networking, and scholarship opportunities. First and foremost, students are supported and encouraged to challenge existing policies to meet the needs of the greater osteopathic community in the pursuit of better care. □



*Pictured from left are previous and current SOMA leaders from the Fort Lauderdale/Davie Campus: Tara McKenna, Kailey Jacobson, Alena Khalil, and Sneha Polam.*

# Becoming a U.S. Air Force Flight Surgeon

BY CHARMAINE KUE SEGURO, M.S. (OMS-IV)

Heavy gunfire, the deafening roar of rotors above, and the whistling noise of a distant missile bomb penetrated the tension-filled air. Despite this, the medics worked swiftly, their hands a blur of compassion and skill, while assessing injuries and administering life-giving aid to their fallen comrades. In that harrowing moment, fear was eclipsed by the unbreakable bond of brotherhood and the resolute belief that failure was not an option.

Such was the experience I felt while observing pararescuemen dive into rigorous medical training at the Air Force Pararescuemen Schoolhouse in Albuquerque, New Mexico. The motto That Others May Live reaffirms a pararescueman's commitment to saving lives and self-sacrifice. While there, I witnessed students operate in combat casualty care missions and administer lifesaving aid to fallen soldiers despite the rain of heavy artillery.

Equally valuable were the moments of debriefing, allowing me to better understand the rationale behind medical choices and management plans. Such conversations expanded my medical knowledge and offered a glimpse into the complex decision trees that pararescuemen must navigate on a typical mission.

My passion for flight medicine was affirmed during my time at Kirtland AFB. I quickly found a mentor in a physician who has been pivotal in developing my interest as a flight surgeon in the field of operational emergency medicine. Working with

pilots and aircrew members has imparted a deep appreciation for the unique physiological demands flying places on the human body and the critical importance of understanding these dynamics to ensure their safety and well-being in the air. By pursuing this specialized path, I am not only fulfilling my own aspirations, but am committing to a life devoted to safeguarding lives and administering medical care for service members both on the ground and in the air.

In the realm where aviation and medicine converge, I find my passion

ignited as I aspire to become a U.S. Air Force flight surgeon specializing in operational emergency medicine. The prospect of being the bridge between aviation and medicine, rapidly responding to medical emergencies and treating a diverse range of patients with various acute issues in austere situations, resonates profoundly within me as a future physician. It begins with a strong desire to serve my country as a military doctor, and it means a great deal to me to have this opportunity to give something back in the capacity I know can make a difference. □





## Social Determinants of Health Care

BY ALEXANDRIA SOBCZAK AND HEMANGI PATEL (OMS-IIIIS)

Social determinants of health are the conditions in the environment where people grow, live, worship, play, and age, which can determine the quality of care and health outcomes of patients. While access to health care is a fundamental right, socio-economic status (SES) is an important determinant of an individual's health and access to medical care.

People from higher-income households and education levels typically have better access to health care services, while lower-income and lower-educated individuals face many more barriers.

Difficulty in attaining affordable health care leads to delayed diagnosis and subsequently poor health outcomes that could have otherwise been prevented or treated earlier to decrease mortality. While working at a community clinic in South Florida serving patients significantly below the national poverty level, we observed several individuals who had put off seeking care because they were unable to afford it. Although low-cost screenings and interventions were provided, it could take six to eight weeks to schedule given the demand vs. supply of available medical personnel.

Related to income levels is variability in health insurance programs, which may determine whether an individual will receive certain treatments and diagnostics in an appropriate time frame. This could result in delay in receiving medical attention, potentially leading to advancing stages of diseases.



*Alexandria Sobczak*

While impoverished patients may qualify for insurance at a low to free cost such as Medicaid, there are still many limitations. Medicaid and other subsidized health care programs provide patients access to treatments and diagnostics; however, there are still hurdles. It is difficult to find providers that accept Medicaid because of the low amounts of reimbursement and, subsequently, there is a delay in diagnostic testing and treatments that can otherwise improve quality of life. Many insurance plans also have out-of-pocket costs, including deductibles and copayments, which can pose significant financial barriers to accessing care and can ultimately compromise the patient's health.

Another important factor determining access to medicine is education level. Individuals with higher levels of education have greater literacy and knowledge, which give them the ability to make decisions on medical care. Individuals with limited education, however, can struggle with medical care



*Hemangi Patel*

decisions, understanding the severity of diagnosis, and adherence to treatment, which can lead to worsening health outcomes.

For example, one patient came into the clinic complaining of right-flank pain after ureteral stent placement a month prior. On further evaluation, it was discovered the young woman was unable to read her discharge paperwork, which discussed returning to care for stent removal within three days. Her prolonged stent placement led to a kidney infection.

The social determinants of medicine play a major role in shaping access to health care and outcomes. SES factors such as income (and ability to access quality health insurance) and education have a significant impact on individuals' health and access to medical treatment. As future providers, addressing social determinants of medicine and the impact on individuals is crucial to achieving equitable and accessible health care for everyone. □

# The Impact of Florida's Heat Waves

BY JORDAN ODOM (OMS-1)

Did you know Florida has recently seen high heat indexes soaring beyond what they have in decades?

While many have noticed the substantial heat when walking outside or have received excessive heat alerts on their smartphones, it is important to recognize that rising temperatures can have vast implications on health. Knowing the symptoms of dehydration and fatigue can help prevent illnesses such as heatstroke. The main cause of dehydration is a more significant amount of fluid loss from the body than is replaced, which can lead to nausea, headaches, and fatigue.

Dehydration also plays a role in those experiencing heatstroke. Heatstroke symptoms include disorientation, sudden confusion, slurred speech, dizziness, or nausea. Note that these are common signs, but other symptoms not mentioned can also be attributed to heatstroke. Heatstroke can potentially lead to organ damage and other medical complications.

## Who is at risk for heatstroke?

Anyone participating in outdoor activities, including construction work, roadwork, gardening, and exercising, is at risk.

## How can heatstroke be prevented?

It can be prevented by staying hydrated, avoiding extended amounts of time outdoors during midday or high peaks in temperature, avoiding direct sunlight, and knowing the signs of heatstroke. Taking breaks often to cool off and drink fluids even when you feel well is paramount to preventing dehydration, fatigue, and heatstroke.

## What are the keys to staying hydrated?

Hydration is more than just drinking water. Obtaining electrolytes from either food or drink is essential in fluid absorption and retention. Additionally, electrolytes can replenish vital minerals lost from sweat, including sodium, potassium, and magnesium. Electrolyte packets are easy to carry around and can be added to water anytime. The average person is recommended to drink 12–15 cups of water. However, given the recent excessive heat indexes in Florida, more water should be consumed to replenish what

is lost in sweat. That's a ton of water. If you have questions regarding electrolyte balance or your water intake recommendation, please consult a health care provider.

## How can you incorporate drinking water into your routine?

Having a water bottle with you throughout the day can ensure you have access to water and can aid in monitoring your water intake. If you struggle to drink adequate amounts of water throughout the day, consider obtaining a water bottle with measurements indicated on the bottle. Drinking water with meals, instead of other fluids, is a great way to start incorporating more water into your diet.

## Take advantage of water bottle refill locations on NSU campuses.

Look for these stations next to restroom facilities on your campus. On the Fort Lauderdale/Davie Campus, a refill station is located on the first floor of the Health Professions Division across from the Steele Auditorium and at the first-floor library next to the restrooms. On the Tampa Bay Regional Campus, water bottle refill locations are on most floors of the Health Sciences Building next to the restrooms.

As students, our brains are constantly working. Drink more water! ☐



## Sunscreen Secrets

BY JONATHAN RAYMOND-LEZMAN (OMS-III)

Sunscreen is a pivotal aspect of skin health when experiencing the onslaught of ultraviolet radiation exposure. UVB vs. broad-spectrum, mineral vs. chemical, SPF 5 vs. 50—there are many aspects of sunscreen that are difficult to interpret in determining what product will work best for your skin.

The first step is to identify what UV light the sunscreen covers. UVB light is absorbed through the top layers of the skin and can cause sunburns, premature aging, and skin cancer. UVA light is absorbed through deeper layers of skin and can cause immunosuppression. Many sunscreens may only protect against UVB light, so purchasing a sunscreen which is labeled “broad-spectrum” ensures the sunscreen covers both UVB and UVA radiation.

Next are the ingredients. There are two broad categories: mineral and chemical. Mineral sunscreens exert their effects by sitting on top of the skin and physically blocking UV light. The most common mineral sunscreen ingredients are zinc oxide and titanium dioxide. The greatest efficacy with mineral sunscreens occurs when these two ingredients are combined together.

Mineral sunscreens tend to produce a classic white haze seen on the skin, since they do not absorb into the skin. Finding a mineral sunscreen that advertises “nanoparticles” or “no residue” helps to combat this unwanted effect. Chemical sunscreens absorb into the skin, absorb UV light, and transform it into heat that can radiate off the skin. Chemical sunscreens do not leave any residue behind and generally feel better on the skin. Both types of sunscreens effectively reduce UV absorption.

Sun protection factor, or SPF, is the quantitative amount of UV light sunscreens block from absorbing into the skin. The higher the SPF, the less UV radiation penetrates. However, SPF is measured by determining how long it takes for the skin to burn and dividing that by the duration of time it takes for skin to burn with the sunscreen applied.

Consequently, there is a greater jump in protection going from SPF 4 to SPF 50, and less of an increase in protection going from SPF 50 to SPF 100. Sunscreens with extremely high protection factors, such as SPF 100,



do block more UV light, but can also potentially cause more skin irritation due to the higher amount of active ingredients.

Overall, finding what sunscreen works best for you comes down to understanding the subtle differences in products, and trial and error. Acne-prone or sensitive skin will do better with mineral sunscreens, even if a chemical sunscreen states non-comedogenic (won't cause breakouts). A reasonable accommodation to avoid the white haze of mineral sunscreens is to apply mineral-based sunscreen to the face and chemical-based sunscreen to the rest of the body.

Finally, the amount of sunscreen to apply also matters. Very thin layers do not have the same efficacy as thicker layers. Aim for one ounce, or the amount needed to fill a shot glass, applied over the entire body 15 minutes before enjoying the sun, and try different products to see which works best for your skin. □

# Sun-Kissed Safety

BY KAITLYN PEARL, M.S. (OMS-III)

While most people love a relaxing day at the beach and being able to bask in the sunshine year-round in South Florida, enjoying fun in the sun does come with some consequences. With an average UV index of 9–10 in the summer, Floridians are constantly under harmful UV rays.

Though in the short term, people will enjoy their tan, they may not realize the long-term risks associated with sun damage to the skin. Over time, unprotected exposure to the intense UV rays can lead to dangerous skin cancer. After working as a medical assistant in a South Florida dermatology office for two years and seeing firsthand how skin cancers, ranging from small squamous cell carcinomas to large melanomas can affect people's lives, I knew I wanted to help bring skin care and education

to the community, particularly those who don't have the resources to see a dermatologist.

This past March, along with the Student Dermatology Association, I served as the Skin Cancer Screening Committee chair and had the opportunity to help bridge the gap between low-income patients and quality dermatology care by organizing a free skin cancer screening performed by local dermatologists. The event, held at the Fort Lauderdale Farmer's Market, allowed for anyone in the community to get any suspicious lesions examined and get advice on further steps, if needed.

It was also a terrific opportunity for NSU-KPCOM students to learn more about the ABCDEs of melanoma, the signs to look out for in skin cancers, and engage and interact with those in

the community. Once the exam was complete, the student volunteers educated patients on proper skin care and handed out samples of sunscreens, face wash, and lotions to help promote a healthy skin barrier.

This was a really meaningful experience to all of our students, as we ended up seeing more than 100 people in the community, all of whom were extremely grateful they could finally "get that spot checked out." Proper skin care is extremely important regardless of what part of the world you live in, but especially in South Florida, where the sun can be both your friend and foe. Educating our residents on the proper precautions and offering care to those who lack the resources can ensure that everyone can both enjoy the outdoors, while limiting long-term health consequences. □



## Healing with Hands and Words

BY NICOLE SCHNEIDER AND ASHA KURIAN (OMS-IIIIS)

“1. The body is a unit; the person is a unit of body, mind, and spirit. 2. The body is capable of self-regulation, self-healing, and health maintenance. 3. Structure and function are reciprocally interrelated. 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.” These are the four tenets of osteopathic medicine, approved by the AOA House of Delegates.

Somatic dysfunction (SD) is defined as an altered function of the musculoskeletal system, including muscles, joints, fascia, and related tissue that are assessed by changes in tenderness, asymmetry, restricted motion, or tissue-texture changes. Everyone can develop SDs, which can vary by the way we walk, sit, stand, and move on a daily basis. In the Osteopathic Principles and Practice (OPP) Clinic, we utilize a multitude of osteopathic manipulative treatment (OMT) techniques including soft tissue, high velocity-low amplitude, myofascial release, muscle energy, articular, counterstrain, and cranial osteopathy. All of these techniques have two things in common: human touch and the fact that they abide by the four tenets of osteopathic medicine.

Human touch offers a variety of importance in the OPP clinic. It is guided by a thorough understanding of anatomy, physiology, and biomechanics to ensure safety and effectiveness in the assessment and treatment of SDs. A valuable hallmark of the OPP Clinic is that human touch establishes a secure



*Nicole Schneider*

space where individuals can process their emotions and seek support. Human touch, most importantly, has the power to heal. With just our hands, we as providers can assess, diagnose, and treat SDs that can otherwise lead to chronic pain and debilitating restrictions.

Not only do we treat patients with our hands, but we also use our words to optimize healing. Healing with words entails using language to alleviate pain, nurture emotional growth, and strengthen the well-being of each patient under our care. This process entails a sense of empathy and active listening, enabling patients to feel acknowledged and connected.

Healing through words can inspire a shift in perspective, ignite motivation, and provide a sense of belonging. When communicating with patients, the goal is to boost self-esteem and connection. Though



*Asha Kurian*

sharing one’s emotions can be daunting, within a secure environment, it can facilitate the release of emotional burdens and promote mental clarity. We practice this in the clinic by treating the patients’ bodies, while also conversing about their lives, so as to embody the power of mind and spirit, along with an open mind in order to connect with each individual. This approach encourages an atmosphere of safety, allowing our patients to express themselves freely and thereby attain genuine healing.

Healing with touch and words is an art that requires understanding of the human body, empathy, and a genuine desire to uplift and help others. The power of language and touch emerges as a pivotal element in treating our patients, enabling us to establish a deeper rapport and promote the well-being of all those within our sphere of influence. □

# The Vitality of AP Psychology

BY BRITNEY RENGERT, SAKSHIKA VAKITI, AND MEGHANA MADARAM (OMS-IIS)

For each of us, one of the earliest instances that inspired our path toward osteopathic health care was our Advanced Placement (AP) Psychology class in high school. In that transformative classroom, we were empowered to think critically and were exposed to the true definition of the human condition and how every part of our mind, body, and spirit is interconnected.

The image that comes to mind when thinking of a physician is someone who bandages your wounds and takes your temperature. As we progress in our medical education, we are realizing that healing transcends simply treating physical ailments; it's also about understanding the complex interplay between emotions, thoughts, and well-being. AP Psychology is the embodiment of that mantra. The memories of our engaging AP Psychology lessons resound in every meaningful interaction and course we've had at NSU-KPCOM.

During one of our Interdisciplinary Education and Professionalism (IEP) courses this year, we had a guest speaker present a video depicting a Muslim patient who initially declined cancer treatment, despite the doctor's attempts to explain the critical implications of refusing care. It was not until the patient's daughter intervened that the situation became clear. She explained that having a drip attached to her father would prevent him from entering the mosque, and he did not want to compromise his spiritual practices.

With this newfound understanding, the doctor and the patient worked together to find a middle-

ground solution that would allow the surgery to proceed without a permanent drip attached. This experience highlighted the vital role of tailoring treatment plans to each individual's lifestyle and beliefs. Without intervention from the patient's daughter, the treatment plan in place would have resulted in many negative psychological repercussions, including feeling like an outcast from his community of support.

This scenario reminded us of a concept emphasized in AP Psychology—the metaphor of an iceberg in the water. The tip of the iceberg represents the superficial information we gather from what we see and hear. However, beneath the surface lies a vast, complex world in each person shaped by factors such as past

experiences, culture, religion, family, environment, genetics, and more, which may not be immediately apparent from taking a patient's history on the first encounter.

Our journey toward becoming health care professionals began with AP Psychology and is a testament to our commitment to holistic medicine. This singular course altered the paths of our professional lives by offering us a humanistic perspective to healing. Thanks to our experiences in the class, partnered with our continued education at NSU-KPCOM, we are confident in our abilities to provide empathetic as well as comprehensive care going forward. It is unmatched in impact and has endowed us with the tools to recognize and manifest the type of doctors we choose to be. □



# Wellness Tips to Thrive in Medical School

BY MIIS AKEL, M.S. (OMS-III) AND ALENA BASHINSKAYA, M.S. (OMS-IV)

Our aim is to promote healthy eating and wellness among our peers and in the health care profession. However, amidst the demanding schedules of clinical rotations, studying, and work, we often neglect self-care while striving to care for others.

## EATING

The Mediterranean diet, considered one of the healthiest globally, includes fish, vegetables, fruits, nuts, whole grains, and olive oil. It favors lean meats like lamb or goat over fattier options, offering more omega-3s and iron. Despite its health benefits, many don't adopt this diet in their daily lives. We've come up with a condensed list of healthy meal options for you to get started.

### Breakfast

- boiled eggs on avocado toast
- omelet with parsley, mint, and peppers
- overnight oats made with almond butter and blueberries
- shakshuka (eggs made in diced tomatoes and peppers)

### Lunch

- grilled lemon chicken and quinoa bowl topped with hummus and vegetables
- chickpea salad with red onions, feta, and olives with an EVOO and lemon dressing
- village salad with cucumbers, tomatoes, lettuce, and bell peppers topped with grilled shrimp and sunflower seeds
- fattoush salad (mixed greens, radishes, tomatoes, and lots of lemon juice)

### Dinner

- oregano and garlic salmon with tomatoes, olives, sweet potatoes, and broccolini
- shish kebab (skewers of meat) with vegetables over a rice pilaf
- grilled chicken and vegetables over a lemon-parsley orzo
- oven-baked branzino with arugula, heirloom tomatoes, and eggplants

## EXERCISE/HOBBIES

Regular physical activity offers numerous benefits, including reduced disease risk, stronger bones and muscles, improved memory, stress management, better sleep, and enhanced mental health. Federal recommendations suggest adults aim for 150 minutes of moderate exercise per week, achievable with just 30 minutes a day, 5 days a week. Activities like walking, yoga, dancing, or kickboxing make exercise enjoyable and can be shared with friends for motivation. Starting slowly and gradually increasing intensity is key to injury prevention. Prioritizing physical activity is a simple way to enhance overall well-being and health for people of all ages.

## MENTAL WELLNESS

The rigorous schedule of medical school can take a toll on our mental well-being. Nonetheless, it is crucial for us to take care of our mental health in order to have the capacity to help others. There are numerous ways to incorporate meditative practices into our lives, because it only takes a few minutes for our minds to calm down. Pranayamas, or yogic breathing practices, are ancient techniques used to regulate our parasympathetic nervous system. Nostril breathing is one of these ancient techniques, involving the use of the thumb of the dominant hand to block one nostril while inhaling through the opposite nostril only. This cycle can be repeated as many times as needed, and this technique instantly allows relaxation to flow throughout the body. Journaling, walking in nature, standing barefoot on grass, reading a book, and watching a sunset are all different ways of grounding and tuning in with our deeper selves that can help us achieve peace and a calm mind.

Be kind to yourself, accept mistakes, and plan breaks to recharge during medical school. Self-compassion and rest are essential. □



*Miis Akel*



*Alena Bashinskaya*



## An Investigation into Pain

BY BINDIYA DESAI (OMS-III)

All day, every day, I hear about pain. A pain in the shoulders from sitting at the computer. A pain in the back from standing for too long. Headaches, sciatica, the list runs on and on. Every day, I ask the same questions: What does your pain feel like? When did it start? What would you rate it on a scale of 1 to 10? It's enough to make one cynical and jaded, feeling like the pain will never end.

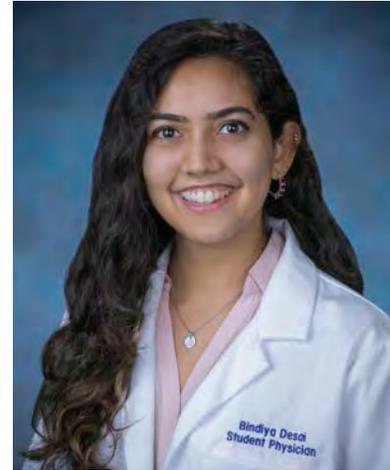
Every day, I remind myself that behind every scale of 1 to 10 is a quality of life that's on the descent. That every pain is unique, from start to duration to valleys and peaks. That each pain is a story, and I'm the audience—the only one willing to take note of their complaints and help. Actively listening, asking thought-provoking questions, following the threads, I'm like an investigator of pain. A title I wear with honor if it helps the patient to feel sane.

As an osteopathic fellow, I give every new patient my spiel—that we treat the body as a unit, not just the ailments they feel. We look at the

relationship between muscle and bone, usually finding areas of tightness and tension they've never known. In our room, they are in charge of their own treatment. Is this amount of pressure good? What have we missed? How can we improve? We ask because we like to be told.

A bond slowly develops between doctor and patient. A trust that we're both on a journey toward an ameliorated state. Month after month, they come for a visit, to get treated mind, body, and spirit. They enter the hour encounter wound up and at a low, leaving with their needs addressed and them feeling ready to go. Many describe the experience as life-changing and explain that they feel heard, understood, and briefly at peace. Our goal is to help their bodies feel lighter, lifting away their tension and stress, helping their futures appear a little brighter.

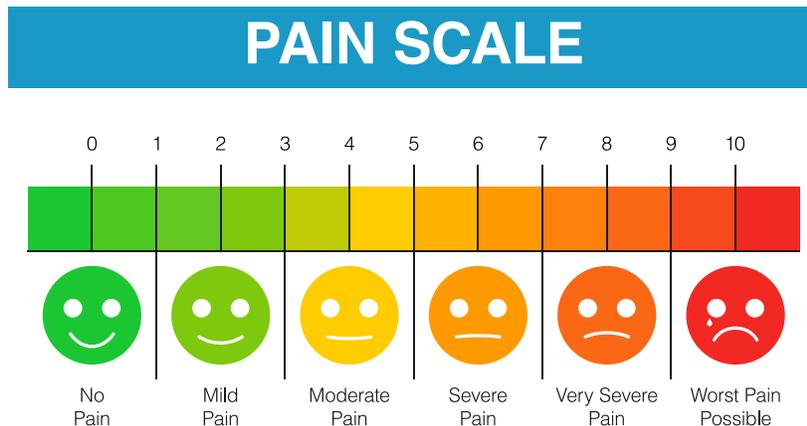
Many people don't have someone in their lives with whom to share their troubles. They shy away from expressing their true feelings of hurt and discomfort, preferring to live in a small bubble. Society tells them to



be brave and mask their pain. So, they don't ask for help. They carry their load alone, silently letting it weigh down their shoulders, building upon building until they reach the end of the road.

Every day, I meet new patients with new types of pain. And every day, I realize that pain is more than what we can see. Tension in the body builds in tune with tension in our lives. And although some pain might look the same, all pain is unique in the places we find it and the stories we keep.

A good doctor treats the patient's symptoms, but a great one treats the patient. A mantra I use to remind myself to never overlook the patient's true needs—of compassion and empathy, of understanding and comfort, and of the humanism at the core of every meet. □



# Empowering Change in Medicine

BY ELIZETTE RODRIGUEZ (OMS-II)

Entering the realm of medicine introduced me to a complex interplay between belonging, imposter syndrome, and the transformative power of addressing these issues head-on. Being the youngest among five siblings and the first to pursue higher education, the weight of success was both a motivation and a burden.

As I embarked on my premedical journey away from home, disparities in resources and socioeconomic backgrounds became apparent, fueling a sense of not fitting in. The initial drive for success evolved into an overwhelming self-doubt that seemed insurmountable, a sentiment exacerbated by the lack of discussion around mental health in my traditional Hispanic upbringing.

A pivotal moment arose during a national conference, where a Hispanic keynote speaker candidly shared her imposter syndrome battle, echoing my own struggles. This opened my eyes to the importance of openly addressing mental well-being. Breaking the chains of silence, I confided in mentors and peers, discovering a shared experience that transcended individual isolation.

Through time and effort, I nurtured a collection of healthy coping mechanisms, fostering self-confidence and self-acceptance. Celebrating minor victories and reframing weaknesses as avenues for growth empowered me to rewrite my internal narrative. The journey, however, proved to be nonlinear, marked by triumphs and setbacks.

While there's a certain allure surrounding medicine, there's a dark side that often remains unspoken: the high expectations, intense competition, countless hours of work, and an unrelenting pursuit of perfection, all of which we endure while neglecting our own well-being. The alarming prevalence of suicide within the medical profession underscores the urgent need to redefine the culture, recalibrate our perception of success, and normalize conversations about mental health.

In light of these revelations, it is imperative that we reimagine success within the medical field. This requires a twofold approach. First, enhancing diversity and inclusion are crucial. By increasing representation and dismantling gender and racial biases, medical institutions can foster an environment where students feel they truly belong, eroding the roots of imposter syndrome.

Second, we must establish a new paradigm for success by championing open discussions about mental health.

Creating spaces where vulnerability is not seen as weakness, but as strength, paves the way for supportive networks among students and doctors alike.

Promoting strategies to combat imposter syndrome contributes to healthier self-perception and reduced self-critique. Moreover, addressing burnout necessitates the commitment of medical institutions to prioritize the well-being of their employees and students. As we navigate the evolving landscape of medicine, one truth becomes evident: overcoming imposter syndrome requires reformation of medical culture.

The culmination of these efforts is a new vision for the medical field—one that celebrates diversity, inclusion, and belonging. By fostering an environment where individuals from all backgrounds feel empowered to contribute, and where candid conversations about mental health are the norm, we not only heal ourselves, but also fortify the fabric of medicine. As we stand together, students and doctors alike, we cast off the shackles of imposter syndrome and pave the way for a future defined by collaboration, compassion, and collective well-being. □



# How to Talk About Osteopathic Medicine

BY BRANDON PHILLIPS (OMS-III)

We owe a lot to the D.O.s of previous generations. More than any student or recently graduated physician today, they have risen through the harsh stigma historically placed on D.O.s and paved the way for the profession's recent rise as one of this country's fastest-growing and most-respected medical professions.

Ask any of them, and they'll tell you that gaining public trust isn't easy, and self-advocacy is critical. Three months into my clinical rotations, I've already been asked several times about osteopathic medicine by a patient, a student from an allopathic school, and even an attending. These are big questions, often with little time to answer, but I've found these great opportunities to connect with both the patients and the people with whom I'll be working. Here's a general response I've found that works well when asked to explain osteopathic medicine.

**Question:** "What is a D.O.?"

**Answer:** D.O. stands for Doctor of Osteopathic Medicine. They are physicians who receive extra training in addition to regular medical school in a type of hands-on diagnosis and treatment known as osteopathic manipulative treatment (OMT). One of its main goals is to help the body's natural ability to heal and restore balance (homeostasis). Osteopathic principles highlight preventative medicine, prioritize minimally invasive treatments, and recognize the interconnection between physical and mental health. D.O.s can work in any medical field and receive the same residency training as M.D.s after graduating from medical school.

**Question:** "Does OMT really work?" (I've gotten this question the most.)

**Answer:** Many studies support OMT, and some inconclusive studies note the difficulty in effective blinded research for noninvasive physical treatments in large sample sizes. Every treatment osteopathic physicians do is based on thousands of hours of training, and many patients achieve measurable results. This gives osteopathic physicians more options to help patients in conjunction with treatments like pharmacotherapy or surgery, if needed.



Why do I explain it this way? This is a quick "reasoning"-based approach tackling some common follow-up questions. The exact wording isn't what's important here; it's the overall message. My goal is to be informative, engaging, and not defensive when faced with skepticism.

Of course, depending on the people asking, you will need to tailor these responses to their familiarity with the current medical system in the United States and their own medical knowledge. It's all about the right tone and delivery.

I want to show the sincerity with which osteopathic medicine approaches medical care, while avoiding drawing unnecessary comparisons that may alienate or polarize someone who might simply be curious. Ultimately, it's not about what makes health care professionals different, but what unites us most—doing what is best for the patient.

These conversations are important, because we are the representatives of the next generation of D.O.s, and building these connections one at a time means a brighter future for all of us. □

# IHI MOBILITY: Paralysis Initiative Scholarly Report

BY KIELY CURRAN (OMS-III)

The Internal Health Initiatives (IHI) MOBILITY Team's Paralysis Initiative goal is to provide support and independent mobility to a patient in the Miami-Dade community, while also providing advocacy for this population and discussing the obstacles to health care this population might face.

This article discusses the background of the patient and his needs, why the patient will benefit from receiving a motor for his wheelchair, and how the team was able to raise the funds necessary to support the initiative.

**Background:** The IHI MOBILITY Team's Paralysis Initiative is based on the premise of giving independent movement to a member of the Miami-Dade community who suffered a traumatic brain injury and is not paralyzed. The client the team helped advocates for young patients in the Jackson Memorial Hospital System who have recently survived similar accidents. The client is a light in the community and has been unable to support the purchase of a new wheelchair due to the excessive cost. He recently became a father to a beautiful young girl and finds it challenging to navigate with his old, cumbersome wheelchair. The project began as an initiative to fund new braces for this client, but was redirected to purchasing a motor to power his wheelchair.

**About the Patient:** In 2018, the patient suffered a traumatic spinal cord injury. Since then, he has been recovering through rehabilitation physical therapy, serving as a spinal cord injury advocate in the Miami-Dade community. The patient, who uses a wheelchair, attends weekly therapy sessions at the Miami Clinic and is grateful for the promise of a motor for his wheelchair to assist in his transport due to his highly active lifestyle.

**Wheelchair Motor:** The money raised by Project MOBILITY funded a motor for the patient's wheelchair. This motor allows for ease of transportation beyond the traditional hand-powered chair.

**Fundraising:** The IHI MOBILITY Team funded the purchase of a motor for the client's wheelchair through a social media promotion and a splint clinic that required donations for entry. □



**The money raised by Project MOBILITY funded a motor for the patient's wheelchair. This motor allows for ease of transportation beyond the traditional hand-powered chair.**

# The Role of Ayurveda in Modern Medicine

BY SIYA KHANNA, M.SC. (OMS-IV)

In the past four years of my training as an osteopathic medical student, I have gained a deeper understanding of the human body and its functions. The medical school curriculum immerses you in the pathology, physiology, and pharmacology of various diseases; however, it was not until my clinical years that I began to understand the human body from a different lens, gaining insight into the branches contributing to the art and science of healing.

One practice that captured my curiosity is the ancient practice of Ayurveda. Rooted in centuries of tradition, Ayurveda is a holistic system of medicine originating from India that offers a unique approach to understanding health and well-being.

The core philosophy of Ayurveda revolves around the belief that the body is an intricate microcosm of the universe, with its balance tied to the five elements of nature—earth, fire, water, air, and space. Individuals can be categorized into three main doshas: Vata, Pitta, and Kapha, each corresponding to a combination of the elements. Vata, a combination of air and space; Pitta, a combination of fire and water; and Kapha, a combination of earth and water, are ancient principles of medicine that influence an individual's physical, mental, and emotional traits.

Vata individuals tend to be active, energetic, creative, flexible, always on the go, and sensitive to the cold. When out of balance, these individuals may have poor circulation and are prone to digestive issues.

Pitta individuals tend to be passionate, ambitious, goal-oriented, natural leaders, and sensitive to hot temperatures. When out of balance, these individuals are prone to inflammation, irritability, and digestive imbalances.

Kapha individuals tend to be nurturing, calm, and stable. When out of balance, these individuals may become sluggish and experience respiratory issues or weight gain.

Through identifying an individual's predominant dosha, Ayurveda tailors its treatments to restore harmony and balance to the mind and body. Rather than focusing on treatment of the disease, Ayurveda places an emphasis on prevention and aims to detect imbalances in the body prior to them manifesting as physical illness.

Ayurvedic practitioners heal through personalized lifestyle modifications, dietary changes, and herbal remedies. A few examples include

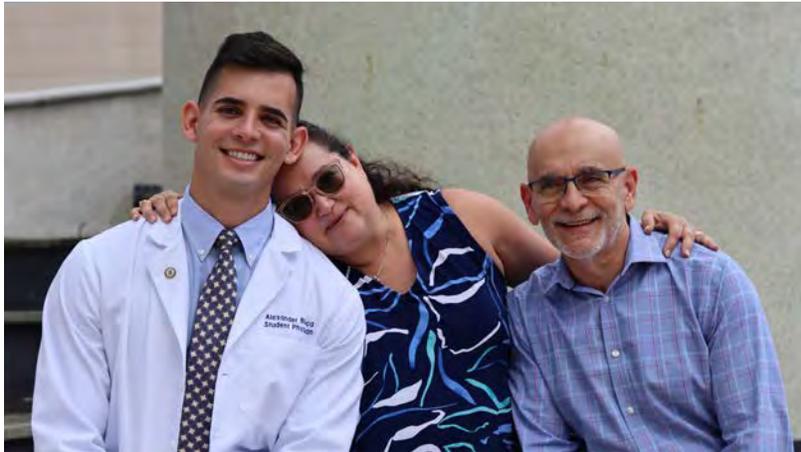
- **Mindful Eating:** Mindful eating is encouraged by taking the time to savor each bite, chewing our food thoroughly, and appreciating the nourishment our food brings.
- **Prioritizing Rest and Sleep:** Proper rest is vital for cognitive function and memory consolidation. A consistent sleep pattern and relaxing bedtime routine are advised.
- **Connecting with Nature:** After spending most of our days in a clinic or hospital environment, connecting with nature is therapeutic. Ayurveda emphasizes being outdoors, going for walks, and embracing the healing power of the natural world.

Ayurveda's unique approach to patient care embodies the osteopathic tenets, stating that the patient's health cannot be viewed in isolation, but rather as a reflection of the patient's entire being and environment. Bridging the gap between this ancient wisdom and modern science can open new avenues for patient care and expand our understanding of health and disease. □



# Rotation Reflections

BY ALEXANDER BLANCA (OMS-III)



I'd be lying if I said the first day of my inpatient psychiatric rotation wasn't a little intimidating. After being granted my access badge, I brushed off my white coat and rode the eerily slow elevator to the second floor, where all the patients' rooms were.

Those who had been there a while paced the hallways wearing hospital gowns, while newer patients sat around in civilian clothes. Others wore orange jumpsuits, signifying that they were undocumented patients being detained by U.S. Immigration and Customs Enforcement (ICE) at the clinic for an undisclosed period. I took in all of the sights, sounds, and smells the clinic's second floor had to offer on the way to the conference room, where I was given an overview of my duties and expectations.

Soon after my introduction to the residents and doctors, I set out with a resident who managed several undocumented patients, most of whom spoke Spanish.

Coming from a Spanish-speaking household with immigrant parents, speaking Spanish in the medical setting is important to me and one of the reasons I desired to stay in South Florida for rotations and beyond. Nervousness morphed into excitement thanks to the opportunity to speak with these patients and help interpret their feelings to the resident in the cultural context from which they stemmed.

The conversations I had while rounding that first day with patients from Spanish-speaking countries throughout Central and South America, as well as the Caribbean, were emotional and powerful. Most were soft-spoken, perhaps having lost some of the power in their voices after being placed in an unfamiliar environment for an unknown period.

It's not difficult to imagine how stressful being detained by ICE would be as an immigrant. Now,

imagine that in a psychiatric hospital where they aren't allowed to leave. They spoke about their desire to see the sun and feel its warmth. They spoke about wanting the opportunity to read a book or choose a movie to watch and call their families. More than anything, they asked me when they were being discharged.

The way these patients spoke about the basics in my life that I take for granted shook my entire perspective. I felt sad but determined to advocate for the patients who entrusted me with their feelings, having only just met me.

I've made it a point to speak on behalf of my patients every day during our treatment meeting to ensure no one is overlooked and the patients get their basic needs met. As a medical student, there is not much I can do regarding treatment plans or government-sanctioned detainment, but being able to advocate for patients has been the most rewarding aspect I've experienced in medical school. Regardless of what type of physician I become, I've learned to fight for my patients, because you never know if they have anyone else who will. □

## How to Live Forever: An Accidental Guide

BY ALEXANDRA LENS (OMS-II)

There are roughly two ways people become saints. They either change the world or they die. But countless unknown people deserve that title, leaving an immeasurable impact on their loved ones. My abuela was one of them.

I remember how she would prepare arroz con frijoles and a banana for me with every brown spot scooped off. She would bring me gardenias from her garden whenever I felt down; it's still my favorite flower. (*Step 1: Love deeply in your own language.*) She could alter any clothing to fit me perfectly. Whatever ailment I had could be cured by an elixir called Mentholatum, but the real magic was in how she applied it. (*Step 2: Always help others to the best of your ability.*)

She passed away just before I started my OMS-II year. She lived a fulfilling life but had been sick for a while. I knew it would happen, but it somehow still shocked me when it did. It hit me hard, because she's always been there for everything, and now she isn't.

One annoying thing about this world is that no matter what happens to you, everything just keeps going, business as usual. Keep writing that paper, and keep answering emails. "Maybe this will help," I thought. "I should put my focus on other things." I'd pack the surplus of time and dedication that used to go toward her and send it to that next exam, research project, or volunteer event. It eased the pain temporarily, but when I came home, the wave of packaged love would come back to



crush me with that label: "Return to Sender."

My only solace was finding ways to feel close to her. I'd wear her clothes, watch old videos, or reminisce on her funny stories (*Step 3: Tell stories of all you've seen and learned.*) For a moment, I'd forget she was gone. Then I'd get the urge to tell her something, but I could only imagine her response.

Her physical absence weighs heavily, but her emotional presence remains in things like her artwork, travel souvenirs, and recipes. (*Step 4: Share the things you enjoy.*) Even on the worst days, I'll never forget how present she was and how often she said she was proud

of me. (*Step 5: Make the most of each day.*)

Looking back on her life, I realize she accidentally found immortality: She loved and learned so much. She was generous with her gifts and compassionate toward others. Every day, she left something better than how she found it.

Something will get us one way or another—heart failure, car accident, cancer. But none of those awful things can ever touch the impact we have on others. Our bodies were only made to last a little while, but Abuela is beyond such worries now.

She will live forever, because she gets a second life through me—and all those who come after me. □

# Don't Save the Candles

BY LILY TEHRANI (OMS-II)

When I was 16, my grandmother brought back my favorite dessert from her trip to Iran called zoolbia—a delicate pastry made of saffron and sugar. I was so excited, but knew I had to save them for the right occasion, so I tucked them away in the pantry, waiting for the right day.

Months passed, and the day I looked in that same corner, I realized I had forgotten about the dessert. I opened them to find brittle, hard, dried pieces of sugar. Although this mundane event seems irrelevant, it was a transformative experience that taught me one of the most valuable lessons in young adulthood.

Oftentimes, we reserve things we're eagerly anticipating for a noteworthy occasion. Be it the expensive perfume set aside for a fancy evening or the indulgent delicacy we believe we haven't earned yet, we live life waiting for the right occasion. My experience was one of the first of many that taught me that life is the occasion. Had I known my favorite dessert would rot untouched in the pantry, I would've set it out to enjoy with friends and family over tea. From that day forward, I swore to live by the philosophy "Don't save the candles."

For a long part of my life, I swore to save the best for last. I loved having something to look forward to and daydreamed about the special day that gave me the opportunity to use what I wanted. My favorite candle had a place on the shelf instead of burning while I worked. My airline miles multiplied every year instead of buying the flight to Europe like I promised. My freezer housed the cookie dough ice cream until I trained five days a week.

I realized our society has defined celebration incorrectly. A celebration isn't an event that just has to occur when something monumental happens, like a graduation or a promotion. Anything good that happens in your day can be a cause for celebration. Creating opportunities to celebrate the little things in life can help transform life into a series of meaningful moments.

The human brain is inherently inclined toward negativity, ruminating in things that go wrong or don't work out in our favor. Having the power to identify the good in our lives and taking a moment to celebrate them can help shift our perspective into one that's filled with gratitude.



Now, I intentionally seek things to celebrate on a daily basis, whether it be a good grade on a test or simply making it through an entire day of lectures. In doing so, I've come to realize that you can get another candle, but you can't get another day. This mindset shift has allowed me to embrace each moment as an opportunity for appreciation. □

**Creating opportunities to celebrate the little things in life can help transform life into a series of meaningful moments.**

## Ofinger

BY DZANA KOVACEVIC (OMS-II)

“Can you give me a finger?”

23 years ago, my parents decided to leave Bosnia to come to the United States. With no knowledge of the English language, culture, or where we would even live, my parents made the decision to provide a better life for my sister and me.

I don't remember much about our life back in Bosnia. One of my earliest memories, however, was on one of the flights from Sarajevo to Queens, New York. This was back when they would welcome their passengers with chocolate candies placed at every seat. I remember walking through the aisle and collecting as many as I could before we arrived at our seats.

My parents more than likely spent the past 10 hours crossing the Atlantic Ocean worrying about how we were going to make it in a country where they didn't even know the English language. Meanwhile, I was in candy heaven.

We eventually moved into a small apartment in Palm Beach Gardens, Florida. My mom started a job at T.J. Maxx. She was a sales associate and worked long hours, while my dad carved his own path as a small business owner. One day, my mom was working in the fitting rooms. In an attempt to communicate with her coworker, she confidently asked her, “Can you give me a finger?”

**Ofinger** *noun*

*The Bosnian word for clothing hanger*

As you can probably deduce, my mom's English skills weren't very developed at this point in time. She would tell this story with lightheartedness. We would laugh and think about just how silly the moment must have felt. Today, I see it from a different lens. I see it from the lens of a courageous woman who sacrificed everything for her children. I see it as a moment that really defines the immigrant experience.

Today, my parents live out of state. My mom still works for T.J. Maxx as a store manager. When I face challenges in life—or after a particularly difficult exam—I often find myself at the nearest store. I walk the aisles and silently laugh to myself when I pass the fitting rooms, thinking about my mom's “ofinger” moment. It helps me feel closer to her. It serves as a gentle reminder of my family's sacrifice and fills me with appreciation that I get to be a medical student in the United States. □



# Shadows and Light: An Asian American Journey Through Psychiatry

BY TEVIN SOLOMON UM (OMS-III)



Growing up in an Asian American household, my life was a beautiful hybrid of vibrant Eastern traditions steeped in the limitless possibilities of the American dream. The immigrant resilience of my parents and their academic expectations forged my path toward medicine—a profession where I could satiate my curiosity for the complexities of the human mind.

My interest in the psychiatric field was a silent ember, initially stoked by my fascination with human values and memories. However, my culture's ingrained stigmatization of mental health often reduced my burning curiosity to a flicker. Encased within a heritage viewing mental illness as a mark of weakness or shame, I veiled my passion, seeking a more “acceptable” medical specialty.

Yet, as I traversed through the rigors of medical school, I found my initial fascination with the human psyche rekindled. The heartaches and triumphs etched in my experience magnified the importance of mental health, fortifying my resolve to specialize in psychiatry.

However, my family, woven in traditional Asian values, resisted my chosen path, fearing societal backlash. I was torn between the cultural heritage I deeply respected and

the professional path to which I was inexorably drawn. But it was a gap I was determined to bridge.

My first rotation was in internal medicine, a clinical universe brimming with medical complexities. Amid this world of beeping monitors, I first encountered a psychiatric patient named Tim.

Tim was not a textbook patient suffering from Parkinson's disease. He was a living, breathing, fighting embodiment of resilience. Parkinson's had slowly but unyieldingly stolen his control over his physical and mental self, transforming this once respected mechanical engineer and lover of sudoku into a shadow of his former self.

But it was Tim's spirit that had profoundly impacted me. His life had become a delicate dance between medication management and maintaining his valued life quality. He was not merely combating the tremors, hallucinations, and mental fog; he was fighting to retain his identity, to live a life that echoed his choices rather than the consequences of his disease.

Our conversations delved deeper than juggling pills. We spoke of fears and hopes, frustrations and victories, reality and aspirations. I straddled the line between provider and confidante—a position both challenging and rewarding.

Working with Tim, I realized that the essence of psychiatry was rooted in empathy. It was about unraveling the mental labyrinth, acknowledging the struggle, and offering solace. These moments cemented my passion for psychiatry.

Embarking on my journey as an Asian American in psychiatry is a constant act of balancing my cultural heritage with my professional commitment. Each patient I encounter and each stigma I challenge take me one step closer to harmonizing facets of my identity.

My narrative as an Asian American medical student in psychiatry is a testament to the resilient human spirit, the quest for mental health understanding, and the potential for change. It is a journey that has just begun, yet I am ready to traverse, with the shadows of the past and the light of hope guiding me. □

## Mi Chiquita, La Doctora

BY RAPHAELA GAME (OMS-II)

*“Whatever you do, be great at it!” —Dad*

And the whispers that came after that were always, “You would make a great doctor!”

Growing up in a first-generation immigrant family, there was an unspoken pressure to earn the space we have and not just take it. Every move we made needed to make sense, and there was no one there to help it make sense, just in its judgment. I will never fully understand the sacrifices my parents made trying to immerse themselves in a new world. And because of that, I needed to show them their sacrifices weren’t in vain.

I used to fight the idea of being a doctor. It was in every immigrant story: “Mi Chiquita, La Doctora.” I couldn’t understand what that meant to them. It was as if their worries were all thrown out the window because their kid made a valiant journey here to be something this country would deem acceptable. Like, “Ha, we made it, as immigrants, my kid did this, now we deserve to be here, ACCEPT ME.”

It was a heavy weight to carry on my journey, but it also gave me the strength to keep moving. It was my parents’ belief, their support, their love, their advice, their hugs, and their constant reassurance that led me to where I am now.

It only dawned on me what this all truly meant when I volunteered at a health fair in an underserved neighborhood with primarily Hispanic families. I will never forget when one mom and dad approached me, pointed at their daughter, and said, “Mi hija, la futura doctora...como tu!”

The look of excitement and hope. I knew the journey for me didn’t mean a place of acceptance to be here. It meant creating a place for their daughter. Not because she needs to earn her place, but because I want to open a space where she feels like she can.

Throughout my journey in medical school, my friends can tell you I have my own way of pronouncing things. But it’s not my way of pronouncing them. It’s how I grew up hearing my parents say them. And so, I choose to raise my hand, ask my questions, and make my mistakes. Because with me, I carry a little piece of them. And with that, I create a little space for them. And like them, I’ll always lead with empathy and create a space next to me for whoever needs it. □

**It only dawned on me what this all truly meant when I volunteered at a health fair in an underserved neighborhood with primarily Hispanic families. I will never forget when one mom and dad approached me, pointed at their daughter, and said, “Mi hija, la futura doctora...como tu!”**





## A Look into Medicine from a Child of Immigrants

BY NA MY HE (OMS-IV)

Growing up, the narrative in my household was reminiscent of many immigrant tales: America, the land where dreams blossom into reality. My parents arrived with hopeful hearts, only to grapple with multiple failed businesses, and eventually found solace in humbler professions like nail artistry.

Despite their hurdles, they pinned their aspirations on my siblings and me, believing in our inherent strengths. Initially, they saw potential in my artistic pursuits; however, the announcement of my decision to walk the medical path was met with overwhelming joy. In their eyes, the field of medicine was unblemished, a beacon of hope and prosperity.

It's not entirely misplaced; the privilege of practicing medicine is revered worldwide. But the golden image, especially radiant in the minds of immigrants, often glosses over the nuanced challenges. They couldn't

fathom the complexities, the exhaustive nights, or the mental weight accompanying the journey to becoming a physician. For them, medicine was juxtaposed against their history of escaping war zones and seeking refuge. How could their child, with a sheltered roof and provided with the privilege to practice medicine, be struggling so deeply?

The medical path, laden with its ceaseless anxiety over exams, doing well on clerkships, and balancing relationships with oneself and others, becomes a silent battleground. Being the child of nonmedical immigrant parents introduced an additional layer: bridging the understanding gap.

The disparity in perceptions can occasionally brew tensions. For many immigrant parents, the act of studying, in contrast to their physically laborious jobs, might appear straightforward. However, as I inch closer to

concluding my medical school journey, I've observed a transformation in their perception. They've begun to recognize the intricacies and appreciate the effort medicine demands.

Our paths, laden with distinct challenges, might never completely align in understanding. But there exists mutual respect for the hurdles we, as medical students, face. Immigrant parents outside of medicine might struggle to grasp the medical school experience fully, but the reverence for hard work remains a common thread, binding our stories together.

As you navigate your medical journey, remember not to shy away from speaking your truth and your struggles. Remember what you are feeling is valid. And remember that beneath the layers of confusion and varying expectations our immigrant parents may express lies an unwavering foundation of love and support. □

# The Night I Met You: Learning to Face Loss in Health Care

BY CASSIDY CARRASCO (OMS-IV)

It was my first OB-GYN night shift. I donned the flimsy hospital scrubs and went to the tracking board. IUFD. The letters on the screen were listed next to a new patient's name. Intrauterine Fetal Demise. Stillborn.

That was the first moment I heard your story. You died at 30 weeks. This was your mother's first pregnancy, and likely her last due to her advancing age.

"What now?" I asked.

"We wait."

The symbol on her door was a dewdrop on a leaf, the only signal to those who passed by of the loss occurring in that room.

I heard pieces of conversation as I passed through lounges and locker rooms: She still hasn't given birth..." "I hope it happens after my shift..."

How must she feel lying in that hospital bed? Amidst the bustling labor and delivery floor, with cheers from nearby rooms and the cry of newborns, your mother remained hidden behind that closed door.

"No one cares," she cried. The nurses patted her on the shoulder and gave her more medication, trying to coax her body into giving birth. I felt useless. I brought her cups of ice, as if that could ease her pain.

Four nights later, the news came that your mom was giving birth.

Quiet.

That was the first thing I noticed when I walked into her room. Hushed tones and dimmed lights. A contradiction to the deliveries I was accustomed to.

Ten minutes later, you were born. There was no cry, only that solemn silence.

I followed you to the next room. Most medical students see their first body in an anatomy lab—a sterile room surrounded by peers and fumes of formaldehyde. It was different for me. Thanks to my online COVID-era education, you were the first body I had seen.

I helped dress you in the clothing your parents brought. We carefully posed you to look as if you were peacefully asleep, capturing photos for your family. I meticulously took your handprints and footprints: I was a medical



student turned mortician. Nevertheless, I embraced the role. This was my way of offering your family support.

Once we finished, the pictures and clothing went into a little blue box that was wrapped in a bow. I handed this to your parents—a box full of mementos was all they would ever have of their son.

I stepped out of the room, leaving behind its somber stillness. The fluorescent lights and gleaming floors welcomed me back, as I was swept away by the hustle and bustle of the hospital. The patient in room 8 was complete and pushing, three scheduled cesareans were waiting in triage, and the patient in room 4 wanted an epidural.

This was the side of medicine every student would inevitably experience—learning that we must confront death with grace and compassion before moving on to our next patient without breaking stride.

As I walked away from the door with the leaf, I knew I would never forget you. □

# Embracing Diversity: The Journey of an Immigrant Medical Student

BY CHRISTIAN SANCHEZ CORREDERA (OMS-I)

Becoming a medical student is a formidable challenge for anyone, but the journey is often infused with additional layers of complexity and resilience for immigrant students. As the world becomes increasingly interconnected, the diversity of medical school cohorts has expanded to include aspiring doctors from all corners of the globe. These immigrant medical students bring unique perspectives, cultural richness, and a profound sense of determination to their pursuit of medical education.

When I was seven, my father decided to emigrate alone from Cuba to the United States in search of economic stability and a hopeful future. It took six years for us to reunite again, this time in a highly stratified, low-income community where 20 percent of residents lived below poverty income levels. Growing up, my exposure to Latino physicians was minimal, and seeing the lack of representation of minorities in a professional health care setting made me believe I was unsuitable for such a career.

For many immigrant medical students, the desire to study medicine originates from personal experiences in their home countries or within their families. Witnessing health care disparities, lack of access to medical resources, or having a family member who battled illness can ignite a deep-seated passion for medicine and healing.

The struggles I experienced in seeing a physician who assimilated into my social, racial, and cultural background encouraged me to transcend these social barriers. I encountered language difficulties, unfamiliar customs, and different educational systems in the process. The cultural adaptation process requires resilience and an open mind to embrace the richness of diversity, while also preserving one's own cultural identity.

Embracing diversity in medical education enhances the collective knowledge of the medical community and drives progress in the field. From my experiences, one of the most significant contributions of immigrant medical students lies in the depth of cultural sensitivity and empathy we bring to our medical practice.

Having experienced life in different countries and societies, we uniquely understand diverse perspectives



and cultural norms. This invaluable trait enables us to connect with patients from various backgrounds, facilitating better communication and fostering trust in the doctor-patient relationship.

As a first-generation college student, and now a medical student, I can't say it has been easy. The lack of resources and guidance were difficult obstacles to overcome. My upbringing taught me how to take on challenging experiences and come out better on the other side. The journey of being an immigrant medical student is a testament to courage, perseverance, and the pursuit of a higher calling. As the world continues to evolve, medical schools increasingly recognize the value of diversity and the contributions of immigrant students to the health care landscape.

Embracing cultural differences and learning from one another enhances the quality of medical education and the care provided to patients worldwide. As a current first-year student, I strive to be part of the next generation of physicians representing and improving access to care for ethnic and racial minorities. □

# Student Physician Barbie

BY DJELLZA RRUKIQI (OMS-II)

Hello everybody, I'm student physician Barbie. I can't help but reflect on the profound themes of patriarchy after a recent night spent watching the *Barbie* movie. These themes feel particularly resonant in the field I've chosen to pursue.

As a woman in medicine, I've frequently encountered surprises from others. It's disheartening to share that I'm in medical school and be met with responses like, "Oh, that's great, you want to be a nurse."

These seemingly innocuous remarks often carry the weight of microaggressions. Throughout our careers, we

continue to face inappropriate comments, even after consistently proving ourselves. Questions about our reproductive plans still seem to come up, and our appearance is unfairly used to stereotype us, especially when we show interest in pursuits considered traditionally feminine.

It's exhausting to awkwardly laugh or pretend we didn't hear these comments. The question lingers: Will we ever reach a point where our achievements speak for themselves, regardless of gender? Will we ever be "kenough?" □



## Striking a Balance Between Family and Medicine

BY VINCENT LEE (OMS-III)

There's no doubt that attending medical school is a challenging process. As a nontraditional student with a wife and child, balancing home and school life has been an adventure.

Before starting school, I worked as a clinical lab tech. Although I had a mix of full-time and on-call schedules, once I was home, my job was over. I was free to spend time with my family without any lingering work obligations. However, when medical school began, there was a significant change. I had classes that could last the length of an entire work shift, and there were also materials I needed to study at home.

Initially, I hoped to find a perfect balance between home and school. I soon realized that aiming for a consistent balance is unrealistic, because what's balanced for me differs from what's balanced for my wife and daughter. Despite the adjustments, we've grown to cherish and make the most of our shared moments.

For instance, when my daughter was learning about farming at her school, we visited a farm to learn about fresh fruit, vegetables, animals, and the natural way of life. She adored feeding and interacting with the farm animals. It became a memorable bonding experience for all of us.

One challenging aspect has been feeling isolated from my peers. I've had to acknowledge that my schedule is unlike most of my classmates. Navigating doctors' appointments,

school events, and extracurricular activities for my daughter often took precedence. Fortunately, I've found comfort in studying with classmates who also juggle parenting with school responsibilities. Recognizing that this situation is both temporary and unideal makes the sacrifices more bearable and moments with my family more treasured.

I'm embarking on my clinical rotations this year. Hospital visits mesh well with my lifestyle. It somewhat mirrors the way I allocated

my time before entering medical school. The clear distinction between hospital and home life enables me to manage my time efficiently. At the hospital, my primary concerns are the patients and my studies. At home, my focus is on my family.

Reflecting on the last two years of medical school, it's been an astonishing journey. The unwavering support from my family has been pivotal, and I couldn't have progressed this far without them. □



# Pursuing My Purpose

BY YATIN SRINIVASH RAMESH BABU (OMS-II)

The Broward House community shelter was filled with people in despair, suffering from various diseases. It was my first day on the job as a volunteer, and I was introduced to Simon, a feeble, 50-year-old CKD patient. I took him to the hospital for a routine checkup—a process that lasted an entire afternoon.

Famished, I asked Simon if he'd like to eat before heading back. He was hesitant, and even surprised, that I asked him in the first place. Being separated from his family and friends since early adulthood, he wasn't used to anyone being nice to him, although all I offered was a measly McChicken from the dollar menu.

When the food came and Simon took his first bite, he showed the brightest smile I'd seen all day. I was shocked. So little brought so much joy. Although I was content that I made Simon's day, I felt sickened by his loneliness and the neglect he had been subject to from both society and medical professionals for the majority of his life. My exposure to this novel, yet jarring, reality made me question why I really wanted to pursue medicine in the first place.

My fervor for medicine grew out of a passion for the sciences. It was nurtured through my experiences inside and outside the classroom, specifically research on topics I found most interesting. While I want to integrate research into my career, following my interaction with Simon, I discerned that the distant methodical perspective from a lab bench could actually perpetuate the



emotional neglect and lack of compassion I found so repugnant.

This same zeal was cultivated in the hands of the physicians who imparted to me an endless love of learning and the cognizance that throughout their careers, every physician is both a student and a teacher. Still, after six months at their private practices, I was unequipped for the blue-collar community shelter and my incident with Simon.

While I appreciated the exchanges with patients of different socioeconomic backgrounds at the weekend clinic in my hometown where I volunteered as a translator, despite being conscious of their poverty, I was unaware if they sustained any emotional loneliness and neglect.

In reflecting on my experience in the shelter, I soon understood that the bond between Simon and I was

the last piece in the puzzle that resolved the “why” I wanted to pursue medicine. I aspire to be a physician who grows from the challenges presented to him, and medicine offers a lifetime's worth of such chances.

I'm glad I met Simon. My encounters with him and many others drove me to commit to a career as a physician—the only career I see myself pursuing. I want to be a physician who, without fail, has a minute to comfort all his patients no matter their circumstances.

Yes, research is significant. Yes, medicine emphasizes clinical approximations. And yes, medicine mandates infinitely curious doctors. But above all else, as I learned in Broward House, medicine requires ubiquitous care and compassion—and sometimes a McChicken. □

# Reflections on the Duality of the Medical Student

BY ALEXANDRA URDANETA (OMS-IV)

“It’s like drinking water out of a fire hose.”

I realize that this statement, repeated continuously to us before beginning the medical school journey, vastly underestimated the true essence of our experience. Yes, it’s like drinking water from a fire hose, but what they neglected to mention is that the house is on fire, the walls are closing in, and the roof is crumbling. The fire rages on, and we must continue to drink from the hose; we must keep going.

...Until we can’t.

And it is these moments that are the most difficult. They are the loneliest, yet the thoughts are the loudest.

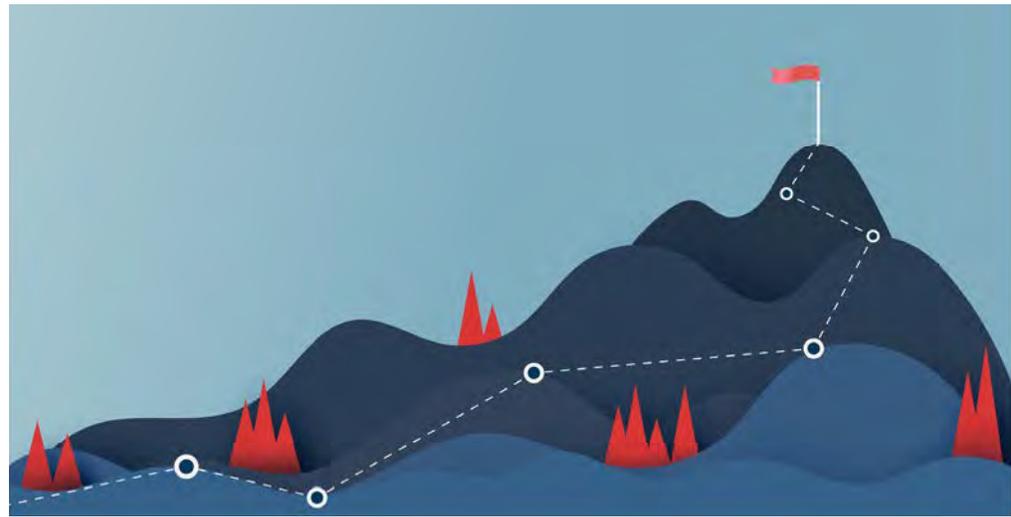
“What is wrong with me? Why can’t I be like everyone else?”

Stop. Breathe. Inhale, exhale.

Nothing is wrong with you. Everyone else is going through it, too, and you are doing a great job.

The narrative of resilience can sometimes blur the lines between self-preservation and self-neglect. A relentless pursuit of excellence blinds us to the truth that our own well-being matters as much as our professional success. The pressure to be there for everyone, to be unyielding in the face of challenges, obscures the fact that it’s okay to ask for help and to acknowledge that we’re only human.

The moments when we feel overwhelmed and wonder why we’re struggling while others appear to



thrive are the crossroads of growth. It’s during these moments that we must remind ourselves that we are not alone. The collective weight of medical education is borne by each of us, and our struggles are shared. It’s a humbling realization that can help us shift from isolation to community, from self-doubt to self-assuredness.

The process of normalizing an imperfect timeline, acknowledging our vulnerabilities, and embracing life’s challenges is not a sign of weakness but an affirmation of our strength. We are more than our academic pursuits; we are caregivers, friends, partners, and, most importantly, human beings deserving of compassion, especially from ourselves.

As we journey through our careers, let’s remember that it’s okay to prioritize our well-being.

The walls may seem insurmountable, the fire unrelenting, and the water never-ending, but we possess the resilience to navigate these challenges. The fire hose doesn’t need to be your constant companion; you have the power to wield it at your own pace, with moments of rest woven in.

By embracing this truth, we can begin to pave the way for a healthier and more balanced medical community. Embrace your journey, honor your duality, and know that these lessons will serve as the foundation for an impactful medical career—one that thrives not only in the pursuit of knowledge, but also in the light of self-compassion.

So, remember: Stop. Breathe. Inhale, exhale.

Nothing is wrong with you. Everyone else is going through it, too, and you are doing a great job.

Repeat it until you believe it. □

# Wished Away

BY MATTHEW VIGLIOTTA (OMS-II)

“I hope today goes by fast.” “I need this week to end already.” “I wish this semester would be done and over with.” I’ve said each of these phrases many times, as I’m sure most other students have as well.

In elementary school, I couldn’t wait to move on to middle school. Sure, elementary school was fun, but middle school meant a whole new campus and just an ounce more freedom. The excitement of multiple classes rather than a single classroom all day kept me wishing for sixth grade to arrive faster.

In middle school, I was one of the unlucky students who lived close enough to walk to school. I dreamt of the days when I no longer had to walk home in Florida’s brutal heat. I wanted to ride home in my own car, playing my own music, and blasting my own cool air conditioning. I wanted high school.

High school was good for a while. I was able to pick my own classes. I represented my school in the sports I grew up loving. I even drove my own car to school, just what middle school me had always hoped for. Life was great, but the “best four years of my life,” as everyone around me described them, were right in front of me. College was coming, and toward the end of my K–12 life, it could not come soon enough.

When I arrived at Florida State University, I had everything an 18-year-old could ask for. The 24/7 freedom was one of the only things high school lacked. College was everything I had expected, but when the fun of it died down, and the end began to near, I started to fast-forward over the final moments again. It was time to start learning about the things directly relevant to my future career. It was time for medical school to begin.

Medical school has definitely shown me that some weeks are far better than others. Instead of wishing away the rough weeks, I have started to learn to enjoy them. I have begun to accept the challenges of the difficult weeks and face them head-on, rather than waking up on long days hoping they will pass by fast.

As I progress through the rest of medical school, the demanding days will be plentiful. Much sooner than I expect, I will be applying to residency programs to continue my medical career. However, this time, I don’t want that day to get here too quickly. I truly hope to one day be fortunate enough to look back on my medical school journey and know that I appreciated each and every day, without wishing them all away. □



## Being Both a Medical Student and a Patient

BY SARAH KLEIN (OMS-IV)

What an honor it is to be a medical student. I've studied the intricacies of the human body, the art with which our cells interact, and the silent encroaching of disease that develops over decades, plaguing and swallowing us whole in the end. I've learned about these diseases at arm's length, like relatives who are close enough to see on holidays, but not close enough to show up unannounced.

What an ultimate honor it is to be a patient as well. The honors are abundant when you know one of these diseases as intimately as I; it shows up, unannounced, all the time. I know not only its outspoken features, but its intricacies, complexities, and vengefulness.

I've had the privilege of suffering at the hands of gaslighting physicians for the pleasure of never becoming one of them.

I've had the privilege of being dismissed from so many doctors for the pleasure of knowing the courage it takes to pick oneself up and try again, wielding one's last ounce of trust. I have learned this courage so my patients don't have to.

I've had the privilege of doing the research doctors wouldn't do for me, convincing them to do treatments and exams I felt were necessary, and only earning their belief when the pathology results confirmed what I had been saying all along. I have learned to advocate for myself so my patients won't have to.

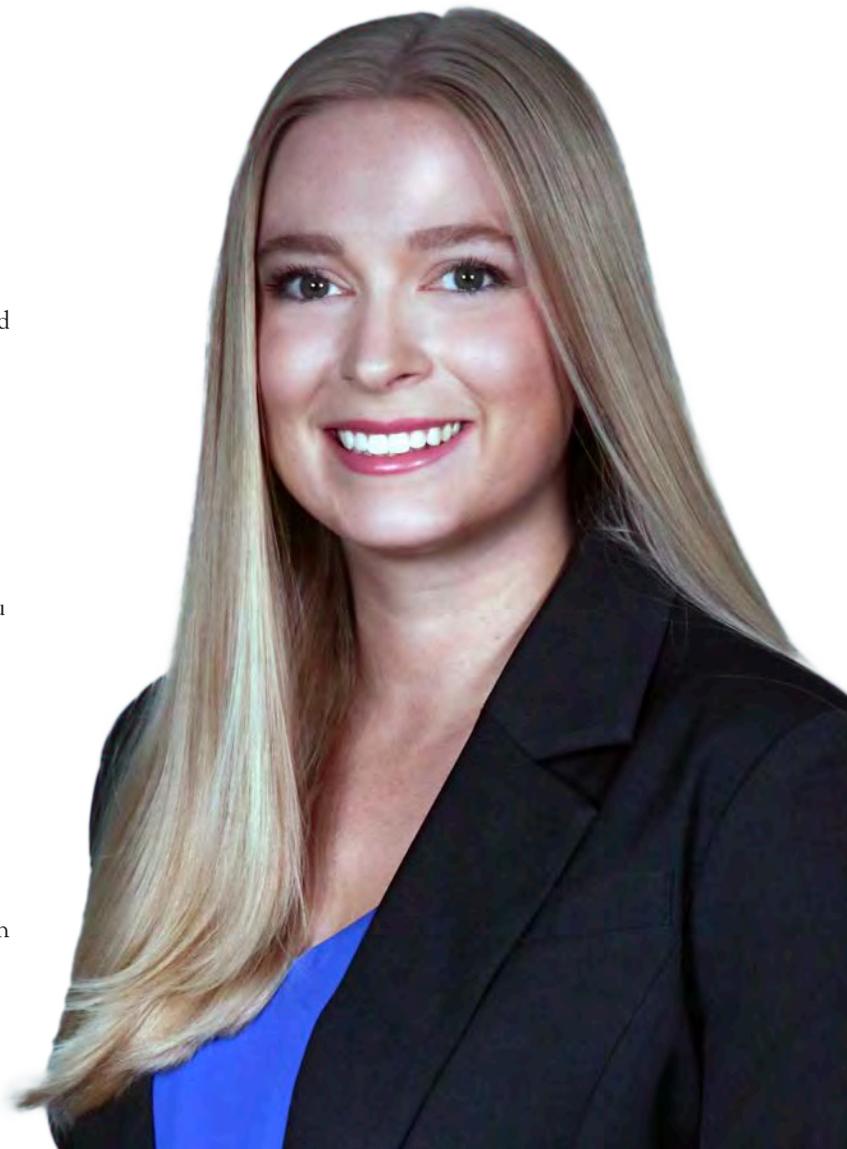
I've intimately known the immense vulnerability of being a patient—scooting across the operating table, eyes wandering around the bright lights above you, the anesthesiologist holding the mask to your face, telling you “sweet dreams” as everyone waits for the propofol to enter my bloodstream so they can tape my eyes shut, stick a tube down my trachea, and strip my body bare to prepare my skin. I know this vulnerability too well, so I may hold a patient's intimate trust as the patient lays his or her vulnerabilities before me.

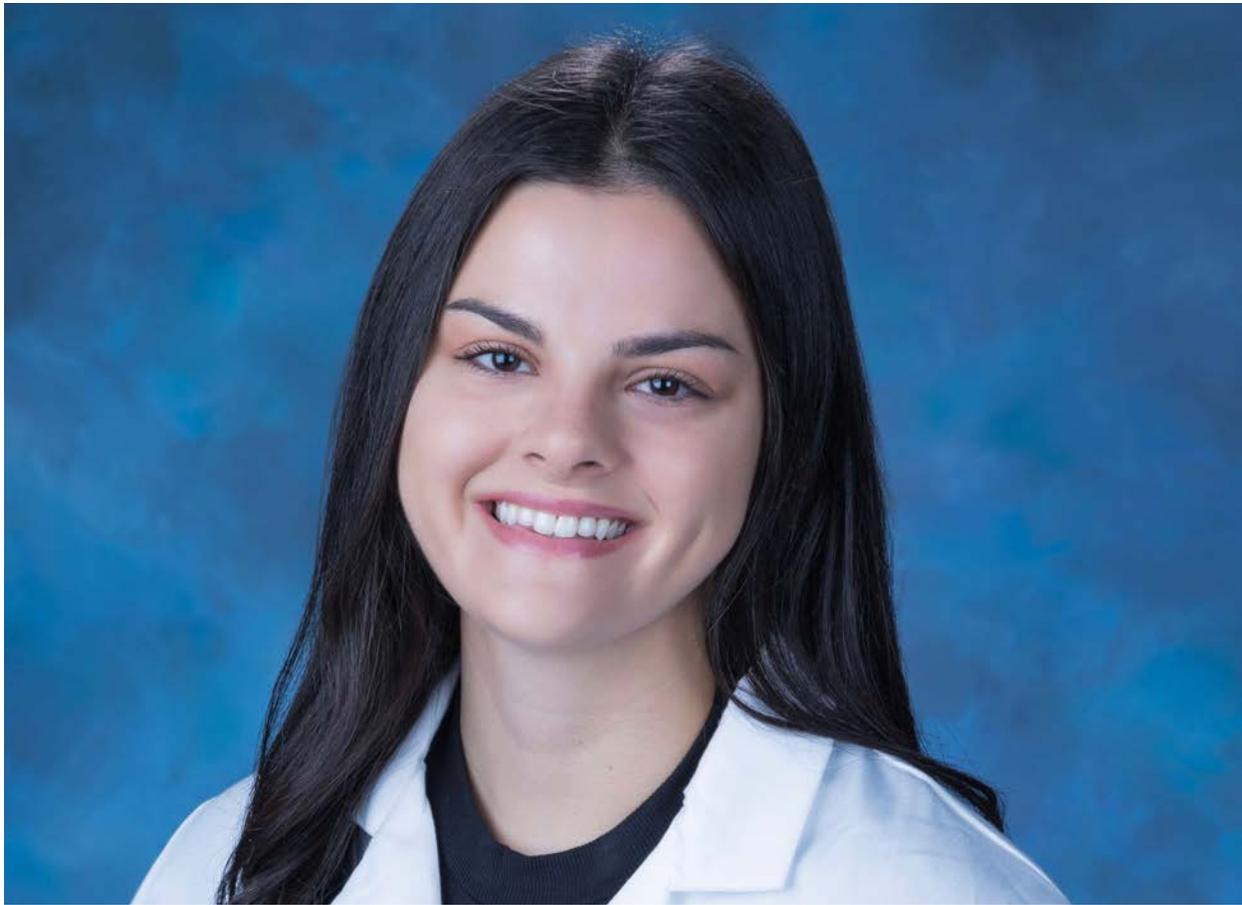
What an honor it is to be both a medical student and a patient. I've learned the intricacies of the human body and the healthcare system; I've learned the art with which our cells interact and the art of interacting with patients;

and I've learned about the silent encroaching of disease that develops over decades, just as I've learned about the silent predator that is my own medical trauma, plaguing me and swallowing me whole in the end if I let it.

But I do not. This silent predator has secretly been my accomplice, awarding me the skills to not only forge my own path, but guide others, allowing them to reprise from their own fight and awarding them the bravery, strength, and vulnerability it takes to be a patient, as I wish someone would have done for me.

The honor of being a medical student is plentiful, but the honor of being a patient is so much more. □





## Health Is Wealth

BY GRACE HANSEN (OMS-II)

Health is wealth.

We hear this all the time as medical students, but often do not treat our bodies with the love and support they need during such a stressful period. When you are studying 80 hours a week, there isn't enough time in the world to eat healthy, workout, sleep 8 hours a night, keep in touch with family and friends, be present in a relationship, and make sure your apartment isn't at all times a disaster. Or so I thought.

For the first semester of medical school, I rarely found time to get outside and move my body. There weren't enough hours in the day to be spent on exercise and wellness when I had countless lectures to watch and what felt like thousands of Anki cards to get through before lunchtime. By the end of the first semester, I was incredibly burnt out, and my body was feeling constantly sluggish.

For the second semester, I promised myself to spend 30 minutes at least three times a week going for a walk,

stretching, or just moving my body in any enjoyable way that day. I then realized the value of giving myself a rest from studying, improving my health, and stepping away from my desk, where it seemed I spent 90 percent of my day.

I found myself being more efficient, having more energy, and realizing that at the end of medical school and residency, I will look back and be so thankful that I took care of myself during one of the most stressful times of my life. There is nothing more valuable than your health, and we so often forgo our health in medical school to learn instead how to promote the health of others.

Remember to take care of yourself in whatever way that may be. You are going to become a doctor. You are going to match into your dream specialty. Most importantly, you are going to take care of yourself on the journey there. □

## The Interplay of Fashion and Medicine

BY MARIAM DAR (OMS-IV)

Fashion and medicine might appear to be different fields, but they truly intersect in meaningful ways, reflecting the multidimensional nature of modern-day professionals.

Medicine is typically associated with scrubs, white coats, and a uniform that underscores professionalism. Yet, health care professionals are not devoid of personal style. In fact, the attire chosen by physicians can convey a sense of expertise and empathy. A well-dressed doctor can put patients at ease, fostering trust and open communication.

On the other hand, fashion serves as a medium for self-expression, allowing individuals to communicate their personalities, values, and creativity to the world. Enter the digital age, where platforms like Instagram provide a unique avenue for blending medicine and fashion. It is not uncommon to find medical professionals who leverage social media to share their personal style journeys, all while highlighting their commitment to health care.

For instance, many medical professionals have taken to Instagram to curate fashion-forward content that showcases their individuality beyond the confines of a white coat. I myself embarked on this journey by starting a style page on Instagram. Through this platform, I have been able to express my sense of style and foster a sense of community among like-minded individuals who navigate the complex balance between two distinct worlds.

At its core, the fusion of medicine and fashion embodies the principle that individuals are not confined to singular identities. Rather, it celebrates the complexity of our passions and aspirations.

As I navigate the demands of medical training, my engagement with fashion serves as a reminder that self-care and self-expression are integral to my well-being. Just as we care for a patient's physical health, we also acknowledge the importance of nurturing our own mental and emotional health and expressing our unique personalities. □

**Medicine is typically associated with scrubs, white coats, and a uniform that underscores professionalism. Yet, health care professionals are not devoid of personal style. In fact, the attire chosen by physicians can convey a sense of expertise and empathy.**



# The One Organ

BY DAYNA ROSE SMERINA (OMS-II)

I was lying down in the grass, staring at the starry night sky. Unfortunately, I was conscious, experiencing the worst pain of my life. The sound my head made when it hit the ground was scary enough, and now being unable to move was terrifying.

The emergency room doctor diagnosed me with a concussion. “You need to rest your brain until you’re fully healed,” she said sternly.

“Great,” I thought to myself, “the one organ I need for medical school.”

The physician was empathetic and wrote a doctor’s note to excuse me from my first exam, which was in two days.

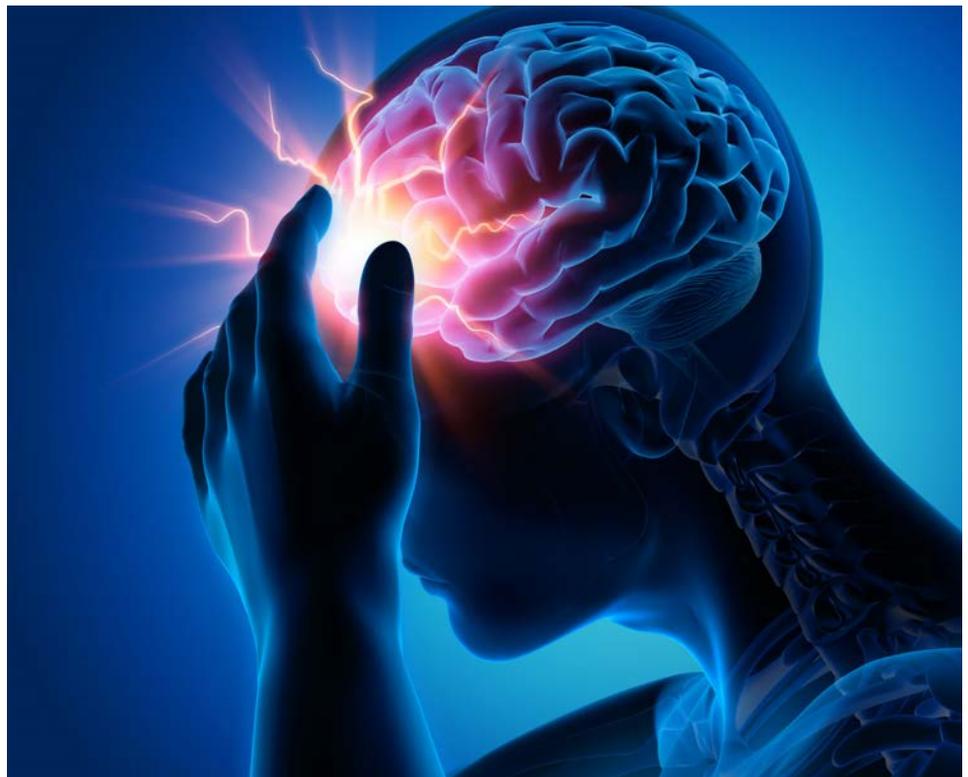
The concussion lasted much longer than two days. The sensitivity to light and sound, the headaches, the mood changes, and sleep disturbances haunted me throughout my first semester. I went from having a 3.9 GPA in college to failing my medical school exams. I crawled through my first semester of OMS-I, hoping the curves at the end of the semester would save me. It was a horrible feeling.

The one way I could feel some control in my life was attending lectures live. If my headaches were not too debilitating, I would go into the bright-white Steele Auditorium to sit in front of the lecturer. It was enjoyable to ask questions and be an interactive part of the lesson.

Peers of mine would approach me on campus and thank me for asking questions during the session. If they watched the lecture recording

remotely, they did not have the opportunity to ask questions the way I was able to. They had the same questions as me, and I was able to use my voice to not only empower myself, but my classmates as well. The fact that they knew I was speaking without seeing my face is another story, a story that takes place in Staten Island, New “YAWK.” Apparently, my accent and voice are easy to recognize.

After passing my first year of medical school without remediating any courses, I realized I was wrong about what I thought in the emergency room. You need a lot more than your brain to be successful in medical school. □



# PHILOSOPHICAL REFLECTIONS



# Finger Pricks, Insulin, and Carb Counts Galore

BY JILLIAN LEVERETT (OMS-IV)

Little did I know that finger sticks, insulin boluses, and carb counting would be the theme of my summer when I was presented with the opportunity to volunteer as a camp counselor at Florida Diabetes Camp. Going into it, I wasn't expecting to be one of the only counselors or staff members without type 1 diabetes (T1D).

One of my greatest joys during undergraduate and medical school has been volunteering at summer camps for children with various medical diagnoses. I've always loved combining my love for outdoor recreation and medicine in any way I can, and summer camps have proved to be the perfect outlet. As a camp counselor, I love working directly with kids who often do not get the opportunities to engage in outdoor activities and interact with other kids facing similar struggles.

Spending almost two weeks surrounded by individuals with T1D and getting a peek into their everyday lives gave me an entirely new perspective. There are so many things we don't consider as we go through our days, from grabbing a soda, enjoying cupcakes someone brought to work, or even exercising on an empty stomach. All of these things can lead someone with T1D to have severely high or low blood sugars without the proper changes to their insulin regimen.

I became familiar with the routine of pricking fingers and checking blood sugars before every outdoor activity, meal, and even throughout the night. Through this, it became evident how much of a full-time responsibility managing T1D is. What further exemplified this was wearing a Dexcom monitor myself throughout camp. When my campers checked their blood sugars before meals and carb counted, I would do the same. It was incredibly interesting to see how different foods affected my blood sugar, which helped me understand how complex everyday management of T1D could be.

Many of my first-time campers were excited to be around other kids with T1D. They loved sharing how they got diagnosed, their experiences managing diabetes at home, and what cool patches they had over their Dexcoms. A common theme I heard from my campers was that they finally felt like they weren't the odd ones



out. Many of them had experienced bullying at school due to their diagnosis or discrimination from teachers and staff members who didn't understand their medical needs.

While I learned so much from the camp physicians and staff members, my greatest lessons came from working with campers to understand how T1D affects their lives. Florida Diabetes Camp provided me with one of my most treasured experiences; I gained so much knowledge on managing T1D. Most notably, I created lifelong memories with my campers and fellow counselors.

As I continue my medical career in pediatrics, I hope to prioritize volunteering my time at summer camps for medically complex children and never forget the joys I had at Florida Diabetes Camp. □

## Reflections from Corrections

BY MICHAEL BENRUBI (OMS-IV)

As I reflect on my journey through my fourth year of medical school, I have come to realize that profound experiences can often come from the most unexpected things. When I received my third-year core rotations, it was hard to believe I would be spending two months at a Florida state prison for my clerkship in rural medicine. Lake Butler Reception and Medical Center is unique, as it is the only correctional facility in the state with a hospital.

While preparing for my first day, I was completely unsure of what to expect. I had only been exposed to an environment like this from seeing it on television and in movies. As I walked through the metal detector, leaving my phone behind, I felt apprehensive at first. There were mixed feelings of fear, uncertainty, and excitement for the new things I may be exposed to.

While touring the facilities on my first day, I was able to get a glimpse at what life looks like for the prisoners. A large group was lined up in the brutal, late summer heat, with looks of despair and desperation on their faces. I wondered what it would be like to care for these people over the next two months. Little did I know that my time within those walls would prove to be an eye-opening experience that expanded my medical horizons.

Working with incarcerated individuals exposed me to a patient demographic often overlooked in mainstream health care. I encountered a broad spectrum of medical conditions that demanded creative diagnostic approaches and thoughtful treatment plans. From infectious

diseases to mental health issues, I faced medical challenges that pushed me to apply my theoretical knowledge in a real-world context. This was aided by the fact that I was able to work with incredible doctors who not only challenged me intellectually, but also encouraged me to step out of my comfort zone. I will always be incredibly grateful for the time spent and the lasting relationships formed with these physicians.

Interacting with inmates taught me invaluable lessons in empathy and cultural competence. The prison population is a diverse mix of individuals from various backgrounds, each with unique life stories. Learning to listen, understand, and communicate effectively helped to reinforce skills crucial

to have as a physician. I realized that behind every prisoner's number was an individual with emotions, fears, and hopes for redemption, regardless of past mistakes. This outlook transformed my approach to patient care, emphasizing the importance of being a nonjudgmental and sensitive physician in every setting.

Because of its unique clinical setting, this rotation broadened my perspective and deepened my knowledge of health care delivery. The experience also reaffirmed the principle that access to health care is a human right, irrespective of one's personal history. With these insights, I am confident in my ability to provide equitable and compassionate health care to all my patients, regardless of their circumstances. □



# A Journey of Growth: My Psychiatry Clerkship

BY RAVI C. SHAH (OMS-III)



When I embarked on my psychiatry clerkship, I felt a mix of excitement and apprehension. My education thus far included board material, standardized patients, and an OMM fellowship. I was eager to develop skills and integrate them into real conversations.

This experience challenged my preconceptions and shaped me into a more empathetic and holistic future physician. What I had imagined included labeling a diagnosis within minutes of patient interaction and hours of writing notes in a consult room. Reality revealed a dynamic world filled with human connection.

Within my first week, I cared for an 18-year-old female who was involuntarily committed and presented with blunt-force head trauma. Chart review revealed historically stigmatizing sexual, physical, verbal, and mental abuse. I ran through my mnemonic for history taking before knocking and entering.

Her focus was drawn to a colored tattoo on her left thigh, and I

discovered that this was a coping mechanism for her self-harm. She began telling me her story. Our conversations seamlessly weaved between discussing her future education plans, hobbies, trauma, triggers, substance abuse, and more. My understanding and respect for the “tapestry” of her life allowed us to create a treatment plan centered on shared decision-making. This exchange demonstrated the importance of nonverbal communication when taking a patient history.

Seeing a young woman with a bright future struggling with mental health was difficult and humbling for me, reminding me of the fragility of our mental health irrespective of our station in life. Concurrently, her case exemplified how early medical intervention using tested therapies can provide long-term success.

A week later, I was entrusted with the care of a 34-year-old male who self-admitted for PTSD, with homicidal thoughts associated with his cousin’s death. During his cousin’s last moments, he felt a responsibility to

take him to the hospital, but the patient’s mother refused, causing a cycle of distressing flashbacks, negative guilt, and angry outbursts. He was previously well educated, with a normal social life, but quickly lost his support system as this disorder became his existence.

This interaction displayed the connection between psychogenic pain and mental rehabilitation, furthering my holistic training as a future osteopathic physician. Practicing nonjudgment when speaking with patients undergoing mental health challenges can positively shape their prognoses.

Through my psychiatric clerkship, I learned clinical lessons, such as accounting for noncompliance, adverse effects, and adjunctive, non-pharmacological therapies. I became comfortable asking targeted questions to efficiently develop a patient’s story to make them feel heard. I gained proficiency in breaking barriers to mental health and promoting cultural sensitivity as an advocate for these individuals.

However, the most memorable aspect was encountering a diverse range of persons, each with a unique story to tell. I recognized the power of listening and empathy as I delved deeper into their stories, transcending the role of a mere observer and embracing the privilege of being their confidante. By recognizing the interconnectedness of the mind and body, I aspire to provide comprehensive and compassionate care to those I have the privilege to serve. □

# Finding My Motivation as a First-Generation Cuban

BY BEATRIZ MADERAL (OMS-IV)

Courses began to get tougher, and my social life slowly began to diminish as I got deeper into my premed courses. I successfully began medical school in 2020—a year obscured by the uncertainty of COVID-19—and thus, I began school from home. I struggled immensely with adapting to the workload and not having any friends to confide in. Years passed, and I endured failures in medical school, but I continued to push through.

I now find myself in my fourth year of medical school, and amid residency application preparations, I feel overwhelmed once again. As I start to feel my worries resurface, I reflect on the stories my family has shared with me about their struggles in their country of origin. I recall

them recounting the pain behind fleeing the country that birthed them, the country they swore they would never leave, and the opportunity they took in search of a better future for themselves and their children.

I then compare what I have defined as difficulties in my life thus far with the struggles and pain my family has endured, and I realize my definition is far from equivalent. I now recognize that, subconsciously, the one thing that has motivated me and pushed me through my educational career is the mere fact that my family once took a chance—a painful chance that completely changed the course of their lives and consequently, without knowing it—changed mine forever. □



# My Hero

BY MEERA NAVADIA (OMS-III)

When I was younger, I was always asked the cliched question, “What do you want to be when you grow up?” My answer used to be a doctor. For everyone around me, it seemed like the obvious answer, because my father is a physician. It was expected for me to follow in his footsteps.

Oftentimes, I think how much of my answer was something I had given enough proper thought to. I was lucky to have parents who always supported my ambitions. Yet, at no point did I ever feel forced into my career path. My dad always made it evident to me that I needed to look at the big picture and did not sugarcoat how difficult it would be to be a physician. To want to work in medicine, you truly need to know all it entailed before coming to a sure decision.

Looking back to what I knew about medicine when I was younger, the only image that came to my mind was my dad. Hearing stories about his time in medical school in India and applying for a residency as an international graduate, I found a new sense of appreciation for his hard work and dedication to his work. His fond memories of his time as a resident physician, the long hours, the night shifts, the on-call days while also juggling an adjustment to a new country, never failed to bring a smile to my face. But they also brought a wave of curiosity.

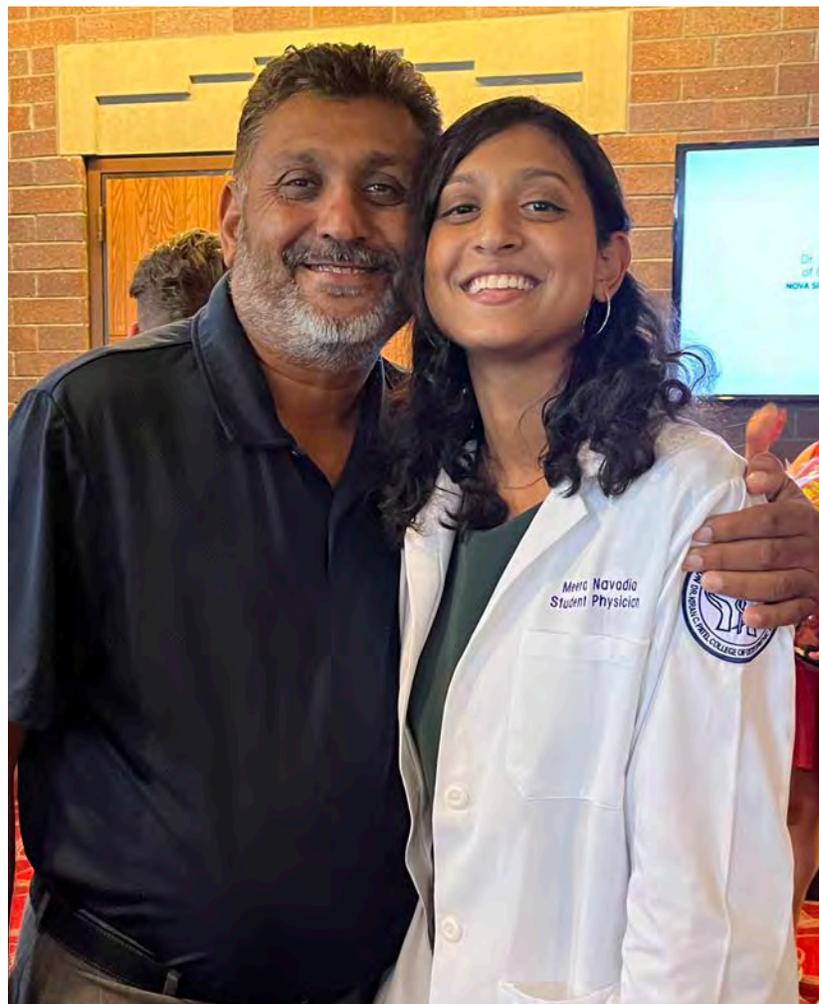
What was his motivation to keep going? Why did he choose this job? To my surprise, he never had chosen to be a physician. In India, the schooling system had two options, medicine or engineering. He wasn't sure what he wanted to do, so his

father had chosen for him. It was interesting to see how someone could enjoy a career path that was never his initial choice and not be miserable in his work. When I asked my dad if he would he still choose to become a physician if he had the opportunity to go back and do it all over again, he always yes, because he couldn't imagine doing anything else but this.

Now, when I think about the countless hours spent seeing my dad at work, shadowing other physicians, and volunteering at hospitals, I can understand why I enjoyed my time so

much. It was this altruistic aspect of medicine that is so unique and shows how much of an impact it can have on the lives of others. It has provided me with a deeper connection to my dad and his passion for health care.

Living up to the pressures of someone who is my hero can be challenging, but to have that same individual root for you every step of the way inspires me infinitely more. While my “why medicine” answer may be deemed conventional, I am grateful to follow in the footsteps of my father. □



## Doctor x 2, But When Do We Say I Do?

BY JACK CERILLO (OMS-III)

After 3.5 years of dating my beautiful girlfriend Claire, you would think we would have everything planned out, but that is not our reality. With Claire entering her second year year at the University of Florida College of Medicine in Gainesville and myself starting core rotations at Lakeland Regional Medical Center, our time together is short and seldom.

We see each other as much as we can, which often ends up being less than one weekend a month. When we are together, we enjoy each other's presence and live in the moment. We spend most of our time on dinner dates, running endless weekend errands, and playing with her service dog in training, Lance. There are a lot of moving parts, and there is often little time for us to discuss our future.

During the week, our time to talk is also limited. Her time is spent on lectures, Anki, Lance, and yoga class, while mine is in the clinic, commuting, cooking, and trying to prepare for the next day's tasks. We check in with each other after the day's work and before bed, and then rinse and repeat the next day. Granted, some effort to guide the conversations would help to change the mundaneness, but everyone knows real conversations take time we just don't have.

Before we started school, we would talk about our lives together—dreams, aspirations, children, and retirement. We had everything planned out until medical school hit. Now, we can barely remember to eat, and our daily conversations amount to about 30 minutes a day. There's just such a shortage of time and excess of distance between us that it is difficult to connect. It is also a shame that we only have a day or two together when we do see each other. By the time we start to get comfortable once again, it is time to hit the road again, back to school.

We are terrified that our residency programs will tear us apart. I pray we can stay together and spend our lives together during residency, as we have always planned. Her interests in dermatology, otolaryngology, and anesthesia, and my interests that include radiology and general surgery, don't make our chances of matching together any more realistic. However, we know our passions and our abilities to succeed. We are both well-educated, sociable, and hardworking individuals who want to make an impact in the community where we live and work.

I say all of this to recognize the struggle of relationships in medical school. Claire and I are 150 miles away and ready to truly start our life together, but there is no time, finances, or realistic plan for us to get married right now. Each relationship in medicine comes with its own challenges. While we know our story is not unique, it's just one example of the many sacrifices we make to become physicians. □

**Before we started school, we would talk about our lives together—dreams, aspirations, children, and retirement. We had everything planned out until medical school hit. Now, we can barely remember to eat, and our daily conversations amount to about 30 minutes a day.**



## Service with a Smile

BY EMILY INA (OMS-III)

The smell of freshly brewed coffee while I poured the steaming hot liquid into my customer's cup used to wake me up most mornings. Being the daughter of a restaurant owner led to an eight-year work experience involving customer service, which included taking food orders, managing employees, and juggling my academics while working full time. Never, however, did I expect that my time as a waitress would prepare me to become a physician.

As I walked into the first day of my OB-GYN rotation at Broward Health Medical Center, I could not help but feel excited to finally be able to utilize and apply all I had learned in the classroom to treat real patients. My excitement quickly burned out as the day dragged on; the constant feeling of being in the way, useless and lost without the help of residents, left me dreading the next four weeks.

It was my first rotation in the hospital, and also my first rotation without residents there to help guide the medical students. I walked out of the hospital after what felt like the longest 12 hours of my life feeling defeated. On my drive home, I did what every upset 23-year-old girl would do; I called my mom. After letting me complain longer than she should have, my mom gently reminded me of how I felt after my first day of working at my parents' restaurant.

The situation could not have been more similar. I still remember the excitement I had about finally being old enough to go into work with my dad, but I somehow ended the day in tears as I cried to my mom telling her, "I never want to go back." Despite my resistance, my parents made me go to work the next day. I became more comfortable and confident in my abilities, until one day I blinked, and it became my second home.

With newfound optimism I walked into the hospital on my second day determined to leave feeling as if I made a difference; I was determined to fall in love with OB-GYN. I spent the day introducing myself to everyone on the floor and somehow managed to find my way into the labor and delivery triage department.

With monitors beeping, nurses zooming around, patients coming in and out, phones ringing, and bright



fluorescent lights shining, it strangely brought me a sense of peace. The adrenaline kicked in, and I began helping as much as possible. Whether it was taking patient histories, drawing blood, performing glucose checks, or helping the ultrasound tech, I found exactly what I was hoping for. I found my purpose.

Entering medical school, I was nervous that since my only work experience was being a waitress, I was going to be at a disadvantage. But upon completing my rotation, it has prepared me to manage any chaotic situation with grace, competence, and kindness. Physician or waitress, at the end of the day, we have the same goal—to serve others. □

# Full Circle

BY ASHLEY MEJIA (OMS-II)

On Sunday mornings, before the sun even peeked over the trees, I would carefully peel myself from bed and sneak to the garage to watch *Dr. G: Medical Examiner*. I was only 12 years old, but watching her perform autopsies introduced me to a new world of organs and the mysteries behind the cause of death.

I also admired how she brought peace to families who were suffering. I was intrigued by her explanations of every part of the patient's body, detailing her every finding on each organ. I loved how each patient was significantly different and how a body could display a whole timeline of a person's being. Unknowingly imprinted by this exposure to forensic pathology, I attended the University of Central Florida in the same county where Dr. G was chief medical examiner for 11 years, unable to shadow or meet her since she retired one year before I matriculated.

Fast-forward 16 years since I first sat in the garage on a Sunday morning, and I find myself walking into the Broward County Medical Examiner's Office. I could feel the excitement coursing through my veins as I signed the consent forms to shadow the chief medical examiner.

Like any government building, there were American flags at every turn and a framed copy of the Constitution. Unlike every government building, there were portraits of bullet casings and full-body PET scans showing bullet wounds and knives stuck inside bodies. As Dr. E and I walked to the conference room for table rounds, we passed a string of at least 12 offices belonging to forensic pathologists.

Taking a seat, I watched and greeted every person who entered the room: physicians, morgue assistants, forensic investigators, and detectives. It was a scene from a Jerry Bruckheimer TV series. After reviewing the autopsies being performed that day, my heart began racing as I approached those giant metal slats for the doors that guarded the morgue. As she pulled those doors open, I felt a rush of sensations: the smell, the cold temperature, the patients, and the indie music blasting from speakers on the wall. It was unimaginable. No TV show or



anatomy cadaver lab could have prepared me for the autopsies I witnessed that day.

Each autopsy taught me something new about medicine and humanity. As I sat in my car and then drove away from the parking lot, feelings of gratitude, mournfulness, and compassion overwhelmed me. To this day, I can barely describe the myriad ways in which that one day influenced me.

Though I am still unsure if pathology will be the specialty I pursue, I think back to that nine-year-old Ashley sitting in the garage watching Dr. G and how she used to envision herself in the medical examiner's office. Despite the difficulties, the self-doubt, and the failures I have faced on my journey to medicine, I have fulfilled a sliver of that little girl's dreams and am inspired to continue taking on many more. □

## Why Medicine?

BY EVAN REILLY, M.A. (OMS-II)

One of the frequently asked questions leading up to medical school is, “Why this profession?” Of course, there are many reasons we could say, and any of them can bring a decent answer, but there is a key reason often omitted because it seems almost troubling: a fascination with death and the meaning it brings to life.

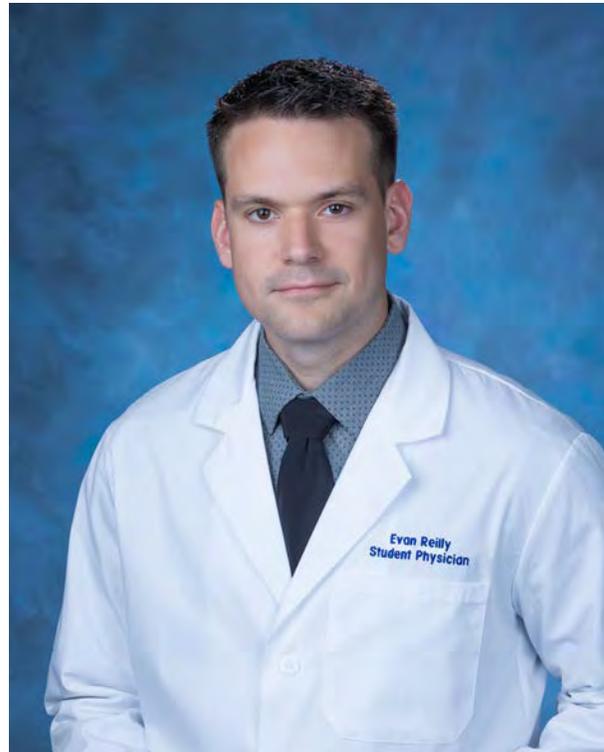
Death permeates nearly all of medicine. We’re all facing a finite existence, and, eventually, it will end. We could think of what comes after, but that is of little interest here; we only know what’s in front of us. We are temporary, and accepting this gives purpose to every choice and action.

Physicians stand at the line between the living and the dead, doing all they can to give people extra time. They say only two things are certain in this life: death and taxes. So, with a premise like that, what could give life more meaning than confronting death and being aware of one’s mortality? We are in a privileged position of caring for those in need, while witnessing trauma daily, and yet we still find a way to live a peaceful and happy existence. What other profession could offer such a philosophically fulfilling experience without the threat of death?

Few things are more sobering than realizing the person before you will perish without intervention. As this dawns on you, you become hyperaware and fully in the present moment. Every second counts. All our faculties are online as we do whatever it takes to save them from certain death. It is a humbling experience that forces us to reflect on our existence.

Facing these situations regularly forces us to progress and adapt our thinking. We live and grow. We change. The process never ends, nor should it. We must face every challenge and sculpt our minds one obstacle at a time. The medical profession helps you better understand the world around you, while coming to terms with the inevitability of death in all its forms. Here, we are at a beautiful crossroads of trying to learn about the world, while also turning that search inward as we grapple with our understanding of life.

Only after Siddhartha Gautama left his palace and lived among the sick and impoverished did he learn the true meaning of suffering, helping him along his path to enlightenment. For a physician, this is nearly routine. We face people with ailments of all kinds, struggling to



comprehend the physical world around us while realizing our mortality and place within this world.

All this exposure changes you. It make you wiser. We improve and learn to confront emergencies and situations most people would never even think to fear. Yet, we do it all with stoic resolve and understanding from engaging with death daily. We are all pieces of a whole, and society could not function without those pieces, but I struggle to imagine a profession as rewarding as medicine. □

**Few things are more sobering than realizing the person before you will perish without intervention. As this dawns on you, you become hyperaware and fully in the present moment. Every second counts.**

# A Home Far Away from Home

BY HARSHITA NADELLA AND NISARG SHAH, M.B.S. (OMS-IIIIS)



Who doesn't love palm trees and sunny weather 24/7. How bad can it be?

Coming to Florida from New Jersey and Virginia, this is what we thought. After wrapping up our undergraduate and master's programs, we both were so excited to start medical school. Following countless hours of studying for the MCAT and struggling through premedical requirement classes, we were finally about to start something we always dreamed about.

We also had the amazing opportunity to do this in such an enticing place. It's always sunny, and visitors from around the globe come for vacations, bachelorette parties, and more, so why would anyone turn that down? As school started, we quickly realized that the rigor and intensity of our course load was unmatched to what we had seen before.

We quickly formed a strong, supportive friend group we could lean on and help us get through late nights and difficult times. Beyond that, for one of the first times, we ached to go home. Our parents' home-cooked meals, the changing colors of the fall leaves, playing in the snow with family friends we grew up with. These were all things we took for granted being so close to home until now.

Even though we would choose this medical school experience again given the choice, it is a sacrifice you must be willing to make. We made that sacrifice and decided to make the best of it—a home far away from home.

Living far away,  
But making a true effort  
For what you care for. □

# PHILOSOPHICAL REFLECTIONS



# Music Under the Ashes

BY CAREL TORO (OMS-III)

I started playing the flute and the piano when I was eight years old. Since then, I realized that playing a musical instrument is more than just reading notes, practicing, and performing. Music was my medium of self-expression.

Whenever I played a new musical piece, I flew through my imagination. Each melody has drawn me to a different state of mind. In that state, time felt suspended, and no limits were endured. I could create any image I could envision. I could cry, laugh, run, fly, jump; nothing was limited. Whenever I played a new piece, my brain subconsciously created a mental image that got me into places I could've not reached alone.

I still remember one night in Aleppo, Syria. It was below zero, with no electrical power and no heating. I texted my friends, and we decided to do a quartet practice session; perhaps practicing music could warm us up, give us hope, and help us ignore the silence outside. Gathered around four candles, we started practicing Bach Orchestral Suite No. 2 in B minor, enjoying our harmony and preparing for our upcoming concert.

That night outside of our house, it was dark and scary. However, our music created a secure atmosphere of love, passion, and hope. The rhythms we played that night synchronized with our internal rhythms, building our imagined reality. Today, eight years later, every time I listen to the same musical piece, my brain assembles an image of that night: four musicians gathered around the candles, playing, and laughing as if music has the magic power to travel thousands of miles and bring us to the exact moment.

I experienced the healing power of music throughout the years. One day, I was volunteering as a flute player in the geriatric department at St. Mary's Hospital in Montreal, Canada. I was playing Libertango when a 70-year-old gentleman started tearing up and singing with me. This patient was diagnosed with Alzheimer's. He had difficulty recalling words and events and recognizing his family and friends.

At that moment, however, he retrieved an old memory he couldn't express through words. That melody lit a specific neural connection deep down in his unconscious brain and helped him better express his emotions. I was delighted to see how my music helped him smile again by the end of the session.

As a third-year medical student, and throughout my clinical experience, I've learned that patients' suffering is not only biological, but also social, psychological, and spiritual. Music therapy can come in handy in improving the quality of life of patients. It can help relieve their suffering, improve their pain tolerance, bring back some of their memories, and reduce their stress.

As a future physician, I'm willing to contribute to the ongoing research on music therapy, share my experience with my colleagues and patients, and encourage them to advocate and seek music therapy given its significant importance in psychosocial well-being. □

## Surviving the Winds of Change

BY MALLORY TOWE, M.S. (OMS-III)

Growing up in Southwest Florida, I am very familiar with hurricane season and all the uncertainty that comes with it. One of my strongest childhood memories comes from 2004—a season with four hurricanes, one of which was Hurricane Charley.

Hitting as a Category 4, we lost power and water for two weeks. Charley wasn't even initially aimed at Fort Myers, but it took a last-minute turn. Overall, my family walked away unharmed, and the state started incorporating hurricane days into the school year to make up for lost time.

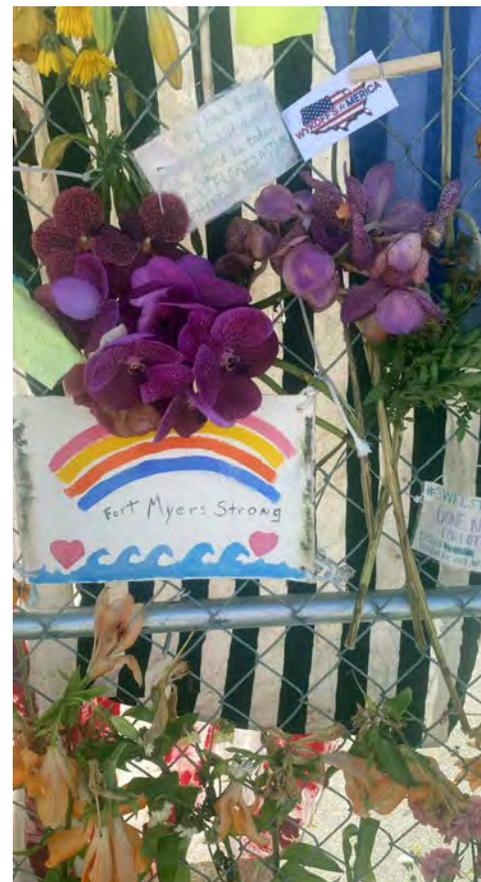
Even that season, however, could not have prepared Fort Myers for what happened on September 28, 2022, with Hurricane Ian. As I was in the beginning of my second year at the KPCOM, I was excited to dive into my leadership roles and volunteering opportunities. I had seen Ian in the news, so I checked in with my family a couple of days before.

Tampa was being told to evacuate, as it was in the direct path. And then, just like Charley, Ian started to turn more east within 24 hours of landfall. The difference this time was that the entire size of Hurricane Charley could fit into the eye of Hurricane Ian—a massive variance.

It was arguably the longest night of my life waiting for that storm to pass and the flooding to go down. In the end, my Mom lost her home to the storm, and my Dad's house flooded several feet.

My biggest lesson learned from this situation is that there is strength in numbers, and you should not be afraid to ask for help. Similar to a physician's role in health care, it is about working well and coming together as a team to provide the best care for patients. We are all capable of handling whatever life throws at us and using those experiences to help us become better physicians. We are going to have to make split decisions in moments of uncertainty and trust that our education and experiences have more than prepared us.

I want to express my gratitude to my fellow 2025 classmates who stepped in for me and provided support—Amulya Surakanti and Sanjana Bhargava for providing help the night of the storm and Gabriela Llerena for taking on some of my club responsibilities at the time. I also want to thank the many clubs that provided supplies to those affected and the numerous individuals who consistently checked in on me and my family. □





# Florida Diabetes Camp Offers Insights

BY GUNNER MCILVAINE (OMS-III)

In July 2022, I found myself at the Florida Diabetes Camp—a place I had only heard about from a good friend who had attended as a camper and now returned as a counselor. For years, he had been urging me to join him, knowing my aspirations to work in the medical field. Finally, during that summer, my schedule aligned, granting me a week off to experience what this camp was all about.

During day one, I began to understand why a camp like this held such significance. Most of my fellow counselors had once been campers themselves, forming friendships so deep they continued returning year after year. For many children with diabetes, it's a lonely journey. They may go through their entire childhoods without meeting another kid with type 1 diabetes. This camp changed that, allowing them to forge bonds no one else could truly comprehend.

Day by day, I delved into the complexities of diabetes management. The sheer variety of insulin brands, pumps, and continuous glucose monitors initially overwhelmed me. Calculating and documenting insulin and blood glucose levels became a daily challenge—a skill I was determined to master.

My days were action-packed, filled with laughter and learning. I could already tell that these kids were going to have a blast. As I taught them about diabetes, I realized just how much they had to manage on their own, which is something most of us often take for granted.

The days were long and tiring. We had to keep a close eye on our

group of eight kids, ensuring their blood sugar levels were stable before they could participate in activities. Conversations with the campers revealed that many of them had never met another diabetic at their schools, and some first-timers began to realize they weren't alone in their struggles. It was heartwarming to witness so many new connections formed over a shared condition.

Despite the exhaustion, I cherished every moment. Late nights and early mornings became the norm as we checked blood sugar levels to prevent lows. Understanding the intricacies of diabetes management and collaborating with physicians to adjust basal rates, carb ratios, and timing became an ongoing experiment.

Camp life was a whirlwind, but I couldn't have been happier. I met incredible people among the counselors and medical staff. Rounding with the doctors and learning how to manage diabetes firsthand was an invaluable experience.

As the camp drew to a close, I saw a transformation in the campers. They had gone from initially not wanting to be there to not wanting it to end. I had gained a profound understanding of the daily challenges people with diabetes face as they navigate everyday activities—something I had taken for granted.

In the end, this camp was an eye-opening and rewarding experience. I had learned, grown, and made lasting connections. If the opportunity presents itself, I would love to be a counselor again. □



**Camp life was a whirlwind, but I couldn't have been happier. I met incredible people among the counselors and medical staff. Rounding with the doctors and learning how to manage diabetes firsthand was an invaluable experience.**

# Connecting with Our Identities

BY MEGHAN TA, LEANNE LOUISE JALIQUE, AND KENNETH BUI (OMS-IIS)

“Join our Asian Student Association Health Fair!”

Reading this advertisement and not knowing what a health fair was at the time, we all submitted our signup forms for a volunteering experience that would ultimately pull us out of our constant studying mode and connect us with our Asian American community. Our first health fair experience at the local Chinese church was off to an intimidating start, as the leading physician began by quizzing us on blood pressure categories and blood glucose ranges, while simultaneously preparing us for our assigned vitals station. But after finally settling into our roles, we quickly realized how much there was to learn from these unfolding moments.

Most of the health fair attendees felt comfortingly familiar. They were reminiscent of the aunts and uncles we know, the ones who speak our language and share our culture. As they walked in, many of their faces lit up upon seeing us providing health screenings for them, as they also felt a connection to us through our shared identity of being Asian.

We felt particularly proud of our Asian American identity at that moment, as we were able to communicate with them using the languages we grew up with. Communicating with people using their language of comfort holds much power and inspires us to not only strengthen our own language skills, but also learn other languages to build connections with our future patients.

The moments we spent away from our endless Anki cards and lecture notes by interacting with the health fair attendees allowed us to refresh our mindset. Having the opportunity to go out in our community and interact with the attendees reignited our passion for collaboration and service and reminded us of what our goal is as medical students and why we’re studying so hard every day.

It’s for the sake of our future patients. By organizing and volunteering at health fairs like this in the future, we hope to continuously improve and build upon our skills and ability to connect with people as an investment in the physicians we aspire to become one day—physicians who value these precious connections with people and their cultures. □





# Seeing the World Through a New Lens

BY SHREYA BHATT, M.S. (OMS-III)

Never again will I take our sense of sight for granted. In January 2022, I began volunteering with our Ophthalmology Club at the nonprofit organization Glasses for the Homeless, where we repurpose donated glasses and distribute them to individuals experiencing homelessness. During this time, we have helped numerous individuals struggling with their vision see clearly again.

Under the guidance of an ophthalmologist, we learned how to check for near and farsightedness and pair individuals with the most suitable prescription glasses and frames for them. This organization meets every third Thursday of the month, and the lives it changes in just those few hours always leave me feeling so inspired.

During these events, we help individuals of all ages and from all backgrounds, always striving to make our patients content and with much better vision than when they first arrived. The smiles that immediately spread across these individuals' faces, and the gratitude they so genuinely express when we find the right prescription for them, is infectious.

It is so beautiful to see how people's quality of life can change so drastically with just a pair of glasses and the restoration of their eyesight. Being a part of this volunteer group has taught me the value of vision in a way I never thought could be experienced outside a doctor's office, and I am looking forward to continuing to make an impact and learn more about how to best support individuals experiencing homelessness and vision loss.

We also distribute sunglasses to help these individuals protect their eyes from the sun when they are living in such harsh outdoor conditions. In addition, if these individuals are in need of surgery, we provide them with the contact information of health care providers who support this cause and are willing to help. Serving these individuals in a seemingly subtle, yet immensely impactful, way has not only been fulfilling, but also extremely grounding and humbling. I am excited to continue contributing in whatever way I can in the years to come. □



## The Power of a Compassionate Ear

BY SHREYA KALAVALA, M.S. (OMS-II)

Unlike many of my classmates, the summer of 2012 found me, an 11-year-old, neither lacing up my cleats at soccer camp nor learning to sail on Lake Michigan. Rather, I was standing in a lab. In front of me lay the body of a still-pink fetal pig, its skin puckered from formaldehyde.

From the glossy, silver line of surgical instruments, I chose the scalpel. My first incision easily penetrated the scalp and entered the fibrous periosteum. I carefully clipped the skull bone with forceps, exposing the brain. Within minutes, I held the walnut-sized organ in my palm. If I had ever questioned my leaning toward medicine, this experience removed all doubts.

After this experience, I yearned for additional medical opportunities and signed up to volunteer at a hospital. While there, I experienced something significant involving not a patient, but his wife Pat, who had come to visit.

Because she was struggling with a respiratory issue, she asked me to transport her to her car to collect personal belongings. I helped her into the wheelchair, clicked the brakes, and began to roll down the corridor. I asked how her day was and what hobbies she enjoyed—the small talk we had been trained to use to avoid uncomfortable silences.

Enthusiastically, she started listing off titles of books she had particularly enjoyed. Had that focus on literature choices continued, I might never have realized a valuable lesson. However, the conversation

turned abruptly from mystery and adventure stories to negative happenings in her life. “Sometimes, I feel like the world would be better off without me, ya know? If I could just die, everything would be so much better.”

Having never been put in a position of counseling a distressed person, I was forced to think quickly. I listened to her explain her feelings and reassured her that she was not alone. I then attempted to bring back her original topic in which she had shown so much interest. “Oh, please tell me more about your favorite books. Have you ever thought of sharing those titles with others? How about starting a book club?” At that point in the conversation, we arrived at her husband’s room. I wished Pat well and left to relay my conversation with Pat to my superior.

A few weeks later, I received a thank you letter from Pat. She shared with me that she had, in fact, started a book club and wanted to thank me for my advice. For the first time in my life, I realized I had the power to help someone. It wasn’t with a scalpel or medication. I had simply lent a compassionate ear, shown interest, and suggested a possible solution.

What I discovered from this encounter is that, depending upon the needs of an individual, empathy can bring about a powerful cure. When I am a medical professional, I hope I will remember to use both my mind and heart when working toward a successful outcome. □



**When I am a medical professional, I hope I will remember to use both my mind and heart when working toward a successful outcome.**

# Orlando Magic

BY ASHIN CHADHA (OMS-III)

Like most medical students, I was ecstatic to start my third-year clinical clerkships. Unlike the traditional on-site start to clinical rotations, I started my journey in Orlando, Florida, for my rural rotation at the Orange Blossom Family Health Center for the Homeless (OBFH).

I remember my first day in the clinic being filled with nerves, excitement, and uncertainty. Before starting my rural rotation, I was unclear on the importance of health care for the underserved. However, after spending two months alongside the OBFH practitioners, I have grown to appreciate how important health care is in the rural setting and have also matured as a student doctor.

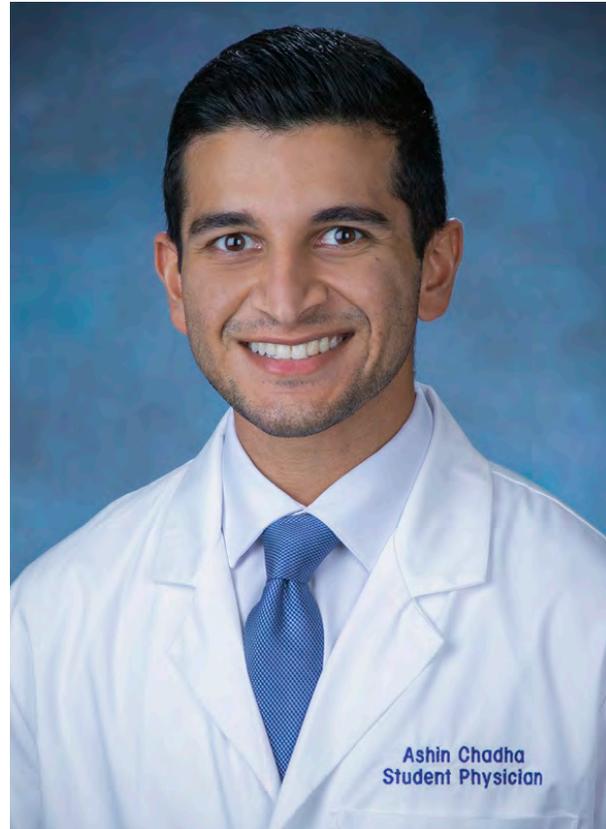
The city of Orlando is known mostly for its ties to Disney and Universal. With both of these multimillion corporations bringing in billions of travelers to Orlando, it is the first thing that comes to mind when you mention the city. While these giant theme parks are Orlando's main attraction, people usually turn a blind eye to the city's rural and underserved community.

Most of this population is uneducated, uninsured, illiterate, and struggling to make ends meet. The clinic I worked with helped care for these patients and set them on a pathway to success by supporting their medical needs, so they can prosper both economically and socially. Being in a clinical setting where most of the patients cannot afford medication without insurance, I had to quickly learn the price, availability, side effects, contraindications, and second-line treatment of the many different drugs used to treat common chronic diseases.

This is something that is not taught in a textbook and comes with experience in the clinic. Being in a rural setting, you also have to learn to adapt to the lack of resources. Most of the patients could not afford physical therapy, so we would print out exercises for them to do at home and demonstrate them during the visit.

Another thing we did with our patients was educate them on the pathophysiology behind their disease. Instead of telling diabetic patients that fasting for a prolonged period is bad for them, explaining the pathophysiology of why fasting is bad in simple medical terminology goes a lot further in helping them time when they should eat and take their medication.

Many patients did not speak English, and even though we used a virtual translator for most of these cases,



picking up on body language and mannerisms is an untaught skill that came to me as the rotation progressed. Changing from having conversations with a standardized patient and making a routine diagnosis and treatment plan in our PCM class, to having a conversation through a virtual translator with a patient who is visibly distressed, was an interesting transition and made me rely on emphasizing medical terminology through hand gestures and body language.

Overall, I could not have asked for a better start to my third-year clerkships. During my time at Orange Blossom Family Health, I was exposed to many different diseases, ranging from acute to chronic. This served as a perfect introduction to clinical medicine, as we learned a little about all the specialties without taking a deep dive into any of them. I left Orlando with a newfound understanding of how important rural medicine is for helping our community move forward, with increasing access to health care services, increasing patient education, and decreasing the prevalence of disease. □

## A Journey from Florida to Michigan for Rotations

BY KRUPA PATEL (OMS-III)

Leaving the familiar embrace of the Sunshine State to embark on a journey to Michigan for my medical school rotations was a decision that came with a mixture of uncertainty, disappointment, and curiosity. It was a leap into the unknown and a chance to experience the beauty of new horizons. However, it came with the downheartedness of leaving my loved ones and best of friends behind.

As my plane landed in Michigan, I couldn't help but feel a sense of wonder and curiosity. Everything around me was new, from the landscape to the people, and even the weather. I had never before experienced the changing of seasons—a concept foreign to a Florida native like me.

The anticipation of witnessing the beauty of autumn leaves turning into a vibrant spectrum of colors and experiencing the magic of a white winter filled me with excitement. I thought to myself, "Maybe I'll like it here." It also made me nervous. "How am I going to drive in the snow? How will I get through seasonal depression?" So many questions ran through my mind.

Amidst the excitement, however, there was an undeniable sense of sadness. I had left behind people who had been my support system throughout my medical school journey in Florida. The prospect of being far from them, missing important gatherings, and not having them readily available during challenging times only made the move feel harder to embrace. Yet, this was necessary for my professional and personal growth.

Thus far, living in a new state has forced me out of my comfort zone. It has required me to become more independent, learn to navigate unfamiliar surroundings, and make new connections. I've learned that the beauty of new experiences lies in the discomfort they bring initially, as it is said that through these challenges we truly discover our capabilities.

These experiences have taught me the importance of adaptability—a quality that is crucial in both medicine and life. It has also helped me realize the power of connections and to be grateful for those around you. I have been immensely grateful for the classmates who



have become friends that, like me, had to move to Michigan to continue our medical school journey.

As a future physician, these experiences are invaluable. The ability to adapt to new environments, relate to patients from diverse backgrounds, and provide empathetic care are essential skills that are honed through such life experiences. Living in Michigan has exposed me to a broader spectrum of patients and medical cases, enriching my understanding of health care.

As I continue on this journey, I look forward to the opportunities, growth, and experiences that lie ahead, knowing they will contribute significantly to my career as a future physician. I would advise you to embrace uncomfortable situations and lean on your support systems, as they are your support for a reason. I've learned to be grateful wherever I am and to be hopeful for many opportunities to come. □

# The Value of Friendship

BY MAHI BASRA, M.S., AND SAAJAN PATEL (OMS-IIIIS)

After growing accustomed to the structured flow of first and second year, moving into a new, demanding environment with different expectations was daunting. On the first day of clinical rotations, I had no idea what to expect. I was seeing my own patients, documenting their H&Ps, and putting in orders for medications I had only seen on UWorld and Anki. I was lost on how to apply the flashcards I had memorized to real-life scenarios.

However, as time went on, things got easier. I became accustomed to performing physical exams and presenting to my attending. I learned how to perform an EKG and draw blood, all of which excited me. I then began to struggle with the internal dilemma every medical student faces. What specialty am I supposed to choose?

Throughout this time of uncertainty and getting used to new experiences, I found it vital to have a strong support system. Having someone to rely on through difficult days and openly sharing my thoughts with about both the medical field and my personal life helped me de-stress. Friends are always present to celebrate the good times and provide support during difficult times. Throughout medical school, my person has always been Saajan. Without him, there would be less humor in stressful times, nor anyone to endlessly complain and rant to.



Going from a second-year to a third-year medical student was a change nothing could have prepared me for. My routine for the past two years had to be thrown out the door. The first day of rotations, I had no idea what my role in health care was as a third-year medical student, as it honestly felt like I was a first-year student again who had to navigate something entirely new.

While we practiced during our first two years how to take H&Ps and come up with differentials, working with patients who had lots of complex health problems was very different. I felt very out of place during the first few weeks of my clinical rotations and did not feel like I belonged. Learning the EMR, the different treatment algorithms, and studying for



end-of-rotation exams was a lot to juggle.

Throughout all this, having someone to talk to was vital. My best friend Mahi and I always make an effort to talk to each other whenever we can, even though we are miles apart at different rotation sites. We call each other during our morning commutes and talk about so many things—school, studying, the latest Hollywood gossip, you name it.

We also talk about the tougher days we have, giving each other advice on ways we can improve and manage higher workloads. I am so glad I have a best friend who is always there for me and helps me escape the real world to keep me at my best every day. □

# Spikes of Realization: An Allegory of Serving in Medicine

BY KIAN MEMARI (OMS-IV)

While in medical school, I desired to become more than just a student. I wanted to not only give back to my community, but also grow through acts of service, wellness, and leadership. One of the extracurricular endeavors I pursued was volleyball. I signed up for a recreational adult volleyball league to maintain my physical wellness during my rigorous curriculum.

When I initially started in this league, I had no prior foundation in volleyball. I quickly found myself learning my role on the team and appreciating the strengths of my teammates. I became awestruck by the sport's cooperative nature and the trusting integrity necessary to succeed as a unit. This beautiful sport allowed me to grow by fine-tuning my synergy with teammates.

My first season was not as triumphant as I had initially anticipated, and my team lost during our quarterfinal game. At first, this created an internal sense of turmoil and despair. I believed I had let my team down because we had been defeated. However, one of my teammates retorted, "Thank you for giving it your all every game and doing it with a smile."

It was with that comment I realized how much bigger this sport was than just me. It was a unifying process that brought individuals together to work harmoniously toward a common goal. That's when I had an epiphany: Volleyball is an allegory of medicine. All the players are entrusted with their own roles, which contributes to the team's overall success.

This equates to a medical setting, where diverse specialties collaborate in a network of health care and entrust one another to promote the patient's well-being. When you get knocked down, you don't just lay there. When your patient is not responding to empiric treatment, you don't give up. These are the times when you stand up stronger than ever and face the obstacle ahead of you with renewed enthusiasm and vigor.

That's when I looked my teammate in the eye and said, "No, thank you. Let's come back stronger than ever next season." And with that, the once dejected eyes of my teammates slowly started to light up as we all commemorated our growth as a team. The very next season, I signed up as team captain and motivated my teammates daily.

With a burning passion and determination to redeem ourselves, we started the new season with enhanced communication and integral teamwork. We worked on improving as individuals and allowing one another to lean on each other's strengths and learn from each other. It was with this commitment and drive that we made it all the way to the championship game and won the first-place trophy.

The beauty of volleyball is the sportsmanship, teamwork, and trust among team members. These are the practices I desire to uphold during my medical journey. Through trust, cooperation, and a desire for collective growth, a medical practice can prosper just as efficiently as a determined volleyball team. □





## We'll Cross That Bridge When We Get There

BY FREDA ASSUAH (OMS-III)

Stressing out about something that hasn't happened yet is like walking through a forest and worrying about crossing a bridge you're miles away from. So, you miss all the lovely scenes: the birds chirping, the animals scurrying, the pretty flowers, the movement of the leaves in the wind, or the smell of the forest. You miss it all, because you're too focused on a bridge you haven't seen yet.

You're so worried that you miss the beauty around you. The sunbeams streaming through the tall trees or the trail of ants leading to God knows where. You miss it all.

Then you get to the bridge, only to find that it is a tiny piece of log across a stream that is only two feet

wide and one foot deep. You missed all the beauty around you because you were so worried about crossing the bridge. Now, you're at the bridge, and you realize there was nothing to worry about, because you had everything you needed to cross the bridge.

Sometimes, we assume that thinking in advance about the bridge would help us cross it better. What I have realized is, when we are so focused on the bridge, we may miss things around us that might help us cross the bridge. So, you may as well focus on the forest around you. Enjoy the present moment. Take in the scenes. Who knows? You might even find another path that doesn't need a bridge. □



# Navigating Grief and Resilience

BY RAQUEL BEATRIZ ROSSMAN (OMS-II)

The journey to becoming a medical student is characterized by immense dedication, rigorous training, and an unyielding commitment to saving lives. However, within this demanding pursuit lies an aspect that often remains unspoken—the experience of losing loved ones while undertaking the rigorous academic and clinical responsibilities of medical school. This unique challenge brings to light the emotional toll aspiring physicians can face as we navigate the delicate balance between personal grief and professional responsibilities.

Medical students, like any other individuals, are not immune to the realities of mortality. We deal with the anguish of losing family members, friends, or mentors, often under circumstances that demand our clinical expertise and emotional strength. This duality of roles, that of a grieving individual and a compassionate medical student, can be emotionally overwhelming. The intensity of medical training can amplify the complexity of grief, as students may struggle to find time for proper mourning while managing the demands of coursework, exams, and clinical rotations.

The emotional impact of such losses cannot be understated. Medical students often find themselves torn between personal grief and the need to maintain their professional composure. The pressure to uphold a façade of strength can be

immense, leading to emotional suppression and delayed processing of our feelings. These internal conflicts can give rise to burnout, emotional exhaustion, and even a diminished sense of empathy—qualities essential for effective patient care.

Moreover, the loss of a loved one can trigger a heightened awareness of the fragility of life, prompting us to reflect on our chosen path. Some find renewed purpose in their studies, fueled by a desire to prevent others from experiencing the pain they've endured. Others might question the sacrifices they are making and wonder if the pursuit of a medical career is worth the personal toll it can exact.

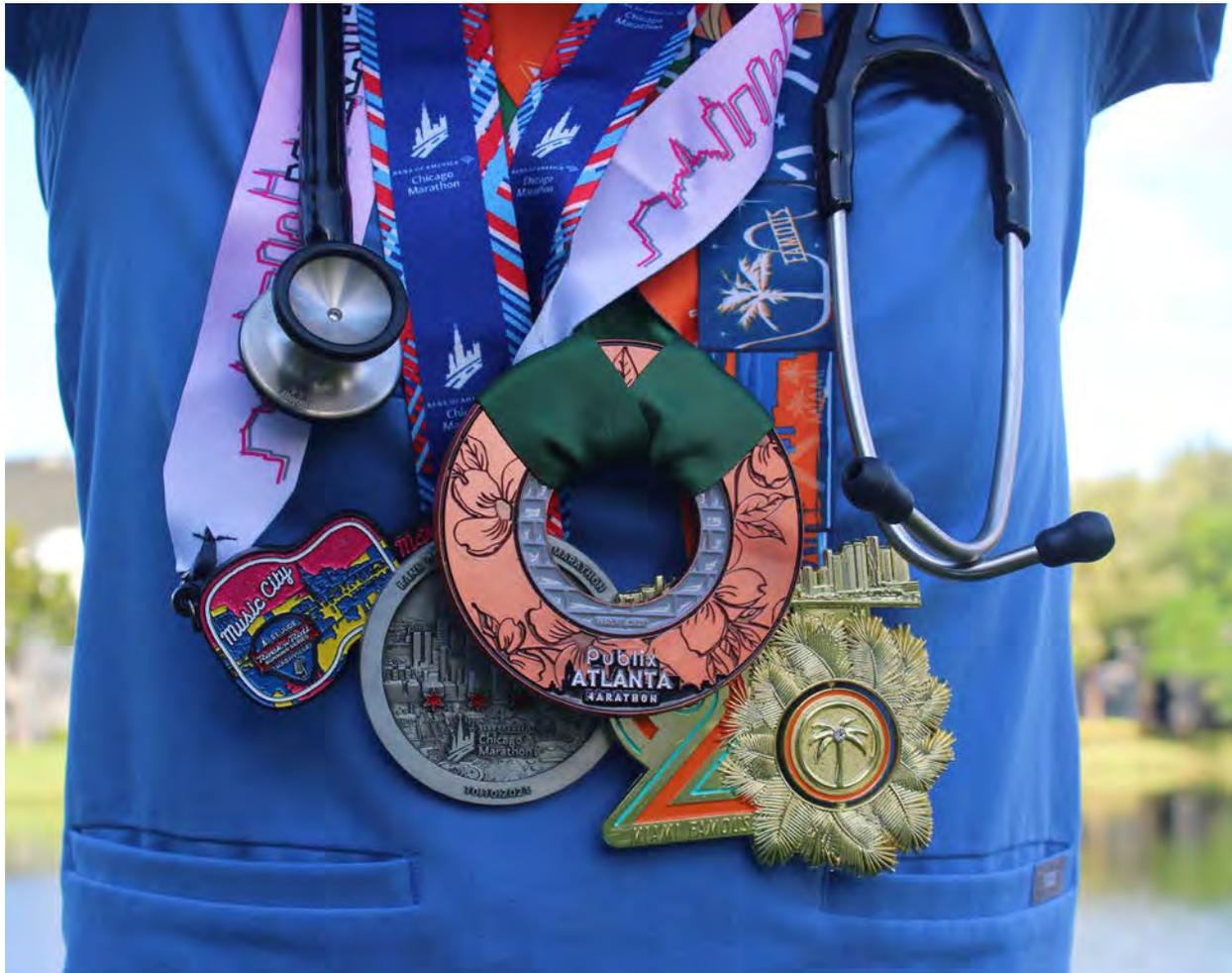
Dealing with the loss of two of my grandparents during my first year of medical school was challenging in many ways. Not only was it difficult to stay on top of schoolwork, but I also found myself feeling helpless and wishing I was further along in my medical education to have been able to help them during those times.

It was difficult feeling like I knew so little, but my family and friends were there to remind me that this is exactly what I am working toward—being able to provide help for my patients in need. I had to trust in the doctors and nurses caring for my grandparents during their final days and know that one day, I, too, would be able to be that doctor for someone else's family. □



**Medical students, like any other individuals, are not immune to the realities of mortality. We deal with the anguish of losing family members, friends, or mentors, often under circumstances that demand our clinical expertise and emotional strength.**

# BOUNDARIES AND BALANCE



# Running the Race

BY SAMIRA KANETKAR (OMS-II)

With laces tied and my earbuds in, I head out on my usual route. As I approach the HPD crosswalk, I see blurs of teal blue scrubs in my periphery. I pass the endless line of cars with NSU stickers and gradually settle into my pace. I turn up *Slow Burn* by Kacey Musgraves and let the past eight hours slip away.

My mind drifts from hypertension and antiarrhythmic drugs as I tune into my senses: the warmth of sunshine on my skin, the breeze in my hair, and the euphony of nature around me. I smile and think to myself, “This is the moment I look forward to each day.”

Running is the antithesis of how medical school feels at times. It is slow, peaceful, simple. When I’m running, I finally disconnect from the never-ending to-do list, and my head clears. My runs give me a sense of tranquility amidst the chaos and provide profound clarity. I use this hour as a time to practice gratitude for this body, this life, and the privilege to pursue this career.

For me, the beauty of running has always been in the journey. I remember when I began training for my first marathon. What started as an optimistic goal quickly became the most challenging undertaking. During the particularly difficult long runs, I wondered how I would ever cross the finish line on race day.

This feeling is not unlike the one I’ve had since starting medical school. The amount of knowledge we are expected to master feels insurmountable at times. Some days, I am simultaneously overwhelmed by how little I know and how much there is left to learn. The thoughts creep in and I wonder, “Am I bright enough to be a physician? Talented enough? Strong enough?” The self-doubt gets heavy to carry.

However, in these moments, I remind myself of the greatest lesson running has taught me: the power of consistency. At its core, running is about mental fortitude and determination, not skill. When I was training for my race, there were days when I struggled through 1 mile, and then times where I felt euphoric for 15. But I learned that each run, no matter how rough, gets you a little bit closer.

The same is true of medicine. There are thousands of physicians who have come before me and weathered this road. They were once in my shoes, and though their pace may have slowed and left them feeling stagnant, they continued to push forward. They are proof that it’s not extraordinary people who run marathons or become doctors; it’s ordinary people who are passionate about their craft and choose persistence over perfection.

It’s easy to look ahead and seem distant from the finish line. It can feel daunting and unattainable. Running is my reminder to look behind me and be proud of the distance I’ve covered, but also to look beside me and appreciate the people running the race with me, through all 26.2 miles. □

## Embracing Gratitude During the Medical School Journey

BY VASU MALHOTRA (OMS-IV)

As the sun sets on the bustling corridors of medical school, there lies a lesson that often gets overshadowed by the rigorous demands of the journey—the power of gratitude.

Amidst the sea of textbooks, early-morning rounds, and late-night study sessions, pausing to reflect on the various aspects of life's richness can transform the experience into a meaningful odyssey of both personal and professional growth. But the beauty of gratitude extends well beyond the clinical setting or the classroom—it offers an escape, a subtle shift in perspective that relieves us from our daily stressors.

Often, medical students find themselves entangled in a culture of constant striving, where the goalposts for success seem to keep

moving. While this environment is conducive to academic and clinical excellence, it can cloud our ability to appreciate life's simpler pleasures.

Think of the small joys that punctuate your day: the reassuring words of a mentor, the camaraderie shared with fellow students, or even the brief moments of solitude where you can collect your thoughts. These instances, as fleeting as they may be, contribute to our well-being in subtle, yet impactful, ways. Acknowledging them, if only briefly, shifts our cognitive frame, offering a refreshing counterpoint to the pressures we routinely face.

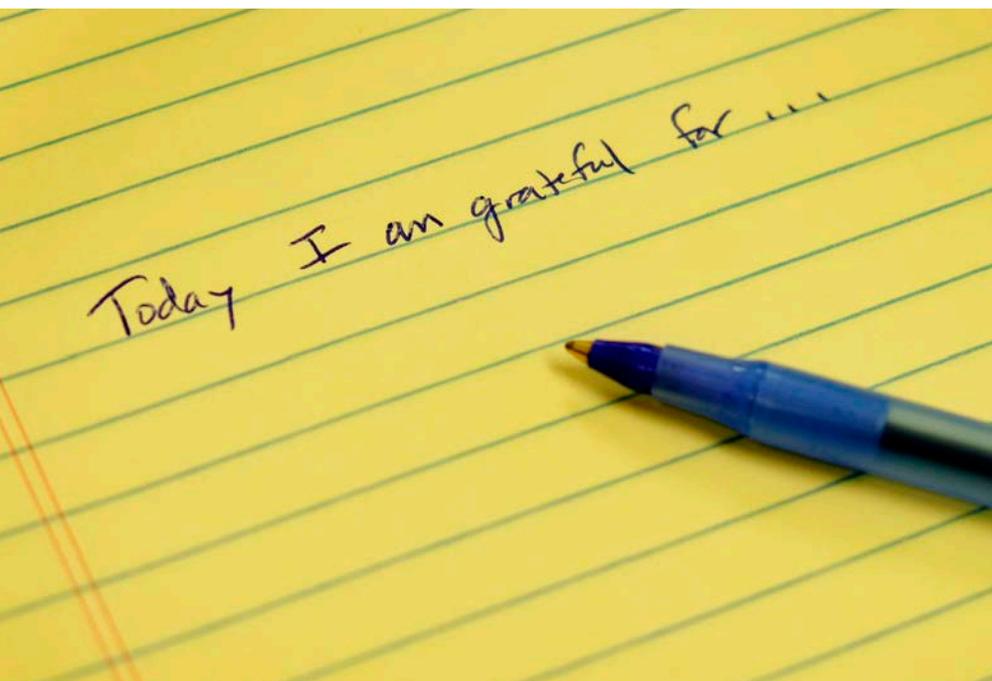
The act of gratitude serves as a mental respite, much like a sanctuary within one's mind. It is akin to a mental deep breath that alleviates

the rigidity of tunnel vision. It provides a momentary release, allowing us to see beyond the immediacy of our tasks, broadening our perception to include the beneficial aspects of our lives we might otherwise overlook. Just like we allocate time for study or professional development, so should we schedule moments for mental clarity and thankfulness.

Let's consider making this practice an integral part of our daily routine. After all, rituals give structure to abstract concepts, turning them into actionable items. Before another day concludes in these bustling corridors, before we reimmerse ourselves in the complex tapestry of medical education, let's pause. Identify one thing, however small or seemingly insignificant, for which you are genuinely grateful. If you feel inclined, share this gratitude with someone—a classmate, a mentor, or a patient.

By consistently practicing gratitude, we not only enrich our own lives, but also contribute to a shared emotional atmosphere. In an environment as challenging as medical school, this small act can reverberate through the community, fostering a culture of mindfulness and shared purpose.

So, here's my invitation: take a few moments each day to cultivate gratitude. You might find it serves not just as a momentary escape, but as an enduring source of internal peace that enhances your journey through medical education. □



# Running: A Form of Medicine

BY MILES HORTON (OMS-II)

Ever since I was young, my favorite things to do have revolved around sports and the outdoors. My mom didn't allow my siblings and I to play video games often, so we usually resorted to outdoor activities. We played every sport you can think of, and even created some of our own with our neighborhood friends.

I also played many competitive sports growing up, but it wasn't until eighth grade when I decided to try running cross-country. I was never really drawn to running, and I only joined as a way to get in shape for soccer. In my mind, I always thought of running as a boring sport, but I couldn't have been more wrong.

My opinion on running changed the second I began my first race. I am extremely competitive by nature, and I quickly learned that running is the most difficult sport—not only from a physical standpoint, but also mentally. There is no pacing yourself in a two-mile race; it's just running as fast as you can the entire time. It takes incredible resilience in order to keep running when everything in your body is screaming to stop. I didn't do amazing in the first race, but I was instantly hooked.

My competitive running career lasted only a few years. The high school soccer season overlaps with cross-country, and while I ran track, the shorter races weren't as exciting to me. Although my running career was over, my love for running did not fade. Rather than providing a competitive environment like it once did, it has now transformed into my number one way of relieving stress.

Throughout college, and even now in medical school, it is so easy for me to throw on a pair of tennis shoes and head outside for a quick run to clear my head. Whether I'm trying to forget about a tough day at school or get in my daily exercise, I always return feeling so much better. For me, running really is a form of medicine.

Besides the obvious physical benefits of working out, running enhances the well-being of our brains. The rhythmic movement releases endorphins, our body's natural painkillers, providing a sense of well-being and alleviating anxiety. It also stimulates the brain, enhancing cognitive function, focus, and memory.



It's also a form of meditation for me. I often run alone, early in the morning or at night, and it's just me, nature, and my music. I don't have to think about anything else. I also enjoy setting personal goals with distance and time, which pushes me to be more disciplined. Running has improved my life in so many ways, and this is my way of encouraging others to give it a chance.. □

## The Eight Limbs of Yoga

BY DANIELLE DONAHUE (OMS-III)

Yoga is an ancient art and science founded thousands of years ago in what is now known as India, prior to the development of modern-day religions, with the goal of bringing harmony between the practitioner's mind and body. There is a rich, complex history of yogic practices dating back to 2700 BCE, and the practice comes with a set of philosophical guiding principles outlining the path to self-realization, harmony, and enlightenment.

These guiding principles, known as the eight limbs of yoga, come from the *Yoga Sutras of Patañjali*—a collection of spiritual texts and verbal commentaries from the ancient sages of yoga. The eight limbs are as follows:

- **Yamas**—the social ethical ethics or restraints. This limb includes ahimsa (nonviolence), satya (truthfulness), asteya (non-stealing), brahmacharya (abstinence), and aparigraha (non-covetousness).
- **Niyamas**—the branch of self-discipline and personal spiritual practices. This limb includes saucha (cleanliness of the body and mind), santosha (contentment), tapas (spiritual austerities or burning away impurities), svadhyaya (study of one's self and scriptures), and ishvarapranidhana (surrender to God, divinity).
- **Asana**—The physical postures of yoga. Asana is intended to be a comfortable posture of the body that allows connection with the mind and spirit and is necessary for meditation. One does not need to be flexible or strong to practice asana, just willing to practice concentration.
- **Pranayama**—the art of breath control. This limb is designed to optimize one's control over the breath (or life force) to direct the flow of energy through the body.
- **Pratyahara**—This limb aims to master sense withdrawal, turning awareness inward and reducing external physical stimuli.
- **Dharana**—This involves concentration with effort. This limb focuses on eliminating distractions of the mind, preparing the mind and body for deep meditation.
- **Dhyana**—Concentration without effort. While dharana requires effort to release the distractions of the mind, dhyana is able to attain an uninterrupted flow of concentration without being aware of the process.
- **Samadhi**—pure bliss, enlightenment. The state of union between mind, body, and spirit and transcendence of the physical body. This limb is the attainment of ultimate peace and unity with the divine, and the goal of the practice of yoga.

The path to samadhi is not easy nor linear, and that is why yoga is a practice. Each limb prepares one for the next limb, climbing the tree slowly to reach one's ultimate goal. Oftentimes, practitioners will have to work through one limb repeatedly before attaining the next, and even then perhaps only attaining the next limb temporarily.

The process of purification takes great dedication and discipline. However, it is a beautiful spiritual journey that not only enlightens the practitioner, but also those around them. □

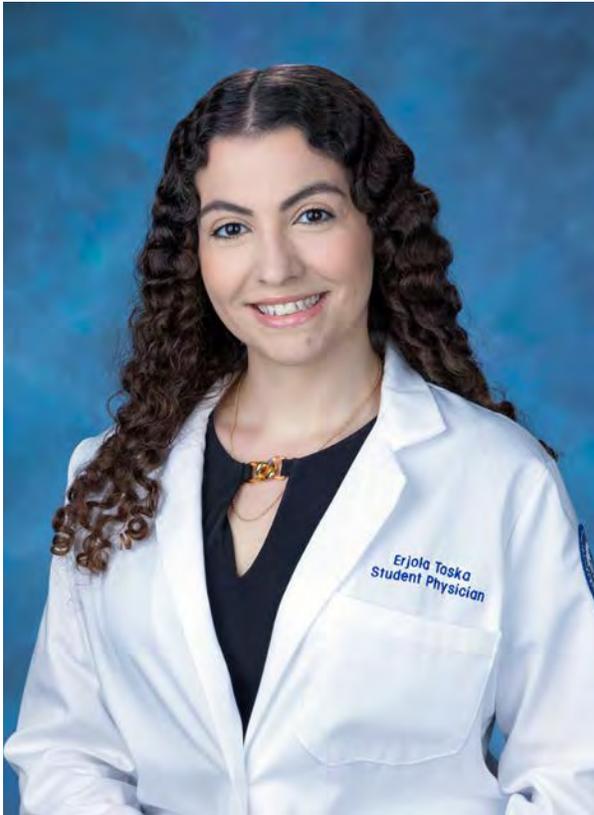


**“Yoga is the journey of the self, through the self, to the self.”**

*—Bhagavad Gita*

## The Balancing Act

BY ERJOLA TOSKA (OMS-II)



**I often refer to the journey of attending medical school as skillful as a balancing act, where students are tasked with finding a way to coordinate various facets of their lives. Amid the rigorous demands of academia, students need to navigate the delicate equilibrium between family, friendships, extracurricular pursuits, and self.**

Navigating the demands of medical school with personal life is a delicate art form that requires a harmonious blend of meticulous planning, unyielding resilience, and prioritization of self-care. In the long journey of medicine, most students recognize that gaining acceptance into medical school is a formidable testament to their determination. However, as they proceed, it becomes abundantly clear that the art of balance is the key to their future persistence.

I often refer to the journey of attending medical school as skillful as a balancing act, where students are tasked with finding a way to coordinate various facets of their lives. Amid the rigorous demands of academia, students need to navigate the delicate equilibrium between family, friendships, extracurricular pursuits, and self.

A way I found to perfect the balancing act was to remember the person I was before medical school and prioritize the important things to me. Undoubtedly, I do not have as much free time as I did before; however, I tailored my life to integrate with the demands of school seamlessly. I still enjoy my long-distance runs and Facetime with my parents, all while managing social outings with friends by trying new restaurants.

This ability to delicately balance these cherished activities has grounded me amidst the journey of medicine. One of the best pieces of advice a professor shared with our class was that life continues while you are in medical school and enjoy life in parallel with medical school.

One thing to acknowledge on this journey is that after long days, it's easy to lose sight of our grander purpose that propels our endeavors. However, it is crucial to remember our ultimate objective: the profound aspiration to impact people's lives positively. This source of inspiration guides us through the most trying times.

The skillful navigation of the intricate balancing act required in medical school is more than just a means to an end—it forms the foundation for a more fulfilling journey and sustained resilience within the realm of medicine. By mastering this equilibrium, we pave the way for a gratifying experience and enduring success in the field, all while staying true to the core calling of aiding and bettering the lives of those in our care. □



# STRENGTH

BY AJA ERSKINE (OMS-III)

The strength to say no.

The strength to let go.

These can be the toughest scenarios, but if you are forcing together a situation that is “falling apart,” then it’s most likely not supposed to be together in the first place. Let it fall apart, let it go, release it.

What is meant to be doesn’t require an outside force to “hold it together.”  
Find the strength to align your life in the direction of your well-being. □

# BOUNDARIES AND BALANCE



**Using myself as a case study, I have observed both movement and the quality of the food I eat lead to decreased anxiety. I truly believe that most people don't know how great they could feel, because they lack these two extremely important areas of their lives.**

# My Secret Weapon for Medical School Success

BY DANIELLE BROUSSARD, RDN, LDN (OMS-III)

Climbing a mountain can be difficult, but if you don't have the proper nutrition and stamina to sustain yourself, the height of the mountain does not matter. No one can prepare you for the extremes of medical school—the volume of information, emotions, stress, pressure, expectations, and overall lack of time to work toward the goals you set for yourself.

That's why having a support system of colleagues, family, friends, and professors is fundamental. What is even more vital, though, is one's mentality and overall health. Like climbing a mountain, if you don't have the will, no one else will be able to provide it for you. And if your physical well-being is not optimal, you simply will not succeed.

I have battled anxiety throughout my adult life. It is something I have accepted as part of me, but I have not given up on trying to avoid triggers or discovering outlets to lessen the intensity. Stress heightens my anxiety, so deciding to start medical school after I was comfortably settled in a career was a difficult decision to make, especially when mentors and coworkers tried to prepare me for the potential challenges ahead. I faced one of the biggest choices I have had to make in my life thus far—continue the straight and narrow or climb the largest mountain I have ever encountered.

Numerous studies have provided evidence of the benefits nutritious food and fitness can have on mental health, specifically anxiety. Being an athlete, exercise and sports have naturally been a healthy outlet. Furthermore, since completing the coursework needed to sit for the registered dietitian licensing exam and living in Italy, I have made improvements to my diet.

Using myself as a case study, I have observed both movement and the quality of the food I eat lead to decreased anxiety. I truly believe that most people don't know how great they could feel, because they lack these two extremely important areas of their lives.

When I started medical school, I knew I was going to have to make sacrifices to succeed and reach my goals. Nevertheless, I made a commitment to myself that I would not compromise two things: food and fitness. During the first year, I began to neglect the exercise component and quickly realized I was also compromising my mental health and the ability to cope with stress.

This awareness led to my conclusion that a 30–60 minute workout each day would not result in me failing an exam or class. In addition, I always made time to meal prep. I gained more mental clarity by eating wholesome foods vs. the time I lost in prepping.

I have learned a great deal and have had much success in these last two years both on an educational and personal level. Medical school is rigorous, and like a high-level mountain climber, my nutrition and physical activity are paramount in achieving optimal performance. □

## Embracing a Life with No Pause Button

BY JULIA P. BETHEA (OMS-II)

As I held the ticket to my dream profession in the form of my medical school acceptance letter, the world around me stopped, or so I thought. I believed that every other facet of my life would be on hold as I embarked on the consuming, but rewarding, journey of becoming a physician. Little did I know that my first year of medical school would prove there is no pause button in life, and the only way to be truly successful is to accept and embrace that.

The first two months of medical school were a demanding and exciting blur. From meeting classmates, adjusting to the course load, and getting involved, I was convinced there could never be enough

hours in the day. As I watched my college friends move to new cities, take the next step in relationships, and learn new hobbies, I allowed myself little leeway to tend to the aspects in my life that didn't revolve around medical school.

Unfortunately, during this first semester, I received news that my grandfather had been placed in hospice care. The grandfather who supported me through all my endeavors and would give anything to spend time with me had weeks left to live. My gut instinct was to pack that very moment and visit him, but how could I afford losing precious studying time? It felt impossible to leave town, but ignoring what was

going on at home to focus on the next Anki card or the next lecture was unbearable. I needed to be there with him.

Traveling home to spend time with my grandpa, returning to school for labs, traveling home for his funeral, and returning to school for an exam was a whirlwind. While it took adjusting, I was able to make it work. I found that being fully present for my family in this emotional time allowed me to be an even more driven and efficient student. I never dreamed that giving myself grace to have other priorities outside of medical school would in return benefit my studies.

Less than six months later, my loving grandmother was placed in hospice care after a brave battle with ovarian cancer. This time, I was not overwhelmed with how I was going to balance my responsibilities and got on the flight. My grandmother was my number one fan and always by my side, so I was by her side in the end.

These experiences taught me that no matter how busy I get in this career path, life will not stop. I know that in order to give medical school my most focused and enthusiastic self, I cannot shut the rest of my life out. Finding time for friends, family, physical exercise, and rest will only aid me in my goal of becoming the most empathetic, knowledgeable, and personable doctor I can be. I encourage you all to live in the present, look forward to the future, and embrace this life with no pause button. □



# Enjoying the Journey

BY MATTHEW GREEN (OMS-II)

It is somehow already my second year, and the emphasis on board prep, research publications, club duties, and multiple system courses couldn't be greater. One wonders how to balance studying for such exams and devoting time to research as our futures get even more competitive. Yet, I am happier than ever, because I am focused on the moment right now. I learned how to stay present and adopt this mindset of controlling what I can in each moment.

It was not long ago that I was a postbaccalaureate student at NSU, eagerly studying with hopes to attend such a renowned osteopathic medical school. The mindset I adopted during that year allowed me to reach this goal, and I haven't looked back since. Instead of worrying about my future, I learned to take action in the present by maximizing each day.

Another key aspect is gratitude, as it is imperative to appreciate what I have and can do every day on this journey. I am fortunate to be in this environment, learning from osteopathic physicians and collaborating with peers, while surrounded by palm trees on this beautiful campus, fulfilling my dream.

So with these principles, I am ready for whatever exam schedule or assignment is thrown my way, as each part of the journey will require a new challenge. I know that if I do my best to improve just one percent every day, physically, mentally, and spiritually, I can be ready for that challenge. It is vital to focus on the journey, celebrating each win and learning from each loss.



Moreover, practicing this mindset allows me to truly experience happiness while performing in medical school. As any of my friends will attest, I am typically smiling and enthusiastic on the morning of an exam. I know I have done all I could to prepare and will make this experience enjoyable, as I am still grateful to be here taking this test. Similarly, during clinical medicine, I couldn't be more pleased to be brainstorming with peers to come up with differentials.

Staying in the present is like climbing a mountain and taking it step by step, not looking at the peak. For me, that means not focusing on graduating and getting

a great residency spot. Rather, it is the work each day I put my energy into that will result in the best outcome possible. It's much more than just getting through each semester; it's about what I am getting from each semester.

Throughout this journey, I have found the most important goal is to stay humble and consistent. There is so much external noise from everyone, and I've learned it is necessary to stay true to myself and be the best version of myself. With a strong mindset and appreciation for the path I am on, I can make the most of each day. And after each day, I am one step closer to that mountain peak. □

## The Sunday Reset

BY ALESSANDRA OTTLEY (OMS-II)

In the rigorous journey of medical school, where challenging courses, clinical rotations, and the demands of research participation collide, finding moments of peace become crucial for maintaining both mental and physical well-being. From this chaos, the idea of a Sunday reset arises as an essential practice for medical students, offering dedicated moments to reflect, recharge, and refocus.

A Sunday reset serves as a metaphorical pause button on daily life as a medical student, allowing us to take a break from our intense daily routine and regain perspective. Medical school is a full-time job that offers little time for personal reflection. Setting aside a specific day allows us to assess challenges and set goals for the upcoming week. This self-analysis fosters a sense of clarity, allowing us as students to prioritize tasks and create a plan to master our studies.

Medical students frequently balance a wide range of emotionally draining situations, while also carrying the responsibilities of everyday life. This can lead to emotional exhaustion and often the dreaded feeling of burnout. Stepping away, even for a few hours daily, can provide emotional recovery and encourage resilience. Engaging in activities that inspire calm, joy, and connection with loved ones can replenish our mental and emotional resources, providing a fresh and exciting outlook for the week ahead.

Encouraging self-care is integral to maintaining our physical and mental well-being. Sufficient sleep, exercise, and diet are often overlooked during the stress of the everyday responsibilities that accompany being a medical student. Adopting the Sunday reset mindset offers an opportunity to sleep in, participate in your favorite physical activity, meal prep, or simply spend time away from the screens, promoting a more well-rounded lifestyle that allows us to continue to thrive during our journey to becoming physicians.

In the pursuit of becoming a skilled physician, it is essential to recognize that to care for others, we must first be able to care for ourselves. The concept of a Sunday reset, or any day in which we can carve out time to just be human, is about more than just taking a break; it's a proactive strategy that aims to maintain our well-being and allows us to sustain the passion that first led us to pursue a career in the medical field.

By embracing this concept, we can foster a balance that not only ensures our success during our pre-clinical and clinical years, but also ensures our long-term growth and gratification in our chosen careers. □

TAKE  
TIME  
TO  
Relax



## Wilderness Medicine in Practice in the Himalayas

BY REENA SHETH (OMS-II)

The crisp crunch of my boots in the gleaming spring snow of the mountains will always be my favorite sound. After 42 days of backpacking through the Greater Himalayas on an outdoor education course, my senses felt in tune with the environment around me.

As striking as the white snow was, it was also dangerous. The spring ice was starting to melt, and as hiking lead, I warned my team of the challenges the snow could bring. Consequently, I suggested we approach each steep, snow-covered drainage with caution, ice pick in hand, and an awareness of our ability to self-arrest—a technique used to stop oneself in the snow.

I led my team across the drainage, cutting steps in the snow for each of them to follow. As I reached the other side, I turned around to see my friend Cam tumbling downward, grasping at the snow to stop himself. “ARREST CAM! SELF-ARREST!” I yelled. I could only watch and hope Cam would remember to dig his elbows and knees hard in the snow to stop himself from falling further. After he stopped halfway between the group and the gushing river, I made my way slowly to Cam.

His eyes wide and hands shaking, looking at me crying, “I don’t think I can walk...my knee...it really hurts.” I looked at Cam to comfort him and assured him we would get through this together. With the skills we had learned from our wilderness first aid course, I had Cam throw his arm around my shoulder and attempt to stand. His left leg gave out the minute he stood up, and we both fell to the ground. I asked one member to start a SOAP note detailing the time, scenario, and symptoms Cam was experiencing. Although I was certified, I wasn’t trained for every scenario that could happen, especially not this one.

Safely on solid ground, I formulated a plan with input from my team members to get all of us to base camp with one man down. I assigned roles based on each member’s strengths and weaknesses to adapt to our new situation. We sent two hikers as a “runner group” to get help from the instructors ahead of us. The remaining two, including myself, decided to perform a thorough patient assessment on Cam to determine his walking capabilities.

Ultimately, we decided Cam’s injuries were too severe for him to walk without assistance. Thus, we fashioned for

Cam two crutches made of large branches, using the environment as a tool to help provide emergency care to Cam. We also split up his belongings from his pack into our packs so he could hike without an extra 50 pounds of weight on his back.

Eventually, we turned what was supposed to be a two-hour hike into a nine-hour journey, with everyone reaching the campsite safely by nightfall. Despite the circumstances, our improvisation and planning helped us save Cam and prevent any severe injury. □



# Gaining Insight: My Outreach Experience

BY NIYATI PATEL (OMS-II)

You may have heard of Charles Darwin and his research on the Galápagos Islands, the renowned giant tortoises and blue-footed boobies and the eco-friendly, plastic-free environment. But did you know that the inhabitants of these islands are constantly struggling to obtain adequate health care and nutrition?

Our journey to the Galápagos was far from straightforward, as it included flights to Ecuador and then the Galápagos Islands, a bus ride to the Baltra Ferry Terminal, a boat ride to Santa Cruz, and then a bus ride to Puerto Ayora. It wasn't until clinic days that I realized the demanding and costly travel from the islands to the mainland.

I'd like to start by sharing a story about a young boy who received news of a cancerous, mass-like growth. As the mother described the obstacles she faced in accessing health care in Ecuador, and her determination to find help for her child, it was evident how stressful and discouraging this situation was. These barriers in travel costs and access to health care were burdens that weighed heavily on her.

Exploration into town led me to a local shop run by an elderly woman. As she mentioned the free health clinic advertised in town, I could see the disappointment on her face as her responsibilities to her shop and providing for her family hindered her from visiting the free clinic. Her sacrifice to prioritize her family's well-being over seeking medical care at the free clinic highlights the challenges in finding accessible health care on the island. I can only



imagine the substantial costs islanders must incur to visit a physician on the mainland.

A common issue on the islands was the lack of proper nutrition and accessibility to fresh fruits and vegetables. I wasn't aware of the high costs of importing foods, especially to a tightly regulated island. This economic strain became evident during clinic days, with the majority of patients presenting with iron deficiencies, diabetes, and dehydration, thus becoming a significant concern affecting the islanders' health.

Despite being a popular tourist destination, I was oblivious to the challenges faced by the Galapagueños. This trip exposed me to prevalent health care conditions and emphasized the role of transportation and financial stressors on accessibility to health care on the islands.

As for my current and future colleagues, it is important to recall these barriers when providing care to patients, as many of the challenges I saw in the Galápagos translate directly to the United States. □





## Little Acts, Big Impacts

BY DHIYA RAM (OMS-II)

In a world filled with endless opportunities for growth, sometimes it takes stepping out of our comfort zones to truly discover our potential. Last year, I had the privilege of being part of the India medical outreach trip—an incredible journey that taught me lessons medically and beyond. Together with 18 exceptional KPCOM peers, I embarked on a journey that would forever change my perspectives on medicine and compassion.

As I joined the team, I was struck by the diversity of experience. Our group consisted mostly of OMS-IIs, with only four OMS-Is, including myself. Having only completed a single semester of my first year, I had yet to delve into the intricacies of medical systems, and I felt like a novice in the medical field. It was clear I had much to learn.

On the very first day, I was grouped with three OMS-IIs. Together, we collected HPI and PMH information and conducted relevant physical exams. The prospect of presenting our findings to our attending physician was daunting. I couldn't help but feel inadequate and questioned my place in the group.

When we broke for lunch, I confided in my peers about the self-doubt that had consumed my mind. I worried I was a burden rather than an asset. It was then that the OMS-IIs reminded me of the fundamental reason for our presence—the patients. A majority of our patients were impoverished and had traveled a great distance to seek our care. This reminder rekindled my determination to help and learn.

As the rest of the day progressed, I found myself holding up my phone flashlight as our attending physician performed a surgical resection of a lipoma in our makeshift operating room. This simple act made me realize that every contribution, no matter how small, played a significant role in our collective mission.

As the days passed, I began to find my place within the team. I mastered the art of taking blood pressure readings in a noisy environment—a skill that proved invaluable as I measured the blood pressure of more than 200 children from the local school. Our translators, often busy supporting other members of our team, occasionally left me on my own to bridge the language barrier. It was a challenge I hadn't expected, considering my limited proficiency, but it was a role I learned to love, as it was a reminder that our mission transcended language and cultural barriers.

The India medical outreach trip was a truly transformative experience that deepened my medical knowledge and instilled in me a profound sense of purpose. It taught me that every contribution, no matter how small, can make an impact in improving our patients' quality of life.

As I reflect on this journey, I am reminded that the true essence of medicine lies in our ability to serve our patients with unwavering dedication. My time in India was a testament to the power of determination, collaboration, and the enduring spirit of humanity. □



# Galápagos: Refound Meaning

BY SNIGDHA MARIVADA AND REBECCA HOFFMAN (OMS-IIS)

“Is this really worth it?” By the end of my first year of medical school, I had already started second-guessing my choice. Burnout had kicked in, and spending every day glaring into my iPad was not really helping my case. It wasn't until I hopped on a flight to the Galápagos Islands that things started looking up.

One of my first memories upon landing on the island was the welcoming nature surrounding our arrival. Children were playing in the streets, while parents were smiling and waving to all of us. These small interactions fueled my excitement to treat those on the island who sought our care.

The first clinic day made me realize a lot about humanity and how I hope to conduct myself as a future physician. I met so many children at my pediatrics station who showed me that even if you do not speak the same language, you can still connect with your patients. A physician had brought stickers, and the children had so much fun picking one to take. One child had taken a sheet and placed dozens of stickers on me, while laughing and smiling. These small moments were when I realized that communication and connection are not solely done in the form of being able to understand each other's words.

Along with learning more about humanity, I was able to witness the immediate power of medicine brought to those who needed it. A moment that has stuck with me to this day was when a young woman walked into the clinic supporting her limping mother. Her mother had trouble walking for years, and her condition had been slowly deteriorating. The doctor at our station was confident she could help improve the patient's condition.

After several OMT techniques and a steroid injection to the knee, the woman got up and started walking on her own. It was like magic; a woman who was once unable to even get up from a chair without assistance could now do that and more. With her first steps, tears started streaming down her face. I can still remember her face when she grabbed our hands and started profusely thanking us. It brought tears to my own eyes, and I couldn't help but think back to why I started down the path toward

medicine in the first place. This was more than worth it. Moments like these made every sleepless night spent studying more meaningful and reignited my motivation.

After returning from the Galápagos Islands, I spent a lot of time reflecting on my trip. To say this was life-changing would be an understatement. I fully believe every medical student should take the leap and go on one of the offered medical outreach trips at least once. People talk about how lucky we are in the United States when it comes to health care accessibility, but it is a completely different experience to immerse yourself in another culture and witness the disparities firsthand. □



## Ja-Mai-Can Me Happy

BY YANTONG HUANG AND SIMON WAHBA (OMS-IIS)

This summer’s medical outreach trip to Jamaica will be a memory that remains close to our hearts. We feel grateful to have worked with health care professionals from all fields and witnessed their dedication to aiding others. Working in underserved areas challenged us to use creativity and find solutions with the resources we had.

The trip was only successful due to good teamwork, organization, and communication. We all worked in stride and shared the purpose of delivering quality care. Seeing that many patients wait for us to come by every year to seek treatments strengthens the fact that we are making a difference in the lives of many.

Seeing how much work was needed to provide health care in other countries was eye-opening. It becomes easy to get complacent and only worry about policies and issues within our borders. In doing so, however, we would neglect millions of people worldwide who need health care services. In retrospect, we feel that with technology, proper funding, and a sense of purpose, we can set more opportunities for virtual care and communicate with populations in need.

This trip also differed from previous years, as we were the only two medical students alongside three physicians, which drove us to step outside our comfort zone. Initially, we felt intimidated, but with time, this folded into one of the most hands-on learning experiences a medical student could have hoped for.

We were thankful to have cared for patients under one-on-one guidance from experienced doctors who were passionate and willing to teach.

**Wahba Recollection:** I remember doing my first physical exam on a patient and reviewing the checklist we learned in class. I realized I was only going through the motions, and that being with a patient was a completely different ball game. You cannot recreate the human aspect of people in a staged setting. The fear, pain, and desire to get better—all these things change the dynamic of patient care and make it much more real.

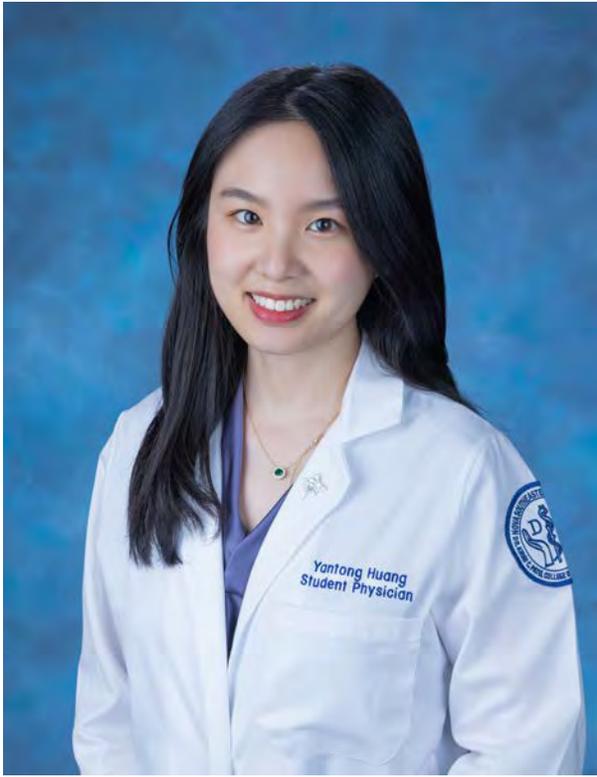
Thankfully, we had great doctors with us willing to teach us the little things that would eventually allow us to give the people the level of care they deserved. Also, I learned the true meaning of caring for people in need, making me a much

more observant and conscious student physician.

**Huang Reminiscence:** Listening to patients of all ages share their personal stories, showing me their bright smiles regardless of their medical concerns, felt heartwarming and gratifying. Seeing their positivity and resilience gave me strength. As a medical student, moments like these reassure me of my path of becoming a doctor, where I get to dedicate myself to promoting the well-being of my patients and alleviating disease.

Likewise, I gained much admiration for health care professionals from various fields. Working and learning alongside dentistry, pharmacy, and occupational therapy emphasized how much impact we can have on a community of people, where everyone’s role and compassion are critical to bringing comprehensive care. □





## A Day in the Amazon Rainforest

BY JASON NGUYEN, ALISON TODD, AND CELIA CARLISANO (OMS-IIS)

A gentle breeze blows across the river, shaking the trees of the rainforest. Eyes still closed, we wonder what time it is, as the noise of the night switches to the sounds of dawn. The ribbits from the frogs descend, while the sounds of screeching birds and howler monkeys crescendo. The subtle glow of the morning sun lights up the blackwater riverbed.

Starting now, we're on the clock. Quickly, we get ready for the day that awaits us. As we open the door of our bungalow, we see a little black bird perched 20 feet away, looking at us with its cute orange beak. We head to the common area just as Hawk bangs the meal drums.

At 0800 sharp, we all march down to the docks with our rubber boots still caked in mud from the day before. One by one, we board our boats, mindful of weight distribution. We head out to a new village, Ayacucho, as it begins to rain, as it did every day in the Amazon Rainforest.

Hopefully, some of us learned our lesson from the past couple of days and remembered to bring our raincoats. Once we got to Ayacucho, we searched for the best place to disembark. After climbing up slippery mudslides, we trekked through the mud and rain to the local school, where villagers were already lined up to be seen.

Many of the health issues we encounter are preventable, like respiratory infections, skin conditions, and GI diseases, all stemming from inadequate access to clean water, sanitation, and routine health care. Our medical training is put to the test as we adapt to limited resources and medications. We educate the community about nutrition and the dangers of antibiotic resistance. Empowering them with knowledge is crucial to promoting long-term health. Reassurance from trusted physicians provides solace and eases anxieties.

As we're finishing up our last patients of the day, we quickly pack all our supplies and send them to the boats. Curfew is 1700 sharp. Any later than that, we would be stuck on the Amazon River during nightfall, both dangerous and illegal. Grabbing a hot beverage and decompressing from the day was a daily tradition when we returned to the lodge, but not before gathering enough courage to jump into the freezing cold showers.

After sunset, we climb into our third boat of the day. We set off to explore wild nocturnal animals that roam near the tributaries of the Amazon. Willy, our trusty guide, scans for panthers deep into the forest and capybaras lurking by the water vegetation. Up in the trees, Willy points out the owl monkeys that stare at us with their beady eyes. And as we approach the side of the riverbed, caimans make a surprise cameo.

On the way back to the lodge, Jason shouts, "Turn off the lights!" We all lean back, soak in the serenity of the night, and drift asleep as the breeze blows time away. □





## Lessons from Visiting a Blue Zone

BY MAI-LINH NGUYEN (OMS-II)

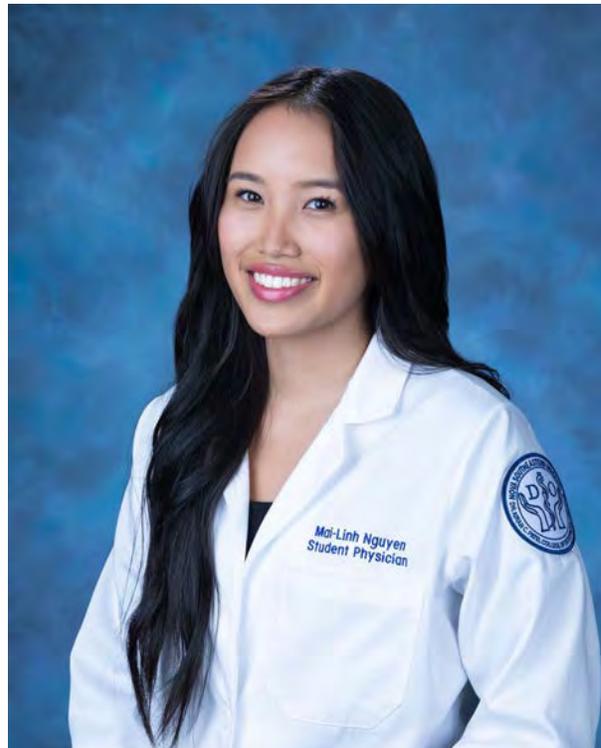
In February, I had the opportunity to visit Santa Teresa, a small beach town off the Nicoya Peninsula in Costa Rica. Santa Teresa is nestled in the heart of a Blue Zone, one of the five regions in the world where individuals tend to live longer, healthier lives than the average person. Visiting this coastal town gave me a chance to learn how residents of the village, and of a Blue Zone, lead long and healthy lives.

From the moment I arrived, I was greeted by a salty breeze and the sounds of the ocean. As my friend and I drove down the dirt-paved roads, I immediately noticed the vibrant surf shops, cozy seaside cafes, and welcoming, laid-back atmosphere. The locals I met were warm and friendly, eager to share their passion for the ocean, nature, and surfing. By late afternoon, most residents were done with their work for the day, ready to go home to their families or enjoy the lively nightlife scene with close friends.

As a village along the Pacific Ocean, Santa Teresa is an environment that encourages its people to engage in an active lifestyle, whether that be long walks, surfing, or fishing. These active lifestyles build and encourage community—a key component of the Blue Zones.

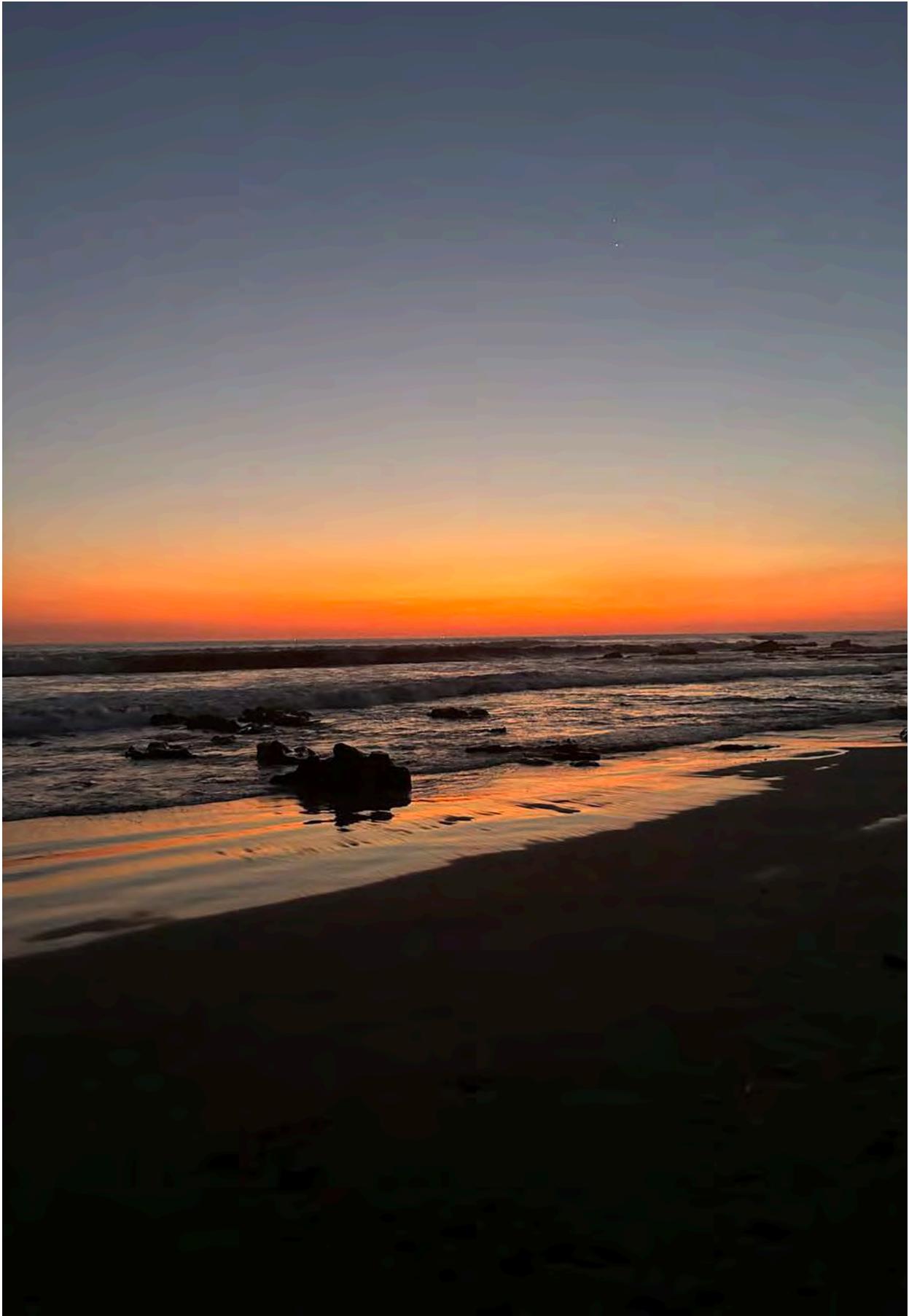
This is also a town of strong social connections, with a heavy emphasis on family. Multigenerational living arrangements are common. Generations of families often live together or live within close proximity of one another. This way of living fosters close family bonds and provides a sense of purpose and belonging. These strong familial networks are believed to contribute to lower stress levels and greater emotional resilience.

Another takeaway from my time in Santa Teresa was their diet. Their traditional diet is rich in locally grown, nutrient-dense foods such as beans, corn, and tropical fruits. The tropical climate allows for fruits, vegetables, and legumes to grow in abundance. Fresh produce and unprocessed foods allow for a healthy and stable diet.



Lastly, one of the most intriguing aspects of the residents of Santa Teresa is their strong sense of purpose in life. All the locals I encountered during my trip seemed to live simple, yet very fulfilling, lifestyles, exuding a sense of calm and mindfulness. They had a clear sense of optimism about the future that is reflected in their strong sense of community, which is likely linked to their increased longevity.

As a medical school student, Santa Teresa was a reminder to me that the simplest aspects of life are often the most important. Even in the most stressful years, I am reminded to focus on my loved ones, engage in an active lifestyle amidst the everyday hustle, and enjoy the little things, as happiness can often be found in the simplest of moments. □



## Illuminating Minds: The Essence of Teaching

BY TAHREEM F. HUSSAIN AND HARRIS A. KALIM (OMS-IIS)



True teaching means to guide and inspire,  
To kindle flames of curiosity and desire,  
To unlock minds and hearts with care,  
And lead learners on a journey rare.  
It's not just about filling up the head,  
With facts and figures, textbooks read,  
But showing how knowledge can be applied,  
To make a difference, to turn the tide.  
True teaching is about empathy and patience,  
Understanding different learning paces,  
And finding ways to ignite the spark,  
To help students reach their highest mark.  
It's about teaching values and life skills,  
To help students navigate ups and downs and spills,  
And be resilient, respectful and kind,  
To themselves, to others, to all humankind.  
True teaching is a lifelong quest,  
To serve as a guide, a mentor, a best,  
And leave a lasting legacy, a positive impact,  
On generations to come, on lives that matter, in fact.

# Burnout

BY AMANDA ALMEIDA (OMS-II)

I awake to a dance, an incoming storm.  
The flutter is loud, my face feeling warm.  
Each beat represents an unfinished task  
And I beg for the silence as all my thoughts form.

I spring my legs forward, my feet touch the ground.  
The weight of my body feels dense all around.  
I feel every inch of my headspace close in,  
I'll do anything just to drown out the sound.

Prepare for the day, stick to the routine,  
Do all I can like a well-oiled machine.  
Rewind and review and speed through the deck  
Like I recognize notes that I have never seen.

As I begin, I'm already behind.  
This week yields more info than college combined.  
Even with lectures, I play twice the speed  
'Cause losing time is worse than losing my mind.

A noise interrupts: my primitive need.  
My focus has now forced my body to plead.  
It has been eight hours since I had a meal,  
Assessments accuse time spent eating of greed.

I rise with the moon and set with the sun.  
I cannot be finished, I've barely begun.  
The words start to blur, but still I persist and  
Remind myself that I can quit when I'm done.

I again feel the dance, the rhythm within.  
It pulsates with song that I've stretched myself thin.  
Still I press on, because just one more slide  
Is the difference between a failure and a win.



## From Didactic to Healing Hands

BY JASHKUMAR CHOUDHARI (OMS-II)

From textbooks to stethoscopes, we stride,  
A journey anew, with passion as our guide.  
Didactic days now gently fade,  
As healing hands await, unafraid.

Classroom wisdom, a foundation strong,  
Now in practice, where we belong.  
Transition's threshold, a path untrod,  
From learning concepts to touching lives abroad.

Lab coats exchanged for wards of care,  
As we step into the role we dare.  
The transition, like dawn's first light,  
Illuminates our purpose, shining bright.

From lectures' echo to patient's voice,  
We embrace the shift, the healing choice.  
Nervous hearts beat in rhythm's grace,  
As we meet the challenge, face to face.

The art of medicine intertwines with science,  
As we step into hospitals, where lives rely on reliance.  
We carry the lessons, the books now dwell,  
In actions we take, stories we tell.

From diagnostics on screens to palpable signs,  
The transition hums like grand design.  
In each encounter, a chance to grow,  
To let compassion's river flow.

From classroom notes to bedside chats,  
We navigate the transitions with mindful pats.  
Didactic to rotations, a journey to behold,  
As we embrace the stories, the lives unfold.

With open hearts, we learn anew,  
The essence of medicine, the lives we pursue.  
From lecture halls to patients' beds,  
The transition's thread through destiny threads.

So let's embrace this turning tide,  
With knowledge's waves, our doubts subside.  
From didactic dreams to healing's art,  
We evolve, we learn, we play our part.





*The Humans of NSU mural can be found on the third floor of the Tampa Bay Regional Campus.*

## Humans of NSU

BY SHERILYN NGUYEN (OMS-II), MIIS AKEL, AND FREDA ASSUAH (OMS-III)

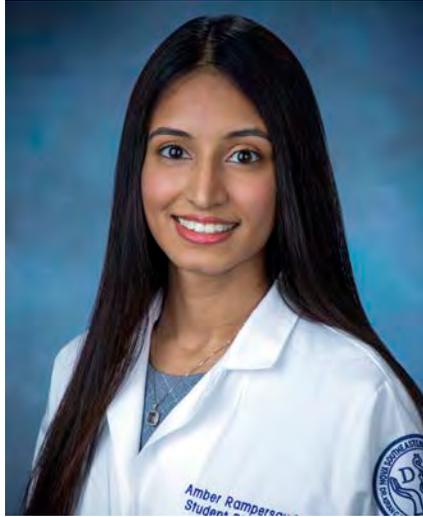
The Humans of NSU project aims to capture the diversity and intricate stories of NSU students and faculty members. This project has offered an unfiltered glimpse into the lives of those at NSU from all walks of life. The project transforms ordinary moments into extraordinary narratives, revealing the shared threads of joy, sorrow, hope, resilience, and connection that unite us as human beings.

Each photograph presented on the Humans of NSU Instagram page is accompanied by a candid excerpt of the conversation, allowing the subjects to speak for themselves. These personal reflections capture the essence of their experiences, dreams, challenges, and perspectives, creating an array of human emotion and experience that are deeply personal and universally relatable. These stories encourage us to pause, reflect, and appreciate the accounts of those who often go unnoticed in the busy environment of medical school.

Ultimately, the Humans of NSU project is a tribute to the power of storytelling, the resilience of the human spirit, and the art of recognizing our shared humanity. It is a reminder that every individual's story is worth hearing, that every face holds a world of experiences, and that amid our diverse lives, we are all part of the same human family.

## My-Algia

BY AMBER RAMPERSAUD (OMS-IV)



-algia, all-encompassing pain  
 Discomfort, anguish, and torment  
 Paresthesia that doesn't wane  
 Searching for relief, endless time spent

Rest, ice, moist heat, and repeat  
 Will anything make it better?  
 Now it's starting to affect my sleep  
 It has become my fetter

Acetaminophen and NSAIDs  
 Creams and patches, too  
 They think it's all in my head  
 Opiates? Should I take a few?

I'm alive, but not living  
 This quality of life is poor  
 The pain is unforgiving  
 I just can't take this anymore

What else can I do?  
 Is there a higher power?  
 Please try something new  
 Or at my tombstone, place a flower

Just when all hope is lost  
 And I accept this dysfunction as my fate  
 I find solace, but at what cost?  
 Is the damage done? Is it too late?

Spondylosis is what the doctor said  
 Along with spondylolisthesis on another level  
 Maybe there's relief from the agony I dread  
 And it lies at the tip of that 21-gauge bevel

Trial one and two, both a success  
 Now I'm ready for the final act  
 To take care of the rest  
 And finally conquer this pain in my back

As the energy pulses through  
 And sings the source of my tears  
 My world is in a different hue  
 For the first time in 20 years

-algia, you are no longer mine  
 My wounded soul can begin to heal  
 At least for this fleeting period of time  
 Something other than pain, I can finally feel

# Ace

BY RIYA KUMAR (OMS-III)

Coco Gauff fires her serve at 200 km/h

The crowd freezes

Ace

She recovers back to the center hash, knowing her fight is far from over

The crowds heads turn, left, right, left, right

Uniformly, like a string of marionettes

She drives her backhand down the line

Game

Coaches teach strategy, precision, technique

The tools tennis players must have to perform on game day

The tools physicians must have to save lives

However, on the floor, it is you vs. your opponent

You vs. yourself

Mentation can separate a good player from a great player

A good physician from a great physician

The crowd roaring, your opponent challenging every shot you make

The high-intensity OR, your patient's stats rapidly declining

A tennis player and physician remain brave enough to face challenges

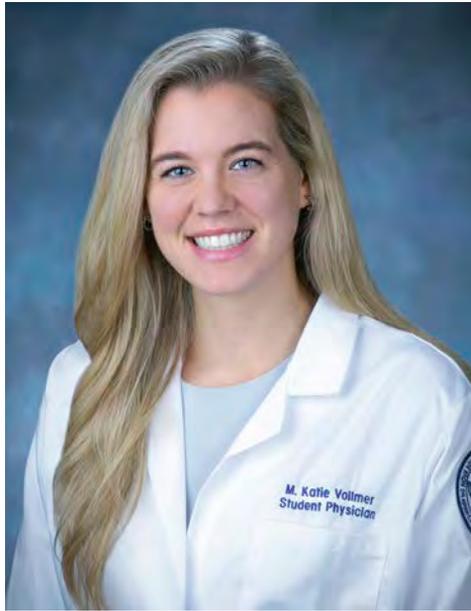
Brave enough to confront fear

Our mentors can teach what they can

But the drive to stay focused, energized, and determined

To recover for our next challenge, is up to us





## With You

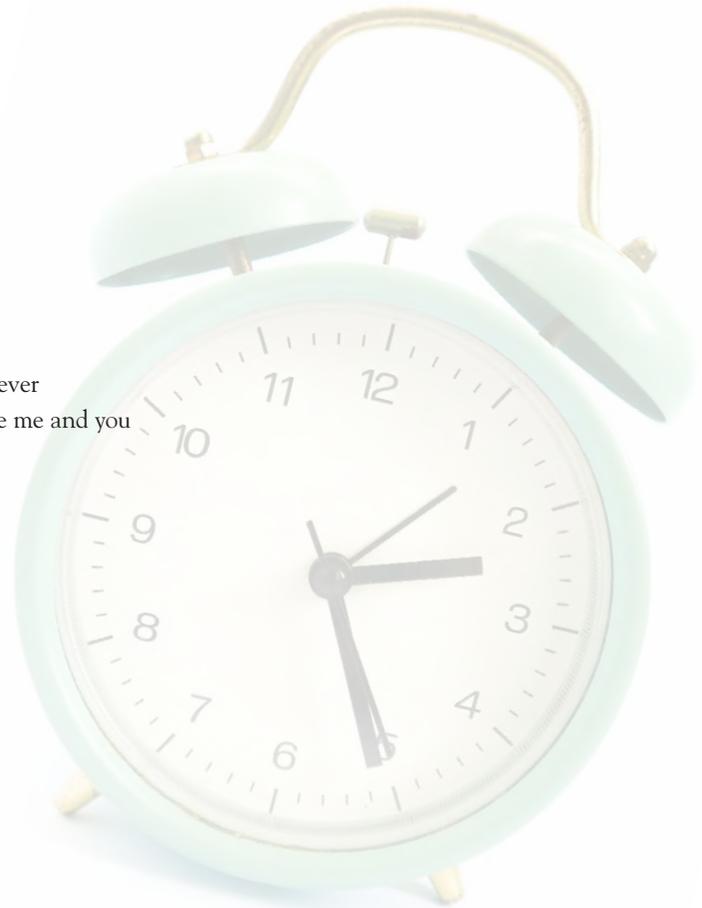
BY MARY [KATIE] VOLLMER (OMS-III)

Trying to talk to Mom in the exam room,  
the doctor asking, "What types of foods is he eating?"  
"Um..." Mom is distracted by her son,  
his disordered sensory processing system overwhelmed  
crawling under the table,  
running around the room,  
opening and closing drawers and doors.  
The doctor knowingly kneels to the floor and reaches out her hand  
offering a Mickey Mouse sticker as he comes to sit in her lap  
silently distracting him as she encourages Mom about his health.  
He is calmed.  
Mom is calmed.  
The doctor is calm.  
On the floor with him  
entering into their story  
painting the picture of empathy: with you.

## Time as a Traveler

BY ALIYA ATCHA (OMS-I)

Tell me, Aliya, dear  
Where did you see yourself at such a phase of life?  
Eternity, through me, will pan out for you—expansive as ever  
Nevertheless, the plans you planned also spread out before me and you  
Time is my name, and I will be with you always  
Yearn for nothing, save the  
Feeling in breaks and pauses peppered through existence  
It will come to pass that you bask in stillness, and  
Venture through whirlwinds while grappling for a grip  
Even so, I will be with you always. Your friend, Time



# Ode to My Mental Health

BY JOHN MAJOR (OMS-IV)



Oh, medical school  
So taxing on mental health  
But what can I do?  
What are these feelings?  
It's stress and anxiety  
Om... Please go away!  
As if not enough  
More! You bring me loneliness  
Now, I must study  
"Hey, want to hang out?"  
Cannot, I have an exam  
Maybe in a month  
"That's so long from now"  
Ugh! Why don't you understand?  
Really, what can I do?  
Sad. Sleeping too much  
I feel guilty, I feel mad  
What else do I feel?  
I feel tired, no energy  
Can't stop myself from stress eating  
Do I need to find help?  
Why would you say that!  
I snapped at someone dear again  
I can't keep doing this  
I failed another one  
Sigh, why can't I stay focused?  
Really need to pass  
"I'm worried for you."  
What if you tried therapy?"  
Yeah, maybe I should.

## Condor

BY JARON C. SANCHEZ (OMS-III)



As the days wind down  
The days keep passing by  
O' how time flies  
Like an Andean Condor  
Gliding through the heavens  
With a single stroke  
Of its feathery wings  
We soar closer to our purpose  
Unstoppable and everlasting  
So please hear me out  
O' Condor of time  
Let me cradle those majestic wings  
For a sweet little moment  
To bathe in the sun's gentle laughter  
before I burn  
Then, you can soar in peace  
Through the heavens once more



# The End

BY KRINA PATEL (OMS-III)

A duplicitous light shines at the end of the beaten path

One step

First, comes the sacrifices

I'm sorry but...

I can't attend...

Sorry, I missed...

Two steps

Second, comes the justification

Just one more hour...

Just one more exam...

Just one more semester...

Three steps

Third, comes the self-manself-manipulation

After this I can rest...

After this I can be free...

After this I can just be...

The End laughs

For now, it is a living, breathing entity

One that we have breathed life into

To manipulate ourselves into enduring another day

Clawing, creeping, crying, bleeding for the end

The End laughs

Laughs at the reaching hands, the prayers of the misguided

False justifications a shroud adorned as we sacrifice on the altar of the future

The End laughs

For there is no true end

Only the moments that have been forfeited on an unlit path



■ Third-year student **Arjun Bagai** coauthored the abstract and poster “Alterations in Gut Microbiome of Parkinson’s Disease Patients: A Scoping Review,” which he presented at the 14th Scientific Research Poster Competition coordinated by the KPCOM Office of Graduate Medical Education on April 21. He also had the poster published in the *Cureus Journal of Medical Science*. He coauthored the poster with fellow students **Alexandra Albuлесcu, Andy Brelu-Brelu, Shivi Collins, Haley Conner, Frederick DeRosier, Christopher Ellis, Kristina Goodwin, Cody Hibbs, Adam Hurwitz, and Jay Kammerman**. He also coauthored the book chapter “Antimicrobial Resistance: Impact on Humans,” which was published in the *Encyclopedia of Toxicology*, with fourth-year student **Arathi Kulkarni, M.S.**

■ First-year student **Chanakya R. Bhosale** served as first coauthor of the article “Ticks and Tick-Borne Pathogens in Recreational Greenspaces in North Central Florida, USA,” which was published in *Microorganisms*. The research study completed an eco-epidemiological tick and tick-borne disease surveillance assessment to calculate the risk of a tick bite and subsequent tick-borne disease for humans and companion animals using recreational greenspaces in the northern area of Central Florida.

■ Second-year students **Danielle Broussard, RDN; Ashin Chadha; Grant Gramling; and Riya Kumar** were the recipients of the Florida Osteopathic Medical Association Student Awards at the organization’s live convention held March 3–5 in Fort Lauderdale, Florida. The awards are presented based on criteria such as possessing leadership skills, political activity, and displaying significant interest in the osteopathic profession.

■ Fourth-year student **Dominique Cameron, M.P.H.**, was appointed to the Student National Medical Association Board of Directors as international affairs committee co-chair. Originally from San Antonio, Texas, she plans to do an OB-GYN residency and return to Texas to serve her community.

■ Fourth-year student **Aditi Chokshi** served as first coauthor of the article “Paradoxical Tumor Necrosis Factor-Alpha (TNF- $\alpha$ ) Inhibitor-Induced Psoriasis: A Systematic Review of Pathogenesis, Clinical Presentation, and Treatment,” which was published in the *Cureus Journal of Medical Science*. She also served as first coauthor of the article “Syphilis in HIV Positive Individuals and the Importance of a Skin Exam: A Case Report,” which was published in *SKIN The Journal of Cutaneous Medicine*.



■ Third-year student **Nevill Duncan** was the recipient of a \$16,500 ElevateMeD, Inc. 2023–2024 Scholars Program scholarship. The ElevateMeD Scholars Program is a multifaceted program designed to develop the next generation of physician leaders from Black, Latinx, and Native American backgrounds. In addition to the financial award, Duncan will receive physician mentorship, access to peer network support, leadership development opportunities, and financial management education.

■ Third-year student **Kailey Jacobson** was appointed as national secretary of the National Student Osteopathic Medical Association (SOMA) Board of Trustees. In this role, she communicates with thousands of osteopathic medical students nationwide. Additionally, she has passed a resolution as an author at the American Osteopathic Association House of Delegates held July 21–23 in Chicago, Illinois.

■ Second-year students **Prasanna Karur** and **Anjali Shah** presented their coauthored poster “Assessing the Effects of Burden on Alzheimer’s Patients’ Caregivers: A Comprehensive Review” at the Alzheimer’s Association International Conference in Amsterdam, the Netherlands, on July 16. They coauthored the poster with second-year student **Snigdha Marivada** and third-year student **Saajan Patel**.

■ Second-year student **Alena Khalil** participated in the American College of Radiology Pipeline Initiative for the Enrichment of Radiology Program. She also authored the case report “Multiple Parasitic Leiomyomas in a Post-Hysterectomy Patient,” which was submitted for publication to *Case in Point* and featured during the virtual poster session of the Section on Radiology and Radiation Oncology of the National Medical Association Annual Convention and Scientific Assembly.

■ Third-year student **Nathan Kipker** and fourth-year student **Kaityln Alessi** had their coauthored article “Neurological Type Wilson’s Disease: Epidemiology, Clinical Manifestations, Diagnosis, and Management” published in the *Cureus Journal of Medical Science*.

■ Fourth-year students **Breanne Kothe** and **Sarah Klein** coauthored the article “Urolithin A as a Potential Agent for the Prevention of Age-Related Disease: A Scoping Review,” which was published in the *Cureus Journal of Medical Science*.

■ Third-year student **Arathi Kulkarni**, M.S., served as first author of the articles “The Role of Clock Genes in Maintaining Circadian Rhythm and Rheumatoid Arthritis Pathophysiology” and “Oral Microbiome in Pre-Rheumatoid Arthritis: The Role of Aggregatibacter Actinomycetemcomitans in Bacterial Composition,” which were published in the *Cureus Journal of Medical Science*.



# STUDENT ACHIEVEMENTS

■ Fourth-year student **Katherine A. Lemus, M.P.H.**, was awarded a \$1,500 diversity scholarship from MedStar Georgetown University Hospital in Washington, D.C., to participate in its family medicine visiting rotation. The scholarship supports students who are underrepresented in medicine.

■ Fourth-year student **Rudresh Patel** received a Sterling Welch, D.O., Scholars Grant from the American Osteopathic Foundation. The grant provides one student from each college of osteopathic medicine, branch campus, and location who has significant financial constraints with an educational scholarship to help defray medical school costs. Recipients are selected based on their significant financial need, as well as strong academic achievement, participation in volunteer service activities, and a strong commitment to osteopathic medicine.

■ Second-year student **Shivani Patel** earned second-place honors for her coauthored research poster “Resveratrol: A Therapeutic Potential in Alzheimer’s Disease?” at the Florida Osteopathic Association Fellow/Resident/Intern/Student Research Poster Competition held February 3. In related news, third-year student **Andrew M. Joseph** received the third-place prize for his coauthored poster “Anchoring on Ketoacidosis in the Presence of Unforeseen Thyroid Storm.”

■ Third-year students **Grant Patterson, Haley Conner,** and **Mecham Groneman** coauthored the article “Duchenne Muscular Dystrophy: Current Treatment and Emerging Exon Skipping and Gene Therapy Approach,” which was published in the *European Journal of Pharmacology*.

■ Third-year student **Joseph Phan** and second-year student **Crystal Barroca** coauthored the article “A Suggested Model for the Vulnerable Phase of Heart Failure: Assessment of Risk Factors, Multidisciplinary Monitoring, Cardiac Rehabilitation, and Addressing the Social Determinants of Health,” which was published on February 28 in the *Cureus Journal of Medical Science*. Their editorial focused on creating a multifaceted and structural approach to managing patients during the vulnerable phase of heart failure.



■ Third-year student **Sneha Polam** was the recipient of the Student Osteopathic Medical Association Officer of the Year Award at the organization's live convention held April 21–23 in Washington, D.C. The award is presented to the individual leader who has shown commitment to promoting osteopathic ideals and unity within the profession, educating future osteopathic physicians, and improving the quality of health care. Additionally, she was appointed as research director of the National Student Osteopathic Medical Association Board of Directors.

■ Second-year student **Jonathan Raymond-Lezman** served as first author of the articles “Attitudes, Behaviors, and Risks of Sun Protection to Prevent Skin Cancer Amongst Children, Adolescents, and Adults” and “Benefits and Risks of Sun Exposure to Maintain Adequate Vitamin D Levels,” which were published in the *Cureus Journal of Medical Science*.

■ Second-year student **Ryan Wong**, in collaboration with the University of Miami, coauthored the manuscript “Sexual and Reproductive Health Among Men With Cystic Fibrosis,” which was published in *Urology*. He also served as first author of the article “Shift Work as a Cardiovascular Disease Risk Factor: A Narrative Review,” which was published in the *Cureus Journal of Medical Science*. He also served as first author of two abstracts and posters that were presented at the American College of Osteopathic Surgeons' Annual Clinical Assembly on September 21 in Chicago, Illinois. The first is titled “Assessing the Readability and Content-Quality of YouTube Transcripts on Genitourinary Syndrome of Menopause,” which was coauthored by second-year student **Alison Thornton** and done in collaboration with Rush University Medical Center. The second, titled “Therapeutic Management of Metastatic Renal Cell Carcinoma with Pembrolizumab Plus Axitinib: Rare Case of a Pathological Complete Response,” was done in collaboration with the University of North Carolina School of Medicine.

■ Fourth-year student **Julia Wursta**, M.S., was reappointed to the National Board of Osteopathic Medical Examiners' Student Experience Panel for a second term. In this role, she participates in a student-centered dialogue that provides insight for the organization's leadership regarding the student experience, generalized concerns, and feedback on resources and examinations such as COMLEX. Additionally, Wursta was selected to serve on the Student Osteopathic Medical Association Professional Development Subcommittee, which will allow her to work alongside her peers to develop didactic and clinical resources, as well as career-oriented programming materials.

