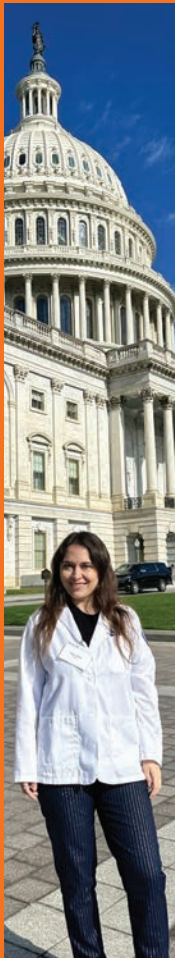


# SGA ROUNDS



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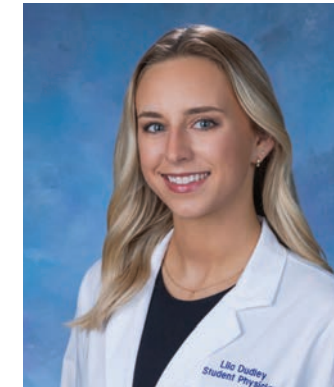
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BY LILA DUDLEY, OMS-II (FORT LAUDERDALE/DAVIE CAMPUS) AND SAMANTHA SCOTT, OMS-II (TAMPA BAY REGIONAL CAMPUS), EXECUTIVE SGA ADMINISTRATORS OF PUBLIC AFFAIRS

Hello, NSU-KPCOM!

We hope you had a relaxing and refreshing summer break, spent quality time with those you love, and made time for yourself. Another school year brings a new set of academic and professional challenges, which we as students know is best endured when met with balance and the support from those around us.

In starting off the new school year, we are excited to share with you the summer-fall 2024 issue of *SGA Rounds*. We want to thank all our writers for sharing a glimpse into their lives. It has been an honor to read about the creative aptitudes, life-altering experiences, and intimate hardships of our peers.

It is not always easy to be vulnerable, but by doing so, we are able to connect more with each other. You have reminded us just how much each of us are capable of, whether that be perseverance throughout the harder times, accomplishing impressive feats, or taking time away from school to allow ourselves to do the things that bring us joy.

In reading this issue, you will be reminded of the strength that exists within NSU-KPCOM, both in the community as a whole and in the individuals who comprise it. It is easy to be grateful when constantly surrounded by such impressive people who further inspire us to better ourselves.

We want to take a moment to tell each of you how proud we are of you. You do the impossible every day and somehow manage to do more on top of that. Don't forget to take time to tell yourself that you are proud of where you are right now, in this moment.

Don't forget your strength, and acknowledge how much you have already overcome. And don't forget to smile and cherish this moment, because it will only last so long. What you are going to become is so important, but who you are now is just as important.

We would also like to take a moment to thank Scott Colton, our senior editorial director, for his guidance and support throughout creating our first publication. It is because of individuals like you that our community is what it is today.

We hope you enjoy reading this issue, and we wish you all a happy, healthy, and incredible rest of your year.

Go Sharks!

Lila and Samantha

## From Medical School to Military Officer Training

BY PAIGE CONRAD (OMS-III)

Just as I was starting to catch my breath a few days after taking COMLEX Level I, I was abruptly thrown into a massive culture shock when arriving in Montgomery Alabama, for Air Force Officer Training School (OTS).

Because I was accustomed to the structure of undergraduate and medical school, I believed I was prepared for anything OTS had in store. However, this perspective changed as soon as I stepped foot on base, where I was immediately greeted by shouting military training instructors and the task of learning an entirely new way of doing everyday activities.

From marching around campus in formation, entering the dining facility for meals, and even folding my clothes and arranging my room, I was forced to abide by new and stringent rules while being put in uncomfortable situations daily. Frustration quickly arose after constantly being shouted at for simple tasks, and I began to question whether I had chosen the right path for medical school by participating in the Health Professions Scholarship Program.

I found myself wondering why I needed to learn these seemingly pointless activities when my ultimate goal is to be a physician. Despite the initial culture shock, I gradually became more comfortable moving outside of my comfort zone and grew to enjoy the mental and physical challenges faced as training progressed. While I may never need to fold my shirts and socks in a specific way after this training period, I learned the vital lessons of attention to detail and precision—both of which are crucial for a military officer and physician to embody.

As time passed, I continued to make concrete connections between the tasks performed during OTS and my career in the medical field, particularly after learning about the core competencies of the U.S. Air Force such as resilience, courage, and perseverance. While I did not fully realize it at the time, I will become the best physician and person possible with the application of the unique skills and lessons learned at OTS. I am incredibly grateful for the opportunity to pursue a career as a physician and as an officer in the U.S. Air Force. □



## End the Stigma

BY EMMA WOLDENBERG (OMS-III)

Over the past year, volunteering with Rebel Recovery has profoundly impacted my life and perspective. Rebel Recovery's mission is to improve the health and lives of people who use drugs, those living with or at risk of HIV/AIDS, and the community at large. Its commitment to meeting people where they are, providing free services, and upholding respect for each individual's complex personality is truly at the heart of everything it does.

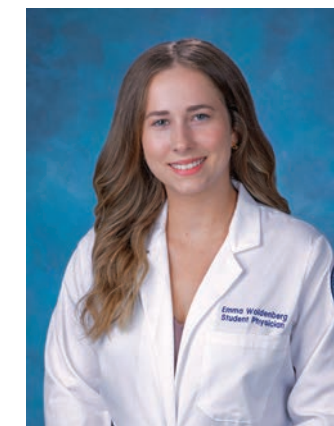
One of the most rewarding aspects of my time with Rebel Recovery is participating in the IDEA (Infectious Disease Elimination Act) Exchange program. This initiative is a lifeline for many, offering harm-reduction services that include the distribution of clean syringes, naloxone kits, and educational materials. It's a place where individuals can feel safe, supported, and understood—without judgment.

Through the IDEA Exchange, I witnessed firsthand the power of compassionate care. I've met people from all

walks of life, each with their own stories and struggles. Listening to their experiences and providing them with the tools to stay safe has been incredibly humbling. It's a reminder that everyone deserves dignity and respect, regardless of their circumstances.

One memory that stands out is when a regular participant expressed gratitude for the nonjudgmental support he received. The participant shared that our services had not only helped him stay healthy, but also made him feel valued as a person. Moments like these reinforce why I am so passionate about Rebel Recovery's mission.

Volunteering at Rebel Recovery has also been a learning journey. I've gained a deeper understanding of harm reduction, public health, and the social issues that affect our community. More importantly, I've learned about resilience, hope, and the profound importance and healing capacity of human connection. □



## From Teta's Kitchen to Healing

BY NEDA HAMOOD (OMS-I)

On a hot summer day, I clenched my father's hand in the Delhi airport on the third of the five legs leading to our destination—Varanasi, India. I didn't fully understand why we traveled to our motherland, but those visits were great adventures for me. From shelling peas to sharing one supper platter with the entire family to shopping for bug-bite ointment at the apothecary I called our "CVS," I had grown accustomed to village life.

In Orlando, Florida, I'd hear how my mother, an expatriate English teacher at the time, convinced my father to move from Kuala Lumpur, where they met, to the U.S. for better opportunities. She often reminisced about seeking asylum in the U.S. at age eight as a Palestinian refugee and how her family's hopelessness turned into hope. Reflecting on my own world, so different from that of my parents, I remember how desperately I wanted an Easy-Bake Oven at age eight.

While the moments in India shaped my early years, the countless hours spent with my Teta (Arabic for maternal grandmother) established a deep love for both baking and science. We baked ka'ak, a traditional Middle-Eastern cookie, for Eid and rolled her legendary grape leaves, rooted in stories of my Palestinian heritage.

Teta showed me how cooking blends art and science, using her knowledge and experience to heal the soul. Family dinners, filled with introspection, included flipping



through old photos while eating her famous maqlooba and listening to her stories predating their 1983 U.S. immigration.

So began my pursuit of science, leading to success in the seventh and eighth grades at the Ying Expo County Science Fair, where I placed third and then second, respectively, in the physics category. Despite my classmates' teasing about my "non-scientific" research, I investigated how heat distribution affected sugar-cookie quality and expanded this by studying the effect of heat transfer from different oven types on burned cookies.

My ambitious project never bothered my mother, who gladly made countless trips to the supermarket for Pillsbury Ready to Bake cookies, while using these outings to explain the importance of sampling and control variables. My eighth-grade

trifold, stretching beyond my diminutive shoulders, showcased results with stacked cookies rather than bar graphs and attracted many judges with copies of my Neda's Test Kitchen brochures.

When a judge asked if I had outside help, I said, "Yes, from my mom." He then asked if she was a scientist, and I laughed, saying, "No, she's a professor." That's when it hit me: Baking truly is a science. From the type of oven to the placement of cookies on the sheet, every detail affects taste, quality, and texture.

Despite my classmates' skepticism, I trusted my gut instincts and eventually returned as a Ying Expo judge to inspire others to do the same. I see how my journey—shaped by my heritage and time in Teta's kitchen—has led me here. I am committed to honoring their legacy through my path in medicine. □

## Know Before You Go

BY TONI ESPOSITO (OMS-II)



Many factors contribute to being considered a great physician. Being empathetic, paying attention to detail, and maintaining an elevated level of professionalism are a few on the constantly growing list.

These are all things students strive to develop over the course of their training. However, upon shadowing different physicians, I realized another important characteristic physicians must take on—having awareness of the specific patient population one serves.

Growing up on the North Fork of Long Island, we were always warned about checking for ticks: "Stay away from long grass" or "Tuck your pants into your socks." These were constant reminders from our parents when we ventured outside.

Although this felt silly at the time, the importance of this awareness

became more apparent with age, because being bitten by a tick also meant the possibility of contracting one of the many diseases they might carry. I cannot count the amount of ticks I have found on myself throughout the years. Although I've been lucky to avoid contracting any diseases, a substantial part of my community cannot say the same.

My first visit to the doctor after being bitten by a tick felt incredibly streamlined. I was asked a series of questions, including how long the tick was embedded for, whether it was alive when I pulled it out, to describe what it looked like if I removed the entire tick, and if I had any rashes. Each of these questions helped the physician determine what the next steps would be. I was given a three-day dose of prophylactic doxycycline and told to come back in

a few weeks if I noticed any changes in the bite or felt any symptoms.

Now that I'm studying to become a physician, I have the opportunity to be on the other side of patient care. I recently shadowed a primary care physician from my hometown. After seeing a specific patient, we debriefed on the case, and the physician asked if I knew what alpha-gal was.

Being from the area, I confidently stated that it was an illness spread by the Lone Star tick that caused a reaction against red-meat products. She then admitted that upon first starting in her practice, she had never heard of such a thing, but then quickly came to realize the plethora of tick-borne illnesses that plagued the North Fork. More than 50 percent of her patients have been treated for diseases like Lyme, Rocky Mountain spotted fever, alpha-gal, or babesiosis at some point.

Whenever a new patient comes in with sudden onset rash, joint pain, or headache, tick-borne illnesses are now on her differential.

Being able to see through the viewpoint of a physician truly made me realize the importance of knowing the area you serve. I had grown up understanding the ramifications of ticks, but to someone new in the area, this was less obvious. Once physicians can fully immerse themselves in the unique community they serve, they can further embody a great physician. □

## Health Care Advocacy as a Medical Student

BY ALENA KHALIL (OMS-III)

Getting involved in health care advocacy is a great way to make a difference in your life as a medical student and the lives of your future patients. My advocacy journey started prior to medical school during my employment at the United Spinal Association—a national, nonprofit organization dedicated to enhancing the lives of people with spinal cord injuries and disorders.

For two years, I participated in the Roll on Capitol Hill Campaign—a four-day legislative advocacy event in Washington D.C., where I accompanied wheelchair users from throughout the country on their Congressional meetings to discuss key issues impacting their health, independence, and quality of life.

My advocacy efforts as a medical student include attending American Osteopathic Association (AOA) D.O. Day on the Hill, serving on the Student Osteopathic Medical Association (SOMA) Resolution Committee, the SOMA Political Affairs Newsletter Task Force, the Florida Osteopathic Medical Association (FOMA) Legislative Committee, the FOMA Public Health Task Force, the Pre-Radiological Advocacy Network Task Force with the American College of Radiology, and writing policy resolutions.

Last year, I participated in drafting three resolutions that were adopted into policy during the SOMA House of Delegates. The subjects of these resolutions are standardization of grading systems in colleges of osteopathic medicine; supporting parental leave policy implementation for osteopathic medical students; and adjustment of breast imaging to the follicular phase of the menstrual cycle to promote optimization of medical education, student well-being, and improvement of diagnostic imaging accuracy.

Attending AOA D.O. Day on the Hill this year was a particularly rewarding experience. I met with three members from Florida's congressional delegation and spoke in support of several policy reforms. These included the H.R. 1202/ S. 704 Resident Education Deferred Interest (REDI) Act, which strives to amend the Higher Education Act of 1965 to provide interest-free deferment on student-loan payments for medical and dental trainees until the completion of their residency programs.

The REDI Act was introduced in the House of Representatives and Senate last year. As of July 2024, it has 66 cosponsors from the House and 16 cosponsors from the Senate.

Primary care specialties continue to have the highest number of unfilled residency positions, which would ultimately contribute to the existing shortage of primary care physicians in the United States. Deferring the accrual of interest on student loans during the residency programs could ease the financial burden of educational debt and allow medical students to focus on their personal interest instead of compensation when choosing a medical specialty. It could also potentially sway some medical students into primary care instead of higher-paid specialties. Therefore, if passed, the REDI Act could facilitate improvement of access to care and patient outcomes.

If you are interested in health care advocacy and would like to help pave the path to the legislative changes aimed at health care transformation, including increased access to care, consider signing up for D.O. Day on the Hill next year. You can attend in person in Washington, D.C., on March 26–27 or virtually on March 22–23. □



**Getting involved in health care advocacy is a great way to make a difference in your life as a medical student and the lives of your future patients.**

## From Rejections to Revelations: My Path to Osteopathic Medicine

BY ALEXANDER OSBORNE (OMS-I)

I graduated with my bachelor's degree in fall 2021, diving headfirst into the medical school application cycle. I crafted countless essays for secondary applications, but as rejections piled up, my confidence wavered. I questioned whether my experiences were lacking or if my GPA and MCAT scores were competitive enough. My resolve to pursue medicine was strong, but I felt defeated.

In my quest to strengthen my application, I began working as a scribe in the emergency department. This experience was transformative. Working alongside a diverse group of physicians deepened my passion for medicine and introduced me to osteopathic medicine.

Osteopathic physicians, with their holistic approach and focus on the body's interconnectedness, embodied qualities I deeply admired. Their emphasis on preventative care and treating the whole patient, rather than just symptoms, resonated with me. It became clear that osteopathic principles aligned with my vision of compassionate and comprehensive patient care.

After two unplanned but invaluable growth years, I began preparing for another application cycle. By December 2023, I had been working full time as a scribe for more than 18 months. My experiences had strengthened my application, so I turned my attention to my academics. I considered additional classes or retaking the MCAT, but as I reviewed my previous applications,



I realized the issue wasn't solely with my statistics. I hadn't accurately conveyed who I was or why I wanted to pursue medicine.

One night, I found myself drafting a completely new personal statement. What had previously taken months of revisions now came together in hours. This newfound clarity allowed me to present an authentic reflection of myself and my aspirations. By then, my desire to become an osteopathic physician was clearer than ever. The holistic approach of osteopathic medicine felt like the perfect fit for my goals and values.

As I prepared to apply for the summer 2024 cycle, I knew that if accepted, I wouldn't start medical school for nearly two years. After extensive research, I determined that NSU was the best place for me. Just a week before the deadline, I

submitted my one and only application in January 2024.

Weeks passed, and one day while off from work, I happened to be adjusting my Gmail settings and stumbled upon an email mistakenly filtered into my trash. It was an invitation to schedule an interview for the osteopathic medicine program at NSU that had been in the trash for six days. With only one day left to schedule, I hurriedly arranged an interview for March. The rest, as they say, is history.

I share this experience to highlight that things happen for a reason. The twists and turns of my journey were not obstacles but stepping stones leading me to the right path. I am thrilled to embark on this journey as part of the class of 2028 and to continue my pursuit of becoming an osteopathic physician. □

## The Collective Effort

BY DHIYA RAM (OMS-III)

I recently came across a quote that struck me: "One hepatocyte does not make a liver; you need a whole organ of them."

During my psychiatry rotation, we began our day with a crucial meeting. At 9:00 a.m., we joined the nursing staff, social workers, and hospital administrators in the large activity room on the floor. The inpatient unit we worked on housed up to 22 patients on a given day. Together, we examined each patient in detail and focused on their care plans.

These discussions were typically led by the head RN, with the medical team taking a more reserved role in the corner of the room. While medical updates were part of the conversation, the meetings were rich in legal and social nuances that were crucial for devising effective care plans for each patient.

Securing shelter, identifying addresses for discharge, and confirming collateral information with patients' loved ones on the outside of the hospital were all integral steps in developing the plan. The medical team members played an essential role in each patient's recovery, utilizing their expertise to help patients return to a socially acceptable baseline. However, the RNs were indispensable as well, administering medications, noting PRNs, and reporting on patients' behaviors, which were all critical for assessing readiness for discharge.

The creative staff contributed by providing therapies such as cognitive behavioral therapy, hosting group discussions, and engaging in art sessions to foster rehabilitation. Social workers worked diligently to arrange continued treatment and stable environments for patients post discharge, coordinating with long-term care facilities, shelters, and clinics.

This intricate dance of collaboration highlights an important truth: each role, while vital on its own, is part of a larger system that drives success. Just as a liver needs every hepatocyte to function properly, our patients need every member of their team working together to achieve their best outcomes. □



**This intricate dance of collaboration highlights an important truth: Each role, while vital on its own, is part of a larger system that drives success.**

## From Paws to Patients

BY ALLISON MEIHOFFER (OMS-III)

Some of my earliest memories are filled with the sights and sounds of my father's veterinary practice. The gentle hum of machines, the soft whimpers of animals, and the comforting presence of my father in his white coat formed the backdrop of my childhood. Starting at a young age, I was exposed to the world of veterinary medicine, where compassion and precision are vital in every diagnosis and treatment.

As I grew older, my role at the clinic evolved from an observer to an employee. Under my father's guidance, I learned to assist with a number of tasks—holding animals during examinations, administering medications, and even participating in procedures such as spays and neuters. This transition was extremely rewarding, as each day presented opportunities to learn and grow. Working with animals, I quickly realized the unique challenge that came with diagnosing patients who couldn't communicate their symptoms.

**The bond between pets and their owners taught me that healing not only impacts one's physical well-being, but also extends beyond this to also impact one's emotional well-being. These experiences underscored the importance of the holistic aspect of care.**

It forced me to develop keen observation skills and rely on subtle cues—a skill set that has since become invaluable. I learned to interpret the smallest signs of discomfort or distress, combining them with clinical tests to uncover the underlying issues. This process taught me the importance of paying attention to subtle details, which shaped my approach to problem-solving.

The emotional rewards of this work were unforgettable. Seeing sick animals recover, and watching the relief wash over the owners' faces, brought a sense of purpose and satisfaction to what I was doing. The bond between pets and their owners taught me that healing not only

impacts one's physical well-being, but also extends beyond this to also impact one's emotional well-being. These experiences underscored the importance of the holistic aspect of care, where empathy and skill go hand in hand.

As I became more involved, my interest began to shift to human medicine as well. The foundational skills I had acquired—careful observation, analytical thinking, and compassionate care—seemed equally applicable to the human medical field. I decided to pursue this path, with the goal of attending medical school.

Throughout medical school, and since the start of my rotations, the lessons I learned during my time at the veterinary practice have proved invaluable. From my experiences, I draw parallels between the nonverbal cues of patients and the silent communication of animals. Additionally, the empathy I had while comforting anxious pet owners translates seamlessly into reassuring worried patients and their families. □





## Providing Palliation Through Palpation

BY TARA MCKENNA (OPP FELLOW/OMS-III) AND LUKE LEE (OPP FELLOW/OMS-III)

Touch is a powerful sense and is entangled with myriad human emotions. The practice of osteopathic medicine utilizes touch to treat mechanical issues pertaining to the body's musculature, fascia, and bony structures to alleviate pain and discomfort, while improving the natural function of the body. In doing so, osteopathic physicians can treat these somatic dysfunctions in ways pharmacological medicine never could.

"Is this tender?" Luke recalled asking while he placed his thumbs on his lab partner's ASIS's bilaterally. Once his partner confirmed a tender point on the right, Luke continued, saying, "Assuming this is 10/10 pain, how much is the pain now?" Luke then positioned his partner with his hips and knees flexed, adding side bending to the right, while maintaining pressure on the supposed tender point. Once the partner confirmed that it is now 3/10, Luke finished the treatment by verbalizing "Ninety seconds has passed" or "I felt the tissue release" and passively placed both legs back on the table.

As osteopathic medical students in the OPP lab, we are partnered with different classmates each week, which allows us to palpate and utilize various manipulation techniques on different people. However, since not all students may have significant somatic dysfunctions or tender points, Luke was curious about how techniques like counterstrain could effectively treat patients. It wasn't until he shadowed Nathan Widboom, D.O., in the OMT clinic that he saw the real impact of these techniques, including muscle energy, high velocity/low amplitude, and counterstrain, which left patients in the clinic noticeably improved and satisfied.

NSU-KPCOM's Osteopathic Principles and Practice Fellowship program awards a select number of medical students the opportunity to extend their medical school education from four to five years by serving as an OPP fellow. The opportunity allows students to advance their knowledge of osteopathic manipulation beyond the standard training period, taking the practical knowledge from the lab and transitioning it into real clinical practice.



In the short time we have served as OPP fellows, we have witnessed firsthand the transformative power of touch. Tara recalled a male patient in his 70s who presented to the clinic with difficulty rising from the waiting room chair, a staggered gait, and visible discomfort revealed in his facial expressions. Yet, after an hour's treatment, he left with improved posture, increased gait speed, and a lightness to his step. Experiencing such a profound transformation early in the fellowship, and knowing our contributions played a role in the treatments that helped achieve it, has been a truly rewarding experience as new fellows.

We urge future generations of osteopathic medical students to remain passionate and curious about the ways they can utilize our advanced skills in palpation to achieve what many other forms of allopathic medicine cannot achieve. We have received extensive training, and when performed correctly, a simple touch can transform the way our patients experience life as they know it. □

## Time Waits for No One

BY EMILY RODMAN (OMS-II)

It has been 361 days since I eagerly circled the HPD parking garage for the first time. It has been 51 weeks since I parked the car, took a comforting breath, and buttoned my suit jacket. It has been 8,679 hours since I grabbed my white coat from the trunk, hoping it wasn't wrinkled, and locked the car. I was finally a medical student.

Since then, it has become so easy to get caught up in the swing of things, making the passing time feel like an illusion.

The next exam is 4 days away. The exam after that is 11 days away. The clinical skills exam is just over 2 weeks away. Where do I even begin? And amongst the chaos, when is the best time to catch up with old friends? When is the best time to visit my long-distance boyfriend? Do I even have time for Mother's Day brunch. "Take a break," they encourage me. "You've been studying all weekend," they say. "You still have 20 lectures left?" my parents exclaim. They don't understand. Yes, I do have 20 lectures left, but I started with 36, all covered on the exam this week.

Often, it's hard to believe how much time has passed "in the blink of an eye." The highly anticipated exam eventually comes and goes. A few days later, the results are released. A few days later, we will begin a new course. A few weeks later, that course will end. A few weeks later is summer break. In the meantime, several months have passed. Where has the time gone?

After all this time, I'm beginning to appreciate how much I rely on the clock. How much those ticking hands guide my day-to-day life. I must leave the apartment 15 minutes after 7:00 a.m. if I want to stop for coffee before the exam, which means I must set my alarm for 6:45 a.m.

University Drive is congested, so I should leave for OPP a few minutes earlier. I don't know this concept very well, so Anki will show me this flashcard again in 10 minutes.

It has been 520,794 minutes since I approached the auditorium for orientation. It has been more than 31 million seconds since I anxiously took a seat, focused my attention on the projector, and smiled. □



**Often, it's hard to believe how much time has passed "in the blink of an eye." The highly anticipated exam eventually comes and goes. A few days later, the results are released. A few days later, we will begin a new course.**

## Rediscovering Creativity in Clinical Practice

BY KUNMILAYO OLAYEYE (OMS-III)



Starting clinical rotations after the first two years of medical school is a drastic change, not because of “pimping” preceptors or never-ending night shifts. What made transitioning into clinical education such an unfamiliar experience was realizing that everything I previously thought practicing medicine would be like couldn’t be further from the truth.

There is a quote by Greek philosopher Paracelsus that states, “Medicine is not only a science; it is also an art. It does not consist of compounding pills and plasters; it deals with the very processes of life, which must be understood before they may be guided.” Several professors referenced this quote or mentioned similar sentiments during our preclinical years.

Looking back, I never truly appreciated or fully understood what they meant. I wondered how medicine could be equal parts art and science when everything, from our studies to our lectures, seems so regimented. Before starting clinical practice, I couldn’t grasp this concept. But with every day of clinical education, it becomes more apparent.

As a student with a strong interest in both the arts and sciences, I never imagined I could merge these passions in medical school. I had accepted that I would pursue art in my free time, separate from my future profession. However, during my clinical exposure, I learned that everyone practices medicine with their own unique style, and every patient is unique. Medicine becomes interesting when you figure out what style works best for you and watch how it evolves with different patients.

While there is, of course, a right and wrong way to practice medicine, what makes it exciting is learning to navigate the gray areas, as most patients don’t fit the textbook descriptions exactly. The art of medicine allows practice to be adaptive to each patient’s needs.

I’ve been exercising my creativity by making art daily. I started a project by working on one quick sketch a day.



These sketches take me anywhere from 10 to 30 minutes, and I draw whatever comes to mind. It has been a fun exercise to tap into a creative outlet during my downtime or in between studying. The beauty of creativity is that it transcends mediums. Whether I’m spending my time sketching, painting, or thinking up a personalized treatment plan for a patient, I’ve found that exercising creativity has helped me expand my ways of problem-solving.

Thinking outside the box is invaluable and has been an asset during my rotations. I plan to continue this project through my first year of clinical rotations to see how my creativity evolves and translates into my clinical skills. □

## The Art of Stitching: Reflections on Becoming a Doctor

BY AVVA SANIEE (OMS-IV)

“Remember: Even bites; point the needle toward you.”

It was my first solo closure for an excision of a squamous cell carcinoma on the breast of an elderly woman, and my attending allowed me to put the top sutures in. The surge of excitement and nerves flooding over me in that moment was beyond words. As I loaded my needle driver, I thought to myself, “the first of many.”

The first of many excisions. The first of many examinations. The first of many post-op care instructions I’ll be giving. The first of many moments I will be providing reassurance. The first of many patients I will be caring for.

As I embark on my journey as a fourth-year medical student, I reflect on everything I have overcome thus far and the adventures I have ahead. It feels almost surreal to be nearing the end of this journey, as it seems like just yesterday when I was beginning medical school and learning the fundamentals of conducting physical examinations on standardized patients.

The passage of time has been swift, and the transformation from a novice to a nearly finished medical professional is both humbling and gratifying. To be a fourth-year medical student means I now have the opportunity to take a more hands-on, independent approach with patients during my rotations. The mental shift is palpable; it’s like a switch flips in your mind, signaling that you’re nearing the finish line.

Moments like closing after a surgical excision offer glimpses into the growing responsibility I will soon have. Truthfully, it feels incredible. One of my favorite quotes is from the Netflix show *The Resident*, and what the main character says is, “If it were easy, everyone would be a doctor. Because this is the best job in the world. Despite everything. Because of everything.”

As I threw in my last stitch, briefed the patient on post-op care, and provided reassurance to her and her daughter, I thought about that quote. It could not have been truer. □



**The passage of time has been swift, and the transformation from a novice to a nearly finished medical professional is both humbling and gratifying. To be a fourth-year medical student means I now have the opportunity to take a more hands-on, independent approach with patients during my rotations.**

## M.P.H. Internship Reflection of the Melrose Center

BY MARISSA CASTRONOVO (OMS-II)

I graduated from the University of Florida on August 11, 2023, with my Master of Public Health degree. One of the degree’s key components was doing an internship and completing a capstone research project.

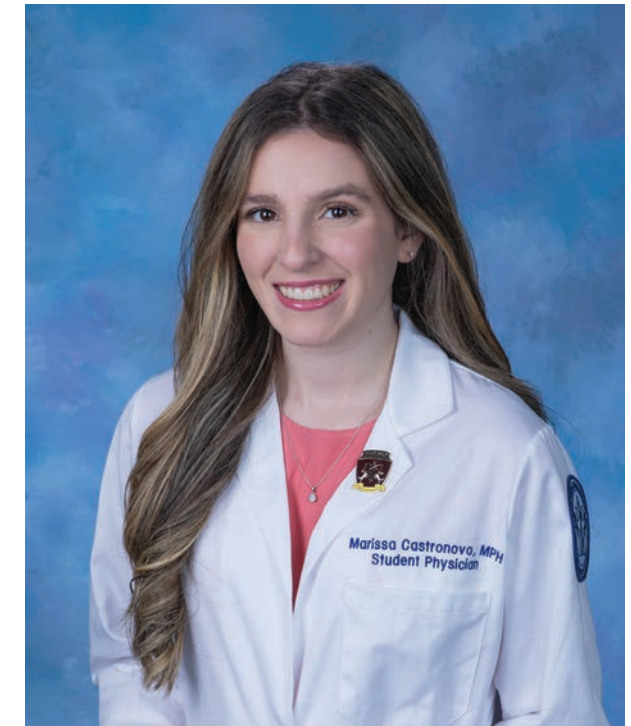
I had many ideas about what I wanted to do, but above all, I wanted to get out into the community to see public health in action. I was fortunate to have a wonderful adviser who introduced me to Dr. Bruce Waite, who runs the Melrose Center in Melrose, Florida—a rural and underserved area with high levels of poverty, food insecurity, and low healthcare access.

On my first day, I learned the Melrose Center focuses on providing services to reduce food insecurity, increase healthcare access, and improve the quality of neighborhoods through social contact. I carefully designed a research project with the help of my two mentors, which focused on “Characterizing COVID-19 Vaccine Hesitancy and Fatigue in Rural Florida.”

I designed and implemented a survey instrument and surveyed individuals who visited the center. The study results were surprising, as we concluded that our sample was not COVID-19 vaccine-hesitant. We speculated this was due to self-selection and sampling bias, as the members who regularly visited the Melrose Center were more likely to be vaccinated and proactive with their health behaviors.

Additionally, we surveyed participants at monthly health fairs and vaccine events hosted at the center, which is a protective health behavior. Furthermore, we surveyed individuals who regularly visited the Melrose Center and had a high level of trust in the staff who ran it, especially Dr. Waite.

The study results and my own experience at the Melrose Center taught me how much trust and community matter regarding healthcare. From the moment I walked into the building, I felt like I was a friend. The center hosts many events throughout the week, from music sessions to a book club, which cultivates a community in Melrose. What surprised me the most were the



friendships among the people who came there, as they all knew each other and were active in each other’s lives. Most importantly, the people trusted Dr. Waite, who was there every day, talking to people as a friend (and not a white coat) and gaining their trust.

The most significant thing this project taught me was that getting to know the members of the community; hearing their voices, wants, and needs; and gaining their trust will allow me to make the most positive impact on the community’s health. I wish every community could have a place like the Melrose Center, as I think people would be happier and healthier overall.

This project strengthened my research and communication skills and showed me the importance of a community-based healthcare approach. I am thankful to have had such a positive experience at the Melrose Center and will take all the lessons it taught me into my future career as a physician. □

## POTS Education

BY ALLISON PARISO (OMS-I)

As a first-year medical student, the transition from undergraduate education to medical school has been an adjustment. However, it has been made even more difficult due to my symptoms from postural orthostatic tachycardia syndrome (POTS), which have flared up due to the stress and rigor of medical school.

After contracting COVID-19 in 2020, I was left with tachycardia, dizziness, and nausea. I saw several different specialties to see what the issue was, but for three years, no one could explain my symptoms.

It wasn't until early 2023 that I first heard the term POTS, which is a type of dysautonomia that affects the autonomic nervous system and causes issues with a person's heart rate, blood circulation, and blood pressure. Normally, when people stand up, their blood vessels constrict so blood can adequately circulate throughout the body.

In a person with POTS, the nervous system fails to properly regulate blood circulation and heart rate, causing it to pool in the legs and feet (mine often turn red). Therefore, the heart has to work extra hard to circulate blood throughout the body, causing tachycardia. POTS also causes fatigue and brain fog, which disrupts my focus.

These symptoms matched what I was experiencing. However, I still struggled to get tested for POTS, because the symptoms mimic anxiety, which was what a lot of doctors assumed I had. The condition does not appear to be well known among the doctoral community, as I would later discover I would have to explain to many doctors what POTS was. The other issue in getting diagnosed was that in most POTS cases, people can pass out due to their blood pressure getting too low, but I didn't have low blood pressure.

In people with hyperadrenergic POTS, their blood pressure actually goes up due to too much adrenaline. It wasn't until I visited a neurologist at Cleveland Clinic that I was able to get the tilt-table test done and be diagnosed with POTS.



My treatment includes beta-blockers to manage my heart rate and blood pressure and gabapentin to manage my nerve pain and high adrenaline levels. I also have to ensure I stay well hydrated and get an increased level of salt in my diet. I also utilize compression garments to help with blood flow and circulation when I know I will be standing for long periods of time.

My symptoms have made it hard to focus on lectures and studying at times, and I have had to learn to give myself grace and take breaks when needed. As we are all working toward becoming future physicians, I hope this teaches people how to recognize this disorder when they encounter it and how to treat it.

Most importantly, I hope we all remember to have compassion when treating patients and not dismiss their symptoms. If you are interested in learning more about POTS, I encourage you to reach out. □

## The Importance of EHR Education for the Modern Medical Student

BY MARU SAMINATH GANDHI (OMS-II)

Having worked as a project manager at a major electronic health record (EHR) company before coming to medical school, I have experienced firsthand the struggles physicians and medical professionals have had with EHRs and how they impacted their daily workflows.

Now, as a second-year medical student, I have been fully focused on the clinical and medical aspects of becoming a future physician. However, this transition has helped me understand why I was noticing many of the common struggles physicians were facing during my time working for the EHR company, and how we can try to mitigate those issues for the next generation of physicians.

As I was visiting hospital systems across the United States for work, I started noticing medical professionals, such as physicians and nurses, were facing similar difficulties while working with the EHRs. Although some of these issues stemmed from improper system configuration and problems with the underlying software, the bulk of the issues simply came from the lack of proper usability education.

This was especially evident, as many physicians would take more than double or even triple the necessary clicks in the software to perform actions that were otherwise supposed to be immediate. Not only did this repetitive nature cause user frustration, but it also indirectly led to longer patient wait times and lower patient satisfaction across the board.

As I head into my last year of preclinical training, the issue I was previously noticing has only become increasingly clear. As students, we learn about the entire process of diagnosing and treating a patient from taking an accurate history and physical to ordering tests and documenting the visit. EHRs were supposed to shorten this otherwise lengthy process and have it done more efficiently and accurately. However, there is a steep learning curve associated with learning to properly utilize an EHR system, and many institutions have additionally



customized their individual processes, which often ends up with physicians having to learn and relearn their workflow on top of their already hectic schedules.

This complicated issue also affects residents and medical students, as they feel increasingly burnt out during rotations and residencies because they must juggle learning how to operate EHRs while also becoming physicians. This stress is shown to be greatly decreased when medical students have EHR training incorporated into their curriculum in preclinical years.

As medical schools around the country are realizing this and adopting HER training for their students, the next generation of physicians can be better prepared to tackle the technological advancements in the field. □

## The Open Arms of Medicine

BY GABRIELLA E. KOVALCIK (OMS-II)

They say an eight-second hug is healing to the mind, body, and soul. I certainly did not expect to test this theory deep in the lush Amazonian rainforest. It took a mere two hours in clinic on a Peruvian medical outreach trip to come upon two transformative realizations.

First, the theory above is correct, with no scientific evidence of my own to back it up besides the moving experience I am about to detail. Second, medicine at its core is humanistic, not science and data driven, but patient centered with a multifaceted journey to healing. It is quite incredible to witness how resilient the human spirit is. To view firsthand all one can endure and continue to move forward. How the human body has a profound ability to protect itself.

On the 10th second of a deep embrace with a grieving mother, I felt her tension melt away. I heard her grief release. I sensed her soul lighten, as if a load was suddenly lifted from her shoulders. She was a mother whose chief complaint was cervical and lumbar pain with seemingly no obvious cause. It was after osteopathic manipulation, coupled with a compassionate, in-depth conversation, that her root of pain was identified.

Her story unfolded with a mixture of sorrow and resilience as she recounted her experience of miscarrying a child two years earlier. Her sadness had manifested itself physically as a protective mechanism for her mind. Following this loss, her heartache was never addressed, and thus began the never-ending cycle of negative test results and frustrating, dead-end conversations.

Upon completion of our visit, the patient stood up with a breath of relief, pain free for the first time in two years. It was in this moment, as I witnessed a once-tense face transform into a smile, that she drew me into a warm embrace. Her gratitude was palpable, exuding through the makeshift exam room to the lush greenery surrounding us.

Her story and our encounter illuminated the intricate intersections of medicine, culture, and personal healing in a way that profoundly impacted me. It served as a poignant reminder of how healthcare extends beyond mere physical healing—it is meant to touch the core of human experience and recovery.

In the days to follow, I embraced many, young and old—all with rich stories brimming with pain, tenacity, love, and joy. I listened, I treated, I laughed, I cried. And somewhere along the way, in the process of healing others, I too found myself healing. In an environment surrounded by those filled with resilience, engulfed in a country bursting with natural beauty, it was hard not to.

The point of this story is simple: an eight-second hug is indeed healing. □



**On the 10th second of a deep embrace with a grieving mother, I felt her tension melt away. I heard her grief release. I sensed her soul lighten, as if a load was suddenly lifted from her shoulders.**

## Two Minds, One Destiny

BY COLTEN TSAI (OMS-IV) AND BRIAN TRAN (OMS-IV)

There is a theory called the invisible string. It alludes to when two people are connected. The string brings these people together to impact their lives in a positive way. Before we were peers at NSU, we attended the University of Florida and were both applied physiology and kinesiology majors. However, our paths didn't cross until we were random roommates in our first year of medical school.

Medical school proved difficult for us both. Every day, we worked down our perpetual to-do list—attend the day's lectures, flip through our Anki, and pore over research papers. Mornings often felt heavy with the day's tasks weighing on our minds. But even though didactic years were all-consuming, we banded together as roommates to make the days more bearable by ensuring the other was eating, resting, and calling family and friends.

**Reconnecting and realizing the shared commitment to psychiatry was more than a delightful coincidence; it served as a reaffirmation of our values and goals. It reminded us that our separate paths were guided by a common purpose and commitment.**

The second half of medical school wasn't as regimented as the first. Every four weeks brought a new specialty with new areas to master. In addition to the uncertainty, we consequently moved to different areas for our third years. Even though we weren't in geographical proximity, we maintained a close and virtual relationship. That year, we explored numerous specialties, learning what we liked about each, what lifestyle we were seeking long term, and which area aligned most with our approaches/values in medicine. By some luck, we both inherently leaned toward psychiatry.

We began to explore the reasoning as to why psychiatry captured our interest. We deeply resonated with the value of an individualized approach to patient care and the unique demand for a nuanced understanding of each patient's life story, mental state, and perspective. The shared patient interactions showed how our experiences displayed how medicine can be practiced outside the rigid guidelines printed in textbooks. This allowed us to realize the attributes a great psychiatrist needs, such as creativity, patience, and empathy.

The stories served to show our growth and understanding that the complexities of the human mind require more than just clinical knowledge. It requires genuine compassion and the ability to build trusting relationships. Psychiatry served as a reminder of human connections, and we appreciated how psychiatry challenged us to be flexible and innovative in our support of mental health.

Reconnecting and realizing the shared commitment to psychiatry was more than a delightful coincidence; it served as a reaffirmation of our values and goals. It reminded us that our separate paths were guided by a common purpose and commitment.

As we looked forward to the next step of our careers, we were excited about the opportunities to collaborate, support each other, and make meaningful impacts in life and the field of psychiatry. Most importantly, we had another common passion that further fortified the unity of our lasting friendship. □



## Relishing Rotations

BY FAIGE JEIDEL (OMS-III)



Thus far, the majority of my adult life has been spent behind a desk, memorizing facts for upcoming exams. The pressure of passing and making it to the next stage of my medical education weighed over me as I tried to motivate myself to keep studying. But finally, I've arrived. I made it to my first rotation, and I couldn't be happier.

I smiled as I walked into the exam room with my first-ever "real patient." I spent my time with the patient by being as thorough as possible and trying not to forget all the clinical skills I had practiced in anticipation of this big day. I left the room feeling confident, proud of myself for what I had just done. The positive feedback from my preceptor left me feeling like I was on top of the world. For the first time since starting medical school, I finally understood where all my endless hours of hard work were going.

The first month of rotations has been incredible. I come home every day, exhausted from the long hours on my feet, but excited to see what the next day will bring. I feel myself learning, actively learning, and I love every second of it. I love the rush of the office, the hierarchy of the students/residents/attendings, and of course, the countless interactions with patients.

I'm not naive. I know that not every rotation will be this exciting, that not every resident will be so eager to teach, and not every patient will be pleasant to interact with. But for now, I allow myself to enjoy the time I have spent and relish the fact that after all this time and hard work, I get a glimpse of what it's like to be a doctor. □

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## Dear Future Self

BY MATTHEW VIGLIOTTA (OMS-III)

A message to the future me:

I hope everything has worked out just how you had planned. That your dreams are now reality and that your past ambitions have finally paid off. Hopefully, you still look forward to learning new things every day. Ideally, your desire to be the best physician possible has not faded one bit.

I hope you've found your forever home in a place you love, surrounded

by the people most important to you. I hope every minute of hard work you have put in over the years has resulted in you finding your dream job. I hope you're playing as much golf as you possibly can. I hope your Sunday afternoons are spent watching football from a pool float.

I hope you've been able to travel to the amazing places you've always imagined. I hope your puzzle of life is not missing a single piece. But in the

likely scenario that everything did not fall perfectly into place, there are a few things I'd like for you to remember. It wasn't too long ago that you were a young kid with a different dream. When you were sure your future was on the baseball field.

At one point, you believed you would be showing up early to games to sign autographs. You knew your future consisted of fancy plane flights to different ballparks. That fans would one day pack stadiums to watch you play the game you loved. Eventually, like many others, that dream fizzled out and newer dreams came to the surface. So, in reality, it doesn't really matter to me whether or not you have yet to achieve all of your goals. In fact, I hope you haven't.

What I really hope for is that you've stayed true to the things that matter. I hope you have set bigger goals for us to work toward. I hope you're still spending your free time with your family. I hope you have found the area of medicine that keeps you looking forward to the next morning.

I hope you're as happy as a physician as you were on the journey to becoming one. I hope you've learned from every struggle along the way, and that you continue to learn with every opportunity that presents itself. Finally, I hope you always remember that life was never meant to be perfect, and that you continue to remain proud of how far you have come.

P.S. Congrats, man. You did it. □



## Nietzsche and Medicine— an Unlikely Pairing

BY MARIANNE KOLENG (OMS-II)



Everyone talks about how they found medicine, but medicine found me as much as I found it. Oddly enough, this mutual discovery began in the pages of none other than the German philosopher Friedrich Nietzsche.

I have discovered exactly what Nietzsche meant by “going under” in his work, thus spoke Zarathustra. Going under means a desire to know, a desire for truth, a desire to love. Going under is a kind of humility juxtaposed with pride; a bridge, not merely a destination, to which one wants to dedicate oneself. Going under is not a task; going under is a passion. Medicine is my going under.

At the conclusion of my undergraduate studies, I began working in finance. It was the stable option, but I still felt a yearning for more. I became increasingly aware of my desire to pursue the biological sciences and the humanities in one place. After all, Aristotle did, so I figured I could too. I asked

myself the Nietzschean question, “Do you desire this once more and innumerable times more?”

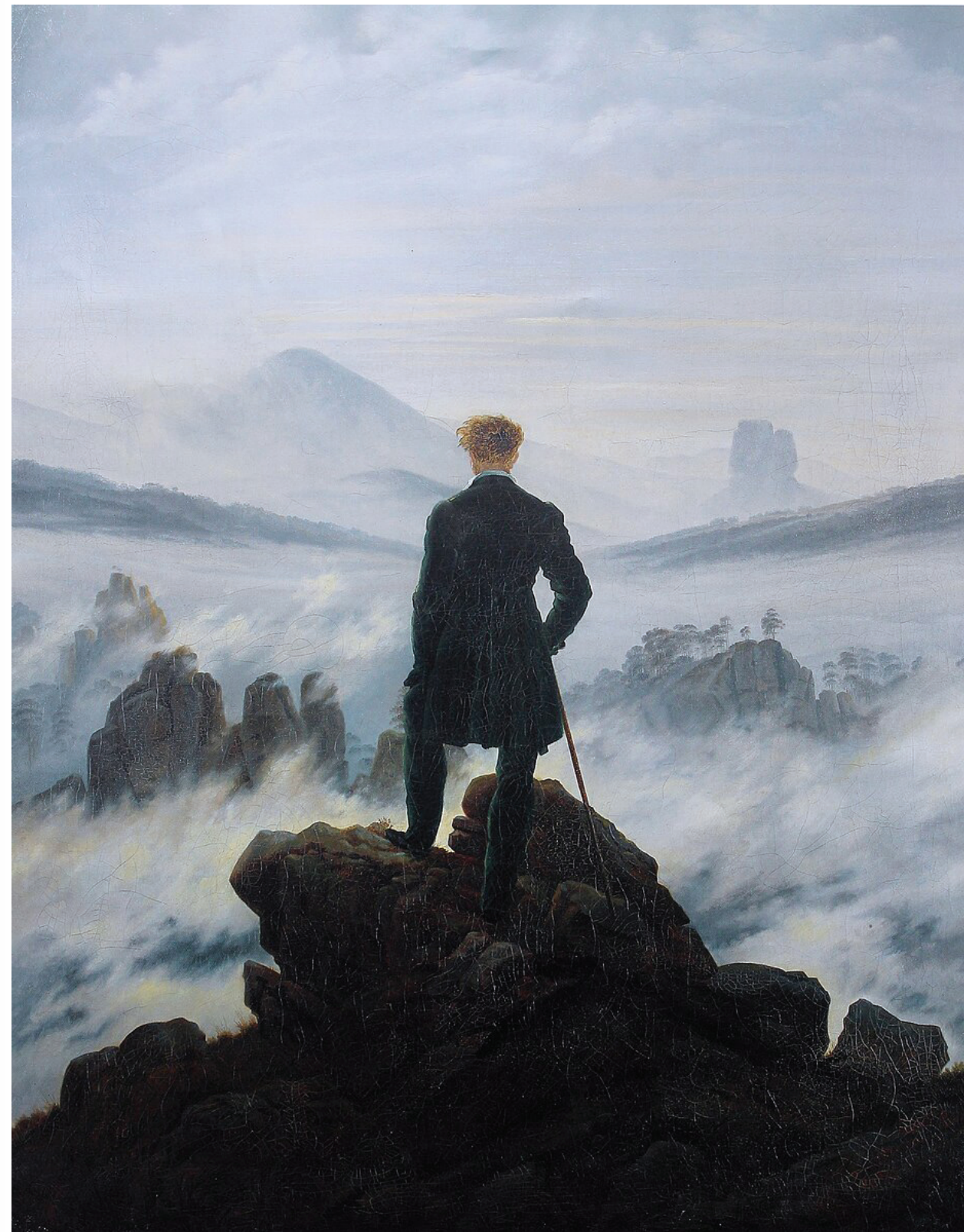
This questioning fortuitously overlapped with a chance encounter to shadow a physician in the field of reconstructive orthopedic surgery. What I thought would be a day to simply step outside my comfort zone ended up being the missing piece of the puzzle for which I was searching. I was instantly hooked. Here I am, now, a couple of years later, writing this article as a medical student.

The humanities, like medicine, require the unequivocal questioning of the status quo and what it means to be. Just as different individuals can read the same work of Nietzsche and have completely different interpretations, the human brain and mind follow a similar thread. I am intrigued by how diverse the human mind is despite appearing nearly identical on a CT scan.

Small physical changes in the brain can result in an almost entirely different person, de facto, just as slightly differing translations of Nietzsche from the original German can influence a reader’s interpretation. We are incredibly complex beings. Analyzing the neurology, genetics, psychology, or pharmacology in isolation is not enough. Helping people achieve a healthier development requires increased thought, research, understanding, and application. It is through the humanities I was able to unlock this critical, but often overlooked, aspect of medical treatment.

I hope as a physician with a solid foundation in humanities, I can help unravel what appears to many a Gordian knot for patients and the development of medicine. I have come full circle in my pursuit of knowledge and found my passion for medicine in the most uncommon of places—the pages of Nietzsche.

I see each day in medical school as the chance to help solve the beautiful puzzle that is humanity. I can resolutely say now that “I desire this once more and innumerable times more.” □





## The Juxtaposition of Studying Life

BY LILA DUDLEY (OMS-II)

One claim to be made about medical students is that they are out of touch with reality. Although it is easy to understand how the demands of school could limit one's commitment to daily news, being out of touch with reality in this context is also an irrepressible, conscious-altering experience.

It is a phenomenon in which your perspective is unwillingly tugged between visualizing through the lens of science or thought that of the human condition—both a reality—neither wanting to exist while the other does. I can only equate this experience to walking along a slackline that spans across a canyon.

As you walk, one foot in front of the other, day after day, understanding more about medicine, you become devoured in your view. The landscape has such unique knowledge that just existing in it consumes you. Up until the moment you decide to look beneath your feet and realize the direness of your reality—that these pathologies that disserve life draw breath from those you love and from yourself.

**As you walk, one foot in front of the other, day after day, understanding more about medicine, you become devoured in your view. The landscape has such unique knowledge that just existing in it consumes you.**

It is unnerving to acknowledge when this alteration to your psyche has taken form. Your friend confides in you, saying, "I found out my cousin has that condition we learned about." And in a space that only has room for compassion, your mind might have the audacity to immediately visualize some pathological bird eyes.

Medical school is all buzzwords until it is not. A five-digit nucleotide combination that has existed within your favorite person since birth decides this person has grown bored of the quietude and becomes greedy for the notoriety of being in the spotlight. The intricate task force that works unremittingly within you every day decides to go rogue, dismembering the haven it has always protected.

You watch your cherished circuitry glitch before your very eyes, with your only defense being to beg your body to "keep it together, please, just a little longer." How is it possible for one person's raw material to malfunction to such a degree? How can my body fight against my willingness to just live life so ceaselessly? How do I spend my entire days learning how it does so? It is in me. It is in you. It was in the person who was taken too soon.

We have the privilege of understanding how life works and the burden of acknowledging every way in which it can go wrong. Perhaps one day I will realize I've grown tired of the slackline and would instead prefer to explore this world with both feet on solid ground—the same landscape, just a novel view.

I'm not sure what lens I'll be forced to look through next, but regardless of its aperture, I hold one thing certain—that every extra moment I've been gifted in this life is something I will tirelessly never stop being grateful for. And to enter medicine and become someone who might gift these extra moments to another is something I might be even more grateful for. □



## Embracing the Abyss

BY SHANNON SMITH (OMS-II)

Albert Einstein once stated, “The more I learn, the more I realize how much I don’t know.” As a rising second-year student, this sentiment, shared by one of the world’s greatest scientific minds, has echoed often in my mind over the past year of my preclinical coursework.

When initially setting out on my medical school journey, I never would have imagined exactly how much knowledge I would be required to gain in such a short period of time. Intricately and intentionally planned, our schedules are outlined for us months in advance, down to the hour.

Every hour is precisely planned to maximize the amount of information we must learn before being entrusted with learning in a clinical setting. However, despite the vast amount of knowledge I have undoubtedly gained over the past year, the more I learn, the more I become aware of how much I don’t know and have yet to learn.

This paradoxical “abyss of learning” was initially very intimidating to me, giving rise to a fierce combination of inner turmoil including, but not limited to, imposter syndrome and anxiety. I found myself frequently questioning whether I would be able to keep pace with the rigors of medical school.

More often than I would care to admit, I would question whether I was smart enough to comprehend the ever-growing mountain of learning materials. But perhaps the most daunting fear I experienced was that in recognizing the cavernous abyss of what I had yet to learn, I questioned whether I would ever gain the requisite amount of knowledge to be a good medical provider for my future patients.

Eventually, I realized this inner turmoil had to be surmounted if I wanted to succeed without fear of failing. When I reflected on why I initially wanted to pursue medicine as a means of service to others, I recalled that a major contributor in my pursuit was that I knew I would essentially be taking an oath to assume the responsibilities of being a lifelong learner.

With science constantly changing and evolving, I am confident that the best practitioners are those who continually challenge their existing knowledge in search of the latest and most relevant information available to



best treat their patients. With this philosophy in mind, I came to the realization that instead of being afraid and overwhelmed by all I have yet to learn, I should rather embrace and relish in its vastness and scope.

I realized what an incredible privilege it is to have so much to learn, with each new topic I learn offering a beautiful, new perspective on my existing knowledge I was previously unaware of. This revelation has led me to welcome, rather than fear, the abyss—to commit to learning earnestly and persistently, not just for myself, but for the betterment of outcomes for my future patients. □

## The Lessons That Hurt

BY KRISTEL SIBAJA (OMS-IV)

During my third year of medical school, a profound and heart-wrenching lesson found me. My grandmother—a vibrant and loving figure throughout my life—was diagnosed with cancer. As a medical student, I had spent countless hours studying diseases, treatments, and prognoses, yet nothing prepared me for the emotional turmoil of watching a loved one face such a relentless illness.

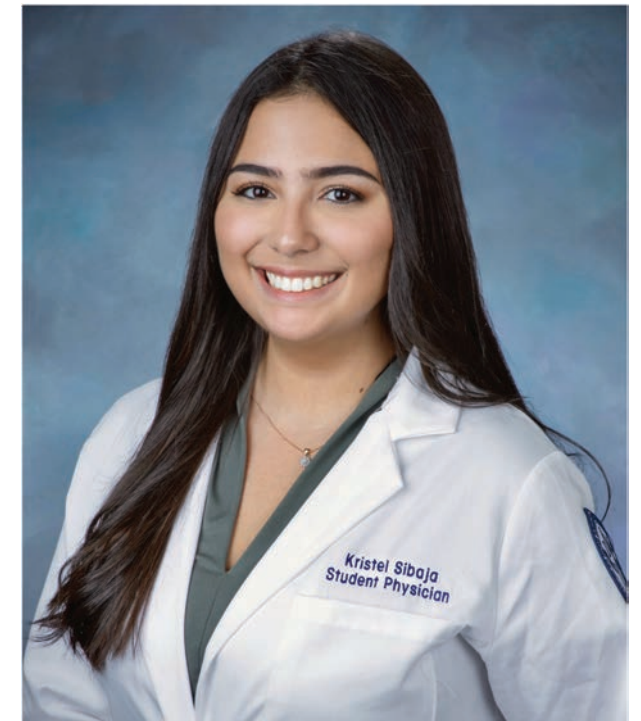
In the beginning, I approached her diagnosis with clinical detachment, focusing on her treatment options, potential outcomes, and the latest research. I hoped my medical knowledge could somehow shield her from the harsh realities of her condition. However, as the weeks turned into months, it became painfully clear that despite the best efforts of her medical team, the disease was progressing faster than anyone anticipated.

The experience was a stark reminder of what it truly means to be a doctor. In our training, we are taught to fight illness with every tool at our disposal, to seek cures, and to prolong life. But my grandmother’s battle revealed a deeper truth: Medicine is not just about curing; it’s about caring. There are times when the most we can offer is our presence, our compassion, and our unwavering support.

I spent many nights by her side, holding her hand, listening to her stories, and simply being there. In those moments, I learned that the essence of being a doctor extends beyond medical interventions. It lies in the ability to provide comfort and solace when cures are not possible. It’s about understanding the human side of medicine, where empathy and compassion are as crucial as any drug or procedure.

This painful journey taught me the importance of accepting our limitations as doctors. We cannot save everyone, and there are battles we will lose. But even in defeat, there is a profound role we play in the lives of our patients and their families. It’s in the quiet moments of connection, the gentle words of reassurance, and the presence that tells them they are not alone.

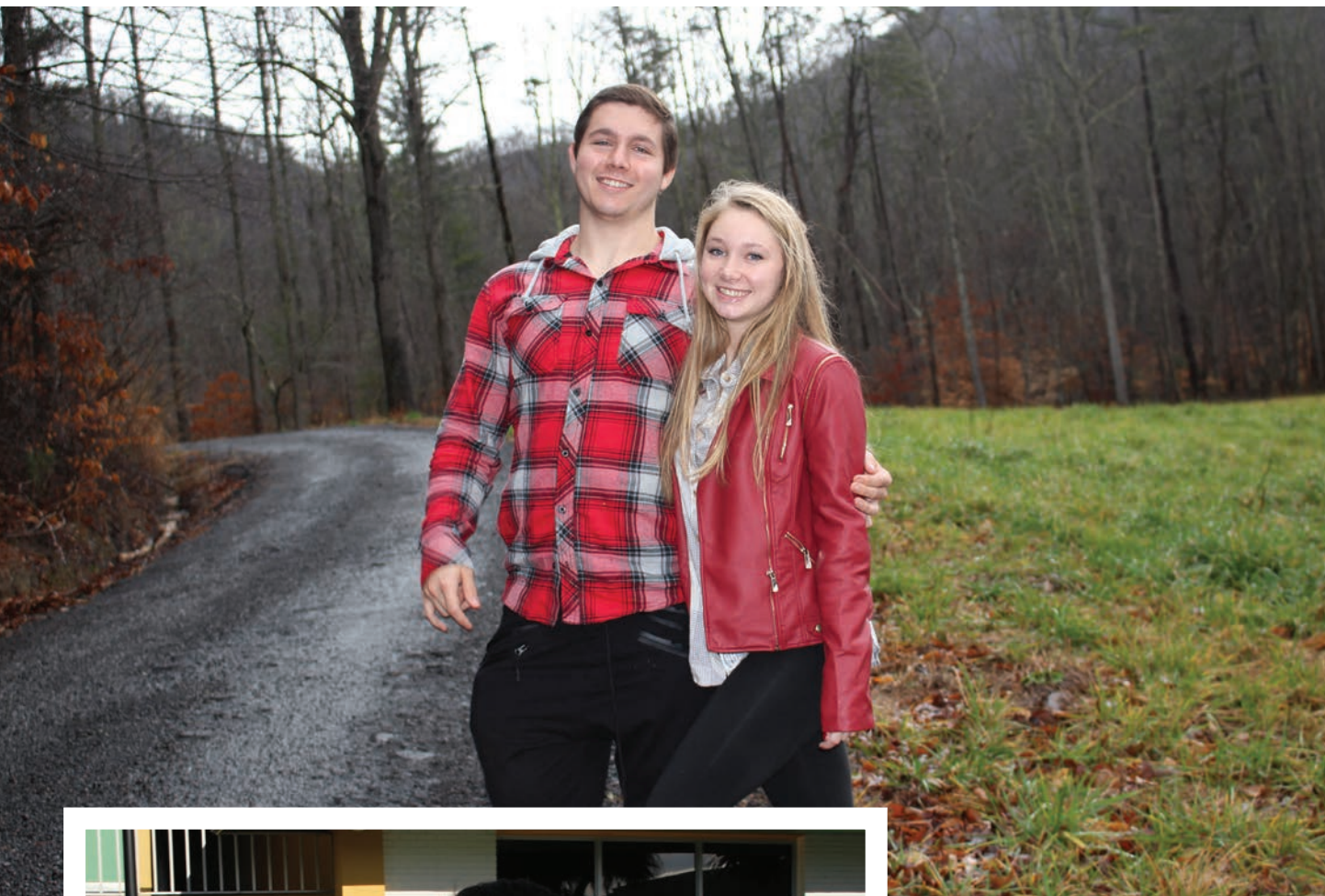
Losing my grandmother was one of the hardest experiences I have ever faced, but it also shaped me into a more compassionate and understanding future physician. It reminded me that while medicine strives for cures, it is



grounded in care. And though we cannot always alter the course of a disease, we can always be a source of comfort and strength for those who need it most.

As I move forward in my medical career, I carry this lesson with me. The lessons that hurt the most often teach us the most about the essence of our calling. And in the face of loss and helplessness, we find the true heart of medicine—the ability to care, even when we cannot cure. □

**We cannot save everyone, and there are battles we will lose. But even in defeat, there is a profound role we play in the lives of our patients and their families.**



## Finding Purpose in Loss

BY AVIANAS SQUIER (OMS-I)

Things don't always happen as we expect them to. My brother struggled with substance abuse from the time he was 13 years old into his early 20s. Eventually, he gained sobriety after rehabs, detoxes, and wilderness programs.

He was sober for six years, was active in the recovery community, and had a strong support system. He worked at wilderness programs, including one of the ones he had attended as a student. These six years were comforting, as I had my brother back. But, a few short months after a relapse, he passed away at age 27 to an accidental fentanyl-related overdose. This is the reality of the disease of addiction.

Finding my purpose in this painful loss has been a challenge, especially while going through the process of taking the MCAT and applying to and starting medical school. Losing my brother, who was only one year older than me, was like losing half of me. We grew up together and planned to spend the rest of our lives together to share experiences. He was the one person I could bond and giggle with over childhood experiences. Anyone who has shared this type of traumatic loss knows how insanely hard it is to come to terms with.

One thing that has pulled me through, on top of support groups and therapy, is finding purpose in it. My family opened the Harlan Serenity Foundation to give back and support the recovery community. Our main mission is to provide scholarships to adolescents struggling with substance abuse to attend wilderness programs. Additionally, we provide education on this disease through monthly blog posts and newsletters.

With the start of medical school, my grief feels like it has been put on hold. But, taking time to acknowledge it, specifically through attending bimonthly grief support groups, is important to my mental health as a first-year medical student. In my future career as a physician, I hope to expand on my knowledge in the field of addiction recovery, because the research and treatment of addiction as a disease still have a long way to go.

Seemingly small steps like driving people struggling with an addiction to a recovery meeting or reminding them they are worthy of a purposeful, sober life are a good way to start. We don't always know why things happen the way they do, but finding purpose in loss is crucial to living with this sort of traumatic grief. □

**With the start of medical school, my grief feels like it has been put on hold. But, taking time to acknowledge it, specifically through attending bimonthly grief support groups, is important to my mental health as a first-year medical student.**



**HARLAN SERENITY**  
*Foundation*

## Embracing Change: The Transforming Power of Loss

BY JOVANNI GOMEZ (OMS-I)



**Nothing could prepare me for the smell a decaying body filled with preservatives emits or the blank stare from my cadaver. This lifeless body, once a man flowing with blood and bursting with ideas, was now a vessel for our learning.**

In the summer before I matriculated into medical school, I was able to join a summer dissection program at the anatomy lab that allowed me to dissect a cadaver from head to toe.

My time in this role was divided between teaching some of the anatomy to students in the anesthesiologist assistant and physician assistant programs and dissecting the cadavers to refine the structures for use in our teaching. Cleaning up the organs, vessels, fascia, and fat was eye opening to say the least, but the moment that stunned me most was the first time we opened the body bag.

Nothing could prepare me for the smell a decaying body filled with preservatives emits or the blank stare from my cadaver. This lifeless body, once a man flowing with blood and bursting with ideas, was now a vessel for our learning.

Two weeks into the program, I faced the personal loss of a death in the family, and it felt very different experiencing

death in a professional context than in my personal life. Coincidentally, in my Bible in the year reading plan, I was going over the book of Job, which recounts the story of a man who goes through a series of losses and gripes with the inescapability of death. The combination of this tragic narrative, the family news, and my day-to-day in the lab made death feel inescapable.

Yet, even at these low moments, I found comfort in reflecting on my past losses and what they meant to me. I encourage you to reflect on the last 5 to 10 years of your life and recognize all of the losses you have experienced—whether people, places, dreams, or memories.

I know firsthand that loss can be scary, but we can't lose sight of the fact that it will often open doors for self-reflection, adaptation, and transformation. Much like a caterpillar must lose its old self to fly, loss is an unavoidable, critical aspect of growth. □

## Finding Strength and Connection Amidst Loss

BY EVELYN ECHEVARRIA CRUZ (OMS-II)

“Your grandmother carried you inside her womb when she was carrying your mother.”

I find this fact astonishing and often reflect on how thankful I am for the beautiful interconnectedness we all share. I write these words for those who have ever or will ever face the loss of a grandparent in medical school. Through my story, I hope you can find solace and, most importantly, know that you are not alone.

In April of this year, my life changed forever. I received a call from my mom that my grandmother Abue was rushed to the hospital, as she had suffered a stroke. I quickly grabbed my things and drove to meet the family there. After many agonizing hours, the doctors came out of the procedural room and explained the severity of the case and that she might not be able to recover, if at all.

You see, my grandmother was a force to be reckoned with—the strongest woman I know. In her 5'1" body, she was a giant. Her beady eyes, loud laugh, and warm smile commanded attention. And she loved to talk. I remember going to the hair salon with her a couple of weeks before the incident, and we chatted for hours as we got dolled up. She spoke to everyone, from the hair ladies to the postal workers.

Back in the hospital, my family gathered in the waiting area and took turns in and out of the hospital room from 8:00 a.m. to 8:00 p.m., which is when visiting hours ended. We went every day for 94 days.

Amid midterm exams, finals, and mandatory events, I would drive down almost daily to spend time with her. After a couple of weeks, Abue started making progress, but her speech was severely affected. Seeing her in this state, knowing the last thing she would have ever wanted would be for this exact situation where she depended entirely on others and could not communicate effectively, was excruciating.

I can only imagine how difficult it was for her. Managing medical school during this time and everything else was one of the most challenging things I have ever dealt



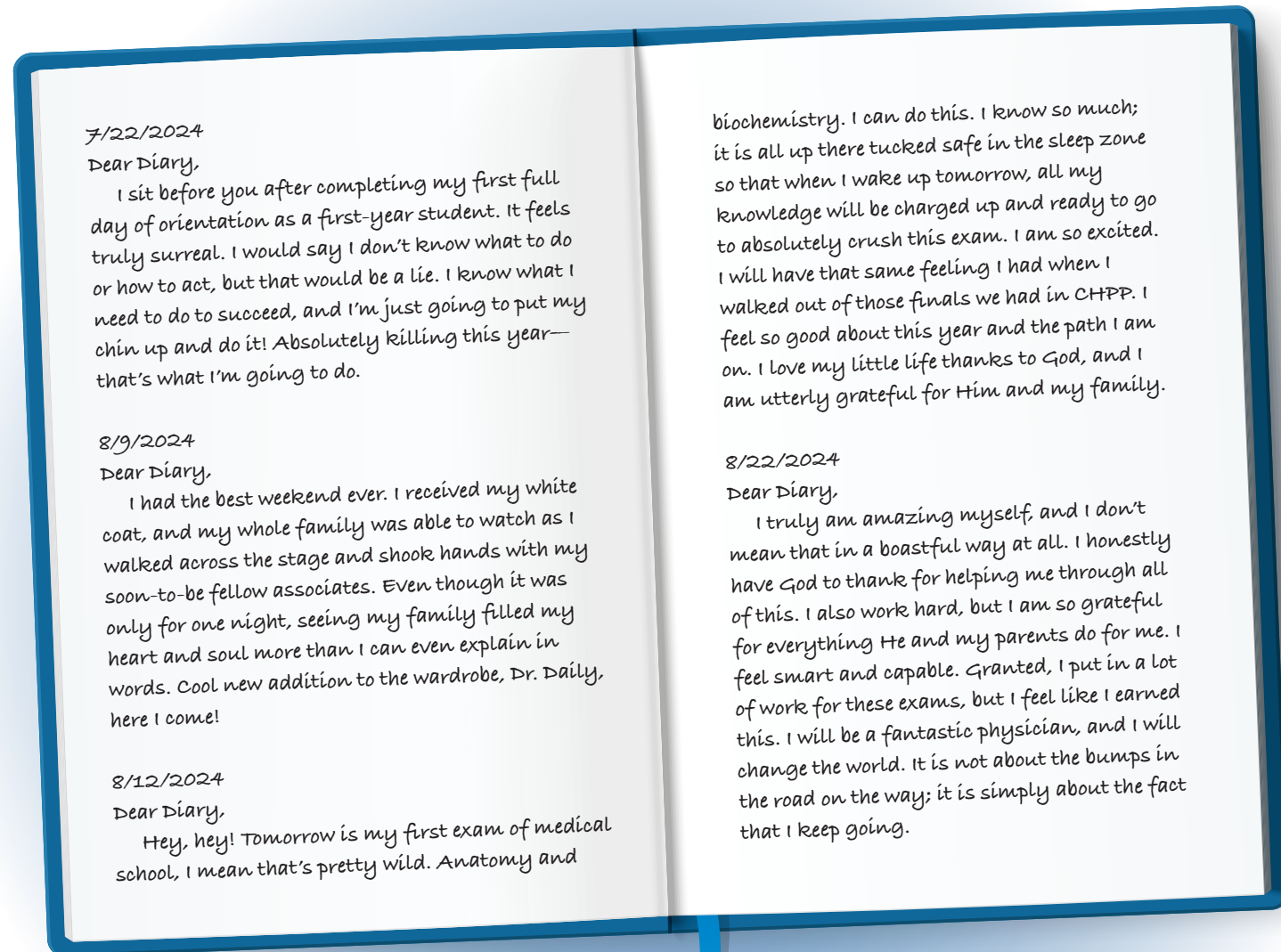
with. Especially when we had back-to-back exams and I could not make the trip to visit her. But what kept me motivated was that despite her only being able to say a few words, one day on a video call, I said, “Abue, I promise I will go after I finish this upcoming exam.”

She gathered all of her strength to tell me, “Estudiar es importante,” which means studying is important. As time passed, these words strengthened me through the hardest days. These are the words that will continue to push me to succeed in this long but rewarding career.

My grandmother passed in July from severe complications of her hospitalization, but she will always be with me, as I was with her even before I was born □

## Diary Excerpts from a First-Year Student

BY ALEXANDRA DAILY (OMS-I)



## I Think I Have That

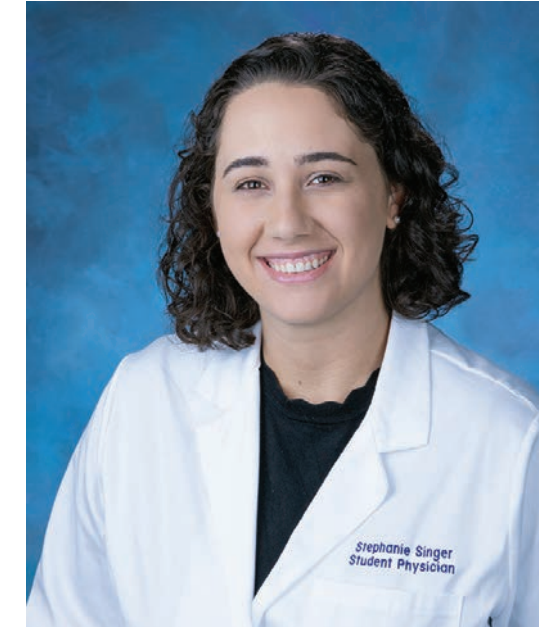
BY STEPHANIE SINGER (OMS-III)

During my medical education, I delved into the study of women's health, and the symptoms resonated deeply with my personal experiences. This discovery prompted me to take a pause and contemplate the possibility that I might be personally experiencing this condition.

Intrigued, I meticulously compared the symptoms with my own sensory experiences. The more I read, the more I realized I wasn't a perfect textbook case, which is a reality shared by many of our patients. This journey of self-discovery, extending beyond textbook knowledge, has placed me at the crossroads of being a medical student and a patient, offering a unique perspective on diagnoses and contributing to their broader understanding within the medical community.

Reflecting on this experience, I've gleaned a profound lesson about empathy. This journey of self-discovery has provided me with a deeper understanding of the human side of healthcare—the nuances, uncertainties, and variations that surpass the boundaries of textbooks. This newfound perspective, shaped at the intersection of being a medical student and a patient, has underscored the pivotal role of empathy in medical practice.

Realizing that not every patient neatly fits into diagnostic criteria, I've learned to approach healthcare with a heightened sense of compassion and understanding. This lesson extends beyond my personal experiences, contributing to a broader comprehension of the diverse ways health conditions manifest in individuals. As I progress in my medical education, this lesson in empathy will undoubtedly influence my approach to patient care, fostering a more compassionate and patient-centered practice within the medical community. □



**This journey of self-discovery has provided me with a deeper understanding of the human side of healthcare—the nuances, uncertainties, and variations that surpass the boundaries of textbooks.**





## Balancing Grief and Medical School: My Journey Through Loss

BY KAYLAN KELLY (OMS-IV)



**Witnessing the dying process firsthand was incredibly hard, but I wanted to be there for her every step of the way. I helped with her care, giving medications and trying to keep her comfortable.**

Medical school is incredibly challenging on its own, but it becomes even more daunting when faced with a personal tragedy. In my third year of medical school, I lost my mother to breast cancer. This is my story about balancing the demands of medical school while supporting my mother through her illness and witnessing her dying process.

Before I started medical school, my mother was diagnosed with stage IV metastatic breast cancer. This experience was a big part of why I applied to medical school; I wanted to make a difference for others like my mom. I was excited to learn about diseases, including cancer, but it quickly became very personal.

I struggled to stay focused on my studies, as my mother's health was always on my mind. I attended all of her appointments while managing my medical school responsibilities, learning about treatments and outcomes not just from textbooks, but through our own experiences. Balancing the demands of medical school with being there for her was a daily challenge.

In my third year, I started clinical rotations. Seeing patients with cancer reminded me of my mom. Sometimes, I felt hopeful seeing people get better, but other times, I was scared of what might happen to her. It was a constant emotional struggle. When my mother's condition worsened, she transitioned to hospice care rapidly, passing away unexpectedly within four days.

Witnessing the dying process firsthand was incredibly hard, but I wanted to be there for her every step of the way. I helped with her care, giving medications and trying to keep her comfortable. Watching her go through that was heartbreaking and overwhelming.

After my mother passed away, going back to my studies was difficult. Grieving while trying to keep up with medical school was a challenge. However, my mother's experience gave me a deeper understanding of what patients and their families go through. It wasn't just challenging; it was the worst thing I've ever had to go through.

Yet, it also gave me a new perspective on medicine. It taught me about resilience, empathy, and the importance of human connection. I now strive to provide care that considers both the physical and emotional needs of my patients, honoring my mother's memory through my work.

If you're going through something like this, I want you to know you're not alone. The experience of balancing personal grief with demanding responsibilities can feel incredibly overwhelming and isolating. It's okay to feel lost and unsure of how to move forward. I'm sharing my story in the hope that it might offer a small sense of connection and reassurance.

It's important to reach out to your support network—whether it's friends, family, or professional help. Even when it feels like there's no end to the pain, remember that there are people who understand and offer support. Life can be incredibly tough, but you don't have to navigate it alone. There is hope, and you will find your way through this challenging time. □

## More Than This

BY MELISSA HALPRIN (OMS-III)

We all have a moment that makes us question ourselves. Whether it's a test, a fight, or a bad day at rotations. It exists for us all—the day where we come home and think, “There has to be more, I have to be more.”

For me, that moment hit at arguably the worst time possible: studying for Level I. I spent years of my life dedicated to working toward medical school, as many of us have. What I didn't realize was how, in that process, I fed into the narrative that being a medical student required you to sacrifice every other aspect of your life.

I remember faculty members saying that in interviews. I said, “There's no way I'd ever let myself do that.” Then, as I sat with my worst exam score to date 10 days out from COMLEX, and I felt my world crumble beneath me, I realized I had done exactly that.

It takes pieces of you first. Small decisions, before medical school even begins, that are easy to write off. In undergraduate school, I said, “No, I'm not going to go to that party, I have an exam soon. No, I can't visit my family this weekend, I have to go into the lab.”

Then, you start medical school, and it's a little more. “No, I can't justify time on this hobby tonight; I have to study. No, I can't join you guys for dinner; I have to study. No, I can't go to the grocery shop today; we have an exam. No, I can't, I can't, I can't.”

The no's keep building, until suddenly, you've lost yourself. You've isolated yourself from friends and family. You're a shell of the person you were. You gave up hobbies and poured your everything into a process that is designed like a sponge, sapping up all the energy you give it and still wanting more from you.

It was like I awoke from the worst fever dream of my life. I hadn't experienced joy in years without it being riddled with guilt of not doing what I “should've” been doing. I didn't even remember what I liked to do outside of school. I sat, staring at the COMSAE score, realizing if this didn't work out, I had nothing left. I gave it my all, and what if that wasn't enough?

Sacrifice for medical school is inevitable, but you get to decide what that looks like. Life is so much more than being a student. It can be so full—of friends,



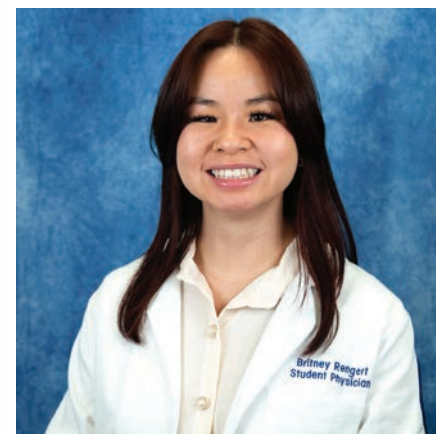
of hobbies, of happiness, of love, of success. You are allowed to have all this and medicine. You should have all of this and medicine.

Medical school requires sacrifice. Being a doctor requires sacrifice, but it isn't enough for a full life. You are more than a student. You are more than your career. You are more than your achievements. You deserve to treat yourself better, because you are *more than this*. □

**Sacrifice for medical school is inevitable, but you to decide what that looks like. Life is so much more than being a student.**

## A Sweet Treat

BY BRITNEY RENGERT (OMS-III)



Since I was young, I have never been able to turn down a dessert, and my favorite has always been a classic ice cream cone. I continued to indulge myself through high school, college, and now through medical school.

Too often through my first two years at NSU, I'd find myself upset about a bad grade or doubting myself about whether I truly deserved to be here. With our flexible class schedule, it's even easier to isolate yourself and let those thoughts overcome your spirit and motivation. I can safely say that getting a sweet treat with my friends often preserved my sanity. It was a time for me to leave my apartment, talk to my friends, and take a short break away from the pressures of medical school.

Now entering my third year of school, I already reminisce and reflect on how quickly the time has passed. I'm forever grateful for the friendships I was able to make here and how they've shaped me into a better student physician and a better person. People often describe dessert as a guilty pleasure—something you enjoy now and regret later.

I wholeheartedly disagree. The books and studying will always be waiting for you, but dinners and sweet-treat breaks can be few and far between. Taking advantage of those opportunities are what made my medical school experience so much more enjoyable, so I'd advise anyone and everyone to do the same. □



## How Rap Keeps Me on Track in Medical School

BY REHNUMA ISLAM (OMS-IV)

Being a visible Muslim—with a VELA hijab draped over my shoulder and long dress on—people often make assumptions about me. They think, “She’s very religious,” “She’s really reserved,” or “She’s no fun.” Wearing a hijab brings its unwanted stereotypes, fitting me into a narrow box.

That’s why I love seeing the surprise on people’s faces when they find out I listen to heavy rap. Growing up in Atlanta, Georgia, home to hip-hop and rap legends like 2 Chainz, Ludacris, Usher, Soulja Boy, 21 Savage, and Future, rap music has always been part of my life.

I remember going on grocery trips with my dad, hearing 2 Chainz and Usher blasting from cars at stoplights. Because I attending diverse schools, I made friends who introduced me to music that strengthened our bonds. Despite being Bengali American, I never watched a single Bollywood movie as a child. Rap and hip-hop were my upbringing.

**Although I had a pop-culture phase in high school and early college, living in Atlanta, I couldn’t avoid the allure of rap and hip-hop. Rediscovering my childhood music taste with the wisdom of age, I see this genre through a new lens.**

Although I had a pop-culture phase in high school and early college, living in Atlanta, I couldn’t avoid the allure of rap and hip-hop. Rediscovering my childhood music taste with the wisdom of age, I see this genre through a new lens. The high energy and sense of community it brings are unmatched. Cultivated by Black culture, it offers unique stories and messages that resonate deeply, especially those of social justice.

Medical school days often start with dread—10-plus hours of studying loom. What gets me out of bed? “Hey Google, play Future.” His hype beats and lyrics about hustling are the perfect motivation. Suddenly, I’m ready to take on the day.

Driving to the library, 21 Savage and Migos set the tone. 21 Savage’s smooth voice captivates me, especially since we both lived in Scottdale, Georgia. Migos’ brotherhood and distinct style makes their music unique and energizing. In the library, Kendrick Lamar, J Cole, and Young Thug become my study companions.

Kendrick Lamar, my favorite artist and a Pulitzer Prize winner, amazes me with his lyrics. During study breaks, I dissect his work, marveling at his enigma of a mind. It’s no wonder Harvard and Yale have courses on him. Hours pass as I get lost in his music, then I pull myself back to reality to study.

Rap has been an essential outlet during medical school. Analyzing artists’ lyrics has become my favorite hobby. The rap and hip-hop world are carrying me through medical school. As 21 Savage said, “Rap saved me.” □







## Our Kitty Doctors

BY ELIZABETH BALDOR (OMS-II) AND CHRISTOPHER RODRIGUEZ (OMS-II)

Starting medical school is a big step and a big change, especially when moving away from home. Now, couple that with moving in with your significant other and adopting pets for the first time. Is that a recipe for disaster?

Not at all. Adopting cats when moving away was probably the best decision we made. As everyone can imagine, medical school gets tough at times, and having a good support system is key to making it through. In between all the stress of volunteer hours, research opportunities, and studying for exams, it is very easy to forget to disconnect.

**As medical students, we learn new things every day from professors, doctors, classmates, and friends. But as medical students with new pets, we have learned a lot from our cats.**

We had this in mind before the start of our first year and thought a pet would help. Chris quickly mentioned the idea of adopting a kitty, as kittens can be independent but still friendly—the perfect combination for our soon-to-be busy schedules. The first mission was convincing a non-cat person, Eli, to agree. Somehow, after nonstop insisting, the mission was a success. Now, Chris hears things like, “Imagine not having kitties in med school,” followed by a sarcastic laugh.

Wanda and Obi now know when we are in distress and somehow always sense when they need to be around us to make us feel better. That’s just the emotional side of it. In life, having cats has taught us how to manage time to take care of someone else aside from ourselves. Cats are pretty independent and take care of themselves the majority of the time, but they meow when they need to be fed, they meow and nudge you when they want attention, and they love to go out and walk around the backyard. Did we mention they meow? A lot.

As medical students, we learn new things every day from professors, doctors, classmates, and friends. But as medical students with new pets, we have learned a lot from our cats. This includes seeing the benefit of stepping out of our comfort zone, taking a leap of faith, and assuming extra responsibility while becoming independent and moving away from home.

They serve as a daily reminder of our path in medicine, and teach us every day that working as a team at home and in the field will always be the best solution to problems. With all this said, we could not emphasize more taking that leap of faith and stepping out of one’s comfort zone, whether that be trying something new or adopting a pet. After all, while we’re getting our D.O. degrees, they’re working on their C.D.O. degrees (cat D.O.). □

## Taking a Leave: Dealing with Illness in Medical School

BY JOHN "JAY" VERACKA (OMS-II)

"Take a break, and do not study today," said my doctor. It is a strange perspective, learning to be a physician while simultaneously being a patient.

As a medical student, I found the "take a break" statement frustrating. It has always been difficult to give myself permission to rest. I can always do more; I can study more, read more, watch more videos, and do more flashcards, but developing that boundary with myself took a long time and caused further anguish.

It was the second semester of my first year, and my health started deteriorating. I swiftly became ill. I was regularly in and out of class, doing makeup labs, assignments, and exams. My mental and emotional health quickly followed in similar decline. After being hospitalized multiple times and experiencing a traumatic brain injury, I decided it was time to take a medical leave. The decision was hard. I felt as if I was weak or not smart enough to continue. What would my family and friends think? What would I feel about myself?

I fell into a deep depression. As a man in his early 20s, I have only ever strived for one thing. Knowing that the one thing I worked so hard to achieve was temporarily, or possibly permanently, lost was devastating. I felt exactly the same way—lost. The school was kind enough to provide me with a full year to figure out my health, but that was no guarantee I would be well enough. I debated whether I would return, since I felt so beaten down. I convinced myself I could not do it. How can I fill others with support if I am empty?

It is at your lowest that you are most open to change. I took the time to not only discover more about my health I did not previously know, but to develop a stronger sense of self mentally, emotionally, and physically.

After a tough year, I returned to school with tenacity, and the class of 2027 welcomed me with open arms. I reignited the passion for medicine that was extinguished in me. I know my limits better and provide myself with the permission, love, and rest I need to recover.

I hope I speak on behalf of other students who have experienced similar situations and give hope to those currently experiencing difficult times. Taking a medical



leave worked wonders for me. Remind yourself that you are worthy, that you were chosen to be a doctor. We learn to work so hard to give strength and treatment to others, but do not forget yourself.

It is important to remind yourself why you are truly here. I have found ways to infuse myself with joy and strength, so I can be the light for my future patients. Do not be afraid to ask for help when you need it. Be honest with yourself, as we cannot heal everything on our own. □

## The Bonds of Friendship: A Lifeline Through Medical School

BY SAMANTHA SCOTT (OMS-II)

Medical school has been unlike any other challenge I have faced. In my first year, maintaining a work-life balance was difficult. Today, a year after beginning my journey to become a physician, I owe my sense of humanity to the friendships I've formed.

The demands of medical school can be isolating. While my family and nonmedical friends understand that I am busy, they do not fully grasp the daily toll it can take if you let it. I often ask myself, "Should I study, or should I live life?" During my first semester, the answer was simple—study. I've now accepted the fact that it is impossible to know everything, and I've found a balance that allows me to enjoy life as well.

Would I have ever imagined having numerous board-game nights, long weekends at the beach, or a dinner cruise during medical school. No. But these are the cherished memories, made even more special by the friends who have shared them with me.

My medical school friends have been my lifeline, offering support, kindness, empathy, and laughter. While my overarching goal is to obtain my degree and work with a selfless desire to help others, I am grateful for the friendships that have made this journey enjoyable. These friends understand the unique trials we face, and together, we lift each other up.

Audra, Annalisa, and Marissa, I am so grateful that life brought us together. □



## Medical School with My Best Friend

BY LANCE DUCH (OMS-I) AND CASSIDY SHELDON, M.S. (OMS-I)

My first time meeting students from our cohort was days before medical school started. The event itself felt like routine speed dating done at the start of each year in college—“What’s your name?” “Where are you from?” and so forth.

This time, however, was different. Maybe it was because I was meeting future colleagues, maybe it was because “What do you want to study?” became “What do you want to specialize in?” or maybe it was because I was speed dating with my girlfriend Cass by my side. As questions were rapid-fired and Cass responded, people would then ask me what I was doing there.



Frequently, “Are you just hanging around while she’s in medical school?” was innocently asked. We looked at each other, laughed, and then explained that we are both going to be in medical school together, shocking the individual who inquired.

Lance and I met at the start of our senior year at the University of Florida (UF). Once we graduated in 2023, we both took gap years in Gainesville. I earned my master’s degree at UF, while Lance worked in ophthalmology. When it came time for medical school admissions, we applied to a majority of the same programs, yet NSU-KPCOM was the only one to accept us both.

Fortunately, we knew this was where we wanted to be when starting the interview cycle, which is why we signed for a house in Plantation when I was accepted despite Lance not getting accepted until months later. In all honesty, I still can’t fathom how it all worked out.

When we moved in together two months ago, worlds collided as my cat Salmon now shared a house with Cass’ cat Maisie. As the cats quickly became inseparable, I hoped Cass and I could brave this new stage in our lives with similar ease. Truthfully, “ease” is an oversimplification, but we both agree we have learned so much about each other since living together.

For one, Cass and I are polar opposites in terms of studying. While I would rather leave the house at the same time every morning to work in the library or at a coffee shop, she would prefer working from home. Peak studying for Cass is scrolling through slides on her walking pad as she talks aloud. I am confident I would forget how to spell my name with her studying habits, but to each their own.

On the flip side, my preference of working in silence and drawing pictures would drive her crazy. Nevertheless, when it’s exam crunch time, I am grateful for however Cass learns, because she acts as a repository of information to answer my endless questions.

We are almost five weeks into medical school now, and friends we meet are still surprised by our story. We can confess that going to medical school together, living together, and raising two cats together has been an adjustment—an adjustment we would make over and over again. □





## A Volleyball Dream Realized

BY MIKHAIL DHARSI (OMS-II)

Running on the court as a little kid to celebrate Orlando Union A after it won its first championship in the Khoja Volleyball World filled me with excitement I can't even explain. On that day in December 2012, I made a promise to myself—one day, I would be on that A team and win a championship for my city.

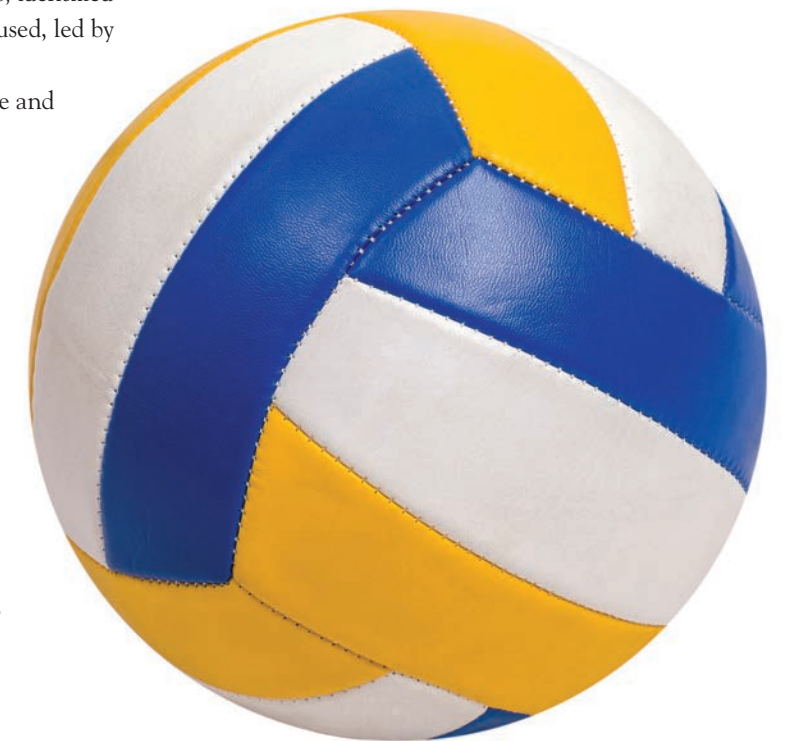
Fast-forward 11 years, and I found myself in the finals of the 2023 Tournament of Champions in Orlando, Florida, seconds away from fulfilling that promise. The journey was challenging but rewarding. My passion for volleyball grew as I dedicated countless hours to practice and improvement.

Growing up in Orlando Union, attending practices weekly, watching those who were better than me in my position, allowed me to study the nuances necessary to be considered one of the best netters in the world. Over those 11 years, I learned many lessons individually, as well as the importance of teamwork, realizing that volleyball is not just about excelling at my individual skills, but about how well a team works together.

Our path to the finals wasn't smooth. We faced tough losses in the round-robin that tested our resolve. However, these setbacks only strengthened our determination. We analyzed our games, identified weaknesses, and returned to the court more focused, led by the veterans of the team who had been in these situations in prior tournaments. This persistence and advice paid off, leading us to the finals in 2023.

Standing on the court for the final play, I recalled the promise I made to myself as a child. When the final whistle blew and we won, the sense of accomplishment was overwhelming. It was a moment that validated years of hard work and dedication, proving that dreams could be accomplished with perseverance and determination.

This victory was not just about winning a championship; it was about achieving a lifelong goal and growing as a person. Volleyball has taught me invaluable lessons and created unforgettable memories and friendships, reinforcing that with determination, anything is possible. □



## Finding a Balance Between Medicine and Girlhood

BY KATIE TOPERZER (OMS-II)

“Medical school is like drinking water out of a fire hose.” “Say goodbye to any free time for the next four years.”

These are just some of the phrases people say to incoming medical students, and while they hold some semblance of truth, they add to the already unimaginable anxiety we all experience in our arduous journey to get to this point. This stigma that medical school is an “impossible feat” needs to be addressed for future generations.

After completing our first year of medical school, I can attest that there is definitely a large learning curve and an adjustment required to learn masses of information in such short amounts of time. These clichéd expressions, however, imply that medical school is an impossible task and suggest you will struggle or fail to achieve your goals.

If this was the case, then there would be no doctors. I challenge us all to improve the stigma for future generations and express that although medical school is a demanding and rigorous experience, it is also fun and exciting to finally learn medicine, which many of us have been dreaming of most of our lives. We should be encouraging future generations rather than knocking them down before they even start.

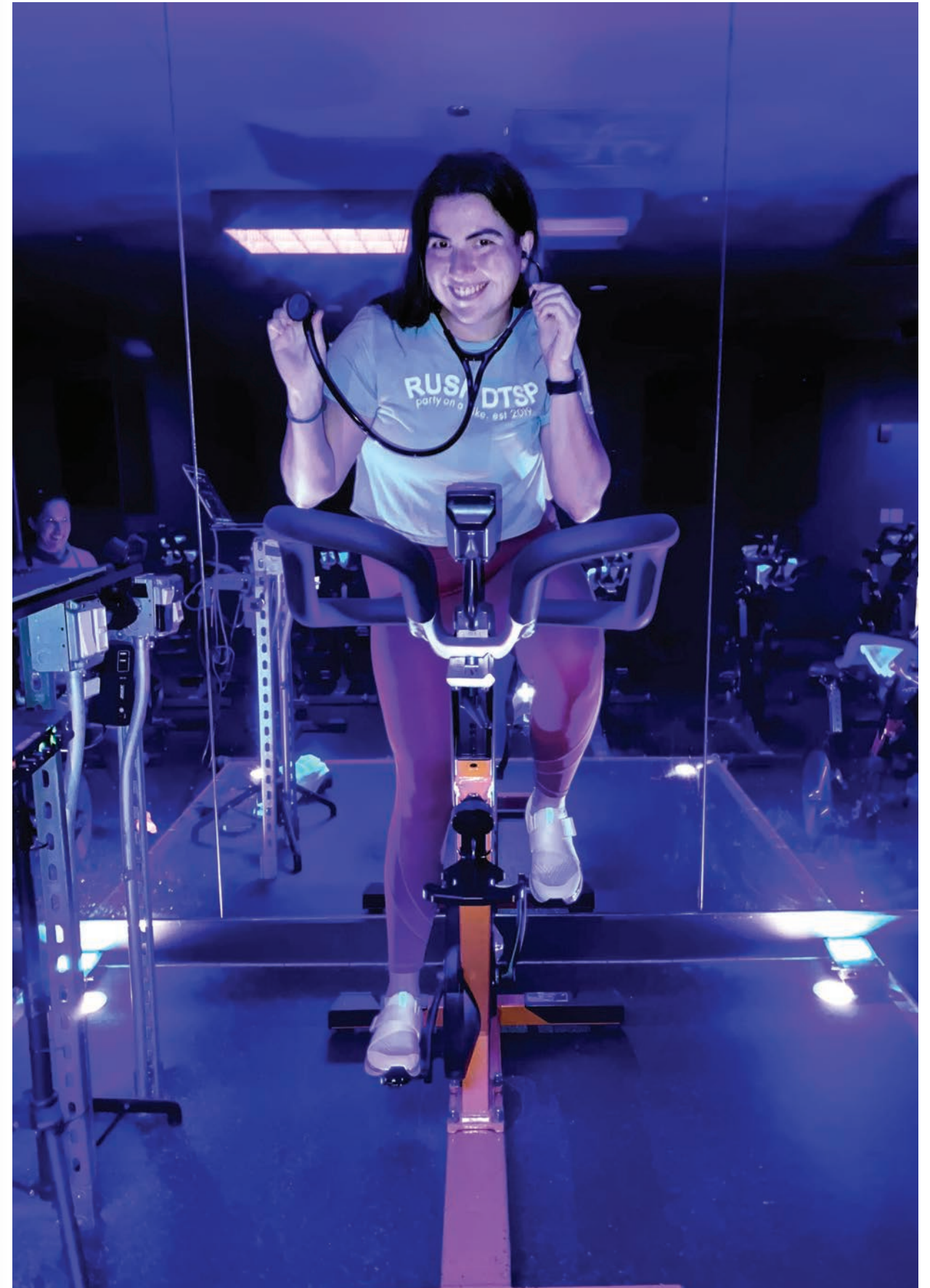
Medical school is not easy, but like they say: “Nothing worth having comes easy.” Being in medical school is like a full-time job, but do individuals working full-time jobs put their outside social lives on hold? Absolutely not!

Being a medical student should not be the only defining feature of ourselves. Hobbies and outside passions are so important to maintaining a healthy balance in this hectic journey. Throughout my first year of medical school, I slowly allowed myself to find time for my well-being, whether that be going out with friends or going to the gym. I can say that this was the most important thing I could have done.

Making little moments for myself has allowed me to better myself both mentally and physically and has made me a better student doctor along the way. Burnout in medical school can happen so easily after studying constantly for months on end—sometimes with no finish line in sight.

Becoming obsessed with activities outside of classes has allowed me to maintain some air of sanity and calm amongst this storm we call school. The best advice I can provide to an incoming medical student is to figure out what study strategies work best for you and to find a hobby outside of school that fulfills you.

For me, this was spin class. Having 45 minutes in the dark, going nowhere, riding and dancing to music, is the absolute highlight of my week. Every time I walk in the door, I am not a student doctor. I am not responsible for anyone or anything. I am a girl, dancing HOT-TO-GO on a bike, living the dream. □



## Navigating Medical School as an International Student

BY MARIA FIOLETOVA (OMS-II)

*“It’s only after you’ve stepped outside your comfort zone that you begin to change, grow, and transform.”*  
—Roy T. Bennet

This quote has inspired me to constantly push myself to face situations and tasks that might be difficult, scary, or unpredictable. Six years ago, I was sitting at the train station in my local neighborhood on the outskirts of Moscow, Russia. As the train departed the Voykovskaya station, multiple thoughts rushed into my head.

I started questioning my decision on whether or not I should leave my home country to pursue an education in the United States. I started doubting whether my English skills were good enough or whether I would succeed in my studies and get into medical school. The only thing I was certain about was my path in medicine. I was determined to fulfill my goal of becoming a physician and figured the United States would be the best place to start my journey.

Once I got into high school in the United States, I had to overcome an overwhelming culture shock for the first few months. I went through all its stages: honeymoon, frustration, adjustment, and acceptance. I would struggle to understand the subjects in a different language, and I was the only international student in my class. I had no one to relate to, and the other classmates were cautious when approaching me.

It was not easy at first, but making new friends and connections and communicating with my family back home definitely helped me adjust. As time progressed, however, things started to improve. I met other international students in college, who quickly became my closest friends to this day. With them, I found a place where I could share my different views and values, without the fear of getting judged.

They were more knowledgeable about the language, so they helped me improve my speaking skills, as well as involved me in more American traditions, such as going to football games and doing a cookout. I felt much more accepted into the society I was now a part of.

I was delighted to find out I was accepted into Nova Southeastern University—an institution known for its diversity. Throughout my first year in medical school, I

befriended students from different countries with whom I can share similar aspirations and goals in life. I learned about their cultures and shared aspects of mine as well.

As a result, I became a new, Americanized version of myself while staying in touch with my culture and getting to learn from others. By meeting like-minded international students and people with different backgrounds in college and medical school, I was able to relate to others and share similar experiences.

I look forward to my future path, surrounded by like-minded individuals who share the same passion for medicine. Even with my family living far away and the cultural differences I am faced with every day, I still consider this country my new home. □



## A Personal Journey: Bridging Cultural Heritage and Advocacy

BY QUINTIN NORRIS (OMS-II)

As you can see from the accompanying photo, I look white, but my family’s history is deeply rooted in Native American heritage. This duality has shaped my identity in unique ways, fostering a sense of connection to a community that is part of my history, yet one from which I have been somewhat distanced.

For those who may not be aware, each Native American tribe has criteria for membership, often based on ancestry. My mother’s and grandfather’s tribe—Turtle Mountain Chippewa—requires at least 1/4 tribal blood, whereas I am 1/8. My family’s history is one of resilience and rich cultural traditions, but I felt removed from these roots until I actively sought to learn about my ancestry and understand its significance and impact on my identity.

After volunteering at the Indian Health Service (IHS) and engaging with Native American communities and physicians who volunteer their time and travel to see patients there, I learned about their health challenges and cultural factors influencing healthcare. Working with an orthopedic surgeon, I observed significant differences in osteoarthritis severity among Native American patients compared to the general population, leading to decreased quality of life and higher disability levels.

Another critical issue is the pervasive fear of physicians among many Native Americans, stemming from historical trauma and negative experiences with the healthcare system. This legacy of mistrust makes it challenging for health care providers to build rapport and deliver effective care.

For Native American communities, health is not merely the absence of disease, but a state of balance and harmony with nature, family, and community. Traditional healing practices and spiritual beliefs are integral to their understanding of wellness. Incorporating these elements into medical care can enhance treatment effectiveness and improve outcomes.

My interactions with IHS patients have shown the benefits of integrating traditional practices with modern



medicine. Culturally sensitive approaches and respect for traditional healing methods bridge the gap between patients and health care providers, addressing physical, emotional, and spiritual well-being. Learning about my Native American heritage has deepened my appreciation for healthcare complexities in various communities.

The significant differences in health outcomes and the fear of physicians highlight the need for culturally sensitive healthcare approaches. Embracing tradition and history in medicine is crucial for building trust and improving health outcomes across all populations. We should all advocate for integrating traditional practices in modern healthcare and honoring the rich cultural heritage shaping diverse communities, particularly our own. □



**As a sedentary medical student, the idea of a two-day trek up Guatemala’s Acatenango volcano seemed like a thrilling adventure. How hard could it be? But no amount of research or preparation could have fully prepared me for the humbling reality that awaited.**

## Ain’t No Mountain High Enough

BY JASON NGUYEN (OMS-III)

As a sedentary medical student, the idea of a two-day trek up Guatemala’s Acatenango volcano seemed like a thrilling adventure. How hard could it be? But no amount of research or preparation could have fully prepared me for the humbling reality that awaited.

The moment I saw the volcano towering above the clouds from the plane window, my excitement quickly turned to anxiety. Mt. Acatenango rests at a whopping 13,000 feet or so, while the highest mountain I’ve ever hiked was approximately 4,000 feet. The guides’ warnings about the strong winds, freezing temperatures, and the grueling ascent only added to my nerves.

As a Floridian who’d never experienced snow or temperatures below 50 degrees, the winter gear provided felt unfamiliar and cumbersome. From the moment I committed to this trek, it was clear I was way in over my head.

The trek began with a steep 60-degree incline on loose gravel, where a single misstep could send you slipping face-first downhill. With each step, the scorching 92-degree heat and the weight of my 70-pound backpack dragged me down, causing me to quickly fall behind the group. I seriously contemplated turning back, wondering how I could possibly continue alone. The trail was unrelenting, and after two long, exhausting hours, I was devastated to reach a sign that read, “Welcome travelers, entrance begins here.”

After a much-needed break to regain my sanity and fuel up on sheer determination, I pushed forward. As I climbed higher, the landscape kept transforming. Eventually, I was walking above the clouds. The path, finally somewhat solid, was so narrow that a single misstep could send you slipping sideways into the cloudy abyss. It was a constant reminder of how far I’d come, but also how much further I still had to go.

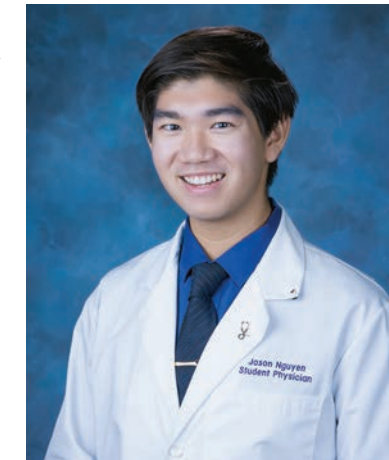
I could barely manage 10 steps without needing a break to rest on my makeshift walking stick. And while I was resting, I was battling the overwhelming urge to succumb to sleep. Lightheaded and dizzy, I refused to believe I was sick, attributing my symptoms to just being unathletic despite my medical instincts telling me otherwise.

After seven grueling hours, I finally reached base camp, largely on my own, arriving near the end of the group. But the journey didn’t end there. With the world below and an erupting volcano in the distance, it was a vivid reminder that in life, there’s always another challenge ahead, another hurdle to overcome, another mountain to climb—like the six-hour round-trip journey down the valley and up to its fiery summit in pitch-black darkness.

Surviving Acatenango was one of the most difficult and rewarding experiences of my life. Despite all the physical challenges, I was among the first to descend successfully, completing it within two hours. But the real victory was refusing to give up despite every urge to quit.

The most fitting end to this tale was walking into class Monday morning to attend the lecture “Signs, Symptoms, and Treatment of High Altitude Sickness.”

My final, but not next, stop: Mt. Everest. □



## More Than an Outreach Trip to the Galápagos

BY STEPHANIE ESCRUCERIA (OMS-III)

In December 2023, we set off on a medical outreach trip to the Galápagos and landed on the island of San Cristóbal. Equipped with a team of physicians specialized in musculoskeletal medicine, neurology, and primary care, we were ready to serve the local community.

Throughout the week we were there, we saw a wide range of pathologies that ranged from benign issues like low back pain to more severe cases like partial paralysis from a polio infection as a child. One of our patients came to us with a large stack of medical records in hopes of a second opinion, as he had complete right-arm paralysis from a motorcycle accident where he was pinned between two cars. He took us through his entire hospital course, explaining to us how little resources they had on

**This was more than a medical outreach trip for me. It revealed the critical role of healthcare in bridging inequalities, deepened my empathy for patients, and reinforced my commitment to making a meaningful impact.**

the island to tend to the extent of his injuries.

We learned that when traumatic injuries like these occur on the island, patients are flown to the mainland—Guayaquil—a large city in Ecuador. Sadly, once he arrived there, it was too late, as the nerves in his arm were irreversibly damaged. Looking through his large stack of medical records, we found a nerve conduction study, which confirmed that his brachial plexus showed no electrical signaling.

We felt saddened that we could not offer him a solution. He understood, but I will never forget the look on his face. We couldn't reverse his paralysis, but we offered him something no one had before—someone to listen, to hear

how this event changed his life entirely, and how he had to relearn how to do everything with his left hand, including his job as a mechanic. I wish there was more we could do, but empathizing with him seemed to bring him some relief.

There were many more patients we saw like him who were living with the consequences of the lack of healthcare and resources on their island. Meeting these patients, who faced significant health challenges with courage and resilience, deepened my appreciation for the role of empathy in medicine. Despite their limited resources, they demonstrated a remarkable strength and hopefulness that inspired me.

This was more than a medical outreach trip for me. It revealed the critical role of healthcare in bridging inequalities, deepened my empathy for patients, and reinforced my commitment to making a meaningful impact. As I move forward in my medical journey, the lessons learned from this trip will continue to guide and inspire me, reminding me of the profound difference compassionate, dedicated care can make in the lives of those who need it most. □







## OMM in a New Light

BY REBECCA RIEKKI (OMS-II)

Last year, during winter break, I had the privilege of going on the Galápagos medical outreach trip. I had never been to South America before and had heard amazing things about the trip. Little did I know that I would come back from that trip with a stronger desire to practice OMT in the future.

On the last day of clinic, I was at the musculoskeletal station with Jill Wallace-Ross, D.O., M.S., where I observed what she does on a daily basis. There were two patients that day I will never forget, because their OMM treatment opened my eyes. First, an older lady came in complaining of pain in all of her joints, especially her knees. But when Dr. Wallace-Ross tested her knee ligaments, they were strong and intact. She started moving down the patient's legs but found no somatic dysfunctions.

However, when she checked the patient's tarsal bones, they were misaligned. She then proceeded to treat this somatic dysfunction, whereby the patient expressed that she had immediate relief from her knee pain. Dr. Wallace-Ross said her knee pain was likely a compensatory mechanism for her misaligned tarsal bones.

The second patient was a 19-year-old male who came in complaining of right knee pain while exercising. The patient said he had imaging done, but the results were negative. Dr. Wallace-Ross tested the strength of his knee ligaments, but all of the general knee tests were negative. However, the right side was uneven when she analyzed the fibular head placements. She realigned its placement and told the patient he shouldn't experience any more pain.

In reflecting on the first patient, witnessing the instantaneous relief the woman had with her knee pain was astonishing. I had never seen OMT act so quickly for a patient with chronic pain. Achieving dramatic improvements with OMT during OPP lab can be difficult, because most students don't have chronic somatic dysfunctions. Yet, my appreciation for OMM grew after witnessing this patient's immediate, positive response.

Regarding the second patient, I realized OMM's invaluable, unique application in a clinical setting. In the patient's evaluation, Dr. Wallace-Ross tested his knee ligaments, which any doctor, M.D. or D.O., could do. However, proceeding to check the fibular head placements is unique to D.O.s. This realization made me wonder what other special tests we, as D.O.s, can do. By the end of our clinic week, most patients wanted to go to the musculoskeletal stations to get OMT done, which I believe speaks for itself.

OPP is one of my favorite courses each semester. I love that I possess the knowledge and skills to treat patients with my hands. I believe OMT is an art that requires time and consideration; it's a powerful tool D.O.s can utilize almost anywhere. It's a part of our training for a reason, and I want to be the doctor patients go to because of my OMT expertise. I'm grateful for my medical outreach trip experience, and I look forward to growing my OMM skills. □



## True Rural Medicine: A Perspective on Outreach

BY TAYLOR APPELBAUM (OMS-IV)



Imagine you are a medical student rotating through a small rural emergency room in Ghana. The only doctor on shift is in surgery, leaving you and the physician assistant (PA) to cover all the hospital wards and the emergency room.

One of your patients, a three-year-old girl with severe malaria, begins to deteriorate. You ask the nurse to start prepping the resuscitation equipment, only to realize that there is none. You manage to borrow some airway adjuncts from the anesthesiologist's supplies but have nothing to intubate with.

You ask for a defibrillator, but there isn't one in the entire hospital. You request code medications, and luckily, they are able to prepare some epinephrine. Your patient

stops breathing, loses her heartbeat, and with the PA nowhere to be found, you are now running a pediatric arrest as a student.

When the doctor finally arrives, he checks in, sees that you are doing everything possible, and then leaves to attend to a recently arrived trauma patient. You eventually realize you are probably working harder to revive someone than is typical here, given the historically futile nature of such efforts in this region without the proper equipment.

While medicine has advanced significantly in our modern era, much of the underdeveloped world still lags behind—practicing medicine as if it were several decades ago. The sad reality is that this rural government hospital is entirely staffed by four general practitioners and serves as a catchment facility for 200,000 Ghanaians.

Most of the citizens are farmers and laborers, some of whom survive by growing their own food and bartering. The nearest specialists are two to four hours away by vehicle, and the cost of transfer is often prohibitive. Despite the lack of resources, it was incredible to see what the medical staff members could accomplish with what little they had.

The doctor I worked under would perform surgeries for the cost of supplies alone—treatments these patients would otherwise never receive. I saw a CPAP respiratory machine cobbled together from spare tubing and valves, which was the only thing preventing a newborn from going into respiratory arrest.

Paracentesis kits were created from urine catheter bags, blood collection tubing, and blood collection needles. On top of all the medical care, the nurses would even band together to purchase food for patients who could not afford it during their hospitalization.

This unique experience has reoriented me to the truth about healthcare across the globe, as not everyone is as fortunate as we are in the U.S., where we have abundant resources. I look forward to the next opportunity to return to this community and help in any way I can. □



**While medicine has advanced significantly in our modern era, much of the underdeveloped world still lags behind—practicing medicine as if it were several decades ago.**



## One Year Closer to Reaching My American Dream

BY CLAUDIA PEDREIRA (OMS-II)

My life has been a journey filled with uncertainty, resilience, and hope. My story spans three countries—born in Cuba, raised in France, and maturing in the United States—and is marked by my parents' unwavering determination to provide me with a better future.

Their sacrifices have been immense. As I complete my first year of medical school, I am filled with gratitude for the privilege of being raised by the most hardworking and wonderful parents anyone could ask for.

Leaving one's country behind is challenging for anyone, but doing it twice requires true determination. It took my family a long time to find stability. From being just the three of us in a country where we did not know the language or culture to facing economic challenges, there was always something keeping us on our toes.

It was not until we arrived in the United States that our lives truly took a turn. Struggle was a constant for my parents, but they were never discouraged. As I watched them juggle multiple jobs to make ends meet while still providing me with an amazing childhood, I embraced their hardships as a source of inspiration.

Papi always instilled in me the value of hard work and the importance of education. Once a veterinarian and now a truck driver, his commitment and diligence to his professions never wavered. He always told me that no matter what I do, it is important to give it my all. Mami taught me patience, kindness, and the significance of family. She held us together through the toughest times, always knowing how to see the brighter side of things.

Because of them and our experiences, I can now proudly say I did it. Mami y Papi, I got through my first year of medical school and am now one year closer to making all your sacrifices worthwhile. I have reached for the moon and the stars, just as you always taught me.

It has been a tough journey, filled with challenges, moments of doubt, and times when I felt defeated. But I am still here, and I know I can continue making you and myself proud. □





## Living on Hawaii Time

BY REENA SHETH (OMS-III)

Hawaii is a place where people bear their souls on their sleeves. The beauty of Hawaii isn't in its breathtaking views and stunning scenery; it's in the people who make the islands a beautiful place.

Living in Hawaii is ecstasy, constantly being intimately in tune with nature and enjoying raw human connection with the people who make up the Big Island community. While living at Keala'ola (path of life) farm, I learned advanced agricultural techniques and integrated myself into the culture of Kona.

I made some of the most unforgettable memories in one of the most stunning places in the world. Being my most unapologetic self, I scrubbed the dirt of the farm from my toes with the white sand of Kua Bay and washed layers of mud and bugs out of my hair at the free rinse-off stations of Magic Sands Beach. I also watched the lava flows of Kilauea at 3:00 a.m. off an abandoned road, letting the mystery of Hawaii wash over me under the most incredible view of the night stars.

One of my favorite sayings from a Kona local is that you can never get lost on the Big Island, because the road is just one large loop connecting the communities of the island with one common path. Hawaii's simplicity was striking, and its community changed my life and outlook on who I want to serve as a physician.

While working at one of the only in-ground lettuce farms in Hawaii, I tended to hundreds of plants and watched them grow from seed to full produce. Our small community became my home as we delivered to local restaurants and distributors, building relationships with everyone in town. I loved trading bundles of baby romaine for 80-pound jackfruit or donating extra produce to locals in need of a helping hand.

Bonding with both the breathtaking land and the loving community of Kona taught me the value of true connection. Similarly, taking time to live in the present was important, as Hawaii is too enrapturing to have your mind elsewhere. As a physician, I want to bring



that genuine connection to my patients, because I learned firsthand how healing it can be.

The allure of Hawaii transcends its scenic beauty. It resides in the essence of its people—caring, deliberate, and deeply connected to their surroundings. Working on the farm and tending to lettuce under the expansive gaze of the ocean became a meditative ritual. Living simply in a small tent with only the essentials, I discovered a profound richness in my heart.

In Hawaii, the value of human connection and community outshone material possessions. One of my most serene moments was awaiting sunset, where the sun's final, fleeting reflection—a rare green flash—marked the transition to starlit skies. Witnessing this natural spectacle in Kona demands unwavering presence and keen attention. In these moments of pure immersion in Hawaii's wonders, I truly grasped the essence of living in the moment. □

## Patient Earth

BY AUDRA KOECHLE (OMS-II)

Miss Earth says she isn't doing well;  
She has the super-hot and -cold spells.  
Contamination and smoking are forced upon her;  
These unwarranted actions make me stir.  
Her history consists of physical abuse;  
No specialist seems to be of use.  
Colleagues gather to make diagnoses;  
Stories are told to justify the necroses.  
Residents have polluted every body part;  
Earth has been doomed from the start.  
The technology to ease her exists,  
But companies don't want the economic risk.  
There needs to be a holistic route,  
But most people think this is a temporary bout.  
Everyone needs to agree;  
Our planet needs to be treated ideally.  
The time to take action is now,  
Or Miss Earth is going to die, Oh wow.



## Blank Page

BY ZARINA MARIE BALDE (OMS-III)

There's a page that's been empty for a long time.  
 It's waiting for words to fill it, but none come to mind.  
 Every day is a struggle, facing the blank space.  
 Like a puzzle missing pieces, searching for a trace.  
 This page is waiting to be written on.  
 But the ink has dried up, and the words are gone.  
 The stories left untold, the dreams that fade away.  
 This empty page, a silent cry for yesterday.  
 In every line, there's a story left unsaid.  
 In every word, there's a truth that's been misled.  
 In every corner, there's a shadow of doubt.  
 In every page, there's a longing to break out.  
 This page is waiting to be written on.  
 But the ink has dried up, and the words are gone.  
 The stories left untold, the dreams that fade away.  
 This empty page, a silent cry for yesterday.  
 But in the silence, there's a whisper of hope.  
 In the darkness, there's a flicker of light.  
 In the emptiness, there's a chance to begin.  
 To write a new story, to let the journey begin.  
 This page is waiting to be written on.  
 With every word, a new chapter is born.  
 The stories waiting to unfold, the dreams that never die.  
 This empty page, a canvas for the sky.  
 So let the ink flow, let the words dance.  
 On this page called life, take a chance.  
 For every ending, there's a new start.  
 This empty page, a masterpiece of the heart.



## Aurat

BY WAMIKA SHOUKAT (OMS-IV)

I walk into the room, stethoscope around my neck and scattered papers in my hands. I pause to introduce myself as I close the door behind me.

“Hi, I am student doctor Shoukat. Nice to meet you.”

The patient looks at me and says, “Oh, nice, so you're going to be a nurse?”

My heart beats a little faster. I feel the rage of the assumption based on my gender, my size, my voice. I get a flashback of my grandmother, from a generation where illiteracy was common, once expressing her desire to me in a hushed tone, “You know, I wish I had more education”—dreams that were shattered by cultural norms.

These were dreams she passed along to my mother, who pushed the boundaries more, vowing to raise me as an equal, hoping I would strive for more, fighting for the space in which I could pursue my dreams with no limits. The sacrifices made by all the women of my bloodline lift me up.

I clench onto their hopes and desires tightly, their strength and wisdom running through my body, their fibers intertwining to weave me into a whole person.

A few seconds tick by. I swallow the mixture of emotions, smile politely, and look up at my patient. In a calm but confident voice, I say, “No, actually, I'm going to be a doctor.”



## Healing Strokes: Art and Medicine

BY SHIFA SHAIKH (OMS-I)

“Mumma, look what I made,” 10-year-old me exclaimed proudly while presenting my mother with my first sketch: me donning a white coat, with a stethoscope gracefully adorning my neck. Sticking the artwork on the wall, ensuring it remained in my line of sight, I declared, “This is what I will become.”

That sketch was more than just a drawing. It served as a tangible representation of my aspiration, which started at the age of four when my brother was diagnosed with pyloric stenosis. I remember the anxiety that consumed me as I watched my five-month-old brother in the surgery room. It was during those moments of fear that I found solace in my art, seeking refuge in the therapeutic strokes of my pencil. As I grew up, painting and sketching became my favorite hobbies.

Whether it is gifting personalized portraits to my friends or creating a sketch to relieve stress, art has been my constant buddy through both happy and sad moments. During my undergraduate studies, I started volunteering at Moffitt. After my shifts, I always visited the patients’ art room to make a quick painting or inscribe an uplifting quote on the communal canvas.

Once, as I was busy mixing colors, a patient I’ll call Mrs. S happened to pass by. “These vibrant colors on the canvases don’t let the colors in my life fade away,” she shared while admiring the canvases on the wall. Moved by her words, I invited her to join me. As we painted, she revealed how art provided a momentary escape from her medical reality.

At that moment, I realized the potential of art in providing comfort and renewed hope to patients. All these years, I had used art for myself, but in that moment, I discovered its power to heal others, seeing the seamless blend between the worlds of medicine and art. Just as my name stands for healing, I hope to use art in medicine to not only treat patients, but heal them from within.





## Doodles and Diagnoses

BY NIDHI PATEL (OMS-III)

As a kid, I used to wake up and immediately draw the cartoons I saw in my dreams. My sketchbook was always next to my bed, because I was convinced that one day I would create the most amazing cartoon characters and present them to Disney in exchange for a job at the ripe age of eight.

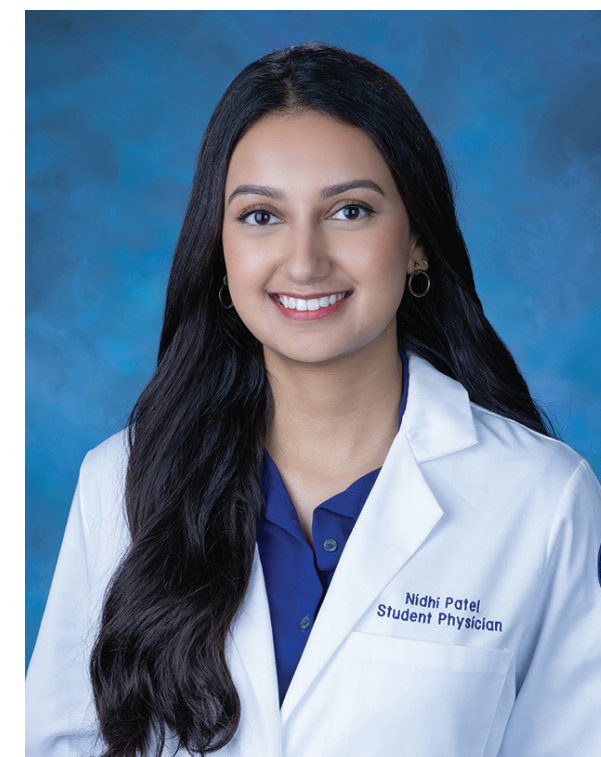
Well, as it turns out, I couldn't find Disney's number in the Yellow Pages, and my mom said that was my only shot. Fast-forward 14 years, and it is my first week of medical school. I was overwhelmed by the sheer amount of content and equally complex diseases I needed to study. As always, I started doodling in the margin of my notes.

This time, my sketch featured a thin girl with brittle hair and bulging eyes, sweating profusely. If you are in the medical field, you have probably guessed it—hyperthyroidism. What began as a simple distraction soon turned into a powerful tool that aided in my understanding of complex diseases. Although drawing was a helpful study tool, I still worried about finding the time to continue it as a passion with the rigor of medical school.

One day, while shadowing an internal medicine physician, I witnessed a moment that transformed the way I viewed patient care. A patient had come in, concerned about high blood pressure. The doctor tried explaining the condition, but after sensing the patient was still confused, he opened the paper tray of the printer, pulled out a blank sheet, and began sketching.

With just a few strokes, he depicted the mechanisms that cause blood pressure to rise—how the heart pumps harder; how the vessels narrow, making it harder for the blood to flow; and how the body tries to maintain balance. As I watched, I realized that a simple drawing could make complex medical concepts easier for a patient to understand.

In that moment, I realized I could someday use art to educate my patients, understanding that many might be visual learners just like me. Providing different ways of



education, whether through visuals, stories, or hands-on demonstrations goes beyond explaining conditions—it is about empowering patients to understand their own health and become active participants in their care.

Reflecting on my journey, it feels like a dream come true to see how my childhood passion for drawing cartoons has intertwined with my path to become a doctor. The same imagination that once filled sketchbooks with vibrant characters and stories now can be used to make patient education more engaging and easier to grasp. It is truly fulfilling to see how art can transform and simplify complex medical concepts, and I hope to achieve this while also adding a touch of brightness and warmth to patient care.



■ Fourth-year student **Gabriela A. Alonso** served as first coauthor of the article “Alternative Use of Femoral Compression System in Palliative Care: A Case Report,” which was published in the *Cureus Journal of Medical Science*. The case report highlights an innovative use of a femoral compression device in the palliative setting.

■ First-year student **Chanakya R. Bhosale** presented his team’s research titled “Evaluating the Knowledge, Attitudes, and Practices of Chagas Disease Among Health Professionals in South Florida, USA” at the National Global Health and Global Surgery Conference at the University of Miami Miller School of Medicine on April 27, winning the overall second-place award in the poster competition. The poster was coauthored with fellow KPCOM students **Ambika Kapil**, **Thomas Matthews**, **Angeline Triyono**, and **Santiago Ortiz**. The pilot study aids awareness and management of Chagas disease and informs future steps for research, health promotion, education, cross-sector collaborations, community outreach, and training across health professions on this neglected tropical disease in South Florida and abroad.

■ Third-year student **Danielle Broussard**, RDN, LDN, a predoctoral osteopathic principles and practice fellow, received a \$250 scholarship from the American Osteopathic College of Physical Medicine & Rehabilitation (AOCPMR) to attend its mid-year meeting in Minneapolis, Minnesota, in April. Broussard, who was one of four students nationally to receive the scholarship, also won the third-place prize in the AOCPMR Student Poster Competition for her project “Exploring the Intersection of Inflammatory Bowel Disease and Spinal Cord Injury: A Case Report.” She coauthored the poster with Kaila Yeste, D.O., and third-year students **Jason Marcus** and **Michael Strayhorn**.

■ Second-year students **Matthew Green** and **Jason Nguyen** were the recipients of the Florida Osteopathic Medical Association Student Awards at the organization’s live convention held February 16–18 in Fort Lauderdale, Florida. The awards are presented based on criteria such as possessing leadership skills, showcasing political activity, and displaying significant interest in the osteopathic profession.

■ Third-year student **Allie Heineman** was elected as the 2024–2025 national American College of Osteopathic Surgeons (ACOS) Medical Student Section convention coordinator. In her role, she will be responsible for planning the next two national conferences, including one alongside the ACOS Annual Clinical Assembly scheduled for September 27–28 in Orlando, Florida. Additionally, she will advocate for aspiring osteopathic surgeons to gain networking opportunities, facilitate the clinical hands-on skills activities, and support exploration into different surgical specialties.

■ Third-year student and predoctoral osteopathic principles and practice fellow **Lis Llanio** was awarded second place for her case study titled “Transient Worsening Before Improvement in Asthma with Osteopathic Manipulative Treatment (OMT)” at the A. Hollis Wolf Case Research Presentation at the American Academy of Osteopathy Convocation held March 6–10 in Colorado Springs, Colorado.

■ Fourth-year student **Sarah Lyons** coauthored the article “Parvimonas micra Bacteremia in the Setting of a Hepatic Abscess: A Case Report” that was published in the *Cureus Journal of Medical Science*. She coauthored the article with 2023 KPCOM graduate **Aneil Walizada**, a PGY-1 internal medicine resident at HCA Westside/Northwest in Plantation, Florida. They also coauthored the article “Lemierre Syndrome in the Setting of Bacteremia and Atypical Pneumonia: A Case Report” in *Cureus*.

■ Fourth-year students **Angelica Ortega** and **Brendan Chernicki** published an overview in *Molecular Neurobiology* titled “From Lab Bench to Hope: Emerging Gene Therapies in Clinical Trials for Alzheimer’s Disease.” The article presents a comprehensive synopsis of the current state of gene therapy research for Alzheimer’s disease, with a specific focus on clinical trials and preclinical studies that have used nerve growth factor, brain-derived neurotrophic factor, apolipoprotein E2, and human telomerase reverse transcriptase as therapeutic gene therapy approaches.

■ The KPCOM predoctoral OPP fellows and OPP department faculty members participated in the Florida Academy of Osteopathy annual conference poster competition on May 16, sweeping the first-, second-, and third-place awards in the case study category. **Lily Rundquist**, **Susana Shih**, and Mark Sandhouse, D.O., M.S., won first place for their poster “An Osteopathic Strategy for the Recognition and Management of Cervicogenic Vertigo.” There was a tie for the second-place prize, as **Susana Shih**, **Lily Rundquist**, and **Yasmin Qureshi**, D.P.T., Ed.D., won for their project “Approaching Eyelid Myokymia Through the Lens of Osteopathy,” tying with **Danielle Broussard**, **Dylan Pietrantonio**, and **Holly Waters**, D.O., M.M.E.L, for their poster “No Needles, Just PINS: An Osteopathic Manipulative Treatment Technique in an Atypical Case of Occipital Neuralgia.” **Asha Kurian**, **Nicole Schneider**, **Patrick Barry**, D.O., and **Qureshi** earned third place for their entry “Fibromyalgia Freedom: Unlocking the Osteopathic Potential to Enhancing Quality of Life.”

■ Third-year student **David Schneider** earned second-place honors in the annual National Student Osteopathic Medical Association Research Symposium held March 23. He served as first author on the presented case “Navigating a Vascular Anomaly: A Case of Persistent Left-Sided Superior Vena Cava (PLSVC) in Critical Care.” Third-year medical student **Jeremy Castro** served as coauthor.

■ Fourth-year student **Nadia Siddiqi** had her coauthored article titled “Child Protection System Interactions for Children with Positive Urine Screens for Illicit Drugs” published in a recent issue of *JAMA Pediatrics*.

■ Third-year student **Cody Steed** presented his poster “Using Data from the Florida Department of Health (FDOH) Community Health Assessment Resource Tool Set (CHARTS) to Determine Risk Factors That Affect Childhood Obesity” in Florida on April 27 at the National Global Health and Global Surgery Conference at the University of Miami, in partnership with the Global Institute for Community Health and Development. The poster detailed the findings of risk factors correlated to childhood obesity that are trackable through the FDOH CHARTS program and identified lapses to improve factor tracking.



■ Fourth-year student **Albert Joseph Sulangi** collaborated with 2010 KPCOM alumna Jessica Okun, D.O., M.S., FACOS, a neurological surgeon and KPCOM preceptor, on the research article “Neuronavigation in Glioma Resection: Current Applications, Challenges, and Clinical Outcomes,” which was recently published in the neurosurgery section of *Frontiers in Surgery*.

■ Third-year student **Ryan Wong** presented the poster “Qualitative Insights on Bladder Cancer Experiences and Smoking Cessation: A Contemporary Analysis via Reddit” at the Southern Medical Association Physician-in-Training Conference held in February in Memphis, Tennessee. He also presented the poster “Impaired Sacral Neuromodulation Device Function Following COVID-19 Infection” at the American College of Osteopathic Surgeons Spring Conference in April. Additionally, he was a coauthor for the podium presentation “Identifying Mentorship Relationships Between D.O. Surgical Residents and D.O. Students Utilizing Social Media Engagement,” which is an ad hoc

pilot study for the American College of Osteopathic Surgeons. He also coauthored the manuscript “Geographical Distribution of Osteopathic Neurosurgery Residents,” which was published in the *Cureus Journal of Medical Science*.

■ Third-year student **Summer Wong** was the Medical Student Clinical Vignette poster winner at the annual Residents and Medical Students Meeting hosted by the American College of Physicians’ Florida Chapter on March 23 in Orlando, Florida. She presented her work on the first documented case of Xcopri-induced Sweet’s syndrome.



■ Third year student **Kailey Jacobson** was elected as the national Student Osteopathic Medical Association’s (SOMA) vice president and speaker of the house. As the American Osteopathic Association’s only student-led affiliated group, Jacobson has had the unique opportunity to advocate for osteopathic medical students, physicians, and patients on topics important to the profession. She has helped pass resolutions at the American Osteopathic Association’s House of Delegates, attended the AOA’s D.O. Day on the Hill for the past three years, and will now lead SOMA’s House of Delegates for the next year to guide students through policy and advocacy activities.



■ Second-year student **Alena Khalil, M.A.**, and first-year student **Soumya Malhotra**, along with Marie Florent-Carre, D.O., M.P.H., chair of the Department of Rural and Urban Underserved Medicine, represented the KPCOM during D.O. Day on the Hill in Washington, D.C., on April 17–18. They participated in meetings to encourage members of Congress to support several policy reforms, including the Resident Education Deferred Interest Act, the Stable Physician Payment Update to the Medicare Physician Fee Schedule based on the Medicare Economic Index, and the Safety from Violence for Healthcare Employees Act. As a third-year student, Khalil presented the poster “A Case of Craniocervical Instability in a Patient with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome” at the Florida Radiological Society Annual Meeting on July 19–21 in Orlando, Florida. She coauthored the poster with third-year student **Thomas Matthews**. Their case study highlights the importance of timely detection of craniocervical instability in patients with ME/CFS in the absence of traumatic and congenital causes and suggests use of upright MRI as an appropriate imaging modality for the diagnosis.

■ Second-year students **Tara McKenna** (KPCOM SOMA Student Chapter president) and **Alena Khalil** (KPCOM SOMA Student Chapter national liaison officer) accepted the Graduate Organization of the Year Award on behalf of the KPCOM’s Student Osteopathic Medical Association (SOMA) Student Chapter’s Executive Board at NSU’s 26th Annual Student Life Achievement Awards, also known as the STUEYs, held April 9 at the university’s Rose and Alfred Miniaci Performing Arts Center. The event was established in 2000 to honor the people and organizations that best exemplify the NSU Core Values of academic excellence, student centered, scholarship/research, integrity, innovation, opportunity, diversity, and community.





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