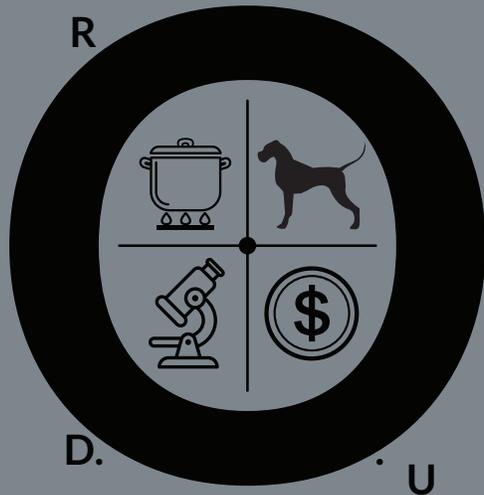


Dr. Kiran C. Patel College of Osteopathic Medicine

SGA



WINTER/
SPRING
2023



SGA *Rounds* is produced by
NOVA SOUTHEASTERN UNIVERSITY
Dr. Kiran C. Patel College of Osteopathic Medicine
3200 South University Drive
Fort Lauderdale, FL 33328-2018

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DR. KIRAN C. PATEL COLLEGE OF
OSTEOPATHIC MEDICINE
Elaine M. Wallace, D.O., M.S.⁴
Dean

EDITORS IN CHIEF
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22-08-056SAT

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BY NEETHU MATHEW, OMS-II (FORT LAUDERDALE/DAVIE CAMPUS)
AND LUCAS SHAPIRO, OMS-II (TAMPA BAY REGIONAL CAMPUS),
EXECUTIVE SGA ADMINISTRATORS OF PUBLIC AFFAIRS

Hello, NSU-KPCOM!

We’re back with another edition of *SGA Rounds* and are excited to present the latest articles written by our wonderful student body. Since our last issue, we’ve received a record number of articles since beginning our positions as editors in chief.

Reading through every submission and learning about the experiences of our peers has broadened our perspective on the opportunities that can be found in our time at medical school. Likewise, we’re confident that the views of our readers can also be influenced by the articles that appear in this edition.

What has been truly endearing to see is the interdependence of our students as they rely on one another during their NSU journey. Whether it be checking on each other’s mental health, providing one another advice, or reporting on upcoming events and networking opportunities, the friends we make here can prove to be a support system for our future.

This issue of *SGA Rounds* demonstrates that one of NSU-KPCOM’s strongholds is its strength in the community. In these articles, you’ll find recommendations from upperclassmen on board prep, encouragement from peers on stress relief through sports, and inspiration through the personal stories of our colleagues as to why they decided to pursue medicine.

As we approach the start of summer, the end of classes and rotations arrives quickly, yet the eagerness to improve our skills in medicine remains steadfast. Even during times of stress and hopelessness, it is grounding to be aware of the fact that we are all in this together. *SGA Rounds* serves as a reminder of that fact and a reassurance that you are not alone in this. Together, we can and will engage, inspire, and achieve.

We wish you all the best and hope you enjoy the winter-spring 2023 issue of *SGA Rounds*.

Fins up!

Luke and Neethu

Protecting What Matters Most

BY JONATHAN RAYMOND-LEZMAN (OMS-II)



It is well-known that vitamin D—the “sunshine vitamin”—helps maintain health. From preventing bone diseases to cancers and allergies, it almost seems like vitamin D may be too good to be true. The catch? Almost all the vitamin D the body generates comes from exposure to ultraviolet radiation, which can also cause skin cancer.

Many health agencies aim for sun-avoidance policies to lower skin cancer rates. This does lower rates of melanoma, the deadliest skin cancer, and other non-melanoma skin cancers. However, as UV exposure goes down, vitamin D levels also drop, which may lead to health problems.

The best solution is to adopt safe sun strategies, which increase vitamin D synthesis while protecting against skin cancer. Sun exposure should not be feared, but embraced, when done safely. For example, just 30 minutes of sun exposure daily is enough to raise vitamin D levels for proper health. Additionally, exposing just the face and hands is all adults need to produce adequate quantities of vitamin D.



When packing for a beach day or a vacation in the tropics or desert, sunscreen is the mainstay for protection. Opting for a broad-spectrum product with a sun protection factor (SPF) of at least 30 ensures proper vitamin D synthesis while maintaining a protective barrier. Anyone with sensitive skin should opt for a mineral-based sunscreen with titanium dioxide in it. Although it may leave a white haze on the skin, it is incredibly safe and effective.

Organic sunscreens, which use chemicals that absorb into the skin, provide better feeling and usage since they do not sit on top of the skin or leave the residue. Try using products with octocrylene and avobenzone, both of which are safe and effective, for the best bang for your buck.

Application and reapplication are just as important as the product itself. Applying too little may result in sunburn and damage. Aim for a shot glass-sized amount of sunscreen applied over all

exposed skin and reapply every 60 to 90 minutes, even if sunburn is not evident. As the UV light penetrates the sunscreen, the chemicals eventually degrade and lose their efficacy. Reapplying ensures proper protection, while being able to increase vitamin D levels substantially.

Since 30 minutes of sun exposure per day is enough for longevity, more does not necessarily mean more. After 3 hours of sun exposure, there is negligible vitamin D synthesized. Maximize vitamin D synthesis by keeping time in the sun between 30 minutes and 3 hours when using sunscreen.

Applying sunscreen to the face each day ensures prevention of skin cancers, wrinkles, and aging, while allowing for optimal vitamin D status. Regular skin screenings by a dermatologist aid in the detection and treatment of precancerous moles before they can spread. By keeping these practices in mind, it is easily achievable to move from sun avoidance to sun-kissed. □

Sprinkling Latin “Sabor” to Medicine

BY LIS LLANIO AND NICOLE VILAR (OMS-IIS)

Stepping into the world of medicine can be intimidating, isolating, and make one feel unsure of how to build a sense of a “home away from home.” As we, two first-generation Hispanic women, commenced our medical school journey, we unconsciously had one goal in mind: to create or find an atmosphere that reminded us of home.

In the midst of a pandemic that limited socialization, we came across the Hispanic club on campus—the Hispanic Osteopathic Medical Student Association (HOMSA). Despite the rigorous distancing rules during our first semester of medical school, the club was able to host a socially distanced, in-person event to meet peers from various classes and professions.

As the lively music played, those who grew up with some exposure to dance congregated at the center of the room, swaying and turning to the beat of the music, while those with minimal experience awkwardly followed along. At that moment, as two strangers with considerable dance experience, we decided to join forces—one as an instructor and the other as an assistant—to teach the turns and steps that encompass Salsa dancing, a music genre we had both grown up with.

By the end of the event, we had learned that before COVID-19, the HOMSA’s occasional salsa nights were recognized as fun-filled events to connect at during the rigors of medical school. It was an experience people missed and longed for again. It was then we knew this was a tradition we wanted to restore throughout our medical school years.

Since then, salsa nights have become a space for attendees to step out of their comfort zones, cultivate friendship, and exercise to the rhythmic beating of drums and symphony of saxophones. Simultaneously, these nights have been an opportunity for us to continue fostering our love for dance while maintaining our identity outside of just being a medical student.

Over the past 18 months of persistently hosting HOMSA Salsa Nights, there are now consistently more than 100 registered participants, which include osteopathic, dental, physician assistant, and ophthalmology students, as well as NSU faculty members. Additionally, we have used our platform to partner with local nonprofits to host salsa fitness dance classes for adults with disabilities, as well as a salsa fundraiser to raise money for Nicklaus Children’s Hospital. These events were our effort to expand salsa nights and demonstrate that salsa dancing can be used to educate, raise awareness, and include those who are often overlooked.

As we prepare to embark on our clinical years, we hope to leave a legacy that demonstrates how dance can create a sense of camaraderie among individuals despite their cultural or religious differences and impact the lives of medical students outside of school. That is exactly how two girls from different upbringings formed a friendship and united to spread the joy and “sabor” of Salsa dancing within medicine. □



Calming the Crisis

BY NICOLE SCHNEIDER (OMS-II)

Little did I know the effect a single text conversation could have on me. My first shift started, and I was absolutely terrified with thoughts of, “How was I supposed to help someone over text?” and “What would my words mean to someone else?”

My first conversation was one of the most challenging, as I felt I did not do enough to help the texter. However, the more conversations that occurred, the more I noticed it was not just about trying to help someone. It was the fact that I was there listening and providing support.

My first high-risk texter was someone who planned to die from suicide. At that moment, I knew how crucial this conversation could be, because it could ultimately save a life. I made sure to listen to each word and be supportive. We conversed for more than an hour, where I was able to calm the person down and help the texter see the importance of life. I was shocked when the person thanked me for being there, because I never expected to be appreciated for just texting.

I began this journey of volunteering on the crisis text line during my undergraduate career to support people during a stressful time in their lives. When entering medical school, I continued to volunteer as a crisis counselor, where I had a variety of conversations with texters about suicidal thoughts, self-harming actions, depression, and anxiety. I have learned how much people go through every day.

Even though some conversations had a drastic effect on my own mental health, I became even more appreciative of everything life has to offer me—especially my support system. Being in medical school, it is crucial to have a support system, whether it is your family, significant other, or friends. I realized that even though I was just a digital voice on a person’s screen, I became that person’s support system.

At the beginning, I did not understand how I was supposed to support them without giving them my own advice. However, I soon realized that no advice was truly needed. They only needed me to listen, so they could be heard. They needed me to be their support, and to be someone who understands them when they felt no one else did. Being a crisis counselor has helped shape me into the person I am today, because I am able to provide this type of support to not only my family and friends, but also to the various people I meet every day. □



Nature vs. Nurture

BY CHINAR SINGH, M.P.H. (OMS-III)



I was told every day, “People with cancer die. What can you really do?” She was a clinical trial patient. I called her workplace, and according to hearsay, she passed away weeks ago. I filed her death certificate in the chart. At that moment, I wished I had the knowledge to do something more for her.

I grew up in a family with doctors, and I was automatically expected to be inclined toward medicine. I had seen patients vicariously—patients who would visit my parents at their clinic or show up outside our house for consultation, or those we would run into during family outings or social gatherings.

Since I had been exposed to medicine early on, I knew it was

a highly prestigious and fulfilling career choice. I also knew it meant rigorous work hours and maybe an imbalance of work-life harmony. I came to the United States and graduated with a B.S. degree in Biology. I loved biology as a subject, so I applied to medical schools. After the conundrum of no acceptances, I took other routes and earned a Master of Public Health degree. At the time, I wanted to work for populations, but not on a one-patient-at-a-time basis.

Nature vs. nurture is an ongoing debate in the psychology field. You see, I did not want it, because I did not have enough experience at that time to want it badly. It was in my

genes (nature), yes, but not in my surroundings (nurture). I did not go through any medical adversity myself. Our parents did a great job of dissociating me and my sister from the emotional consequences of deaths and diseases in the family.

Throughout my career, I was involved in positions that supported the medical field until I started working for the Sylvester Comprehensive Cancer Center as a clinical research coordinator. The five-year experience was nurturing. I previously worked for hospitals, but never for first-in-human trials. Every patient had a story. Some tolerated the test treatments well and some did not. Scrutiny of serious, adverse events and procedures during clinical trials provides insight into what to do and what not to do for future patients. I felt accomplished by assisting in the search for ways to treat various cancers.

But that day, sitting with the death certificate in my hand, I realized it was not enough. I wanted to learn more about the diseased human body to figure out what to do differently and provide alternative treatments, rather than filing a death certificate for one of the subjects who used to be someone I would say hi to in the hallways.

I needed an environment to nurture my passion to treat, save lives, and change the system. The only other way to do that is by becoming a doctor. NSU accepted me with open arms and has nurtured my journey toward becoming a physician ever since. □

A Delightful Introduction to Clinical Medicine

BY ROBERT IANDOLI (OMS-III)



After a grueling summer studying and taking boards, my mind was drained. With only a few days between taking COMLEX and beginning my first month of clinical rotations, I was stressed and anxious to say the least. Family medicine at North Miami Beach was my first block. The uncertainty of not

knowing what to expect before my first taste of clinical medicine made me tense.

On the morning of my first day, my nerves were quickly calmed by the fact that the clinic was run by all NSU-KPCOM alumni. The clinic's residents were very reassuring, stating that they were in our shoes

only a few years ago. They said everything will be fine as long as we show interest, pay attention, and are respectful.

As I observed and learned more from the residents each week, I picked up ways in which they would teach their patients about their own health. My favorite analogy of one's health was used by a chief resident in the clinic. He described to a patient that hemoglobin is like a school bus that picks up oxygen in the lungs and delivers it to all the areas in the body for it to use.

I thought this was a great example of simplifying the concept of the distribution of oxygen throughout the body for the patient to understand what is actually happening. This shows just one of the important roles physicians assume in their everyday job—providing education to the patient about the processes of the human body.

Overall, I think this was one of the best rotations to start with as a third-year medical student. Family medicine is the perfect introduction to clinical medicine, because you are exposed to a variety of illnesses that occur in all systems of the body without the pressure of diving too deep into a specific field.

If you are lucky enough to rotate at the family medicine clinic in North Miami Beach, be enthusiastic. It will be a blessing to make connections and learn from the incredible residents and attendings who work there. □

Socioeconomic Diversity in Medicine

BY BRIAN D. SANZ (OMS-I)

I read a study earlier this year that elucidated the reality for many aspiring physicians of poor families—becoming a doctor is a career geared toward students of high-income backgrounds. Though residing in the bottom tax bracket doesn't exclude one from pursuing this career path, it does mean the path to get there is laden with more roadblocks than our affluent counterparts. Furthermore, the virtually inseparable socioeconomic stratification of wealth along racial and ethnic lines makes the process substantially more rigorous for students of color.

Student physician Arman Shahriar of the University of Minnesota led the aforementioned study. His group's findings concluded that high-income students are vastly overrepresented in medical school. This trend held for students of the four racial/ethnic identities examined: Black, Latinx, White, and Asian.

The average Black matriculant was 5.3 times more likely to come from a wealthy household (\$270,000/year or greater, equivalent to top five percent income earners in the United States) compared to the general black population, the study found. Latinx, White, and Asian students were 6.6, 4.8, and 2.3 times more likely to be affluent when compared to each background's general population, respectively. These data points are key in identifying a major oversight on how applicants are selected for medical school interviews and, ultimately, enrollment.

While programs like the AAMC's Fee Assistance Program exist, which can help tip the scales in low-income students' favor, the most crucial components of one's application are intrinsically determined by one's socioeconomic status. Some students, for instance, might not achieve the same GPA as their well-off peers simply because their financial situation requires a full-time job to keep afloat instead of setting that time toward studying.

Similarly, some students may not have hundreds or thousands of dollars to spend on MCAT resources like UWorld question banks or Kaplan courses that offer affluent students a greater competitive edge. While these examples are not directly tied to race or wealth, it quickly becomes evident how those very factors are inseparable from students and their applications.

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Shahriar, AA, Puram, VV, Miller, JM, et al. Socioeconomic diversity of the matriculating U.S. medical student body by race, ethnicity, and sex, 2017–2019. *JAMA Netw Open.* 2022;5(3):e222621. doi:10.1001/jamanetworkopen.2022.2621.



Why should we care if low-income students don't have a fair shake at becoming doctors? It all comes back to the patient and the role doctors play in society. Most patients are not in the upper echelons of wealth, so it's important that their doctors can relate to their problems and lifestyles to provide high-quality, individualized, holistic medical care.

The faces of health care should reflect the very faces seen in society. In increasing physician diversity, we create community role models who motivate the next generation of health care providers. Ultimately, inclusivity in medicine benefits our healthcare system and society at large.

I believe we can make a splash among South Florida's medical institutions by continuing to attract a diverse range of exemplary students to our medical programs. But only by doubling down on our commitment to enhance campus and program diversity, both during the application cycle and in providing greater affordability for need-based students, can we leave a legacy. □

Jamaica Outreach Trip Reflection

BY HARSHITA NADELLA (OMS-II)

I had the pleasure of attending the Jamaica medical outreach trip in December 2022. Led by many physicians, such as Drs. Paula Anderson-Worts and Luzan Phillpotts, a group of D.O., OT/PT, and pharmacy students had the chance to participate.

After splitting into two teams, we each attended four different sites. The thought of having to treat these patients individually, who had myriad ailments from head to toe, was nerve-racking the first day. We paid close attention to detail to ensure we did not accidentally miss something while listening to a medical history and misdiagnose a patient.

With the help of our peers, and a thorough follow up we have to do with each physician before checking out each patient, by the time the last day came, I had gained much more confidence in treating these patients. As one of the team leads, I had further responsibility of organizing and restocking supplies and serving as the point of contact between physicians and medical students.

There was a range of cases, from simple diagnoses such as allergic rhinitis to very complicated cases such as prostate cancer. Even though the more complicated cases clearly needed further medical attention, it was very satisfying to be able to provide medical aid to the best of our ability.

Each patient's gratitude showed that what we may think of as basic medical care is not something everyone readily has access to. Furthermore, the interprofessional relationships that were built around these patients were incredible and really gave me a glimpse of what being part of an interprofessional team is like. This partnership works to uphold the patients' needs and prioritizes providing this underserved population as many resources as possible.



Overall, this medical outreach trip helped me become a better future physician by holistically addressing the patients and being able to view things from their point of view. In the future, hopefully with more participation and funding, we can bring better equipment, such as portable ultrasound, and maybe even have a laboratory testing partner so we can run rapid blood work to get a better picture of what is happening inside the patient. I am very grateful for having the opportunity to be part of something so amazing and impactful. □

Starting Medical School as a Canadian Student

BY STEPHANIE NAGY, R.N. (OMS-I)

On September 29, 2021, I received an email notification while sitting on my back porch enjoying the cool Canadian weather: "Congratulations on your acceptance," it read. I was excited about the opportunity to achieve my dream of becoming a doctor and begin this new adventure. As a Canadian, I thought to myself, "How different can the United States really be?"

While my family was nervous about the transition, I maintained my naive thoughts that moving from Toronto to Fort Lauderdale would be an easy transition. You must be wondering whether my assumptions were correct. Like much of medicine, I'm still gathering information to make a definitive decision; however, from my experiences over the past few months, I would say I was correct and incorrect all at the same time.

When I first arrived in Florida and began to explore my surroundings, it dawned on me that my parents might have been right, as there were big differences in getting used to coming from a quiet Canadian city. The first two months were difficult, and I'm sure many of my friends remember my saying, "In Canada, we don't have that," or "We don't do that in Canada,"

I still find myself saying that occasionally. With the very limited number of international students, especially Canadians, it was hard to connect and meet with others who truly understood the differences I was



experiencing. It was as simple as how milk is sold in jugs rather than bags or not hearing "I'm sorry" 20 times a day, as that is a Canadian's favorite word.

From staple stores being completely different to adjusting to the new mannerisms and finding my way around this new city, it was challenging to learn on my own. However, this experience was one of major growth as well. Reflecting on the situation, I still think the following: Was it the difficulty of adapting to a new country and starting over, the shocking and overwhelming nature of medical school, or truly a combination of both that made the transition so hard?

With all these changes over the past five months, I cannot be prouder of myself for being able to adjust and adapt. I know it would not have been possible without all the wonderful friends I have met along the way, and the constant support from my friends and family back home.

As I move into the second semester of my first year, I will continue to grow, learn, and adapt to challenges that will come up as an international student studying in the United States. However, there is one thing I will never get tired of, which is seeing the shocked faces of my peers when I answer their question, "Where are you from?" □

Galápagos Outreach Trip Impresses

BY ALLISON WHITE AND SAJE SCHLATTERER (OMS-IIIIS)



The Galápagos Islands are more than just giant tortoises, blue-footed boobies, and good snorkeling. This is a place many people call home. Galapagueños, the people of the Galápagos, are a very tight-knit community. So much so that you must be born there to live there permanently.

The distance from the mainland and residential restrictions have led to very limited access to medical care on the Islands. Many must travel the 600 miles back to “el continente,” as the locals refer to continental Ecuador, or rely on medical outreach projects to receive any kind of specialized medical care. Even any form of higher education

requires Galapagueños to return to the continent. This has led to an insufficient number of trained medical professionals to care for the people, creating an ever-growing need for medical outreach to supply the local health care.

Because this was our first medical outreach trip, we were not sure what to expect. However, as third-year medical students currently on rotations, we are used to seeing patients and presenting to attendings. One of the biggest differences we noticed was trying to treat similar medical complaints seen in the United States with the very limited resources these patients had access

to on the islands while speaking completely different languages.

The medical conditions were similar, but many people did not understand what it meant when they received a diagnosis. It was difficult to see people battle serious medical conditions without any knowledge of the disease or how it would affect their lives.

The most memorable patient was a seven-year-old girl with previously undiagnosed grade V/VI aortic stenosis who could experience sudden cardiac death at any moment, even while playing during recess at school. We had to explain to her father what this was, what a cardiologist was (he had never heard of one), and that his daughter could no longer run and play.

After receiving this devastating news, the community rallied around the family. We witnessed the amazing community of people there who set up her plane transportation and housing to the mainland within 24 hours of hearing her call for help. We diagnosed her on a Tuesday, and by Thursday she had an appointment scheduled with a cardiologist on el continente in just a few days thanks to the Galapagueñan community.

We cannot express the vast appreciation we have for this experience—from the amazing locals, brilliant physicians, and teammates to the beautiful landscape. Although they lack medical care and have limited resources, they taught us the true meaning of community and gratitude. This might have been our first medical outreach trip, but it will definitely not be our last. □



We Are What We Choose to Be

BY GEETHIKA REDDI (OMS-II)

We often hear people make statements about the type of people they are. They might say, “I’m an introvert,” “I’m great at art,” or “I’m bad at math.” We label ourselves based on our strengths and weaknesses and accept them as if they are written in stone. The studies differ on how much of this is determined by genetic or environmental factors. Regardless, I’ve learned this can sometimes be a crutch one will use to stunt personal growth and excuse away success.

Almost any trait can be changed through self-reflection, practice, and habit formation. Some people may be naturally more talented at a particular aspect of life, but that doesn’t mean you cannot match their success. It just means you have to work harder, and probably work smarter, to achieve the same result.

For those who get distracted easily, you can create timers, turn off distracting notifications, and provide rewards for finishing your tasks. Others who may classify themselves as introverts can work through their fears by shifting their perspective on social interactions, putting themselves out there, and executing thought exercises on what others perceive when talking to them.

I know I’ve had my own tendencies I used to accept as merely “the way it is.” That was until I was introduced to books by David Allen and James Clear. Thought leaders like these led me on a path of self-belief and personal growth I never dreamed possible. This isn’t to



say I am totally unflappable or never let doubts creep in about what I can and cannot do. It is human nature to feel that way and is something each of us must work on daily.

What I do have, though, is the strength and knowledge that I can become whatever I need to be. It is this thinking I believe every young physician should live by. Challenges have, and will, continue to abound throughout our academic and professional careers. We will encounter peers who make us feel

inadequate, while simultaneously having the same effect on others. We will encounter new breakthroughs, ideas that question our beliefs, and innovations that will redefine how we practice medicine.

We must explore and welcome all these challenges, not as barriers, but for what they truly are—opportunity. It is through this thinking that each of us will be able to label ourselves with pride when we make the following statement: “I’m a great doctor.” □

Healthy Aging

BY MARINA HANDAL (OMS-II)

While volunteering as a long-term aid in assisted living homes, I grew fascinated by the senior citizens’ individual narratives and how their lives intertwined with the well-being of my own generation. Taking a step back, I often thought about how I could use my future to reciprocate the work they invested into building contemporary society.

My efforts in volunteering have illuminated that individual behaviors, public policies, and health care practices are part and parcel of medicine. I fondly remember a particular elderly patient I worked with in 2017. He was diagnosed with Alzheimer’s disease and was struggling with restlessness and anxiety.

During one challenging episode, we discovered a family member had passed away, and the patient could not recall who, causing hopelessness and confusion. By providing him with extra time and compassion, the health care team and I ensured that this patient was continually treated with dignity and identity. To me, this moment illuminated the crippling effects of dementia—the inability to remember specific events and the difficulty of adequately articulating one’s needs. I also realized that the process of aging is a pervasive one.

Looking back, these experiences pointed to several revelations that are critical to our approach to health care as future physicians. Firstly, healthy aging matters. Because the aging population is the fastest-growing demographic in the United States, it is critical that physicians work alongside policy-makers and public health specialists

to implement solutions to improve health care delivery to those with chronic diseases.

As it currently stands, there are gaps in our healthcare system that will result in unsustainability and inaccessibility of long-term care. This strains the medical team’s ability to efficiently cater to the unique needs of aging adults. Secondly, the beauty of aging is that it is a global phenomenon. We are indiscriminately affected by the physical process of growing older. However, the manner in which this happens, and its implications for one’s future, can vary drastically among different people.

Whether it be caring for those with atypical presentations of illness or improving preventative measures and accessibility to health information technologies, we are physicians before we are specialists. As such, my experiences revealed that I want to be the type of physician who not only



works with patients in the immediate clinical setting, but also one who is a forward thinker and an advocate for the aging population. I seek to define myself as a physician who not only promotes medical care, but also instills patients with the knowledge of the best health practices that will optimize their health both presently and prospectively. □



Systems Approach to Medical School

BY DYLAN PIETRANTONI, M.S. (OMS-II)

In the early 1900s, Henry Ford's innovation of the assembly line forever changed the manufacturing industry. Almost immediately, this new system reduced the production time of a single vehicle from more than 12 hours to nearly 1.5 hours—highlighting the massive improvement in efficiency. It also led to great advancements in the quality of the products. Today, systems are relevant in every industry, including health care.

A system is an integration of individual components that yields the results of the whole. The power of systems stems from standardizing the tasks within those components, optimizing their sequence, and relentlessly working to improve them. Organizations that focus on enhancing systems often succeed in the long term, and I think we can apply this concept to our own lives as medical students.

Medical school introduces massive amounts of novel information in short periods of time, and most of us struggle with sorting and absorbing all the material. When studying, we often randomly jump across lectures and sift through different resources, hoping for the information to start clicking.

However, what if we considered the information analogous to cars? Would we give as much attention to the final “product”—knowing the material—or would we focus more on the “process”—the studying system? In other words, maybe the best way to truly learn the breadth and depth of our material is to focus on learning our “assembly lines.”

Before starting medical school, I completed my graduate degree in operations, where I learned an immensity about systems. Through that program and previous working experiences, I discovered I learn and perform best when I focus on my routines. Medical school brought an opportunity to create a new system—one for studying.

Although I've slightly refined it over time, the core of my routine includes: 1) previewing lecture slides and learning objectives; 2) reading the slides and highlighting novel or emphasized information; 3) making/finding Anki cards on those highlights; 4) doing those Anki cards immediately; and 5) listening to the lecture for

concept reinforcement and making any last Anki cards. After that, I complete those flashcards every day according to the Anki scheduling algorithm.

I am extremely fortunate that this system has worked for me, and I think we all benefit from sound routines. When fellow students ask for advice on studying, my response is always the same: Think about how you best learn (visually, auditorily, etc.), build a process around that strength, and refine the system relentlessly.

This focus on systems also gives promise for our future medical careers. With patient intake, initial patient visits or hospitalizations, future visits or hospital discharges, medication acquisition and compliance, and everything in between, our healthcare system has weaknesses. Maybe attention on our personal systems now, such as studying routines, will transfer to those of our industry in the future and help yield better outcomes for our patients. □



Identical Twins in Opposite Careers

BY RACHEL FRICKER (OMS-I)

With 100 percent shared DNA between two people, you'd assume identical twins have identical lives. However, my identical twin sister Jessica and I look identical, played the same sports, and have nearly all the same friends. Now 26 years old, one main difference exists between us—our careers.

We both attended Syracuse University, where she studied screenwriting and I studied chemical engineering. Presently, she works for the *Impractical Jokers* TV show, helping with creative development, and I worked for four years as a chemical engineer before transitioning to medical school. Some could argue that these career paths could not be more different. So, where did this change in interests and skills happen? And why?

When my mom had kids, she stayed home from work to raise us. Therefore, my twin sister and I had the same upbringing. My family loves reflecting on the time when Jessica and I were four years old and my family was walking to a restaurant. Jessica was the first one in line walking in front of my family and being assertive, while I was the last one in line, holding my grandfather's hand and “helping” him walk. Perhaps because Jessica is two minutes older than I, she molded into the “big” sister role, while I filled the “younger” sister role—or perhaps, from conception, we were born to be this way.

When Jessica and I started kindergarten, my parents wanted us to be in the same class, but the school argued that we would be too



dependent on each other. Therefore, from kindergarten to sixth grade, we were in different classes with different teachers. Jessica's teachers tended to focus more on reading and writing, while my teachers focused more on math and science.

Regardless of our different teachers, my mom always made it a point to have us read the same amount of time after school and practice our multiplication tables. By the time we reached middle school, Jessica and I were both strong students, but we thrived in opposite classes.

In high school, we were in the same chemistry class and would study together for the same amount of time. When exam time came, I would score nearly twenty points higher (sorry

Jessica) on all our exams. Our test score difference was not a matter of work ethic; it was based on natural ability and understanding of the material.

My family and I are at odds when deciding how our differences formed. I believe my and Jessica's differences stem from nature. My dad believes our elementary school teachers played a major role in nurturing our development. There is no way to know for sure if my and Jessica's difference in careers stems from nature or nurture. However, despite whether medicine was destined for me from birth, or whether medicine stems from my teachers' influence, I cannot picture myself being anywhere other than the medical school I am at right now. □

Top Treatment for India Outreach Trip

BY NISARG SHAH (OMS-II)

I had the privilege of participating in the medical outreach trip to Ahwa, Gujarat, India, during the winter break in December 2022. What I learned was incomparable to any other experience I have had. We stayed and worked at the Dr. Kiran C. Patel Multi-Specialty Hospital.

With the nearest hospital being more than 43.5 miles away, we served as the closest medical institution many people from small villages and towns had access to. Being a Gujarati speaker myself, it was very rewarding to be able to establish a deeper connection with the patients, which, in turn, enhanced our ability to provide care to those in need.

I feel very grateful to have been under the tutelage of Drs. Cohen, Olsen, and Patel, who all took immense care in turning many moments into teaching points. Since consistent screenings and proper access to health care were challenges this population was facing, we often saw patients who presented with chronic illnesses and secondary, as well as tertiary, symptoms and signs. Diabetic patients often presented with diabetic foot ulcers and peripheral neuropathy, while patients with topical fungal infections often presented with diffuse rashes and scabs.

Many patients were prescribed medications to help treat their illnesses, but one regimen was prescribed more than anything else—reassurance. Emphasized by Dr. Olsen, reassurance was often what patients needed most when they came to see us. Many people



did not know how to gauge what was happening, so they jumped to the “worst-case scenario” until proven otherwise. This would increase the stress in their lives, which affected other areas of their lives, such as their work and relationships.

Many times, I would see patients’ shoulders drop and relax when we told them there was nothing concerning going on, and this would immediately change their mood. This also targeted any psychosomatic illnesses patients had. This is where I

realized what the art of medicine truly meant.

Being able to understand patients’ realities and emotions and tailor my care to fit my patients’ needs elevated the quality of the service I provided. This approach can also be translated to the care provided in the United States, and I look forward to using this lesson in my practice. Sometimes, all it takes to treat patients is a conversation, and I am very grateful I learned this lesson early on in my medical career. □

Financial Literacy Matters

BY DYLAN HEDIN (OMS-II)



While in medical school, I’ve become increasingly aware of the need for skills regarding financial matters as a medical student. While doctors procure high salaries, they continue to struggle to pay off medical school debts. Which, for medical students, can be a frightening aspect of things to come.

Hopefully, every student pursues this profession for reasons other than a salary, but regardless, money becomes a very important and complicated part of every physician’s future. Most medical schools include

some sort of supplemental lectures about business and finance; however, this clearly isn’t enough. Medical students need to make time to learn about financial literacy on their own.

Last year, a California Medical Association survey found that 64 percent of physicians expressed a need for financial assistance, and that 95 percent of physician practices reported concerns about their financial well-being. Similarly, a study published in the *International Journal of Medical Education* found that medical residents and fellows

have low levels of financial literacy and, as a result, high debt.

Studies like this make it even more obvious how significantly deprived medical students are of training in this aspect of life. Financial literacy is essential for ensuring medical students become doctors who are able to make informed decisions about their financial well-being. This includes being able to manage their student loans, create and stick to a budget, and plan for the future.

Training in this area would also have other benefits. Financial strains take a toll on physician wellness, often leading to burnout, depression, and working beyond retirement age. In addition, doctors who are financially literate are better able to serve those around them. These skills help them to work with insurance companies and regulations in health care billing. With the rising costs of health care and increasing numbers of uninsured patients, financial literacy can also help doctors to be empathetic and provide the best possible care to their patients without inflicting unnecessary financial burden.

Overall, financial literacy should become a priority for medical students (and schools). The earlier students educate themselves in finance management, the more likely they are to achieve financial success, career satisfaction, and timely retirement. Read a book, take a class, watch YouTube. Your future self (and wallet) will thank you. □

Keys to Clinical Rotations Success

BY ARJUN BAGAI (OMS-III)

Clinical rotations are rotations medical students take during their third and fourth years of medical school. They follow two years of preclinical studies. Clinical rotations include disciplines in internal medicine, family medicine, general surgery, pediatrics, OB-GYN, psychiatry, rural medicine, emergency medicine, and more.

The goal of rotations is to help students develop clinical skills, bedside manners, writing H&P/SOAP notes, and understanding the interdisciplinary level in patient care. It is important to learn and develop your skills during these two years to help with residency and clinical practice. Success in clinical rotations depends on many factors.

Preclinical studies impact success during clinical rotations. Preclinical years consist of basic science and systems-based courses. They are designed to provide a foundational content base needed for clinical studies, as well as preparation for COMLEX LEVEL 1 and USMLE STEP 1. Doing as well as possible during these two years is important to understanding normal physiological processes, pathophysiology of diseases, and pharmacological management of different diseases.

Performance on COMLEX LEVEL 1 and USMLE STEP 1 also determines success during clinical rotations. Medical students need to be highly motivated to learn the various preclinical disciplines to do well on this first set of board examinations. Students learn content material using third-party resources like First Aid, Pathoma, Sketchy, and Anki. They also do a lot of practice questions such as UWorld, AMBOSS, and COMBANK. Having a good knowledge base can help you do well when presenting during rounds and making a positive impression on your attending.

Working hard during clinical rotations is itself a factor for success during the third and fourth years. Students learn more about clinical management during these



two years. Seeing and rounding on patients, as well as learning from attendings and fellows, can help develop the skills and knowledge to manage patients. In addition, learning these skills can help students perform better on COMLEX LEVEL 2 and USMLE STEP 2.

Medical students need to do their best during their four years of medical school to be ready for residency and future practice. Medical school helps you learn the preclinical knowledge base, as well as the clinical foundations needed to succeed in practice. It also helps you with improving your bedside manners and professionalism. Whether you want to practice family medicine or orthopedic surgery, success requires hard work and determination during medical school and clinical rotations. □

Seeing and rounding on patients, as well as learning from attendings and fellows, can help develop the skills and knowledge to manage patients.

Maximizing Our Osteopathic Experience

BY ELIZABETH GEYER-ROBERTS (OMS-III)

Attending an osteopathic medical school gives us a unique outlook on medicine, as well as access to a wide range of tools we can use to best serve our future patients. Once we graduate, our distinctive osteopathic manipulative medicine (OMM) education, as well as the osteopathic approach taken in our other courses, gives us the opportunity to stand out in an M.D.-dominated world. With D.O.s being the minority of physicians in the United States, how do we maximize our experience at NSU-KPCOM to stand out?

While we can all appreciate how important our osteopathic principles and practice (OPP) training is, we should also appreciate how helpful it is in making us comfortable working on all sorts of body types. Whether it's performing a pelvic diaphragm release or special tests for the shoulder, each student leaves the second year with the anatomical knowledge and confidence in palpating the human body.

After our second year, continuing to practice OMM falls on us, and that is the secret to maximizing our osteopathic experience. Unfortunately, numbers show that only a small subset of D.O.s continue to use OMM on their patients, with the main reason being lack of comfort performing OMM.

The phrase "use it or lose it" rings true here. Upon graduating medical school, students move into their specialties and no longer utilize OMM. Knowing this, one of the best things we can do to set ourselves apart is to continue to use our OMM skills after our second year and throughout our residencies.

Another aspect of our education that sets us apart is the holistic viewpoint in which we are taught to perform patient encounters. Asking about daily stressors, spiritual beliefs, family life, and happiness are all just small parts to seeing all patients as the complex individuals they are. Understanding that health comes from more than just the body goes a long way in diagnosing and treating patients.



"Body, mind, and spirit" are words drilled into us from day one. Through continuing to ask those important questions about our patients' lives, we can begin to get a sense of who our patients are as people, and how we can best help them. Like practicing our OMM skills, incorporating those important holistic aspects into our patient encounters will make us better people and better doctors.

The skills we learn in attending an osteopathic medical school are something that should be capitalized on once we enter rotations and residency. In continuing to integrate those skills through our practice, we can assure ourselves we are truly taking advantage of our short but valuable time at NSU. □

Living Life on Island Time

BY VEENAH FRANCIS (OMS-III)



I realized the words “I’m tired” immediately fell out of my mouth whenever I was asked how I was doing. It didn’t matter what my schedule looked like, how many hours of sleep I’d had, or how much coffee I had consumed. My standard response was ingrained on autopilot.

After that dismal realization, I almost tried lying to myself to normalize my life. As medical students, we’re expected to be tired and persevere, but when is it too much? Where do we draw the line in the sand? I began an overhaul of my life to figure out where my energy was going and why I was so worn down all the time. Instead, the more I ruminated on the subject, the more I realized I don’t remember the last time I wasn’t tired. I only remember the perpetual stress and fatigue that almost felt like it vibrated inside of me.

Endless to-do lists, family commitments, and expectations that were now just daunting, despite having been originally made from a desire to change the world one person at a time. I tried unsuccessfully to turn it all off. I prayed, meditated, exercised, and talked to family and friends. Unfortunately, this feeling couldn’t even be shaken by focusing on all the small things that made my life so beautiful.

As a third-year student, I had four weeks off that culminated with a medical outreach trip to the Galápagos Islands. Since it was a medical outreach trip, my fear was that I would return from the trip and go into my next rotation completely depleted. I almost regretted signing up, but I decided I would make the best of it. Despite 12-hour days at the clinic, sight-seeing at night, and constant social



interaction, my cup, even as an introvert, had been filled.

I wandered around the island in awe of the people, the culture, and the sense of community. Even though there was always somewhere to be, my fear of missing out got the best of me. I had to walk into every store and examine every item. I had to stop and take pictures of these perfect flowers or the way light hit a patch of moss. I soaked in every experience and truly felt them more deeply than I had anything in a long time.

I truly understood why people always talk about focusing on the journey instead of the destination. The vibrating feeling that plagued me for so long had somehow disappeared, and I felt whole. I finally felt peace. After so long without it, it’s no wonder I couldn’t find it alone. It was everything I didn’t know I needed. After leaving, I took my new nickname “wandering child” with me and decided to hold onto the new lightness that permeated my soul. □

A Physician’s Role in the Community

BY DARSHIL PATEL (OMS-II)

As physicians, we are overloaded with information about medicine to treat people; however, the compassionate side of medicine is often overlooked. Medicines are a significant part of our profession, and “Medicines can cure diseases, but only doctors can cure patients,” said Swiss psychiatrist Carl Jung.

Along my health care journey, this message has been reaffirmed by my experiences of working with the community. In 2019, I had the opportunity to establish a support group for adults with severe asthma in Chicago, Illinois. A major concern of my patients in the support group was the distrust between patients and physicians, and that physicians often did not listen to their concerns.

By interacting with the community through the support group, I was able to learn more about my patients and build a strong rapport with them. Through this, I gained insight into the mental burden they carry due to their illness, and how that affects other parts of their lives, which further diminishes their health. When I told my patients I was moving to Florida to attend medical school, they thanked me for making a difference in their care.

I never expected I could make such a difference in someone’s care just by listening. I will always be extremely grateful to those patients for helping me realize that a physician’s role extends beyond the walls

of a hospital. A physician is a leader in the community who carries the responsibility to treat, educate, and

listen to members of the community to provide patients with the best holistic care. □



Culinary Skills to Community Service and Beyond

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

When I was selected to participate in cooking classes hosted by the nonprofit organization On My Own during my first semester of medical school, little did I know how much this experience would shape me in ways I never imagined. While spreading my love for cooking and baking to the participating adults with disabilities, I gained so much more than just community service hours and the internal fulfillment associated with helping someone. This opportunity allowed me to build close friendships, find a mentor in the founder of On My Own, Dr. Kristi Messer, and even create close bonds with the students with disabilities who I now have the honor of working with on a regular basis. What I had originally thought would be a monthlong series of community service events turned into significant involvement with these individuals when I was recruited to serve as president of the new student interest group Medical Students for Individuals with Possibilities. These volunteering opportunities now hold some of my most cherished memories in medical school.

Hosting and participating in events such as Park Explorations, Holiday Basket Building, and even the Special Olympics 5K alongside my classmates, has enhanced my compassion for others. It also educated me on how to better understand individuals who may be facing a variety of barriers and grow together with my peers to be more understanding and knowledgeable

future physicians with respect to this patient population.

I am so thankful for the opportunities I have had to learn from these individuals. In exchange for a few cooking skills and some traveling tips that can help them learn how to lead a more independent and healthy life, these individuals with possibilities have taught me the importance

of unconditional, selfless love, the power of genuine kindness, and how to spread joy in the most carefree and effortless way. These incredible individuals always find a way to view life with the glass half full, and I am excited to continue discovering ways to contribute to their growth the way they have helped contribute to mine. □



The Twofold Significance of Free Clinics

BY BIURA MARKARIAN (OMS-II)

“It’s been awhile, maybe six months,” our patient’s mother answered when we asked about how long her 14-year-old daughter Maya’s rash had been present. “I wanted to bring her in sooner, but we have no insurance. My friend told me about this clinic.” Her tone sounded ashamed, but her facial expression showed concern for Maya, and we reassured her it was a good idea to come in.

I was volunteering at the Universal Medical Clinic (UMC)—a free clinic serving the uninsured populations in Miami, Florida, and on that Saturday morning, I was shadowing a third-year medical student as he performed Maya’s history and physical. We examined the “rash” that was present under Maya’s bra, on part of her abdomen, and on her upper back. It was more of a pigment change than a rash, in a splotchy pattern.

After asking some questions about Maya’s personal care products, the medical student asked me if I had any questions he missed. Maya had mentioned she played basketball at school, so I asked, “Do you shower after every practice?” Her mother gave her a look and responded that Maya often skips showering after practice. With more questions, we found out that Maya sometimes uses the same sports bra for weeks, as her mother works long hours and does not have time to do laundry.

We presented our patient to the physician, with fungal infection as the top differential, especially in the hot and humid climate of South Florida. He agreed, diagnosed Maya with tinea versicolor, and prescribed

ketoconazole foam—a common medication we carried in the clinic. All free of charge.

The significance of free clinics is twofold. They provide care to those who cannot afford health insurance and provide a unique training opportunity for medical students to learn how to provide fundamental, humanistic care, especially amidst physician shortages.

Free clinics empower uninsured patients with the tools they need to take care of their health. Maya is just one of hundreds of patients seen in the clinic weekly, all from underserved areas in Miami. Many of our other patients are Spanish-speaking only or have moved to the United States within the last month and need physical exams and immunizations for their children to start school. And we provide the care or referrals they need.



UMC’s volume of patients has increased exponentially, mostly through word of mouth—a clear sign the community relies on free clinics. This way, uninsured patients like Maya can access health care when they initially experience symptoms without a delay in care.

Free clinics also teach medical students the importance of recognizing and understanding the various social determinants of health that affect our patients, including cultural beliefs, socioeconomic status, language barriers, and very importantly, comfort level with health care professionals. I look forward to learning more about health issues that impact underserved populations and developing new skills to address their needs through the unique clinical training free clinics like UMC can offer. □

Finding Resilience in Jordan

BY ABDUL RAHMAN OMARI (OMS-II)

As the familiar warmth of the dry heat on a Jordanian summer day hit my skin this past summer, I reminisced on my 2019 visit. Growing up in Jordan, I was no stranger to the tragedies happening in surrounding countries, and many of those countries’ citizens would flee to Jordan for a better life.

As a bystander watching this happen, I felt obligated to jump into action and help ensure that refugees living in medically underserved areas of Jordan were taken care of. During the summer of 2019, I decided to take action and interned at the Red Crescent—a Red Cross equivalent. This experience was the defining memory that drew me to medicine.

During this experience, I was tasked with helping professionals in the medical field educate medically underserved refugee camps on what to do in instances of a medical emergency. In addition, we would help make sure these individuals were gaining access to essential medical attention to prevent an increase in risk of medical complications. Through this experience, I witnessed the interprofessional relationship between physicians and their patients, as well as the relationships between physicians and other health care professionals.

The knowledge, confidence, and kindness of each physician were very evident in positively impacting the days of all parties involved. This experience sparked my initial interest in becoming a physician and fueled my desire to serve medically underserved individuals. In addition, this opportunity introduced me to many

people who, to this day, have had a strong impact on my life.

I vividly recall encountering a young boy who held a soccer ball in his hand. He playfully approached me, tossing the ball to his feet, and signaling for me to join him. His demeanor was that of youthful exuberance and excitement. As he started passing the ball to me, and I kicked it back to him, his passion for the sport was evident. It reminded me of memories of my younger self, eagerly awaiting my tae kwon do practice after school, and cheerfully taking advantage of every second I was able to spend being active.

After passing the ball around for a while, I asked him where his parents were. He pointed to his mother from afar and explained that his father could not leave Syria. Despite this young boy’s unfortunate circumstances, he presented himself with such vivacity and innocence. My encounters with this young individual taught me the importance of remaining positive amidst difficult circumstances—an important attribute as a future physician, as difficult situations will inevitably present themselves.

Through my conversations with many refugees, I have learned the true meaning of determination, resilience, and strength in the face of tragedy. It is my hope that through my experiences, I will be able to bridge the gap in medically underserved areas throughout the world, while also raising awareness. As a future physician, I will hold close to my heart my memories at the Red Crescent, and I hope to heal future generations to come. □



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Is Academic Doping Contributing to Physician Burnout?

BY MINA BEKHEIT (OMS-III)

With the recent passing of resident Dr. Jing Mai, physician burnout has exploded on social media. As a result, the public has become educated on the many pitfalls that flank our career path—lack of family time, free time, sleep, and money are just some of the most notable. Although we have made significant strides in identifying and alleviating these afflictions of medical training, we are sadly reminded that more must be done to help our future physicians.

One possible cause of physician burnout that is characteristically absent from the conversation is the accessibility and widespread use of stimulants—“academic doping.” It begins innocently enough on college campuses, as premed students under immense pressure to excel obtain Adderall or Ritalin to cram before an exam.

They pass their exams with little more than an all-nighter, and no one is the wiser, as drug screens are not routine admissions requirements for colleges or medical schools. Additionally, testing positive for stimulants is

often acceptable if one has the right documentation. To society’s great detriment, these medications are inexpensive and easily accessible to the public.

Those students who possess the stimulant prescriptions readily find buyers in their overwhelmed premed peers, turning a nice profit. Most premed students who try stimulants do see an enhancement in academic and even extracurricular performance. Contrary to the belief of the user, however, such enhancement does not constitute a medical indication to take the drug, nor does it mean students have “undiagnosed” ADHD.

Not all who benefit from hydrocodone should be on it, nor should all who benefit from Adderall be taking it. Is the issue of stimulant use and burnout unique to the field of medicine? No. Many high-stakes careers suffer from similar problems. However, medicine is one of the few fields where the impaired wellness of its workers puts the lives of others in great jeopardy. Many life-or-death decisions must be made in seconds. When the life of a patient relies on the physician’s wellness, burnout is not an option.

The length of training, gruesome hours, and high academic expectations required to pursue a career in medicine, combined with the efficacy and accessibility of stimulants, creates an atmosphere so enticing for use that many premed and medical students find themselves unable to fight the

powerful external forces beckoning them to try “academic doping.” As more students succumb to stimulant use, the curve is pushed further away from what is naturally achievable through talent and discipline. This props up an inflated expectation for future doctors to outperform, worsening the working conditions of the successors. What can we do to mitigate this cycle? Perhaps we can make diagnostic criteria for ADHD more stringent. Perhaps we can do more to limit access to these substances that ultimately drive high-achieving medical students and physician residents to burnout. Perhaps we should prioritize wellness and community engagement, as opposed to esoteric research publications and academic accolades that drive students to misuse stimulants, but are ultimately of little significance to patient care. □



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Perhaps we can do more to limit access to these substances that ultimately drive high-achieving medical students and physician residents to burnout. Perhaps we should prioritize wellness and community engagement, as opposed to esoteric research publications and academic accolades that drive students to misuse stimulants, but are ultimately of little significance to patient care. □



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Research Year Realizations

BY SHIVAM PATEL (OMS-IV) AND JAMIE THOMAS (OMS-IV)

As a medical student, the thought of adding an additional year to the already enduring four-year medical school curriculum can seem daunting. After all, transitioning from a full-time medical student to spending your days writing papers and running participants through trials can appear tedious in comparison to the everyday clinical experiences we have grown accustomed to. Being halfway through our research year, we have encountered many unexpected aspects of the year that did not appear obvious when we first began.

For example, delaying receiving our degree by a year means not celebrating Match Day or graduation with our classmates who we spent the past three years struggling and conquering with. It can almost feel isolating to see our friends go through ERAS, interviews, and all of fourth year without us. However, knowing we will have a group of trusted classmates who can help us navigate through this process the following year is reassuring and a blessing in disguise.

Another incidental element of a research year is opportunity cost. By postponing graduation, you delay receiving your first paycheck as a physician, consequently delaying your payments toward student loans by another year. Though this can appear as a bleak foresight, it is possible to find a research position that provides a stipend or wage that can offer financial support. Additionally, the specialties that require greater amounts of publications and research are oftentimes the more competitive ones, such as ophthalmology or



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urology. So, if you can increase the odds of matching into your top-choice specialty, the cost of the year would be well worth the expense and time commitment.

Although faced with unforeseen circumstances during our dedicated research year, we found comfort seeing many of our peers from around the world take a research year to pursue their passion for research or their goal of applying to a competitive residency. We have gained a new-found appreciation for this adjacent field to medicine and have already seen the benefits of pursuing this endeavor come to fruition.

While maneuvering the intricacies of a research project from the conceptualization of a question to crafting a manuscript, we engage in interprofessional collaboration that allows us to gain insight and network

with branches of health care we may have never imagined. We have procured an enriching experience through not only broadening our knowledge of current literature, but also sharpening our ability as professional manuscript writers. We hope to use these skills we have grasped through research as we strive to become physicians, where we will hold the responsibility of guiding medical student researchers and adding to the current medical literature worldwide.

Now, as members of the research community, the cogwheel that is imperative to the progression of medicine, we see this year as an opportunity for us to further our knowledge. We strive to implement the skills we have collected to potentially make a significant impact on the medical field as future physicians. □

Stiff Competition or Future Colleagues?

BY HEATHER PAUL (OMS-II)



Board score averages, match lists by specialty, location, cost of attendance, type of curriculum.

As I applied to medical school, I made a list of these important things to consider when choosing a medical school, but what about the sense of connectedness between the students? This was also high on my list. I am a nontraditional student who graduated from undergrad in 2015. It had been several years since I was in school, and it was important to me to attend a school that would have a supportive atmosphere amongst the students. I wanted a school that would have a collaborative environment, instead of a competitive one.

Most of our class moved from a different city or a different state to

start medical school. None of us knew each other, but we were starting this journey together.

One of the most difficult parts for me was living so far away from my family and friends. I've always turned to loved ones for support—for celebration when I received good news or for comfort when I received bad news. With technology like FaceTime, it is easy to communicate with loved ones back home, but a real hug is much better than a virtual one.

That brings me to the original question. How should we view our medical school classmates? Should we think of them as competition throughout these four years? Or should we picture them as future

colleagues who will be there alongside us after these four years have passed?

Personally, I want to be a supportive friend along the way and make meaningful, lifelong connections we carry into our professional careers. These are the people we study with, share fun experiences with, and who help us de-stress after a long day or week of exams. The relationships we build with our classmates will be there long after we complete our education.

Everyone talked about resource overload when we started medical school. There are so many supplemental resources to use, but one important resource to remember is our peers. They truly know what we are going through and can be there for us to vent, cry, or celebrate. They are in the same boat with us when we are knee-deep in studying, or when we are 25+ lectures behind.

They are right there offering a hug when we need it. Once we graduate, we will likely go many different ways. I am hopeful that when I am a practicing physician in the future, I can call up my friend from medical school who is practicing a different specialty from me, or even a friend in the same specialty, to ask a question.

It is incredible that we will have friends all over the country in so many different specialties. We are making irreplaceable connections, and I am thankful to be with such students who will one day be my future colleagues. □

Building Homes and Friendships

BY ASHA KURIAN AND SYDNEY SANSONE (OMS-IIS)



Throughout this semester, we were given the opportunity to serve as peer mentors to five undergraduate students in the Bachelor of Science in Public Health Domestic Outreach course. During our weekly classes, we helped the students prepare for our trip to New Orleans, Louisiana, in the first week of December, where we planned to volunteer with two nonprofit organizations—Youth Rebuilding New Orleans (YRNO) and Covenant House. Going into this experience, we had no idea what to expect, but did not predict the friendships and memories that would be formed.

YRNO is a nonprofit organization with a mission to provide a brighter future for the local youth through job opportunities of rebuilding the blighted sites of New Orleans, especially those affected by the

2005 Hurricane Katrina, as well as providing opportunities for education, job readiness, and personal growth.

On the first day of volunteering, we drove up to the construction site and were greeted by unfamiliar, youthful faces, but surrounded by familiar Southern hospitality. Within 30 minutes of being on-site, we learned how to use a jackhammer, the safety rules of construction sites, and efficient strategies to get the work done.

Over the next two days, we managed to complete 50 percent of our green infrastructure plumbing system. It felt incredible to put aside our long, stagnant days of reading medical books for a brief time to be in the thick of a construction site, covered in dirt, carrying heavy loads of concrete, with beads of sweat dripping down our faces.

On the third day of working with YRNO, our group of undergraduate students presented their educational modules, which covered topics including job readiness, financial literacy, social justice, mental health, and sexual education. We were so proud to see our driven students passionately share their vast public health knowledge and teach us all something new.

Over the final two days, we partnered with Covenant House—a shelter for young adults facing homelessness—to hold a maternal and child health fair. We presented ourselves with the mission of fulfilling as many needs as we could for the mothers who attended our health fair.

Through infant education, breastfeeding support, car-seat demonstrations, raffles, glucose levels and blood-pressure screenings, we successfully led an incredible day of health education and empowerment for the mothers who attended. We also helped Covenant House with its well-known and widely anticipated holiday gift drive by inventorying the hundreds of donations it received.

New Orleans is a beautiful, culturally immersive place full of individuals who are proud to share their traditions, roots, history, food, and hospitality. As a group, we went from solely a few interactions to laughter, hugs, game nights, and calling ourselves a “family.” We left New Orleans with pride—proud of the work we accomplished, the people we met, the smiles we put on people’s faces, and the culture we were able to learn more about. □



Finding Peace Through Service

BY GREGORY JOHANNING (OMS-II)



I speak for myself when I say finding extracurriculars to be passionate about in medical school is difficult, especially when classes seemingly consume every aspect of my life. Finding the time to escape daily stressors to recharge can be challenging enough, which emphasizes the importance of having an “out” when life’s demands become too burdensome.

During the past year, I have worked tirelessly to develop a relationship with the Children’s Cancer Center (CCC) in Tampa, Florida. For those who don’t know, the CCC’s mission is centered around providing resources to families who have children undergoing various medical treatments, such as chemotherapy or treatment for sickle cell anemia.

In particular, I have worked to establish a recurring volunteer opportunity with its SAIL program. SAIL stands for Students Achieving Through Interactive Learning. This program is centered around providing an impromptu classroom setting for children to help reinforce etiquette and social skills. Many of these children have trouble developing

these classroom skills due to constantly being taken out of school for countless hours of treatment or doctor’s appointments.

I undertook the responsibility of enlisting NSU-KPCOM students to volunteer for the SAIL program on certain Saturdays every month. The NSU students acted as “big buddies” to these children and had the privilege of helping them with various activities, such as painting or participating in games.

However, through my partnership with the CCC, I came to the realization that what we take away from our lived experiences is based on a matter of perspective. My first year and a half of medical school could be described in many ways—as a whirlwind, tumultuous, exhilarating, and, at times, even relaxing. But with these mixed feelings I experienced, the CCC gave me an escape from the demands and expectations medical school brings.

What started out as community service developed into lasting friendships. Being somewhat reluctant to wake up early Saturday mornings turned into going to bed excited the night before as I prepared for the new

adventure that awaited the following morning. What began as simply willing to lend a hand turned into going above and beyond to ensure the children had a smile on their faces.

I was fortunate that I was able to create a lasting community service site for NSU-KPCOM, where I can only hope other students will have the same experiences as I have had. The CCC provides not only amazing service to its families, but also a loving sense of community. And on a personal note, it has allowed me to find peace and another sense of purpose.

My wish is that the CCC partnership with NSU-KPCOM will continue through the inaugural More Than Medicine interest group that I and several other students will be looking to start this spring. Medicine is more than prescriptions and diagnoses. Medicine is made up of understanding, commitment, and, most importantly, empathy—three focal points of what the More Than Medicine interest group will be centered around. The CCC reinforced these virtues, and I can only hope it will do the same for the next generation of students. □

Palpating the Breath of Life

BY ALBERT JOSEPH SULANGI (OMS-II)

In more than a year of studying in osteopathic medical school, I gained the knowledge from information found in books, review sites, and lectures of our professors. Just after our fourth Osteopathic Principles and Practice (OPP) course, I became impressed with the idea that sutures or joints between the bones of the skull were designed for motion.

Although I have learned in college the concepts about cellular respiration and pulmonary respiration, I was skeptical to learn something simple regarding the “breath of life” or primary respiratory mechanism of the living human body. At the beginning of the OPP-IV course, I told myself that I must have a far-reaching imagination to accept the new idea being taught to us.

In a premedical anatomy course, I have been taught and learned that joints in the skull are immovable once they fused or ossified. I have long known that the skull of the human cadaver in our first-year anatomy lab, as well as the realistic skull replica in my room, have proven their immobility. I might hit the ceiling if they do. Moreover, there were many people from different professions who either acknowledged or flouted over mobility between the cranial bones.

I needed a perfect osteopathic lab session—and a living person—to realize the teaching upon the primary respiratory mechanism. Our OPP lab instructors did their best to introduce us to the normal fluctuation of the Tide. I learned that by finding my inner peace and

by lightly placing my palms and finger pads on someone’s head, I would feel something moving, fluctuating, oscillating.

This mechanism occurring in the head showed me the connection between the Tide inside and outside of the body. Dr. Rollin Becker likened the osteopathic palpation to getting on a moving train—“a living mechanism that continues to function with their ever-changing patterns.” This mental picture guided me of what possible cranial strains or adaptations the body can do from osteopathic dysfunctions somewhere.

After learning of the primary respiratory mechanism, my beliefs have changed. I told myself that I must integrate cranial osteopathy in my future practice. I’m studying to be a Doctor of Osteopathic Medicine, after all. Trying to obtain more

knowledge of primary respiratory mechanism, and as recommended by one of my OPP professors, I managed to take an introductory course in cranial osteopathy offered by the Osteopathic Cranial Academy.

In my training, I met medical students from schools around the country, and physicians (both D.O. and M.D.) from different levels of training and specialties—all intending to teach and learn the application of cranial osteopathy. I was introduced to the movement of the bones of the skull’s base and vault, sacral movement, cerebrospinal fluid fluctuation, and the fluctuation of the Tide. I could go on discussing the training experiences I had, but most importantly, I learned that cranial osteopathy has many benefits and can be used as a tool to help my future patients stay healthy. □



News and Newfound Purpose

BY KIAN MEMARI (OMS-III)

From an early age, my passion for learning new concepts every day thrived as my parents encouraged me to perform at the highest level. Their influence catalyzed my overall desires, because I knew I wanted to make an impact on the world in some way. However, I was not sure how until my entire perception changed when a group of physicians “diagnosed” my mother with renal cancer.

Knowing that my parent was suffering from cancer, and that I could provide nothing more than moral support, felt terrible. She was all I could think about, and yet I found myself in complete denial that she had this diagnosis. Trying to focus on other aspects of life was even more difficult, and my interest in learning became impaired.

I had always loved learning, but during this time, my ardor for this connection, especially in the field of science, had severely diminished. I was taking challenging medical courses while my mother was dealing with her illness, and in those classes, I constantly acquired more knowledge about the human body and the dangers of genetic mutations. Studying and realizing that the real-world applications resulted in detrimental outcomes was especially onerous. I found myself unable to finish a page because it all hit too close to home.

And then something almost unimaginable happened. The day prior to my mother’s nephrectomy, the doctor informed her that the “malignant substance” initially found on her kidney served no cancerous



function. Rather, a third-party physician discovered a piece of fatty tissue that required no surgery.

The day I heard this news was the happiest of my life. Tears of joy trickled down my face, as I knew my mother was going to be okay. My mother’s face finally came back to life after 10 gruesome weeks of fear and disbelief. It was the first time I had seen a true smile on her face since the diagnosis, as opposed to the forced smiles she gave me when telling me, “Everything is going to be okay.”

With renewed strength and enthusiasm, my passion for medicine was revived. This unfortunate, yet inspirational, event served as my calling to achieve in the areas of research I value most, as I hope to

be the change patients truly desire. I now understand the extreme struggle patients and families go through when receiving a diagnosis and treatment options, and I desire to connect with the families of patients and walk them through this painstaking process, step by step, to show them they are not alone.

Realizing that a diagnosis can have such a tremendous effect on an entire family motivates me to study medicine. I desire to be a supportive physician, to always assist my patients and their families as I help them overcome the obstacles together. As I pursue my medical career, I strive to learn, research, and evaluate all evidence to assist those in need, like my mother, and avoid these potential errors. □

Treating People Like People

BY JARED HOWELL (OMS-III)

“Can somebody fix my bangs?” The palliative care doctor had just finished talking to my mom for maybe 15 minutes about her diagnosis and her options. He explained what would be necessary for hospice at home and what she should expect in the coming days. But when he asked her if she had any questions, the only thing she wanted to know was if someone could do her hair.

My mom spent most of her stay in the ICU feeling understandably scared and depressed. The hematologist kept coming with more bad news. Same with the oncologist, the nephrologist, the internist—it was a seemingly endless onslaught of, “There’s not much else we can do.” Then a short, bald man with huge glasses and a bow tie entered her room, smiling from ear to ear, greeting her like an old friend.

There was an observable transition from patient to person during their conversation. There was very little talk about medications and therapies. Everything was geared toward preserving whatever autonomy my mom had left. She would need lots of help, but the goal was to make her feel human again and allow her as much independence as possible during her final days.

During my surgery rotation, I spent a week working in the ICU. We had two young patients who had been in car accidents, one completely unresponsive, while the other could basically just move her eyes. I remember feeling embarrassed as we rounded each morning, showing up to the room with an attending physician, four residents, two nurses, a pharmacist, and three medical students.

If it was overwhelming for me, I couldn’t even imagine how it was for their families. I thought of my mom and my own experiences sitting in her room during morning rounds, watching the doctors use her as a question stem for the residents.

The Friday afternoon of that week, one of the residents brought in his violin and went to a few rooms to play for some of the people there. It was beautiful to watch. The nurses swore they saw our unresponsive patient moving his fingers along with music as though he was playing along, and I’ll never forget how the woman who could only move her eyes, just extubated earlier that morning, smiled for the first time since her admission. I felt like adding, “Violin, twice daily, by ear” to their orders.



When we got my mom back to her apartment, we spent a lot of time just sitting with her and talking about better days. We watched home movies and laughed, forgetting about her pain for a while and letting all the fear and worry subside for a bit. It was a blessing. And when she finally passed, my dad made sure the windows in her bedroom were wide open so she could see the ocean, my brother made sure to hold her hand tight—and I made sure to fix her bangs. □

There was an observable transition from patient to person during their conversation. There was very little talk about medications and therapies.

Letting Go of Prestige

BY NITYA KUMARAN (OMS-III)

Medical school attracts specific characteristics in students, and most of us are used to being applauded and admired. We needed high achievement to earn a spot in medical school. When we first get hit with failure, our reaction is to often conceal the imperfection. It was certainly that way for me.

My first semester was partially hard because of the shrinking time for self-care, but also because of my expectations and attitude. I wanted to be perfect, and I wanted to be seen as such. I did not want my struggles to be exposed. I desperately wanted to cover the cracks in my emotional armor. I wanted to help, not be helped.

I've since learned that it is more important for me to be a healer than it is for me to be a hero. I wanted to be in medical school because I feel connected to people, and being part of their healing journey allows me to witness human vulnerability intimately. Part of it is selfish. I love being let into these secret moments of weakness in people's journeys, because it makes me feel like I am allowed to be weak and imperfect, too.

I am a tough Tamil American woman from a line of resilient women—women whose lives and careers were often taken away from them, their futures decided for them. I am the hope of my grandmother, who was forcibly taken out of school at 16 and thrust into marriage. I am the hope of my great-grandmother, whose husband left her while she was pregnant with her third child. I am the hope of my mother, who learned



English at 23 and had to start all over in America after she couldn't find a job teaching biology here with her master's degree.

I can deadlift my body weight at the gym, and I teach first- and second-year medical students osteopathic manipulative medicine techniques with a passion. However, as a short 5' 2" woman of color with a baby face, I am often underestimated on first impression. It takes more work for me to be taken seriously. Consequently, I am even more protective of the image I feel I have to project in professional settings.

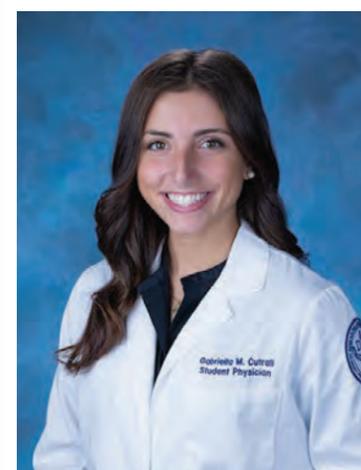
However, it was the moment I let go of controlling my image

that I actually began excelling in medical school. I had to let go of looking smart in favor of becoming smarter through hard work. I had to let go of society's standard for success and make my own goals for a peaceful journey in medicine.

I chose to beat my own exam scores on the next test instead of someone else's. I chose to study because of a love for connection instead of a need to be admired. I decided success to me was a continuous journey to grow, while showing love to people through my medical skills. I decided to chase meaning instead of titles. □

From the Field to the Front Doors

BY GABRIELLA CUTRALI (OMS-I)



My young, shaking hands wrapped around my cousin's abdomen as my body filled with both fear and determination. Although scared, I lacked panic, and for that reason, my arms remained strong and my mind sound. I was 10 years old when I was faced with my first medical emergency.

My mother, a nurse practitioner, taught me how to perform the Heimlich at the same time I learned how to make homemade sauce (around second grade). My older 14-year-old cousin came over for lunch following her routine trip to

the orthodontist, where her braces were tightened.

Left home alone for a mere 30 minutes, we decided to prepare lunch. As I fashioned my sandwich, I was startled by a croaking noise. I turned to my cousin, and her face matched the shade of the new, violet rubber bands lining her teeth. Without hesitation, I started to thrust "in and up." After what felt like hours, a large tomato was dislodged from her airway, and adrenaline raced through my blood.

I am naturally drawn to these emergent situations; the ones where I'm forced to think quickly under high stress. In the spring of 2022, I was lucky enough to attend the Fire Department of New York City's (FDNY) Medal Day to honor my boyfriend, an FDNY EMT who pulled multiple people from a vehicle submerged under water.

He shares stories of the calls that came out of the boroughs of NYC, and he reminds me how to evaluate a scene, what to look for in acute illness, and how to act quickly in disquieting

scenarios. More importantly, he has made it clear to me how vital it is to learn from our team members—even those outside the hospital.

I watched the ceremony, as my curious mind raced in circles. How was the patient's condition following a major house fire, a lightning strike, a near drowning, etc.? Where did the FDNY begin to help? It was at that moment I knew the knowledge of field medicine would make me a more innovative and thorough physician.

As a first-year medical student, I immediately joined the Emergency and Disaster Medicine Club. Before I knew it, I found myself at the Davie Fire Department in order to become a Certified Emergency Response Team (CERT) member. While my medical school education will continue to provide me with endless knowledge and skills for a broad scope of care, the Davie Fire Department taught me something different.

My Tuesday nights were spent mastering light search-and-rescue techniques, fire safety, proper bandaging/splinting, and mass-casualty care. It became clear to me that a first responder's perspective is an alternative edition to a physician's—one that complements and instills vital information needed for a doctor to continue care in a controlled setting. I will never fail to recognize all that transpires on the journey from the field to the front doors of a hospital. □



Embracing Discomfort

BY AJA ERSKINE (OMS-II)

A concept we must grasp that will lead to a better life is how to get comfortable with being uncomfortable.

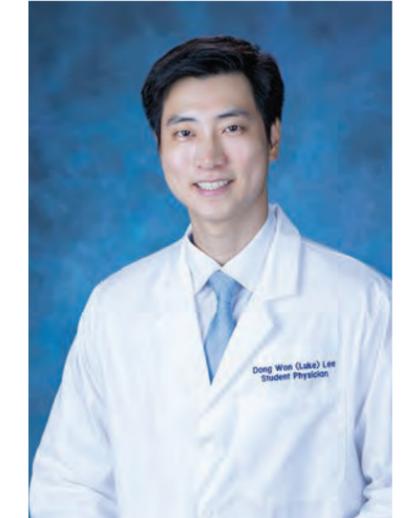
Whether you're holding a yoga pose, at the DMV, or trying to lose weight, be ready to wait in discomfort. The cause of suffering is wishing for things to be different than what they actually are. If we come to terms with the uncomfortable situation, we end the suffering in our minds.

Be present in your situation, know that it won't be like that for long, and get comfortable being uncomfortable. □



Soccer Is My Life

BY DONG WON (LUKE) LEE (OMS-I)



On my first day of elementary school in the United States after relocating from Korea, I experienced some serious cultural differences. On that day, I had to complete my personal information, including name, birthday, and hobbies. On the bottom of the page, there were two blank spaces in front of hair and eyes.

While I knew what those words meant, I did not know what to write in the blanks. In Korea, I never had to write my hair or eye color information, because Koreans all have black hair and black eyes. I ended up writing “yes” for hair and “two” for eyes.

When I first came to America, soccer helped me transition, because although I could not communicate with others in English, I spoke through my actions by scoring goals and assisting my teammates. Soccer taught me to be disciplined, to trust my teammates, and to make sacrifices for others.

I further developed these qualities in my role as team captain for my high school soccer team. In college, I participated in both club and intramural soccer teams, which were an important part of my college experience. After college, I continued to be involved as a referee, which allowed me to experience the game from a different perspective.

Similarly, soccer continued to be an important part of my medical school experience at NSU-KPCOM. I was able to continue playing soccer through weekly pickup soccer and intramurals. Even during weeks of OPP exam and finals, my intramural futsal team finished in second place, and my intramural soccer team finished in first place in our group.

I do not just play soccer. I also watch soccer games and videos, play soccer video games, and even read soccer articles that discuss transfers, injuries, and results. I remember players' ages, nationalities, all the previous teams

they have played for, their dominant foot, and other minute details that only true fans will appreciate. At medical school, I tried to apply a similar approach to some classes, especially Microbiology.

While I had to learn a lot of new information about numerous bacteria, viruses, and parasites, I utilized my memorization approach developed through remembering details about soccer players. At times, I hoped the exams would be about soccer players. In a way, soccer helped me with my classes as well.

The year 2022 was special, as it was the year the World Cup was held. I actually got to watch the World Cup winner Argentina play in September when the team came to play a friendly match in Miami, Florida. Even during finals week, the World Cup games gave me something to look forward to each day. Growing up, soccer brought joy to my life. During difficult times, it continues to be a way for me to cope with stress. □

The Adventures of Medical School

BY MARKEETA BELMAR, M.P.H. (OMS-II)

Medical school is like traveling solo to a new country—entering a world of uncertainty and unknowns. Nevertheless, the prospect of starting a new adventure is exciting. The thrill of the new environment, new food, new culture, sightseeing, meeting new people, and building new relationships is intense. On the other hand, leaving behind security, support from family and friends, and the things that made you comfortable and secure are frightening.

Medical school will test friendships and family bonds, but also form new ones. It will feel exhilarating and lonely. There will be long days and nights of studying mixed in with puddles of tears, but there will also be long days and nights of genuine laughter and fun with close friends.

We cried. It was hard. We doubted ourselves. We were tired. But through it all, we became impressed at our hidden strength. We learned a lot in a short amount of time, but with this packed knowledge, it became fascinating when we could explain the diagnosis on our favorite TV medical drama or describe the mechanism of action of a drug advertised on TV. We met amazing people, found remarkable mentors, and built long-lasting friendships.

So, even though embarking on this journey to become a physician is lifelong, four years of medical school goes by very quickly. Amazingly, we are already more than halfway done with our second year.



Although it is daunting, it has been enjoyable and miraculous. We continue to make the best use of our time and learn as much as we can so that one day, we can become amazing physicians. □



The Questions I Wasn't Prepared For

BY ARIELLE ASHKENAZI (OMS-III)

We spend years learning and memorizing the physiology of medicine until our third year strikes like a tornado, and we notice a disconnect between Anki decks and the real world. After my first month of rotations, I felt conflicted and filled with questions. I also came to realize that being a doctor is an endless catch-22—a life committed to helping others, but still being faced with situations in which we cannot help.

What can we do when our patients run out of options?

The undocumented patient with only three months to live, one dying wish, and one expired passport.

I first heard his story on rounds, and then I worked the day we found his cancer had metastasized. We were out of options. The attending told us the only thing left to do was coordinate hospice so he could live his final days comfortably. The patient told us he felt at peace with no longer receiving treatment, but his only wish was to return to his country and spend the rest of his time with his brother. He came to Florida illegally, and his passport had expired. How were we supposed to help?

What do our patients really need from us?

The man who cried because he felt inadequate as a father.

The teen who cried because she felt as if no one was listening to her.

The woman who cried because she felt COVID-19 had pushed her dreams beyond her reach.

Patients trust their doctors enough to share things they've never told anyone else. This is the honor of being a physician. This is also a heavy weight to carry, because most of the time we cannot help the way we wish we could.

I could not call my patient's children to ensure they reminded him he was a wonderful father.

I could not check up on the teen every day after school to see how she was feeling.

I could not save enough money for my patient who wanted to open her own restaurant.

If you've read this far, then maybe you're looking for answers. But I don't have them yet. The only thing I can do is give you advice before you make it to third year. Ask yourself these questions to figure out what kind of physician you want to be. Maybe you spend an extra 10 minutes in the room with your patient to listen more, or maybe you refer them out.

Maybe you will go home and research a way to write a letter to immigration, or maybe you will hand the case off to the social worker. Either way, our patients and their stories go beyond anything we've ever studied for. So, while you spend the next few months getting ready for rotations, prepare your heart as much as your mind. □



After my first month of rotations, I felt conflicted and filled with questions. I also came to realize that being a doctor is an endless catch-22—a life committed to helping others, but still being faced with situations in which we cannot help.

Taking on the Physician Role

BY JOMARIES O. GOMEZ ROSADO (OMS-II)

I placed my hand gently on my uncle's shoulder to count his respiration rate. Accustomed to practicing on my healthy classmates, the findings surprised me; 36 bpm, labored. I reflected on when we first received his diagnosis. We were confident he would recover from cancer and live a long, healthy life. The tumor had grown exponentially in the past year and was no longer responding to treatment.

The mass was compressing his heart and displacing his trachea. He was now dependent on an oxygen tank and could only take a couple of steps before running out of breath. At 41 years old, my tío Bernardo was diagnosed with stage 4, non-small cell lung cancer. At the age of 44, he lost his cancer battle.

In class, we learned about the risk factors, treatments, complications, and survival rates of different cancers. Everything seems distant until an actual patient is sitting in front of you, and everything feels personal when the patient is a loved one you grew up playing card games with.

The statistics are no longer abstract; they have faces and names. Multilobar pneumonia, ground-glass appearances, emphysema, pulmonary embolism, metastatic disease. All terms we study separately, but now in one patient. Seeing his disease progress taught me lessons no book could.

Early on in his diagnosis, my family elevated me to the "doctor" role. Given the language barrier, my family relied on me to interpret

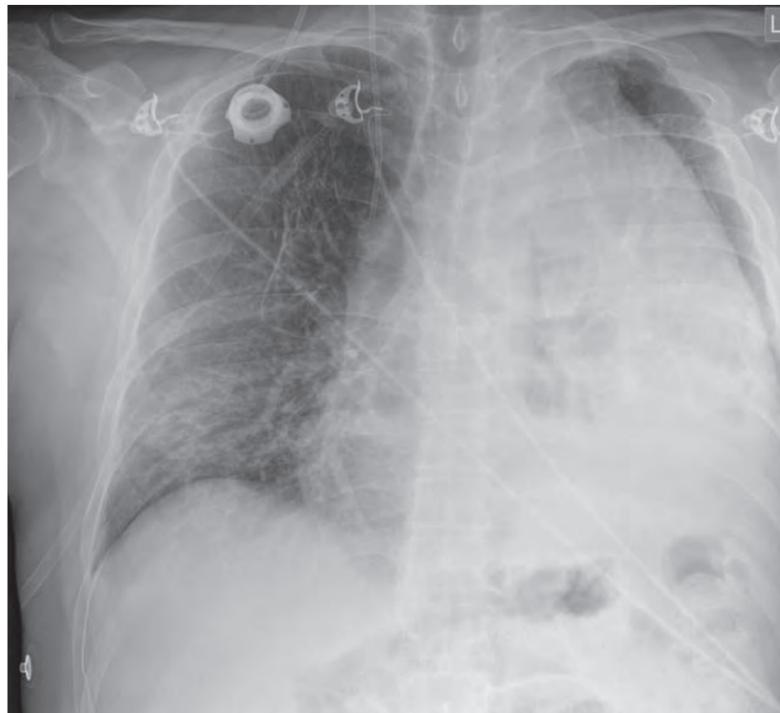
medical information, and I soon became an intermediary between tío Bernardo's medical team and my relatives. Intellectualizing his condition became my defense mechanism. I preferred to interpret for my family instead of feeling the fear of losing him. My medical knowledge was an asset to my family, but I didn't let them see how it became a disadvantage for me.

I saw his body starting to shut down and how the cancer continued to invade his lungs. While he had the will to live, and my family was hopeful for his recovery, I knew his body could not handle it anymore. But how could I tell my family that tío Bernardo's time was so limited?

Having this knowledge weighed on me. No one tells you when you

start medical school that you will gain a different perspective on medical problems in the family. I learned there is a fine line between prolonging a patient's life and the patient's quality of life. There is a point where trying to keep someone alive becomes selfish, and the most humane thing is to let them go.

Modern medicine gifted us three more years after his diagnosis, and we are thankful for it. He was blessed with remarkable health care professionals at every hospital and center we visited. They took care of him until his last breath with dedication and compassion. Despite the personal hardships that come with the new role I've taken, I'm beyond grateful for the opportunity to study medicine and soon join these incredible health care teams. □



Gratitude

BY ADITI ISLAM (OMS-II)

At the age of 13, on my way home from school, I was on a phone call my mom put me on. "Who is this?" is a question I kept asking myself, filled with uncertainty and confusion. I thought it was a stranger with a familiar voice, but I never thought it would be my dad, coming off life support and being able to speak again.

At that point, my dad had been in the ICU for more than a month on life support due to a fish bone piercing through his esophagus and lungs, leading to his lungs being filled with fluid. No physician thought he would survive; similarly, I had lost hope too, but he made it against all odds.

When I heard his voice again, I was shocked, because I had forgotten it for a couple of months. The emotion that washed over me was indescribable—a mix of joy, relief, and gratitude. Upon hearing his voice, tears came to my eyes, because it was at that moment I learned not to take anything for granted, even if it is as simple as someone's voice or someone's ability to speak.

People often ask me how I stay happy and smiling most of the time. The truth is that from a young age, I learned to take notice of the small things in life, such as the opportunity to breathe another day, to appreciate the people around me, and to love more deeply.

I believe happiness can be found in any situation if we take the time to appreciate what we have at that moment, even if it is as simple as a loved one's voice. Gratitude is what keeps me smiling and is the reason I am who I am today. The experience with my dad taught me to never take the people and things I love for granted, and to always find joy and gratitude in the present moment. □



The Things I Carry

BY TARA LEWANDOWSKI (OMS-II)

The things I carry on a daily basis are regulated by my morning cups of coffee. The first sips of caffeine are crucial in order to reach the finish line of my jam-packed day. Dark, cloudy stains on my sweatshirts provide evidence of my fast-paced, and sometimes hectic, lifestyle.

I carry my phone throughout the day in an attempt to keep in contact with my friends and family. My phone is sometimes used to avoid awkward conversations in public and for the continuous emails and updates on Canvas.

I carry the disadvantages of stress in a medical student's life: never-ending studying, hours of research, the responsibilities of being president of the largest club on campus. The things I carry are largely determined by my schedule for the day. To PCM, I bring my stethoscope; to the library, I bring my ordinary brown bag of snacks to fuel my brain. My disorganized and heavy backpack lugs around my iPad, my laptop, my chargers, scratch papers sticking in and out of folders in every direction.

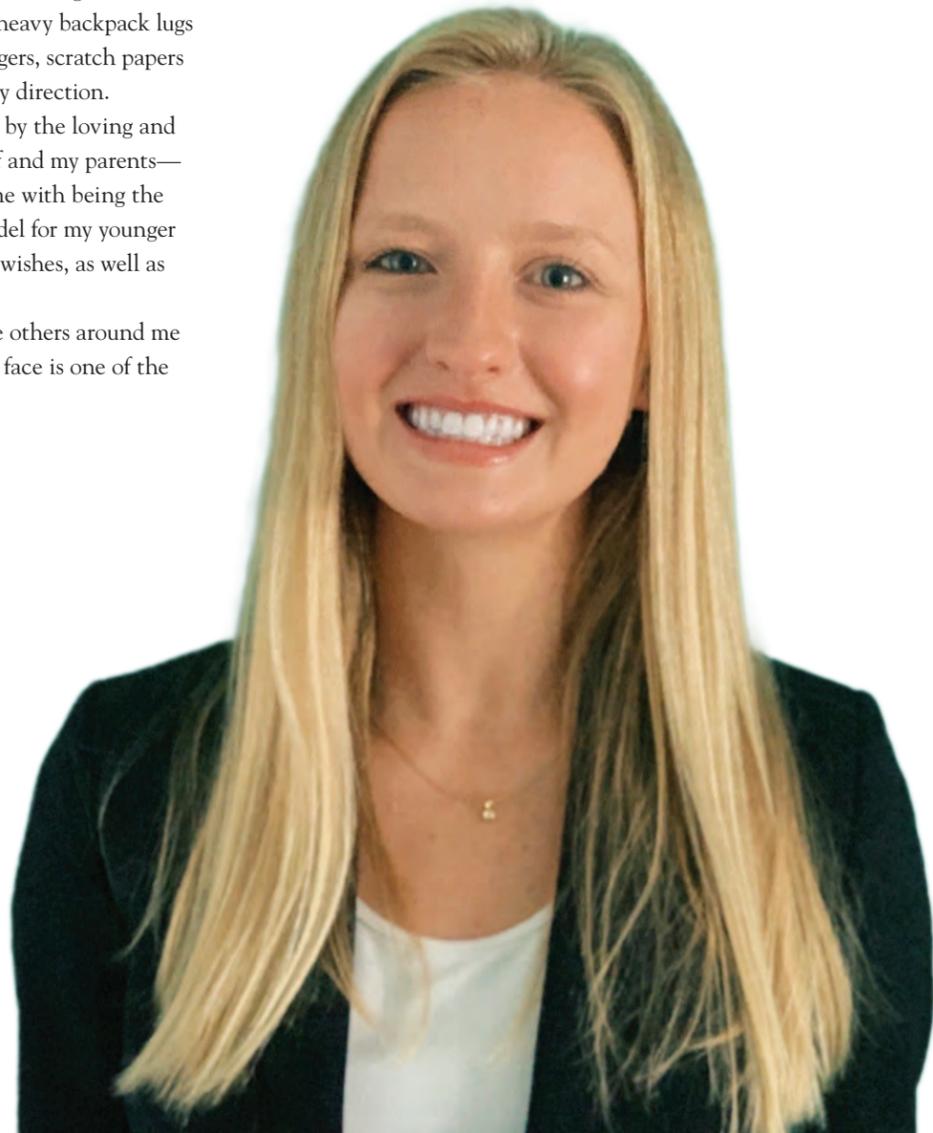
The things I carry are influenced by the loving and extraordinary expectations of myself and my parents—the subconscious standards that come with being the oldest in the family, being a role model for my younger siblings. I am restless to please their wishes, as well as exceed my own.

I carry the intense desire to make others around me happy. Putting a smile on someone's face is one of the most rewarding feelings to me.

I carry dreams with limitless boundaries. I wish to become a doctor and start a family, just like the next person. Exploring the world and doing something for the betterment of others are among the most important requirements in my life.

The heaviest thing I carry is the unsettling feeling of having what seems like endless opportunities around me and wondering whether or not I am doing enough to take advantage of them.

The things I carry could be considered shamefully insignificant and painfully “unpainful” to some people. But the idea of not doing everything I should have, not having everything I could ever want, and thinking I still may not be good enough haunts me unceasingly. □



The Art and Science of Medicine

BY JANAVI PATEL (OMS-II)

I remember walking into the hospital room and feeling a heavy weight in my heart when I saw the exhaustion and defeat etched on my grandma's face. She had been battling a deteriorating heart and fluid buildup in her lungs for months, with doctors coming and going, checking her charts, and administering medications, but leaving her more anxious and uncertain with each visit.

But then, late in the day, her pulmonologist came into the room. I watched in amazement as a smile spread across my grandma's face for the first time in what felt like ages. The pulmonologist greeted her with genuine enthusiasm, introduced himself to me, and pulled up a chair beside her bed.

He spent the next 20 minutes answering her questions, addressing her concerns, and getting to know more about her and our family. By the time he left, my grandma looked visibly relieved, and it was clear that the pulmonologist had come to check on her as a person—not just her condition.

This experience opened my eyes to the true art of medicine. I had always been exposed to the science of it—the diseases, procedures, and medications—but I had never seen the impact of treating a patient holistically, with compassion and understanding. It's not just about prescribing the right medication, but also addressing patients' anxieties to make them feel comfortable and heard.

Having someone close to you suffer from a health condition changes your perspective. Earlier in my childhood, I struggled to understand why my younger cousin Shanti preferred to stay indoors and play video games rather than play outdoors. Only later did I learn that Shanti suffers from a rare disease called Duchenne muscular dystrophy (DMD).

During this time, I went to a fundraiser for DMD research. I heard about all the work being done at many different levels, ranging from awareness campaigns and support groups to clinical trials and wet-lab research. With the encouragement from that event, I got involved in all aspects of DMD, including research, volunteering,



and fundraising. This reminded me that medicine goes beyond immediate care, as it is the art of a culmination of innovation, research, care delivery—and much more.

As I pursue a career in medicine, I hope to stay active in research and help expand scientific knowledge, but I also recognize there is so much more to being a physician than just being knowledgeable. By combining the science and art of medicine, I hope to form meaningful, long-lasting relationships with my future patients and make a real difference in their lives. □

My Warrior Dog

BY LOGAN SIMON (OMS-I)

As soon as I met Warrior, I knew my life in medical school was never going to be the same. I rehomed my Australian Shepherd Warrior one year ago from a family that could no longer take care of him. As his name Warrior suggests, he is an extremely energetic and strong dog.

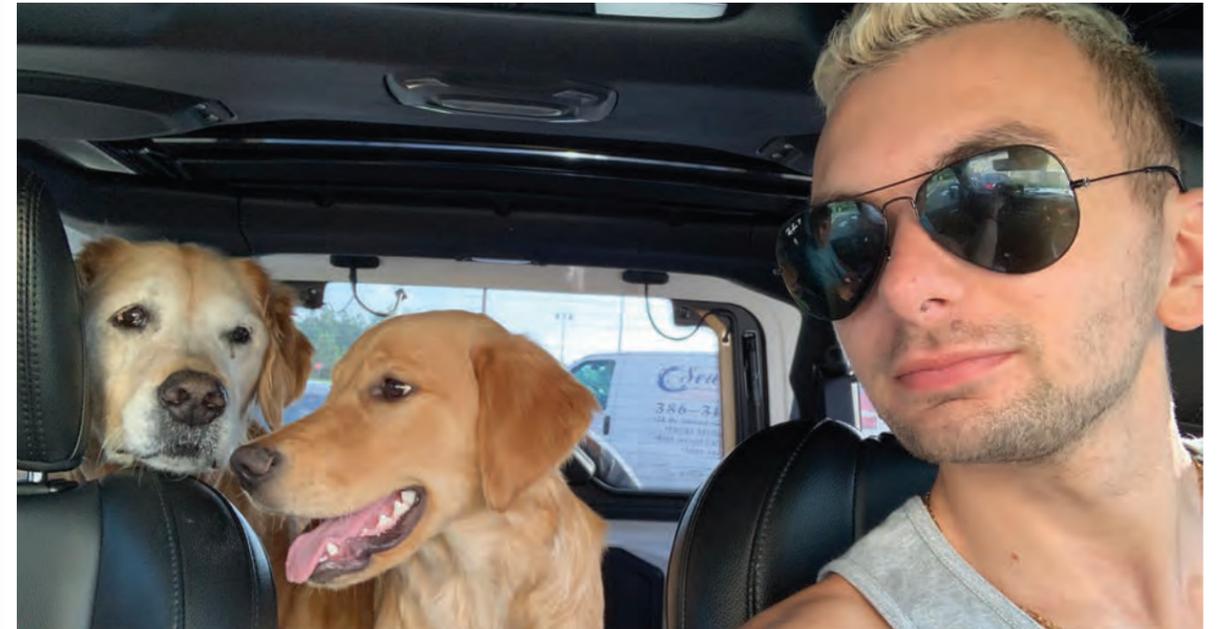
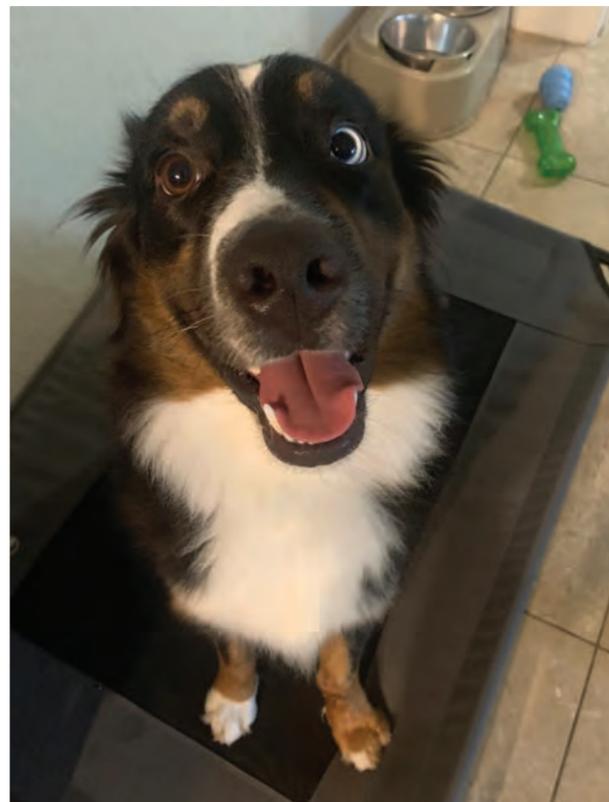
From our first day together, I knew he needed long walks and even more attention than I expected. Early on, it was a big struggle balancing my medical school studies while trying to also take care of a young puppy. He did not like sleeping regular hours and would constantly wake up throughout the night.

There were many days of classes where I had only slept a few hours the night before. At night, I would often drive around with Warrior in the car in order for him to stop barking so my roommate and girlfriend could get some rest. I thought I could successfully continue this pattern of little sleep and cramming the next day until I received my midterm grades during my first semester. I performed below my standards, and I knew I had a decision to make.

Warrior was part of my family now, and I did not want to give up on him. However, I knew there had to be a change so I could reach my goal of becoming a physician. After talking with my family and girlfriend, we sent him away for training during my winter break. Upon returning, Warrior was slightly better behaved, but the big difference was that he was finally crate trained. This meant he knew to stop barking and rest at night when I put him in his crate.

Additionally, I made myself a new schedule to include times for walking, playing, and feeding him. These changes have made it not only possible, but very enjoyable to have a dog in medical school. I was finally able to get a good night's sleep and performed well on all my exams the rest of the year.

Warrior has provided me with great exercise while playing in the park, companionship, and friendship when I need it the most. I am forever thankful for the bond I have with my dog, and now I can confidently say I do not think I could finish medical school without him. □



Love: Man and His Best Friend

BY MICHAEL HUZIOR (OMS-II)

Why don't dogs live as long as their owners? The scientific answer to this question is likely rooted in something related to genetics, but the better question to ask is, "Do dogs need to live as long as their owners?" In order to answer this question, we must first figure out what it means to be human—or more importantly, the purpose of life.

Live, laugh, love is a quote we see plastered across our local T.J. Maxx and Walmart stores. But a quote that defines U.S. suburbia could very well be the lesson plan for our short time on this planet. We often think of the human species as being at the top of the food chain—the most intelligent and sophisticated beings to leave a mark on the beloved earth, but having this viewpoint makes us naive to lessons that can be learned from the nature around us. If we put our false sense of prowess aside, and embrace a role as a student, there is much to be learned from the environment that surrounds us—including man's best friend.

Sandy, my family's 11-year-old golden retriever, peacefully passed away in August 2020, leaving behind her family of five heartbroken humans and our other six-month-old golden retriever Lucy. Though their time together was short, Sandy and Lucy were inseparable. Sandy taught Lucy how to jump on the couch, how to bark at the Amazon delivery man, and, most importantly,

how to beg for human food at dinner. While they didn't speak, it was very clear they were in sync, almost as if Sandy was getting ready to pass the torch to Lucy as the alpha dog as her days became numbered.

Looking back, there were signs Sandy was sick, but our family just wrote them off as her being a "senior dog." Meanwhile, Lucy was fully aware—eager and ready to learn what it meant to be the family dog, aka the lifeline of the Huzior family. The beautiful thing about our pups is that they simply live in the moment. Happiness to them is a breezy day with a tennis ball in the backyard. There is no worrying about grades being posted to Canvas or the best strategy to pass Step 1. The only thing that matters is being surrounded by the people they love.

We can spend 95 years walking this planet and still not be able to reach the level of peace dogs experience in their first few years frolicking on the planet. That is why they don't need to live as long. Humans are imperfect—often corrupted by our own desires to begin with. Luckily, with man's best friend by our side, there is much to learn about life. While Sandy has now crossed the rainbow bridge, we have dogs like Lucy to teach us what it means to fully live in the moment and seize every day. □

The Best “Suppawt” System

BY MARIA ISABELLA CRUZ (OMS-II)

When I decided I would be moving from Texas to Florida for medical school, I knew that doing it alone would be difficult. I was going to need a four-legged friend by my side, and that just so happened to be my dog Asher.

My family and I got Asher in 2019, before the beginning of the COVID-19 pandemic. During the pandemic, we bonded over our daily walks and training sessions. When it came time to move to Florida, I begged my family to allow me to take Asher with me. With much reluctance, they finally agreed, and in July, we began our adventure.

Our first month in Florida was quite an adjustment. Asher went from living in a house to an apartment, and from having four humans to just one, equating to a significant decrease in space and attention. As part of our daily routine, I walked him around the apartment complex, and he began to gain popularity among the residents.

Having moved in the summertime, I would make Asher wear shoes to protect his paws from the hot concrete. This turned out to be a conversation piece with several neighbors, and that is how I got to know some of them. Being a reserved individual, I credit Asher with helping me step out of my comfort zone and converse with people I have never met before. It goes without saying that he helped ease some of my anxieties after I moved to a new state.

As the year progressed, I gained friends who gladly welcomed Asher with open arms. He quickly became a source of joy and comfort, not just for me, but for my friends in medical school as well. He is always invited whenever we go to our posttest lunches or to friends’ houses to hang out. Needless to say, he became part of my med school circle, and I am so grateful I found friends who shower him with love.

While to many it may seem difficult to take care of a dog while in medical school, to me, it has been an absolute pleasure. Our mandatory walks have been nothing but refreshing, especially during long days of studying. He even keeps me cognizant of meal times, as he only eats when I do, so I have to ensure I have at least two meals a day. In addition to that, he keeps me company whenever I study, whether it be on the balcony, in a coffee shop, or on my desk at home.

Asher is truly the gift that keeps on giving. He has made me more patient and less anxious as I have tried to navigate the journey that is medical school. He has eased my fears and kept me sane. All that said, there is no way I would have survived the past year and a half without my furry best friend by my side. □



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Swift to Hear, Slow to Speak

BY SOHNI PATHAN (OMS-IV)

The most harrowing facet of human nature is our insatiable need to find connection as we endure life's greatest challenges. The role of a care partner is so often overlooked, yet is almost instrumental in the livelihood of many of the patients we encounter. Taylor Swift points to this role in her song *Soon You'll Get Better*, as her mother continues her battle with metastatic breast cancer.

If you're familiar with Swift's discography, you may recollect the sharp contrast in the lyric between this song and *The Best Day* featured on her earlier album *Fearless*. *The Best Day* recounts the fondest memories Swift shares with her mother, including a sweet recollection of alleviating the heartbreak Swift has now become known for experiencing. This transformation of her songwriting from innocent nostalgia to arduous sorrow is very much defined by her experience with almost losing her mother.

In *Soon You'll Get Better*, Swift chronicles an initial reckoning she faces with her mother's diagnosis, exalting her medications to "holy orange bottles" and finding solace in the existence of a higher power. She also playfully remarks that her mother "likes the nicer nurses," while juxtaposing her own denial of the whole process, as she laments that she'll "just pretend it isn't real."

Of all her expressive lyricism, the most heart-wrenching theme is her continued confession of shame in her own selfish desires, which are highlighted in her choral pleading to her mother that "soon you'll get better, 'cause you have to." Swift revisits this greed for her mother's life in the bridge, where she agonizingly probes, "Who am I supposed to talk to?" Her poetry, combined with the simplicity of the instrumentation, creates a lullaby-adjacent melody with the power to move any listener to tears.

On a personal level, this piece forced me to confront my own fears of losing my loved ones to sickness, and I remember the poignant lyrics as I speak to family members and care partners of my own patients. My hope in showcasing this incredible song is to remind ourselves of the countless stories we are constantly surrounded by that share the very human themes of love, denial, dread, and anguish.

As we traverse our own journeys through medicine, it is rather easy to be disillusioned by what seems like an impossible caseload, consult after consult, with no light at the end of the tunnel. What we don't see in that tunnel is the thousands of patients and family members who've been stuck in the dark for years. While it may be difficult to pull them out, the least we can do is sit with them and offer our time and a listening ear. □



From Struggles to Triumph

BY RICHARD FERNANDEZ (OMS-I)

The importance of staying determined cannot be overstated. When faced with challenges and setbacks, it can be tempting to throw in the towel. But the truth is, perseverance and determination are crucial qualities medical students have that can help us overcome even the most difficult of obstacles.

I know this firsthand, as I had a constant battle with an illness just one month before starting medical school. At the time, it felt like everything was falling apart. I was in and out of the hospital and had multiple doctor visits that required me to take time off from school to focus on my health. It was a difficult and trying experience, and there were many moments when I questioned whether I would be able to even complete my first semester of medical school. It was a lot to juggle at one time.

Despite all the challenges and setbacks, I knew I couldn't give up. I tried to look at the situation in a positive light. I knew that becoming a doctor was my lifelong dream, and I was determined to do whatever it took to make it a reality. During my time off, I worked hard to manage my health by exercising, having a healthy diet, and planning my studies ahead of time. When I was able to return to medical school, I hit the ground running. It was an extremely difficult and exhausting semester, but I managed to pull through.

The importance of never giving up, however, extends far beyond my personal journey. In the world of medicine, there are countless stories of people who have faced challenges and setbacks, yet persevered and achieved great things. From groundbreaking discoveries to lifesaving treatments, these individuals have made a profound impact on the world of medicine and beyond—all because they refused to give up.

The experience of dealing with an illness and experiencing "the firehose" that is medicine has taught me the importance of always staying determined, no matter how difficult the circumstances may seem. We, as medical students, have worked too hard to achieve where we are today. Making it to medical school is no easy feat. Always remember that you deserve to be here.

To anyone who may be facing challenges or setbacks in their journey, I encourage you to always look on the bright side and to continue moving forward. It may not be easy, but the rewards of perseverance are immeasurable. It will be worth it in the end when your future patient has a big smile and says, "Thank you, Doctor." Whether you are pursuing a career in medicine or any other field, if you stay positive and continue to give it your all, you can overcome any obstacle and achieve your dreams." □



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The 12-Hour Walk

BY MARIAH DALY KLINGLER (OMS-II)

On September 10, 2022, I participated in a global movement called the 12-Hour Walk.

Colin O’Brady completed the world’s first solo, unsupported, completely human-powered crossing of Antarctica.¹ On that 54-day trek, he walked 12 hours a day. O’Brady says he shattered limiting beliefs in the process, so he challenged people around the world to take one day and go 12 hours unplugged—no music, podcasts, texts, calls, social media, studying, or input from the world. Nothing except you, your thoughts, and the deafening silence.

As a medical student, I cram information into my brain all day long. If it’s not school, it’s reading, social media, or Netflix to “not think.” Input every waking moment wore me down. I felt like a robot. Eat. Sleep. Study. Repeat. Burnout fast approached. I needed a shift.

I woke up at 6:30 a.m. on Saturday to start early and finish before sunset. When alarm #1 went off, I hit the snooze button. After alarm #2, I checked the weather and saw a 100 percent chance of rain. Obviously, I went back to bed. At 9:00 a.m., I made up my mind to stay home and study. In that moment, I realized what I was doing. The fact that I was already making up excuses was proof that this 12-hour walk was the extreme I needed.

Everything started out great with sunshine on the Tampa Bay, but the sky turned grayer with every step. It started pouring three hours in. I kept on walking, shoes squishing. I was drenched from head to toe, but I felt a shift from “The Lord is testing me” to God saying, “Let me show you how strong I made you.” The rain on my skin was electrifying, and I jumped in rain puddles like a kid. I haven’t felt that free in a long time.

By hour seven, however, my attitude had changed. My feet ached. I was tired, sweaty, and hungry. I sat on a bench and cried. The next five hours seemed impossible. A seven-hour walk was still impressive, right? I felt the entirety of all that life and the semester piled on. I needed a win so badly. No texts or calls allowed, I picked myself up. With a fresh change of socks, a Band-Aid on every other toe, and peanut butter and jelly in hand, I set out to finish.

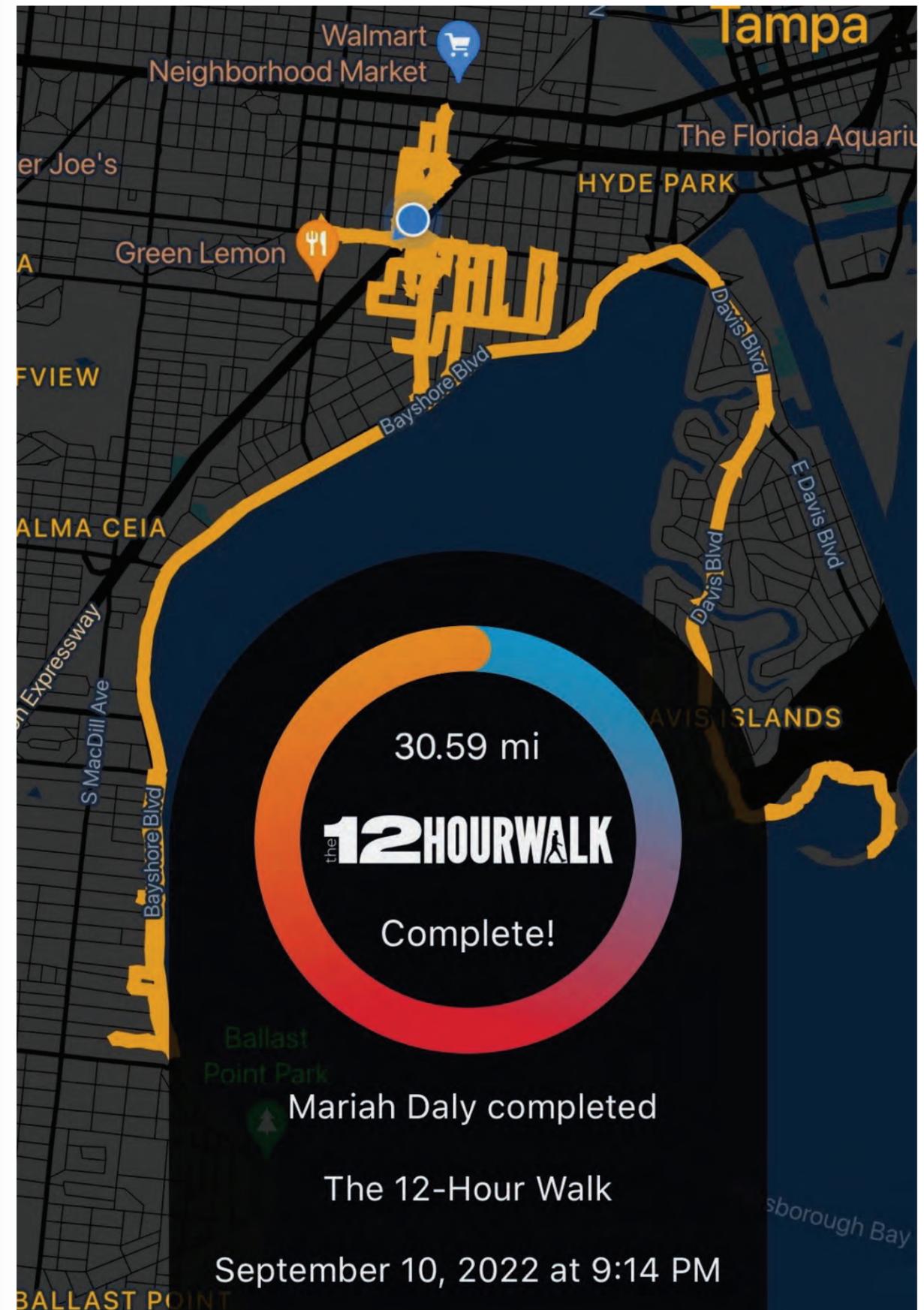
REFERENCE

1. O’Brady, C. *The Impossible First*.
colinobradys.com/theimpossiblefirst.

At 9:15 p.m., I walked into my living room—30.59 miles completed, 12 hours done.

Even though my body hurt the next few days, I regret nothing. I learned that our minds are so powerful. Your mindset can change your life.

I came out of the walk a little battered and beaten, but that destruction of my old self has tended the ground for growth moving forward. This was the most challenging thing I have ever done. I’m proud of myself, and I don’t say that enough. Take a day. Do the 12-hour walk to meet yourself. You are capable of more than you can even imagine. □



Perseverantia et Fide in Deo

BY ASHIN CHADHA (OMS-II)

Perseverantia et Fide in Deo.

This was the motto of Bombay Scottish, the middle school I attended in Mumbai, India. Perseverantia et Fide in Deo is Latin for perseverance and faith in God, which are two qualities that are instilled in every student who attended Bombay Scottish. When times get tough while battling through an obstacle, I find myself coming back to this quote repeatedly.

Any great achievement in this world comes with one thing, and one thing only—perseverance. If a person is not talented, nor of average merit, or not as knowledgeable, that person can still succeed merely by persevering through life with hard work. This just goes to show there is no substitute for hard work, and that if people have the ability to forge ahead despite setbacks that undermine their efforts, then anything is possible.

My grandfather has always told me success is not a singular end point, but there is success within the battles acquired in the journey to get to that end point. Nelson Mandela once said, “The greatest glory in living lies not in never falling, but rising every time you fall.” That is the essence of persevering—finding the will to get up even though you know you are being counted out.

This is what separates the great from the good. The greatest basketball player of all time had a similar story. At 5 feet, 11 inches, Michael Jordan tried out for his high school basketball varsity team during his sophomore year, but he was deemed too short to play at that level. This fueled a fire, making him not stop

until he was the very best. He not only made the team, but he also became the greatest player of all time.

Just before I started high school, my family and I moved to Jacksonville, Florida. I was borderline obese when we moved to the United States, but I had an obsessive passion for the game of golf. During my freshman year, I tried to qualify for the varsity golf team, but failed to make the roster.

The coach promised me a spot to compete the following year on the junior varsity team if I promised to work on my weight and game. From then on, I worked tremendously hard on my body, my golf game, and my academics. The road was not easy for a high school kid who loved Pop-Tarts and only wanted to play video games.

After a complete transformation, I ended up losing 50 pounds and pursuing a college golf career at the University of Rochester. A young, overweight teenager to a college golf athlete within three years, with many bumps in the road, but with one word in mind—perseverance.

As we look forward to our next chapter as doctors, I am sure there are going to be multiple experiences where we will have to share genuine experiences with patients to persevere through tough times, spending countless hours on coming to a stringent treatment plan or a definitive diagnosis. Having a history of battling through struggles, I am confident I am ready for the challenges the future may hold. □



The Nontraditional Medical Student

BY AVVA SANIEE (OMS-II)

As a second-year medical student, I reflected on the last year and a half since I began my medical school journey as a 26-year-old, moving from the Washington, D.C., area to a state I didn't know much about. In addition to the expected adjustment period we all faced as graduate-level students—the intense workload, making new friends, and overall new lifestyle—I knew I would have a longer adjustment period than most.

Many of my friends and fellow classmates had either started medical school directly from undergrad or had taken short gap years. It was then that I realized how much younger the average age of my class was. After months of back-and-forth thoughts of, “Am I actually that much older?” and “Why am I having a harder time relating to many of my classmates?” I realized the reason.

It was due to the years of true life experiences I had prior to entering medical school that shaped the way I think, as I no longer thought like a college student. I had experienced signing my own leases, paying my own taxes, the exhaustion of working 40+ hours a week, feeling overworked, and even the simple things such as what “expensive produce” at the store meant. I followed the news regularly and was aware of the hardships faced by inner-city communities in DC on a daily basis.

Importantly, my view on medicine and the healthcare system drastically changed as well during my gap years. The dreamer in me who had romanticized medicine for more than a decade had finally experienced firsthand the frustrations of the healthcare system many face, and my heart ached for them.

I worked closely with underserved patients, and my motivation to help them surpassed regular business hours. I found myself thinking about their challenges late at night, searching the Internet for avenues we could take to help them, no matter how unconventional. I found myself calling them on a weekly basis to check in on them, making sure they were able to pick up their medications, that they had a secure housing situation. I was inspired.

I think about those days often. Being a nontraditional student has only aided me into being a stronger medical student, and I hope other nontraditional students feel the same way. Our experiences have made us relatable to common folk; our altruism is solidified in our years of interactions with human beings—on the Metrorail, the bus stop, a doctor's office. We understand. And with that, we will become even better physicians. □



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Medical School and a Sick Family Member

BY POOJA PATEL (OMS-II)

“Her biopsy did detect cancer cells.”

Hearing those words felt like my world was crashing down on me. My grandma was diagnosed with stage 4 esophageal cancer during my first semester of medical school. Absolutely nothing could have prepared me to watch the person who raised me go through the horrors of chemotherapy.

Everyone knows how difficult medical school can be, but having to deal with a sick family member definitely made my first year nearly impossible. Every free weekend or week I had, I was rushing home to help my family take my grandma to her chemotherapy appointments and to take care of her in every way possible. The weeks in the hospital, the multiple ER visits throughout the year, and the days where we thought we were about to lose her made it increasingly difficult to persevere and focus on exams and classes.

It was a constant battle between trying to maintain my mental health in order to concentrate on my studies, while also serving as a rock for my family. With my very limited medical knowledge, I am still the only person in my family in the medical field. They sought guidance from me to explain things they could not understand and constantly asked me if she was doing any better and if her reports were alright. My parents had recorded every doctor’s appointment, sent me every imaging report, and constantly asked me questions I could not answer. I felt like I had to be there to support them as well, as best as I could considering the circumstances.

The pressure of being there for my family, while also being a medical student, was beyond overwhelming throughout the year. I lived in fear every day that any phone call I received from my family was a call to inform me we had lost her. Having to fight that fear and anxiety in order to focus on school and continue balancing exams, volunteering, research, and shadowing was probably one of the hardest things I have ever had to do.



But by watching the strength my grandma had throughout the year, I knew this was just another obstacle I needed to face to reach my goal. She never gave up, no matter how many days she spent in the ER and no matter how weak the chemo had made her. As of October 2022, my grandma is now tumor free after fighting for 11 months, through 11 rounds of chemo. □



A Letter to Myself

BY ANNETTE MATHEW (OMS-II)

Dear past me,

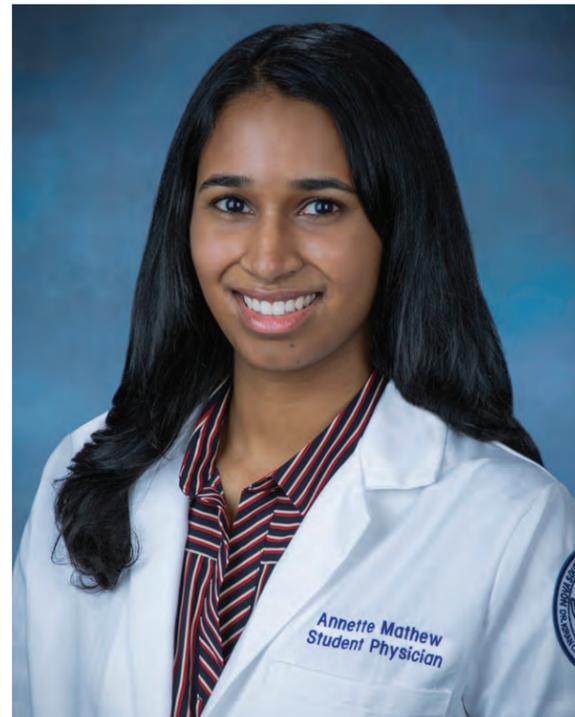
Being a medical student is not the hardest thing you will do.

The most emotionally draining part of this process is getting into school. Writing draft after draft about your passion for this field, while also trying to curate the most unique application, can be nerve-racking. Then submitting that application, writing a second essay on your dedication to medicine, and then interviewing in front of the doctors you hope to be like require more effort than you know.

The weeks in between your interview and your acceptance will be the longest weeks of your life, because all you can do is replay that interview in your head, reread your application multiple times, and think about if your interviewers saw your most authentic self and are advocating for your acceptance in front of the admissions committee. While this was the hardest part of your journey, it's the most valuable part. It will teach you so much about having faith in yourself and knowing that trying your hardest is enough.

You will be so thankful for the long, hard nights and early mornings, because there was a very real possibility that you wouldn't even have that opportunity. When you don't do great on an exam, at least you had the opportunity to take the exam. So many people apply to be in your seat, and you were once one of those kids just hoping to have a shot.

Once you finally get in, you're going to realize you don't have a clue about what you're doing. Your first semester is going to be overwhelming. You are going to mess up. However, you are going to realize you aren't perfect and will learn to deal with that. You will change your mindset from seeing failure as negative to seeing it as an opportunity to grow. Having a hard semester can only make you more prepared for the next. With every class you pass, you will realize you are more capable than you previously thought.



While studying for classes is top priority, learning how to balance school with self-care is the key to success. You don't necessarily need to do something wild or very adventurous to enjoy life in medical school. There is a lot of joy in making a great meal, exercising, or doing a morning/evening routine. There is a lot of power in "romanticizing your life." You will find so much happiness in taking care of yourself and making time for loved ones.

These are the things that will get you through times when you feel burnt out. Apply for that scholarship, try something new, and run for that role. Even if you don't see the results you want, at least you can say you tried. Regardless, you are going to be proud of the person you are and the person you are becoming. □

When the Student Becomes the Patient

BY MARYANNE VACA (OMS-IV)



Throughout the journey of becoming a physician, one specific question seems to always make itself to the top in every interview: "Why do you want to become a physician?" Most students usually discuss compassion in some way. I am guilty of using this word myself when describing my own character. I realize now that I never fully understood what it truly meant.

About six months ago, I had my first child, Amelia. It was supposed to be a joyous celebration surrounding adjustments to this growing family. But it turned into the most frightening near-death experience of my life. At two weeks postpartum, the lack of sleep, diaper changes, postpartum mood swings, and breastfeeding took a toll on me. No one ever told me how mentally and physically exhausting breastfeeding would be.

It started with a sore throat. I did not pay much attention to it, since I had recently been in the hospital and at the pediatrician's office. I assumed I caught a cold. Later that

day, I developed painful lumps in my underarms and an abrupt decrease in milk production in one breast. This is when I knew it could be mastitis. I knew it was common, and I figured it would run its course.

The following day, the fevers began. I had never experienced such high fevers before. I had severe, exaggerated, and uncontrollable shaking associated with persistent temperatures up to 104. I knew I had to start antibiotic treatment as soon as possible, so I called my OB-GYN first thing in the morning.

Even after starting the antibiotics, I could not hold liquids down, which provoked my concern for possible dehydration. Upon arrival at the emergency room, I was found to be septic. Shortly after, I was directly admitted to the ICU, and sepsis protocol was underway. Within 24 hours, I had gone through seven types of antibiotics with minimal response. Initially, I refused a PICC line, a transfer to another hospital, and kept questioning the

doctor's plan of care because of my own denial of the severity of my condition.

At this moment, I needed someone confident enough to direct and manage my care, while being compassionate enough to allow me the time to process my situation. As a new mom, having gone through such a traumatic experience in such a short time, they knew I needed more than just medical care. They realized my vulnerability as a patient and the extent of their role in these life-or-death circumstances. They were patient with me and considerate of my emotionally volatile state.

It was their empathy that allowed them to establish rapport with me, so that I would accept the necessary medical care and come home to my daughter. Compassion has a whole new meaning for me. It is no longer a feeling, but it is a tangible action. I hope this story inspires you to make your patients feel heard and cared for. □

Movement Is Medicine

BY PAIGE CONRAD (OMS-I)

As a competitive tennis player for 15 years before starting medical school, exercise in some form had always been built into my everyday schedule. Between practices, conditioning, weights, and yoga, it was easy for me to stay active and move my body on a routine basis.

Although at times challenging, I came to learn that playing tennis and working out were healthy ways to relieve stress when school, extracurriculars, and life became busy. As a Division I student athlete

in college, I looked forward to going to practice or the weight room, as it was a time to decompress and release endorphins while taking a break from studying.

Mixed emotions arose after playing my last collegiate tennis match in the spring of 2022, as it meant I was finished representing my school as an athlete, but I was close to starting a whole new journey in medical school. Even though all the organized practices, personal trainers, and guided fitness workouts were

over, I felt confident that the physical habits I had acquired would be extremely beneficial for my mental and physical health in medical school.

I knew my first semester of medical school would be challenging, but I also knew from experience that I needed to maintain a consistent workout schedule to provide an outlet for stress. Even when it seems as if there are not enough hours in the day to do everything I need to do, I make it a priority to complete a quick workout of some kind every day.

This past semester, I became creative with ways to incorporate fitness into my study schedule, such as walking on the treadmill while watching *Ninja Nerd* or making myself do squats or push-ups for every wrong practice question. Whether it was walking, running, lifting weights, or HIIT circuits, I always felt more energized and ready to return to studying after this part of my routine.

I will always be grateful for my experiences as a collegiate athlete and the lessons it taught me about myself I will carry into medical school and into my career. I am appreciative of, and can attribute a large part of my success during the first semester, to my ability to stay active and will continue utilizing this outlet to achieve calmness, clarity, and equanimity during the storms that inevitably arise during medical school and life. □



Finding the Time

BY MATTHEW VIGLIOTTA (OMS-I)

Here are the facts—168 hours, with 56 spent sleeping, 7 in the restroom, 7 driving, and 14 eating. Just like that, half of the hours in the week have disappeared. One thing my first semester of medical school opened my eyes to is the fact that the remaining half of the week's hours seem to disappear just as fast.

Between lectures, labs, volunteering, studying, and other school tasks, it can be quite easy to ignore the other responsibilities in life. This can lead to dirty apartments, missed bill payments, and strained relationships. The latter is what I will choose to focus on, as I believe it involves one of the major keys to success in medical school. It is very difficult to prosper academically if you forget about the people who helped you reach this point in the first place.

As I type this from the 12th deck of the *Independence of the Seas*, others are likely working toward their community service hours, learning

medical Spanish, or even getting ahead on the upcoming semester. Instead, I am spending time with my girlfriend, who every day, without fail, arrives home from work and immediately gives me her undivided love and attention.

Throughout my first semester, there were surely times I was unable to reciprocate this. However, I always worked my hardest to ensure that despite the long nights and early mornings, I would do my best to carve out time for her, the same way she does for me. This holiday break, I will be spending my days golfing with my brother and my best friend since birth—my dad.

I will be putting my academic responsibilities on the back burner to spend time with my mom—the same person who picks up the phone every time I call following any test I take. Will I fall behind my fellow classmates? Possibly. Am I willing to trade falling behind for spending

time with the important people in my life? Absolutely.

The added time of ignoring personal responsibilities in my first semester may have added a couple of points to my lowest test grades. It may have given me a few more community service hours. It may have even boosted my GPA a few decimal points. But who's to say the added stress of the potentially strained relationships wouldn't have done the opposite. If I had not found the time, who's to say that the A's wouldn't turn to B's and the B's to C's.

The truth is, nobody knows. Different things work for different people. However, I will always stand by the idea that finding the time for the important people in your life is one of the best ways to help yourself. Because, at the end of the day, I was a boyfriend, a son, a brother, and a friend long before I was a medical student. □



Health First

BY EVAN MAROUN, M.S. (OMS-I)

I'll take care of it after this exam. Maybe after this week. Honestly, maybe after finals. Can it wait until after the semester's completely over?

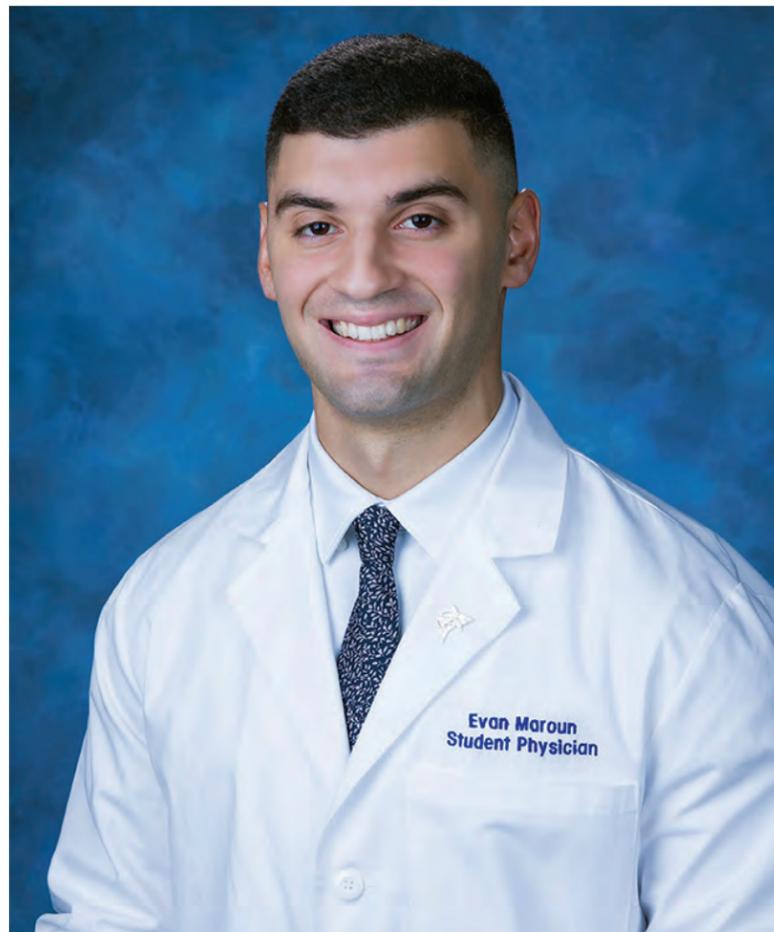
I have never been one to speak out on my personal struggles. During my first semester here, I quickly noticed the habits I wholeheartedly adopted in pursuit of a "well-balanced" fall semester. That is, achieving the necessary grades, while also never missing a social activity or volunteering opportunity.

While I was able to achieve these goals within my previous semester, I did not do so without sacrifice. First, my diet experienced a drastic change, shifting toward fast and quick-filling foods, instead of being composed of balanced nutrition. Second, my exercise significantly decreased.

Working out five times per week transitioned to about twice or three times a week. Finally, I willingly ignored my body's cries for help in times of need. I didn't go to the doctor when I should have, and I didn't take care of an urgent health concern when it was needed. Why? I was too caught up with what was right in front of me.

This is by no means a persuasion to ignore studying and social activities. In fact, we should strive to achieve our full potential. However, in my attempt to do this, I lost touch with my physical needs—losing sleep, nutrition, exercise, and most importantly, my own physical health.

We can easily blame our extraneous circumstances on delaying certain tasks. I delayed mine for a



few months, and a problem that was initially minuscule became a behemoth of an ordeal. While my physical health recovered, I certainly endured excruciating pain—physically and mentally. I vowed to never do this again, for my own sake.

I urge you—the medical student—to never place your school, activities, or work before yourself, because the most important aspect of all three of those is, well, yourself. I redressed my habits through meticulous time management and heedful attention

toward my physical health and its needs. If something concerning your health needs immediate attention, never delay it just because of an upcoming exam. It is worth resolving rather than permitting its worsening.

Search those meal-prep recipes, adhere to a modified workout schedule tailored to your daily living, and always pay attention to your body's physical and mental needs. Your body (and later your achievements, too) will thank you. □

Doctors Get Aces

BY KRUPA PATEL (OMS-II)

I walked into the gym to exercise, but left with a reignited passion to revisit a sport that once gave me so much joy. I started my workout by walking on the treadmill for 30 minutes, but it wasn't a typical 30 minutes. Usually, my headphones are in, and I'm either reflecting or mindlessly staring into the empty courts below.

This time was different, as a volleyball net was up, and intramural players were bumping the volleyball back and forth as if it were a hot potato. Completely invested in their game, I halted my workout to watch them finish. I was so happy to see them celebrating with their team. It reminded me of how I used to feel when I played in middle school.

Leaving the gym, I congratulated my friend on the team and his teammates. I explained that watching him play reminded me of the passion I used to have while playing.

Instantly, he told me that it was not too late to sign up for the coed team and that the first game was the next day. Before I knew it, I had taken the leap and signed up to be a part of Doctors Get Aces. I was so excited to play, I could hardly wait.

It was game day, and I was so nervous. The last time I had played volleyball was recreationally in college, and the last time I played competitively was in middle school. I was nervous, because I did not know anyone on the roster except my one friend. I was nervous, because I suddenly felt as though I didn't know how to properly serve the ball. I was nervous that I would not be good enough and insecure in my ability to help our team win.

My friend reminded me that it is all for fun, and the only thing I had to do was just trust my team and do my best. I met my new teammates, also my classmates, and we warmed up and

played what felt like the quickest game of my life. Next thing I knew, we had won our first game. I soon looked forward to every week's volleyball game, even if I was extremely stressed from school. Each game was not only my way to de-stress, but also to spend time with my new friends.

We conquered game after game, eventually making it through to the playoffs. We were committed, unstoppable, and, most importantly, having fun. In our final game, we were triumphant as the 2022 Coed Intramural Volleyball champions. That one spontaneous decision in the gym day produced an entire semester of unforgettable memories in my medical school journey.

I want to encourage everyone reading this to step out of their comfort zone, try new things, meet new people, find a new passion, or reignite an old one. I promise you won't regret it. □



The Importance of Journaling

BY JOSEPH MERCEN (OMS-II)



One of the core tenets of osteopathic medicine is that the person is a unit of mind, body, and spirit. A treatment a D.O. constructs for a patient must address each of these components in order to be maximally effective. While this holds true in the clinic, I believe the same mentality should be applied to self-care.

Just as it is important to exercise the body and eat a balanced diet, it is also important to include exercises for the mind and spirit in one's schedule. Journaling is a fantastic example of such an exercise, and there are many mental and spiritual benefits of journaling.

One of the greatest benefits is that it allows people to organize their thoughts. If an issue is constantly on one's mind, getting one's thoughts down on paper can free up mental energy to think about other things. This is because journaling is a form of expression, similar to talking to a friend and sharing one's problems. It is almost comparable to seeing a therapist, but without the hassle of having to schedule an appointment. A journal can always be available, provided that one has a few minutes to write in it. Being an inanimate object, a journal is also impartial and nonjudgmental.

Journaling can be a powerful tool for learning to understand oneself and one's emotions better. Once one's thoughts have been written down, they can be reread and analyzed more easily than if they were still floating around in the mind. When they are on paper, it becomes easier to put things into perspective.

If there is a problem one is dealing with, maybe it doesn't seem so big on paper. If one is experiencing an emotion, maybe it has a deeper root cause than what was

apparent at first glance. Determining the root causes of one's emotions can give one a greater understanding of the subconscious processes that underlie one's behaviors.

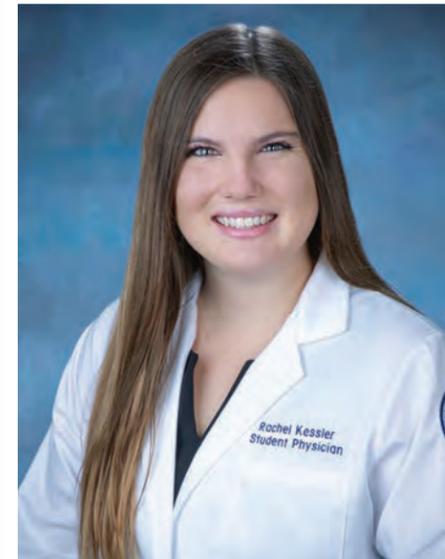
For those who are interested in starting a journal, it can sometimes be challenging at first to know what to write about. An effective way to get around this challenge is using journaling prompts from the Internet or in books to start off journal entries. It often surprises me, in my own journaling, how a journal entry can go in a completely different direction from what I had originally thought the prompt would be about. Once one overcomes the required inertia to begin writing, the mind will start forming connections and thinking of new tangents. Consequently, writing becomes easy and fluid.

As medical students, we tend to ask a lot of ourselves, so it is important to build good self-care habits. Taking the time to write some thoughts down every day can make a great difference in mental and spiritual well-being. After all, we can't effectively take care of our patients if we don't take care of ourselves first. □



Overcoming the Fear of Burnout

BY RACHEL KESSLER (OMS-II)



Before applying to medical school, I did my homework and sought advice from different physicians in the field. Some had positive things to say, while others looked back and questioned if their journey was worth it. It was the advice from those who seemed to have lost their passion for medicine that scared me the most.

I knew I loved medicine and wanted to help people, but the idea of burnout is what scared me the most. Seeing how those who had started before me have this passion suffocated by burnout made me realize that anyone could succumb to it.

After thinking long and hard, I felt determined to move forward and pursue my love for medicine, but with the goal of incorporating things into my life to fight the burnout. Now into my second year of medical school, I am starting to learn for myself when I am most susceptible to burnout. I have kept true to my commitment to myself about making time for the things I love to do beyond medicine.

I go rock climbing, scuba diving, and make sure to travel whenever I get the chance. Rock climbing has brought about community, even among my medical school peers who now go regularly with me, and has offered me stress relief. Scuba diving feeds my adventurous side and offers a space for me to be completely present in the moment.

Being in an environment where all you can do is keep breathing and take in the beauty of the ocean offers the antidote to my momentary medical school anxieties. Studying is always a priority, and while taking time to pursue my other passions can seem burdensome at times, I always end up feeling more energized and rejuvenated to continue my medical school endeavors after doing them.

Some may think that in order to fight burnout you need to study even more to do better, but I've found that it is the opposite. Balance is the key component to fighting burnout. The idea of burnout scares me less than when I started, because I know I am developing the tools to work through it. I still think I have a lot to learn, but I am more confident in my ability to move forward and overcome it.

My understanding of burnout has also changed. I've realized it is not a one-time event you can never come back from, but rather a cycle in one's career. There will be seasons of burnout and seasons of new drive, but the most important thing is to accept that you will experience both and plan accordingly. □

D.O. and Debut

BY ALEXANDRIA SOBCZAK (OMS-II)

With one swing, he sent the ball soaring over the right-field fence into the top bleachers at Citi Field. My husband's first major-league hit was a home run to tie the game in the bottom of the ninth inning to send the New York Mets into extra innings—an opportunity in which the team would later capitalize on by winning the game.

In that instant, at the pinnacle of his career—a moment 25 years in the making—a sense of calm washed over me as I watched from the stands in awe. In that moment, I felt a great sense of clarity on what matters in life.

Balancing medical school, while trying to be a supportive wife for my

husband's dreams, was not an easy feat. Between late-night flights around my class schedule and studying flashcards at ballfields, I was not fully present for myself and my career, or those who mattered most to me. I felt like I was constantly failing, unable to balance my marriage and the strenuous expectations of medical school.

As a perfectionist, I wasted so much time and energy feeling guilty for the baseball games I did not bring my books to, or the late nights in New York I did not spend studying until the early morning. I would think back to exams I could have done better on if I had been less distracted,

and I was consumed by unrealistic expectations for myself. I completely lost perspective.

When I watched my spouse achieve something so profound in that moment, I awoke to the reality of how my priorities had shifted since entering medical school. I was not enjoying the present moment with friends and family, always worried about the past and what I had failed to do, or about the challenges that lay ahead of me.

When he hit that home run, I realized how special it was to be fully present in that moment, and how I had missed so many moments before, consumed with anxiety. I realized you cannot stop living when you go to medical school. You cannot be so consumed with doing everything right that you miss out on the joys of life inside and outside of school.

As medical students, we strive for this perfection, and it overflows into every area of our lives. Perfection is not realistic, and while it is important to work hard to be able to provide optimal and holistic care in our career, it is equally important to be present for ourselves and our loved ones.

For if we don't, burnout is inevitable, and we won't be able to provide the best care to others or ourselves. While this journey is filled with challenges and hurdles to overcome, it is pivotal to not get lost in the expectations medical school brings and enjoy the beautiful moments that are right in front of us. □



The Marathoner

BY ANJALI SHAH, M.P.H. (OMS-I)



I am no marathoner. Not a natural-born athlete. And definitely not a member of the 5:00 a.m. running club crew. However, I am someone who enjoys jogging and have now made it a part of my late-morning routine. Realistically, it was not until the 2020 pandemic that I grew accustomed to my newfound hobby of running, whether that included sprinting a mile while chasing the sunset or challenging myself to complete a 5K.

This year, I fell into a simple morning routine. Roll out of bed, brush my teeth, tie on laces, and slip on my headphones. At first, I began running to change my physical health habits. However, only recently did I understand that the run was necessary for my own personal development and to grow an even stronger mental outlook on life.

No matter how the morning starts or how long it takes until I can stride against the hard, cemented pavement, the run always provides clarity. It provides catharsis and the assurance that if nothing else gets completed in

the day, I at least had the opportunity to move my body. And more than anything else, running has provided me with sweet takeaways I use in all aspects of my life.

When I began my running journey during the pandemic, I followed a group of YouTube creators who have formed Yes Theory. The theory follows that as human beings, to live is a luxury. Therefore, we should cherish each day as if it is our last and simply seek discomfort or say yes to doing something that scares us every day. This act could even include doing something so small as introducing yourself to a stranger.

As someone who enjoys jogging, every stride is different. In fact, every race is different. Some days, I run on the beach or on hard gravel. Sometimes, the weather is a cool 60 degrees. Other days, I am pushing myself through the blistering 90-degree heat. No matter

the circumstances, I set a new running goal every month to expand my mileage and build my own race repertoire.

One day, I hope to run a full marathon. I often find myself seeking discomfort and encouraging myself to work toward completing the run challenge every month, even when it may feel like an impossible task. This discipline requires patience and mental fortitude, and these skills have guided me throughout my transition to medical school.

There is no doubt that crossing the finish line to become a physician requires immense dedication and effort. The journey of completing medical school is a marathon, too. As I continue to increase my skills as both a future marathoner and physician, I strive daily to stay motivated, display gratitude for even the smallest achievements, and simply seek discomfort. □



The Balance of Future and Now

BY BROOKIE HILBURN (OMS-I)

Medical school is a continual, strenuous, arduous grind, and no amount of mental fortitude, undergraduate advising, or intellectual prowess equips the student for such an adventure. While the end reward of practicing medicine is enriching and prestigious, the investment is steep and demanding.

Medical school requires an extraordinary measure of time. A precondition for success is immersion in study. The result of this obligatory time commitment is often loss—loss of family time, personal life events, meaningful hobbies, and even at times, joy. Balancing the demands of school and the desire to be a loving husband and father are the most emotionally burdensome trials of my brief medical education.

Like most motivated student physicians, I planned an ambitious start to my first semester. Unfortunately, this is no easy task, as medical school likes to throw its fresh pot of students into the smoldering fires to see what eventually emerges. This inevitably checked my time-management and planning skills. Studying could only come after thoughtful coordination with work schedules and childcare.

As other medical students/parents can attest, schooling comes with time constraints. Thus, there is a mental battle between the demanding medical education and my desire to be a good father. Besides, what does it even mean to be a good parent? Ask that question to a crowd, and certainly a plethora of answers will be presented.

To some, it means to make a good living and thus provide adequate means for a good life. To others, it entails being present and emotionally involved. While other arguments suggest that being a quality parental figure is predicated on loving your offspring wholly and putting their lives entirely before your own. For me, all of these are true, and thus, for me to feel like a good father, I must somehow find a way to accomplish them all to an acceptable degree.

While I desperately long to ace all exams, I equally desire to spend time with my family. Even so, the desired destination of a plastic surgery residency will not just fall into one's lap. Is it then selfish to aspire to such difficult goals that pull me away from my role as dad? The psychological gymnastics of this dilemma consistently play out like an endless game of tug-of-war. I aspire greatly to accomplish my career goals, and thus be able to be the provider previously mentioned so I can seamlessly afford my children the world. Yet, that inevitably comes at some cost to being present and engaging in everyday life.

For the time being, I am trying to emphasize quality over quantity. Putting the phone away to truly enjoy every precious moment, cuddle, and slobbery kiss, and prioritizing a monthly father-son outing and daddy-daughter date, regardless of the cerebral beatdown and sleep deprivation that coincide with school. I wish I had better solutions, and thoroughly wish I had more hours in the day. So, for this stage of life, this is my struggle—to balance the future and the now. □

Medical school is a continual, strenuous, arduous grind, and no amount of mental fortitude, undergraduate advising, or intellectual prowess equips the student for such an adventure. While the end reward of practicing medicine is enriching and prestigious, the investment is steep and demanding.



Grace and Gratitude in Medicine

BY MARIAM DAR (OMS-III)

I have recently been reminded that grief is a selfish emotion.
In grieving a loved one, pain comes from a greedy place of longing for their return. I loved him more than I could ever describe or convey here,
My grief is screaming that you're at peace, where you're supposed to be, where you've been longing to be,
But I wish you were here with me.

With grief, there also comes gratitude.
I am grateful to be graced with such a generous soul,
Grateful to have you as a role model in medicine,
Grateful to have chosen this career and continue your legacy,
Grateful to be guided by your gestures,
Grateful that you lived a gregarious lifestyle so I can be reminded of your gallantry,
Grateful and gleeful to be granted the gift of your presence.

Grief in medicine can be odd,
I try to grapple at the science,
And reason with the pathology.
While this eases my mind,
It does not erase the pain.

So with gumption, I take this new lesson,
As medicine is a path of everlasting learning.
And I learn with grace and gratitude,
The gratifying experience of unconditional love,
And the pain of loss.

I hold onto the gamesome memories,
Of our hours of giddy giggling with card games,
The times where your gentle grin glistened a room,
Your global recognition that followed no matter where we went,
The gradual incline of accomplishments like my white coat ceremony celebrated together,
To the consistent desserts after every meal to suffice a gargantuan sweet tooth.

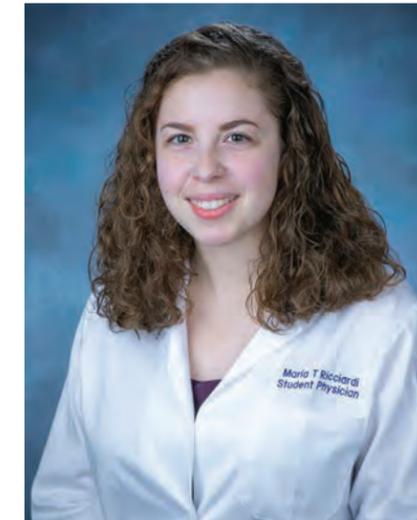
I hope this loss makes me a better physician.
One with greater generosity,
Deeper empathy,
And stronger compassion,
Just like my grandfather was.

So with persistent gust,
I am sharing about my grandfather,
An award-winning radiologist,
And my inspiration for choosing medicine,
Who lived a glorious life and had such a grand heart.



Little Things An Acrostic Poem About Medicine

BY MARIA RICCIARDI (OMS-II)



Medical school challenges me to take a step back from the “big picture” of dream residencies and careers and not be solely captivated with the future. Instead, slow down the day to receive all each individual moment has to offer.

Easier to balance the so-called “little” things of daily living first before taking on the “big” publications or examinations, and somehow the future falls into place in an unexpected, yet perfect, way.

Directly what’s in front of me, today, right now are the “little” things that truly comprise life and serve as a foundation for “big” things to come.

Intentionality with the mundane routine of sleep, study, prayer, nutrition, exercise, study, repeat is actually a secret tool to becoming my best self with space for more than I could’ve imagined.

Connections from quality relationships and interactions stem from the earnest care taken leading up to that moment.

Interest in who’s in front of me, listening, asking to understand, lending a helping hand and kind word, all without taking any of these “little” things for granted, is the best investment I can make.

Now I can squash the fears and worries about the “big” events of the future with a newfound freedom to live each moment to the fullest.

Entirely at peace knowing I lived a life beyond myself filled with encompassing purpose, meaning, connections, and horizons.

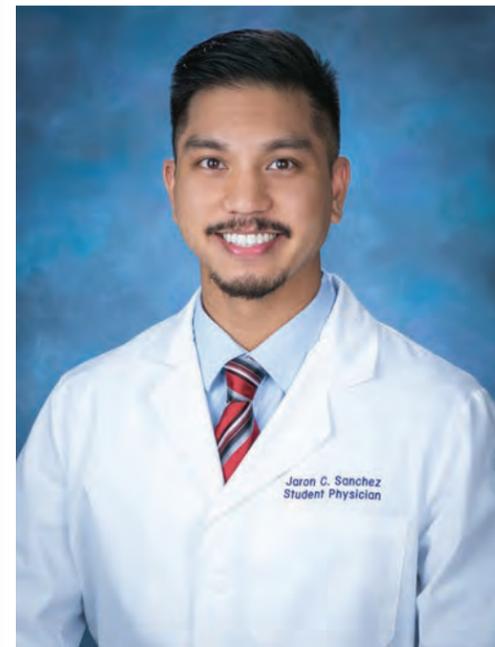


A Letter from My Cadaver

BY LEAH SIMON (OMS-I)

Bowed heads and searching eyes
 Aroma of embalming fluid pervading the air
 Fascination and fright anastomose
 A rite of passage
 My bare body a precious gift
 A reminder of life's fragility and brevity
 I invite you into my earthly abode
 The privilege of a physician
 Your gaze caresses me
 An incontestable expression of admiration
 For my silent sacrifice
 Your first patient
 My hand in your gloved hand
 You delve into my pearly tendons

A duet of detachment and empathy
 As I disassemble
 What is it like to hold a human heart?
 The one that carried my soul
 Marvel at its intricate design
 Courage flowing through your veins
 Have you truly looked inside?
 Tubes of titanium
 Once conducted my wayward heart
 My life extending beyond these chambers
 My body speaks although dismantled
 Once a sentient being
 Requiring nourishment, healing, and respect
 Studying anatomy, learning humanity



Polaroid

BY JARON SANCHEZ (OMS-II)

Autumn approaches once more
 And so, another year immortalized
 In a continuous canvas of white and grey matter.
 Encoded by the hippocampus,
 An association of emotions
 Got me feeling like *Mad Max* on a high off endorphins.
 Memories dilate the eyes
 As you realize moments of laughter and smiles
 During car rides and musicals.
 But sorrows are sprinkled in our todays and tomorrows
 To keep us humbled in our lives of present and yonder.
 Memories, however, fade
 Like the withering of autumn leaves
 During a mid-November sunset.
 So, savor the auburn foliage
 For they are invaluable memories
 Waiting to be treasured in a Polaroid picture.



A Mere Speck

BY PRASANNA KARUR, M.S. (OMS-I)

A mere speck in this universe.
 What is it that I can do,
 To create any lasting change?

Service brings me to this profession,
 To help and do no harm.
 What is the limit of do no harm,
 When it applies to your own health?

Nature grounds me,
 The pendulum of the waves
 Mimics the pendulum of my heart.
 Connected to this universe,
 Of which I am a mere speck of.

But a mere speck can do something great,
 If it takes the time to
 Reflect, and maybe witness—
 the universe inside.

A universe within a universe,
 Stories of triumph and defeat.
 If this is so, can it be true?
 A mere speck in the universe,
 Being a universe itself?

If so, this universe requires the utmost care,
 Do no harm to others,
 But first, do no harm
 To the speck of a universe
 That is You.

How Are You?

BY RIYA KUMAR (OMS-II)

“How are you?”

The question is configured in our computerized brains
 The sight of familiar faces, friends, and family is our input
 While “good” remains our steady output
 We didn’t always have this program
 And some of us remain unaware of our mechanic ways
 But our script is comfort; it is black and white
 Easy to consume our identity
 White coats on, our script and checklist stay neatly encoded—ready to be recited
 “Hi, I’m student Dr. Kumar. How would you like to be addressed?”
 A mind unprepared and startled for out-of-script responses

What we have been programmed to follow has overwritten who we are meant to be
 Patients, friends, family, and strangers need a connection, an emotion, a human
 Something unwritten in our script
 There is an error in the code
 The question is, when are you going to rewrite it?



A City of Beholders

BY BINDIYA DESAI (OMS-III)



An electric energy immediately fills the air
 Cars bustle around me and yet
 Traffic comes to a standstill
 We all are heading the same direction
 Toward music, art, and fashion
 An ocean of people checking out the hottest artists
 Wandering galleries in the day
 Partying their hearts out at night
 With the city feeling more alive than usual
 Miami becomes a playground for beholders
 And no one can escape its creative pull.

I drive two hours to South Beach after work
 Hoping for a glimpse of meaningful artwork
 That makes me think and appreciate
 Thankfully, I did not depreciate
 Such ingenious methods, such curious brains
 Always pushing the bar as high as they can
 Never complacent, never stagnant
 Bringing a newness to their field
 Contributing to its progress
 Here I bear witness to their work
 The audience these pieces are made for
 A creative mind amidst the science
 Who knows these fields go hand in hand
 Who delves into the psyche of the artist at hand
 Trying to feel what the artist intended
 Valuing all the colors of the rainbow
 And every shade in between
 Brings me further into the scene
 A bystander to the beauty in front of me
 For just one week in just one city
 This, my friends, is Art Basel Miami.

Upekkhā

BY DIANNA LEVIN (OMS-II)

—serene neutrality of the one who knows

“May I be free of bias”—letting go of society’s constraints, both the favorable and unfavorable views that are forced upon you when you roam this earth.

“May I be free of attachment”—letting go of all expectations you set for yourself and those around you. Living in the moment and grasping at nature’s beauty in its purest form.

“May I be free and live in equanimity”—observing the world and the experience that is your own without craving, aversion, or judgment.

This is the start of becoming free of the misery we are caught up in and shifting our focus to peace and calm in the most difficult of times.



Remember When...

BY JORDANA BORGES (OMS-III)

Remember when we received our acceptance?
When our feelings were beyond transcendence
Our dreams were one step closer
Our fears seemed as though they were over

Fast-forward three years later, into feeling somewhat coarse

It is like our fears have returned, but this time worse
We are now expected to make life-changing decisions
And worry about meeting our childhood visions

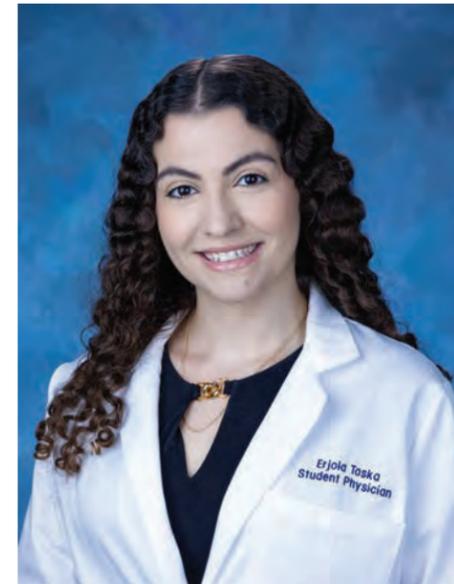
Although applying for residency is scary
And fourth year will be one causing much weary
We need to remind ourselves of how much success
We were able to build and how little we have regrets

Medical school has brought us relationship currency
It has reminded us of what it feels like to be part of the majority
We have learned not for our sake, but for that of our future patients
With the utmost honor, we should always treat them with obeisance

One day, we will look back and think that nothing else compares
It was worth all the sleepless nights, sweat, and tears
It is these experiences that brought us the strength to keep our heads up high
And remember every sweet goodbye

Fast-forward to March of 2024...remember when we matched?
When our families held us so attached?
When we cried tears of joy as we clutched our envelope?
When we got to be reminded of everlasting hope?

Remember that our journey into the real world has just begun.



Live, Laugh, Library

BY RYAN WONG AND ERJOLA TOSKA (OMS-IS)

Ring, Ring, Ring
My alarm starts to sing.
As I wake and make my way
To the enviable HPD library for the day.

As I do the morning drive to sit in the same
Cubicle, it's hard to resist the blame
Of someone who had previously claimed

Before I set my laptop down in a cubicle
I can't forget to get my daily Starbucks, using fiscal
Money. And without doubt that today
The packed lunch I prepared is definitely not gourmet.

I unpack my things and get to studying
Looking outside as the time is wandering.
While reading lessons and lectures
I see myself looking for conjectures.

After a while, I take a much-needed break
Asking my friends to partake
In a walk around the auditoriums
But I need to get back to studying corium.

My mind is now refreshed to learn its microbes, but who knows
Somehow, 30 minutes later, my screen becomes a cart filled with clothes.
Then thoughts of post exam hangout laughter
and downtown celebration thereafter
Make me realize I need to refocus on virulence factors

As fellow dwellers start to dwindle
I still must grasp the viral replication mechanism that causes shingles.
At approximately 10:19 p.m., the lights start dimming
The telltale sign that my day is finishing

I studied as much as I could that day
Racking my brain with material only so I may
Come back and repeat it the next day.
There is only one more thing left to say

That I wouldn't want to study anywhere else than
The HPD Library, where it all began.



The Way of the Bristlecone Pine

BY SHREYA MATHUR (OMS-III)

I remember the portrait
 my father made of you
 colored in black and white
 The color
 of dancing limbs,
 of roots
 deep in the soil
 awakening to the taste of rain, of fissured crimson bark,
 and budding cones
 of purple hue

Contrast so rich,
 nearly could I feel
 the crevices of your gnarled trunk molten to the beatings
 of an unforgiving environment

Hardy is your wood
 grown slow and steady
 inch by inch
 century by century

Beauty are your twists
 almost human
 shaped by the wind
 to endure and adapt

Vulnerable is your growth from the soil
 of limestone rock

Teach me
 to bask in the rays
 that fall onto my beaten bark, to find vigor in the snow
 that traps my growing roots, to nourish myself
 from the earth
 of a barren mountainside

Teach me
 the way
 of the Bristlecone Pine



Author's Note: Bristlecone Pines are the oldest living trees on Earth. They are strong, adaptable, and thrive under hostile conditions. There's a lot we can learn from them. Thus, "The Way of the Bristlecone Pine" is a poem about resilience, to remind you that you're capable of more than you know. Being a medical student is not easy, so be proud of yourself for working hard to get this far, and for your scars that tell the story of that journey. Continue to embrace challenges that will make you stronger, and be kind to yourself in the process.

■ Second-year student **Miis Akel** authored the e-book drug chapter “Abaloparatide,” which was published on the StatPearls website and indexed in PubMed. The chapter highlights the indications, contraindications, adverse effects, monitoring, and other key elements of abaloparatide therapy in the clinical setting as they relate to the essential information needed by an interprofessional care team managing patients with postmenopausal osteoporosis and its related conditions.

■ Third-year student **Sean Backer-Meurke** earned the first-place award for his poster presentation “Intra-Operative Guidelines for the Prevention of Uterine Niche in Cesarean Sections: A Systematic Review” at the American College of Osteopathic Surgeons Medical Student Section Conference on September 16 in Austin, Texas. The poster was coauthored by fourth-year student **Sonia Sadr**. He also served as coauthor of the article “Clinical Correlates of Placenta Accreta Spectrum Disorder Depending on the Presence or Absence of Placenta Previa: A Systematic Review and Meta-Analysis,” which was published in *Obstetrics & Gynecology*. In January 2023, Backer-Meurke was named the KPCOM’s 2022 Student Researcher of the Year at the Tampa Bay Regional Campus.

■ Third-year student **Arjun Bagai** authored the abstract and poster “Calciphylaxis in a Patient with ESKD and Chronic Warfarin Use,” which he presented at the HCA NSU MD Research Day event on November 4. He also authored the abstract and poster “Calciphylaxis in

a Patient with ESKD and Chronic Warfarin Use,” which he presented at the FOMA event on February 3. He also had them published in *Cureus*. In addition, he coauthored the abstract and poster “Alterations in Gut Microbiome of Parkinson’s Disease Patients: A Scoping Review,” which has been accepted into the finals round for the American College of Physicians (ACP) spring poster competition. He coauthored the Parkinson’s projects with third-year students **Alexandra Albulescu, Andy Brelu-Brelu, Shivi Collins, Haley Conner, Frederick DeRosier, Christopher Ellis, Kristina Goodwin, Cody Hibbs, Adam Hurwitz, Jay Kammerman, and Randy Khusial**.

■ Second-year student **Chad Bates** won the third-place prize for his oral poster presentation “Gene Therapy in Parkinson’s Disease,” which he presented on October 30 at the Southern Medical Association’s Annual Scientific Assembly in Pigeon Forge, Tennessee.

■ Second-year student **Sydney Chummar, M.A.**, earned first-place honors for her coauthored oral research poster presentation “Is Depression a Risk Factor for Developing Dementia?” She presented the poster on October 30 at the Southern Medical Association’s Annual Scientific Assembly in Pigeon Forge, Tennessee. She coauthored the poster with second-year student **Supriya Dhaurali**.

■ Third-year student **Dylon Collins** made a podium presentation titled “Anatomy of the Flexor Pollicis Longus Insertion” and a poster

presentation titled “Management of Distal Fingertip Amputations: What Is the Standard?” at the American Association of Hand Surgery Annual Meeting in Miami, Florida, on January 19.

■ Third-year student **Eric Gutierrez** had his article “Novel Regimen of IL-17A Inhibitor Secukinumab for the Remission of Severe Hidradenitis Suppurativa: Case Report” published in the *Journal of Drugs in Dermatology* on December 1.

■ Second-year D.O. student **Marina Handal** and public health minor student **Jenna Handal** coauthored the poster “Cosmetic Procedures for Patients After Bariatric Surgery,” which they presented at the American Academy of Cosmetic Surgery Annual Scientific Meeting on February 9 in San Diego, California.

■ Second-year student **Brianna Hartley** served as first author of the poster and abstract “Iron Deficiency Is More Common in Peritoneal Dialysis Patients Without Anemia,” which she presented at the American Society of Nephrology Conference held November 3–6 in Orlando, Florida. Additionally, her abstract was featured in the article “Iron Deficiency Without Anemia Common in Peritoneal Dialysis Population,” which was published in *Renal & Urology News* on November 3. She also completed an oral presentation as a research proposal to the international Monitoring Dialysis Outcomes Initiative (MONDO) committee, becoming the youngest person to ever speak at the meeting.

■ Third-year student **Andrew M. Joseph** received a Top Three Research Poster award at the Florida Medical Association David A. Paulus, M.D. Poster Symposium held in August in Orlando, Florida. His award-winning poster was titled “Sex Dependent Transcriptional Changes in Response to Stress in Patients with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome.” In January, Joseph was named the KPCOM’s 2022 Student Researcher of the Year at the Fort Lauderdale/Davie Campus.

■ Second-year students **Emily Krzykwa, M.P.H.**, and **Danielle Strebel, RD**, received the Pinellas County Osteopathic Medicine Society’s Plato E. Varidin, D.O. Scholarship, which is available to D.O. students accepted to an osteopathic medical school in Florida who came from or currently reside in Pinellas County. They received their scholarships at the annual holiday dinner on December 9 at the Wyndham Grand in Clearwater Beach, Florida.

■ Fourth-year students **Michelle Lanspa** and **Myla Pereira** and third-year student **Breanne Kothe** coauthored the article “A Systematic Review of Nutritional Interventions on Key Cytokine Pathways in Rheumatoid Arthritis and its Implications for Comorbid Depression: Is a More Comprehensive Approach Required?” which was published in *Cureus*. Fourth year student **Isaac Lee, M.S.**, coauthored the case report “Simultaneous Sigmoid Volvulus and Small Bowel Obstruction: A Case Report,” which was published in *Cureus* via the ACOS General Surgery Channel in September.

■ Second-year student **Dianna Levin** coauthored the article “Reconsidering Chloroquine and Hydroxychloroquine in Treatment of COVID-19: Lessons Learnt,” which was published in the October issue of the *Annals of Medical and Health Sciences Research*.

■ Third-year student **Nimisha Lingappa** had her article “Role of Sirtuins in Diabetes and Age-Related Processes” published in *Cureus*.

■ Second-year student **Gabriella Orta** received the 2022 American Osteopathic Foundation (AOF) Thomas A. Quinn, D.O. Osteopathic Scholarship. The annual scholarship award recognizes osteopathic medical students who are fervently committed to osteopathic principles and practice and have maintained an above-average academic standing throughout their academic tenure.

■ Second-year student **Angelica Ortega** received the Basic Research Poster Award on October 22 at the Residents and Medical Students Poster Competition at the American College of Physicians Florida Chapter Annual Scientific Meeting in Fort Lauderdale, Florida. Her award-winning poster was titled “Gene Therapy Approach in Alzheimer’s Disease.”

■ Third-year student **Neal Patel** and fourth-year student **Raheel Shaikh** served as coauthors as part of the American College of Cardiology medical student research team that had its paper published in *Current Problems in Cardiology*, which is rated as having the eighth best impact factor of all cardiology journals. The article is titled “Lipid-Lowering Therapy: An Era Beyond Statins.”

■ Fourth-year student **Gehan “Gigi” Pendlebury** coauthored the review article “A Call to Action: Evidence for the Military Integration of Teledermoscopy in a Pandemic Era,” which was published in *Dermatopathology* on October 9. She also served as first author of “Relevant Dermatoses Among U.S. Military Service Members: An Operational Review of Management Strategies and Telemedicine Utilization,” which was published in *Cureus*.

■ Third-year student **Joseph Phan** coauthored the article “Poststroke Seizure and Epilepsy: A Review of Incidence, Risk Factors, Diagnosis, Pathophysiology, and Pharmacological Therapies” in *Oxidative Medicine and Cellular Longevity*. He coauthored the article with fellow third-year students **Mario Ramos** and **Theodore Soares**.

■ Fourth-year student **Derek Sanak** served as first author of the article “A Rarity Among the Rare: Psychiatric Manifestations in a Young Woman With Stiff-Person Syndrome,” which was published in *Cureus*.

■ Second-year student **Jaron C. Sanchez** served as second author of the manuscript “Aflibercept Is More Effective Than Bevacizumab at Weaning Neovascular Age-Related Macular Degeneration Patients Off Therapy,” which was published in the *Journal of Clinical Investigation*. It can be viewed at jci.org/articles/view/159125.

■ Fourth-year student **Monica Sciturre** had her article “High-Velocity Penetrating Abdominal Injury Secondary to a Motorized Wire Brush in the Workplace” published in *Cureus*.

■ Fourth year student **Mara Seat** authored the article “A Case of OEIS and a Successful Pregnancy,” which was published in *Clinical and Experimental Reproductive Medicine* on September 1. The article, which can be accessed at doi.org/10.5653/serm.2021.05148, details a rare case and guidelines.

■ Fourth-year student **Jenna Sheldon** coauthored the article “The Therapeutic Benefits of Single and Multi-Strain Probiotics on Mean Daily Crying Time and Key Inflammatory Markers in Infantile Colic,” which was published in *Cureus*.

■ Fourth-year student **Janelle Torres** was named an American Osteopathic Foundation Golden Ticket Scholarship finalist. Golden Ticket Scholarships recognize individuals who, despite financial obstacles, continue to achieve academic excellence, display calm and consistent leadership skills,

make a commitment to giving back to their communities through volunteer outreach, and embody osteopathic tenets and philosophy. Monetary awards are presented to three students each year. One student is selected by a review committee as the Golden Ticket winner and awarded a \$20,000 educational scholarship, while two additional, exceptional students are recognized as “finalists” based on aggregate scoring and awarded a \$5,000 educational scholarship.

■ Fourth-year student **Shanice Walcott** received a \$42,500 Commitment to Mental Health Scholarship from the Bayless Family Foundation at the ElevateMeD Explosion of a Dream event held September 23–24 in Scottsdale, Arizona. “I cannot begin to express my gratitude to the Bayless family and ElevateMeD for recognizing my passion and commitment to the field of psychiatry,” Walcott said. “It is an honor to have so many amazing people invested in my journey and supporting my mission to eliminate the mental health disparities that affect communities of color.”

■ First-year student **Halford Warlick** served as first author of the manuscript “Application of Gabapentinoids and Novel Compounds for the Treatment of Benzodiazepine Dependence: The Glutamatergic Model,” which was accepted for publication in *Molecular Biology Reports*. Second-year student **Lexie Leon**, third-year students **Rudresh Patel**, **Stefanie Filoramo**, **Ryan Knipe**, and fourth-year student **Ernesto Joubran** served as coauthors and are hopeful the manuscript will increase clinician awareness surrounding prescription drug abuse in the United States.

■ First-year student **Ryan Wong**, in collaboration with the University of Pittsburgh, served as co-first author of the manuscript “Ecto-5'-Nucleotidase (Nt5e/CD73)-Mediated Adenosine Signaling Attenuates TGFβ-2 Induced Elastin and Cellular Contraction,” which was published in the *American Journal of Physiology-Cell Physiology*. The article received February 2023 APSelect recognition from the American Physiological Society (APS), which showcases some of the best recently published research in physiology.

Mysore, Syed Named KPCOM Student D.O.s of the Year



Third-year students **Nishad Mysore** and **Zubiya Syed** were named Student D.O. of the Year at their respective campuses. Syed was her peer's choice at the Tampa Bay Regional Campus, while Mysore was the selectee at the Fort Lauderdale/Davie Campus.

Ahamed and Syed will now represent the KPCOM in the national Student D.O. of the Year competition and have the opportunity to vie for the national award at the American Association of Colleges of Osteopathic Medicine's annual conference taking place April 26–28 in Baltimore, Maryland. The national Student D.O. of the Year award honors and recognizes an osteopathic medical student who is committed to the principles of leadership, community service, dedication, and professionalism. □



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