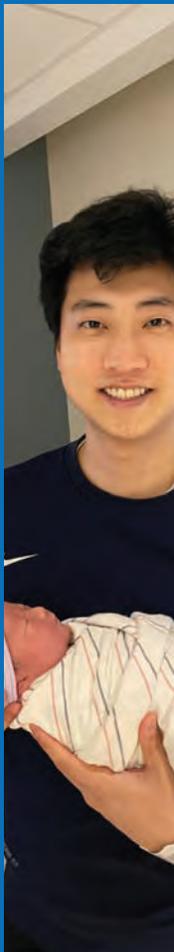


SGA ROUNDS



SGA Rounds is produced by
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Fort Lauderdale, FL 33328-2004

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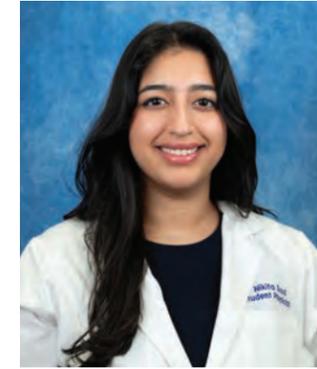
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BY SHREYA KALAVALA, M.S., OMS-II (FORT LAUDERDALE/DAVIE CAMPUS) AND NIKITA SOOD, OMS-II (TAMPA BAY REGIONAL CAMPUS), EXECUTIVE SGA ADMINISTRATORS OF PUBLIC AFFAIRS

Welcome back, Sharks!

We hope you were able to rest and recuperate over the winter break and are ready for another semester. On our paths to becoming physicians, every day is full of both rewarding and challenging moments. We applaud and recognize the mental strength and determination of all you future health care professionals as you attempt to balance academic achievement while still living a well-rounded life.

The path we take is not easy and can often be humbling. Especially in this new age of research and earth-shattering discoveries, learning does not stop after we finish medical school or residency. Make the conscious decision to learn from the people you least expect. This opportunity does not present itself often, so value the rare occurrences and listen with an open heart and mind. Strangers, mentors, family, peers, and your patients can lend valuable lessons to internalize and implement.

This edition of *SGA Rounds* offers insight into the psyche of medical students and the internal struggles and revelations they have faced. While reading through this edition, we hope you are left with a similar impression to the one we had—to always approach people with a kind heart. We are not aware of the struggles our peers are enduring, and by the same token, we will not know the extent of the pain and suffering our patients experience. Even with a brief glimpse into the looking glass, be compassionate and take a moment to extend kindness to those around you.

We are on this journey together, so we must all take the liberty to evolve and put our best foot forward. Remember, seemingly small gestures make big impacts.

Be kind always!

Shreya and Nikita

Embracing Inclusivity and Personalized Support

BY BRIANNA HARTLEY (OMS-III)



As the older sister of an individual with special needs, my life has been significantly impacted both positively and negatively. As a firsthand witness to the challenges that come with trying to integrate the special needs population into schools, communities, and even in homes, I feel it is important to share how we as health care professionals should be mindful of this population and realize the differences we can make to ensure they are provided with early, high-quality support services.

In turn, this will allow for additional equal opportunities for these individuals. Often, if not most of the time, those who are disabled are segregated for most of their lives in separate homes, learning, and social communities. Most people have only sporadic exposure around those with physical and mental disabilities. As a result, it can be difficult to realize the potential and favorable aspects they hold, as they are often held back by a lack of society's awareness and acceptance.

Over the years, the total management of special needs care has undergone significant transformations, marked by a shift toward a more inclusive and personalized approach. A cornerstone of this evolution is the

integration of assistive technologies designed to empower neurodiverse individuals.

From communication devices tailored to different needs to sensory tools enhancing daily life, technology has become a catalyst for fostering independence and enriching the lives of those with special needs. As we navigate this era of innovation, it is crucial for health care professionals to be aware of these tools to ensure individuals with special needs have equal opportunities that will allow them to adapt and thrive.

Inclusive education has emerged as a pivotal component of special needs care, emphasizing the importance of tailored learning environments that accommodate a multitude of learning styles. Educational institutions are increasingly adopting inclusive practices, creating spaces where students of all abilities can learn and grow together. The collaborative efforts of educators, therapists, and support staff are essential in providing a holistic educational experience that addresses the unique needs of each student.

This shift challenges traditional models, urging society to embrace diversity in education and recognize the inherent value of inclusive learning environments. It is vital that we bring awareness and knowledge to those surrounding individuals with special needs to assist them with utilizing their talents and abilities to perform and become productive in communities.

It is important for us as health care providers to recognize the journey of caring for individuals with special needs extends beyond medical interventions. Mental health support tailored to the specific needs of this population has gained recognition as a vital aspect of comprehensive care. Therapeutic approaches, such as art and music therapy, are proving effective in enhancing emotional expression and communication skills.

As advocates for those with special needs, it is our responsibility to ensure holistic care that recognizes the individual strengths and challenges of each person, encouraging a society that values diversity and inclusivity in all aspects of life. □

Point of Conception

BY SHANNON WEATHERLY AND SAMIRA KANETKAR (OMS-IIS)

The ongoing abortion debate delves into a complex moral landscape, intertwining scientific rationale with deep-rooted religious and moral convictions. However, a pivotal revelation unfolded during the ACOG District XII Meeting in August 2023, significantly altering perspectives on the definition of conception and its reproductive implications.

During this conference, the NSU-KPCOM Student Association of Obstetrics and Gynecology had two students represent the college at a thought-provoking symposium that drew together ob-gyn professionals and medical students from Florida's District XII.

The conference featured a speaker from the Society of Reproductive and Endocrinology and Infertility, who discussed the impact of abortion laws on the field of in vitro fertilization (IVF). As most states pass laws aimed at "life at conception," it circles back to the familiar question of how conception is defined, particularly when what is meant is fertilization—the moment at which an egg and sperm meet. As medical students, we know it's not that simple. Fertilization does not equate to an embryo; it's simply a blastocyst that needs rapid division of cells to reach the embryo stage.

However, this poses a dilemma when framing anti-abortion laws and considering in vitro fertilization. For

instance, in a scenario where a woman freezes six fertilized eggs, and only one survives the process, should the sperm donor, the woman freezing her eggs, the IVF specialist, or the assisting technician face penalties? Furthermore, if a woman freezes fertilized eggs and chooses to discard unused embryos, forgoing the process altogether, would there be repercussions?

Though previously thought of as separate, it became clear that abortion and IVF are inexplicably linked and exist on a continuum of reproductive care, rather than in individual spheres. The daunting realization came to us that women who are trying so hard for pregnancy could potentially be penalized for science that is here to assist them.

This predicament arises when policymakers, not scientists, craft legislation around intricate scientific stages of development, significantly impacting women's reproductive choices. These laws spotlight the disparity between legislative intent and the technical realities of conception and pregnancy.

Although the future of abortion laws and their ramifications are still unclear, one thing is certain—the landscape in which IVF physicians practice will be significantly altered. As future women's health professionals, it is imperative that we continue advocating for patients and their



Samira Kanetkar (left) and Shannon Weatherly

autonomy over family planning, while supporting them as best as we can in their reproductive journeys. Moreover, the reality that women physicians usually begin families after the age of 32 emphasizes the importance of accessible options like IVF for nurturing our own families.¹ □

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Mentorship Matters: The Role of Guidance in Medical Education

BY DELWIN SURAJ AND JONATHAN BYRNE (OMS-IIIIS)

Medical education is a transformative journey that extends beyond textbooks and lecture halls. Mentorship plays a pivotal role in shaping the experiences and perspectives of medical students, serving as a compass that navigates the complexities of the medical profession and avoiding pitfalls where they may arise.

Firstly, mentorship provides a bridge between theoretical knowledge and practical application. As medical students, when we transition from classrooms to clinical settings, we encounter myriad challenges that extend beyond the pages of our textbooks. A mentor, such as a resident or attending, often becomes a beacon of practical wisdom.

Through bedside teachings, case discussions, and hands-on guidance, mentors offer a real-world perspective that supplements academic learning. Especially during our clinical years, they provide valuable insights into the subtleties of patient communication, the dynamics of health care teams, and the ethical considerations we could only get in the clinical setting.

Further, mentorship plays a pivotal role in propelling career advancement, especially within the vast medical field. Through mentorship, medical students can explore various specialties, gain insights into the day-to-day responsibilities of different medical professionals, and make informed decisions about their future career paths. A mentor can provide guidance on research opportunities, networking, and professional growth, laying the



foundation for a successful and fulfilling medical career.

Drawing from their own experiences, senior peers, residents, and seasoned practitioners empathize with the challenges faced by medical students and often willingly sharing their insights and expertise. Their accumulated wisdom, gleaned from their own mentors and personal journeys, encapsulates valuable lessons and facilitates a smoother passage for us through the challenging medical journey.

The impact of mentorship extends beyond the individual student, influencing the culture of learning within medical institutions. A supportive mentorship culture encourages a sense of community and collaboration among students and faculty members. Importantly, the mantle of a mentor isn't confined solely to residents or attending physicians. Each of us plays a vital role in cultivating this culture. From first-year medical students assisting premeds to attendings supporting their residents, mentorship spans across all stages.



It's important for us to extend a helping hand to our successors that enables them to capitalize on successful approaches and steer clear of stumbling blocks. This collective wisdom propels continual advancement, ensuring a forward trajectory year after year.

In conclusion, mentorship is not merely a component of medical education; it is a cornerstone that shapes the character, skills, and future trajectories of aspiring medical professionals. Our mentors—be they senior peers, residents, attending physicians, or professors—are an indispensable and pivotal resource vital for success.

Acquiring a mentor as one navigates through medical education is paramount. Equally crucial is the commitment to reciprocate by mentoring those treading similar paths. This cycle of guidance and support not only fuels personal growth; it also perpetuates a culture of mentorship essential for the continual evolution of our field. □

The New Age of Medicine

BY SNIGDHA MARIVADA AND NIKITA SOOD (OMS-IIS)



With the emergence of the COVID-19 pandemic, both physicians and patients were confronted with increased barriers to receiving health care. Health care providers were accosted with overworked conditions, burnout, and supply shortages, while patients were overwhelmed with this abrupt change in routine and a growing list of concerns, with no answer in sight.

To prevent a societal standstill, virtual methods of communication were increasingly relied on to promote efficient and continued daily functioning. The rise of telemedicine provided a new means of accessing care in a way that navigated strict lockdown measures and alleviated the contagious nature of this condition. However, this was not the first time telemedicine was used as an alternative form of health care-based communication.

The concept of telemedicine started many years ago with the invention of the telegraph and the



telephone. The telegraph marked the beginning of a new method of health care during the Civil War. Reporting of casualties, injuries, and the need for medical supplies were all communicated through this device. As the years progressed, the telephone was soon invented and used as a means of aiding physician and patient consults.

Doctors were now able to listen to a baby's cough through the phone and determine if the baby had the croup. In doing so, physicians were able to arrive at an accurate diagnosis without the need for in-person visits. By the 1950s, two-way video communication began to take over, and by the mid-1980s, a new technological breakthrough came to fruition: the Internet.

The Internet created several new advancements in the field of telemedicine. Large data files were able to be transferred at rapid speeds, telemedicine equipment was able to be acquired at lower costs, and

physicians were able to connect to remote patients with ease.

The rise and development of telemedicine services revolutionized and expanded access to vulnerable populations, such as patients with socioeconomic barriers, chronic conditions, and the elderly. Patients in rural areas with a lack of specialty doctors, geographic hurdles, and transportation concerns suddenly had a means of getting the care and medical attention they needed to manage their health without added stress.

Disadvantaged patients no longer had to take a full day off to travel to see a doctor, jeopardizing their paycheck-to-paycheck lifestyles. They could now access the same care through telemedicine services in 30 minutes with reduced costs. Analogous to this, elderly and immunocompromised patients can monitor their care without compromising convenience and risking extraneous exposure.

As new medical progressions come to light, it is absolutely crucial for health care professionals to be aware of these developments and enhance the quality of their patient care. Telemedicine may never completely bridge the gap caused by a computer screen; however, the impact telemedicine has had on the community has been nothing less than transformative. More patients than ever now have access to appointment scheduling, coordinated care, and virtual visits—one click away. □

My Friend Tammy

BY DAYNA ROSE SMERINA (OMS-II)

I was having trouble consoling my friend, because I was struggling with the same issue. “I know we are both going to get accepted,” I insisted. “You’re going to get into physician assistant school, and I am going to get into medical school. I know it will work out for us.”

Neither of us were accepted into graduate school yet, but the imposter syndrome was already creeping up on us. My friend Tammy was taking this hard.

“What if I don’t have what it takes?” Tammy sighed. I put my arm around her as we looked out across the ocean. We were at the beach on our senior year spring break, and yet, in the back of our minds, we could not stop thinking about graduate school.

An older couple walked over to us while we were sitting in our beach chairs. The man gestured to a girl swimming in the ocean and said to us, “Is that your friend?” I stood up and replied no, I didn’t recognize the girl. What I also didn’t recognize was that she was drowning.

Tammy darted toward the ocean and only paused for a second to turn around and throw her glasses and phone at me. She was in a full sprint now and dove into the waves. I was dumbfounded as I watched her swim out through the choppy waters and rescue this swimmer.

After Tammy got her ashore, we helped her find her dad. She was a teenager, terrified, and completely shaken up by the ordeal. Tammy told her and the father she should not lay down flat in case there was water in her lungs.

We eventually left the beach, and the adrenaline from the incident wore off. I was finally able to think clearly. “Tammy,” I said, “Do you realize you just saved someone’s life?”

“I’ve always worked as a lifeguard,” Tammy bashfully said. I spent the car ride back to our hotel convincing Tammy that if anyone had what it took, it was her. By the time this article is published, Tammy will be weeks away from graduating from her first choice physician assistant school. Congratulations, Tammy! □



Leaning on Zoom for My Medical School Education

BY FAIGE JEIDEL (OMS-II)

We join the Zoom at 8:00. Every morning, with no exception.

We’ve been doing this for about two years now, so we’ve learned each other’s morning habits. One of us, G, is usually perky. She’s been up for hours studying already. Then there’s N. Let’s just say you can tell she’s not a morning person. I usually fall somewhere in between. Not too keen on showing my face at 8:00 a.m., but also not too upset about it.

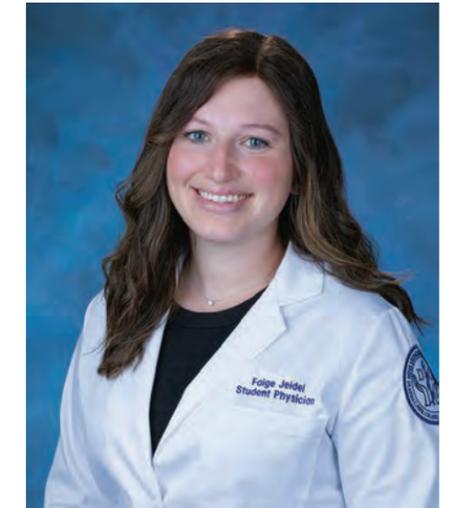
We’re there to study. We watch lectures, review material, and create review sheets. We laugh as we make ridiculous mnemonics and commiserate while we try to memorize lists upon lists of medications that sound the same. We test each other, holding each other accountable to know the material so well that we can answer second- and third-order questions.

We do this until 4:00 p.m., when we all slowly retire to our own lives. We take a much-needed break, to let our brains recover, because that was quite a workout.

You thought we were done? No way, not medical students.

We get back on Zoom at 7:00 p.m., after having eaten dinner—and on good days, maybe even leaving our houses for some sunlight. We study again, same as before. We continue until we are confident in what we need to know, or more often, until the first one of us burns out.

We say our good nights, then add: “See you at 8:00 a.m.” □



Ikigai (生きがい)

BY SHAKIL HUQ (OMS-III)

In the heart of Kyoto, Japan, nestled among the bustling city streets, there was a quaint tonkatsu sandwich bar at which I sat with my girlfriend and older brother. It was getting later into the night as we capped a long day of sightseeing. Filled with a mix of excitement and mostly hunger, we sat at the end of the bar listening to the three other patrons, all locals coming off long shifts from their respective professions.

I had always been drawn to the culture and history of Japan, and now, here I was, a full week into experiencing it firsthand. My older brother, fluent in Japanese, sat to my right, acting as the bridge between two worlds.

As we savored the crispy and juicy sandwiches, I listened intently to my brother conversing with the other patrons, catching only bits and pieces of the rapid Japanese. My girlfriend and I only come up to speed with the conversation as my brother points back to me and says “doctor” and then at my partner saying “politician.”

We spent our entire night there, exchanging stories with the locals, learning about their recent adventures, their daily lives, their families, and their dreams. Among the chatter and clinking of plates, I found myself deeply moved by the passion and dedication of the people around me. One patron is a recent college graduate working in the family business, another is a longtime accountant,

and the last a successful practicing cardiologist in Kyoto. As my brother translates, between the long pauses of my novice Japanese understanding, I found myself reflecting on the experience, smiling ear to ear.

In that small, fragrant bar, amidst the laughter and warmth of strangers, I had a moment of realization and deeper understanding—ikigai. In Japanese, ikigai is a beautiful word that directly translates as “reason to live” or “reason for being.” But beyond its literal meaning, it is finding a centering purpose that combines doing what you love, doing what you’re good at, doing what you can be paid for, and doing what the world needs.

It is pulling purpose from moments in your life that combine passion, profession, mission, and vocation. I’ve had a handful of these moments in my life, many more recently as a rotating third-year medical student at NSU-KPCOM. But as important as many of those clinical experiences have been, I saw this moment as one where I drew happiness from connecting with others.

As tacky as it may seem, I realized my purpose in medicine is not just about treating illnesses; it is about understanding people, their lives, their joys, and their struggles. My purpose, my ikigai, is to combine the privilege of practicing medicine with the empathy and connection I felt in that moment. This realization, fostered in a humble tonkatsu sandwich bar in Kyoto, will shape my approach to medicine forever. Sometimes, all you need is a little moment that can make you smile. □



The Dual Edges of Health Care Consolidation

BY ANDREW BOURAS (OMS-I)

As a first-year medical student at NSU-KPCOM, I find myself often reflecting on a pivotal experience before entering medical school—a journey that not only shaped my understanding of health care today, but also provided a glimpse into its potential future. This journey began in the corridors of a small-to-medium-sized, one-location GI private practice, where I witnessed firsthand its transformation through acquisition by a private-equity-backed conglomerate.

Our practice, rooted in a close-knit, patient-centric approach, faced a crossroads common in today's health care landscape—evolve or risk stagnation. The decision to join a conglomerate, expanding to more than 60 practices, was both a strategic move and a leap into the unknown. As someone who led the integration of our electronic medical records and workflows with the new system, I was at the forefront of this transformation.

This transition was a melding of opportunities and challenges. It offloaded burdens like HR and payroll from our head physician, freeing him to focus more on clinical care. The promise of shared resources and expertise across a growing network of practices hinted at a future of enhanced capabilities and broader reach in patient care.

However, the path was not without its hurdles. The increased bureaucracy of a larger organization slowed decision-making processes and required a period of adjustment. This initial phase of slowed progress was a necessary trade-off for the long-term benefits of being part of a more extensive system.

Now, as I navigate the early stages of my medical education, this experience offers a crucial lesson for the future. The trend of health care consolidation, increasingly prevalent, is reshaping the practice of medicine. It challenges the traditional notion of small, independent practices, suggesting a future where large, integrated healthcare systems could become the norm.

For those of us aspiring to carve our paths in the medical field, particularly in establishing our practices, this shift presents both challenges and opportunities. While the landscape in the next 5 to 10 years may lean toward larger health care conglomerates, there remains a space for innovation, adaptability, and niche specialization.

In conclusion, my experience with health care consolidation has not only enriched my understanding of the current medical environment, but also provided a lens to view the possible future of medical practice. It underscores the importance of being adaptable and forward-thinking—qualities essential for navigating the ever-evolving health care landscape.

As we, the next generation of physicians, step into a world where the lines between clinical care and health care management are increasingly blurred, experiences like mine serve as a reminder and a guidepost, helping us shape our roles in a changing healthcare ecosystem. □



My experience with health care consolidation has not only enriched my understanding of the current medical environment, but also provided a lens to view the possible future of medical practice.

Making Eli's Declassified Medical School Survival Guide

BY ELIZABETH BALDOR (OMS-I)

Some months before medical school began, I decided to launch a medical TikTok, @medicaleli, and bring premeds through my journey in taking the MCAT, applying to medical school, my gap year, and, of course, my medical school journey. As time passed, I've been able to meet new people through the Internet, educate others on how to interview well, how to write a showstopping personal statement, and make everyone feel more relieved about this entire process.

As a past premed, I understand the unsettling thought of not knowing whether all the hard work you have put forth will lead to the end result of your desire. Therefore, I've made it my mission to show those who are going through experiences I'm well aware of how it is all going to pay off and be okay.

One of the most important things about my videos is to show students medical school is doable if you are really passionate about health care. I also aim to show students that medical school is not something to fear, rather something we will conquer. Although I make realistic videos and speak out on the obstacles one may encounter in medical school, I make it my top priority to show aspiring medical students that no matter what lows you may go through, the highs are worth everything.

My greatest hope is that I can bring my social media with me from premed to medical school to residency and so forth, helping others learn and feel more secure throughout this process and beyond. Regardless of it seeming like I have it all figured out, I am always open to suggestions and questions from any of my followers and enjoy learning more about what content everyone truly wants to see.

After all, I do it for everyone who wants to learn from me, not for myself. As I continue my medical school education, I hope to inspire more people along the way and make an impact in premeds' lives, nontraditional medical students, and so many more. □



The Best Part About Medical School

BY CHRISTOPHER RODRIGUEZ (OMS-I)

As children, we did not question why our scrapes from falling at the playground healed after multiple days or why we took medicine to fight off an illness. They simply happened, and we would go back to playing around and scraping our knees once more. It is not until later in life that an important question comes into our minds to address these things—why?

Throughout my life, I have been lucky enough to endure multiple broken bones, surgeries, and some illnesses without wondering about the intricate mechanisms our body uses to get us back to our usual selves. Once I discovered my path in medicine, I rapidly began to wonder about the “why” in all of my experiences.

Throughout high school and my premed years, I thought I would learn many of the answers to this question, but little did I know, they only scraped the surface. Starting medical school is accompanied by a rapid influx of information, like drinking water from a hose, some may say. On the other side of that is the enlightenment of said information, such as learning how and why my bones and wounds as a child would heal, how certain bacteria caused illnesses, and why I had to have my appendix removed in the fifth grade, and much more.

For the first time in my life, I had words, ideas, and knowledge replacing the theories and mere online readings on how these things happened. Applying this newfound knowledge to my present and past is, to me, the best part about medical school—learning what makes me, me. □



What’s the Worst That Can Happen?

BY ROSHNI KOTWANI (OMS-III)

Time and time again, we’ll ask ourselves, “What’s the **worst that** can happen?”

If I don’t do well in this class, or if I mess up during this interview, what’s the worst that can happen?

And most of the time we **don’t even attempt** to answer it. While it’s true that part of the answer relies on a hypothetical reality we cannot predict, I think what really pushes us away from trying to solve the answer is **fear**.

Fear of the **unknown**. If we humor the idea of the worst outcome, **maybe** it’ll be so overwhelming, we’ll wish we’d never done it in the first place.

So, out of such fear, we often evade even **trying** to answer this question.

Until we start to witness how much **not** considering the answer to this question **controls us**.

For instance, while preparing for tests, we often unintentionally think about the grade. For a brief second, we consider the idea of failing. A few seconds of worry later, we shut these thoughts down. We tell ourselves that we **must refuse** to think about it, because it’s only stirring us with more fear.

Ironically, after doing this, it feels like all our brain can do is **think about the possibility of failing**—getting kicked out of class or bombing the interview.

All this noise from the flood of thoughts continues to heighten and, just as loudly, the fear in our heads yells to stop thinking. Back and forth this pattern continues—the **hypothetical scaring the fear in us, and our fear trying to shut down the hypothetical**.

No one wins. There’s simply a constant battle. And suddenly, we’re **more scared** of the unknown than we were in the first place.

The solution, as painful as it can be, is to face it and **address the unknown**.

The “worst that can happen” will no longer feel like this overwhelming, mysterious **stranger**, but somewhat of an **acquaintance**.

Fear is rooted in **the unknown**, and, in default mode, we think that reflecting upon this unknown will hurt us more.

So, we **shield ourselves** from situations further. What started out as a small, mysterious box gets wrapped in protective wrapping paper again and again. We think that



doing this will make us notice the box less when, in fact, all this “protection” makes the box seem so much **bigger** and **less avoidable**.

When we decide to rip the paper and get into the box, the mystery no longer frightens us. We start to feel free from the dominating rule of the unknown.

We **know now**, whether by thinking about the possibilities or living through them, we **know**.

In a way, the worst case may seem less scary now, because we give ourselves the room to accept it. When we walk into the exam room, we walk in knowing that if worse comes to worst I get a C, **and** if that happens, I can retake it.

Allowing ourselves to think about the unknown actually gives us **power**. □

The Psychiatrist's Palette

BY TEVIN UM (OMS-III)

I've heard it a million times. "Medicine is an art," but the meaning seemed to fade. It became a clichéd motto, repeated so often the words lost their essence. It wasn't until my inpatient psychiatry rotation that those words began to beat with life again. An overused adage began to metamorphose into a profound truth.

Every day in the ward was like walking through an eccentric art gallery. Each patient was a distinct exhibit, revealing the intricacies of the human psyche. The vivid and chaotic colors of mania were contrasted starkly with the muted and somber shades of depression. Amidst these, the canvases of others appeared to have no discernable patterns—a manifestation of "unspecified" diagnoses—a term I came to understand is not just a clinical label, but a testament to the complexities of mental health.

The treatment also defied my naive understanding of psychiatry. They were far from the textbook treatment algorithms I had been used to memorizing. There is no simple flowchart, no "if this, then that's." Choosing a treatment was akin to a painter selecting a brush—a decision that marked the beginning of a nuanced journey. The choice of technique and the application of each stroke mattered as much as the choice of tool itself.

Perhaps the old cliché that once echoed aimlessly may warrant some weight. For instance, the management of acute agitation wasn't merely about choosing an antipsychotic; it was about understanding and factoring in the unique needs of each patient. One clinician may choose the B-52 cocktail, while another may opt for a different formulation.

Similarly, the choice to augment an SSRI with Wellbutrin or Abilify was another example of personalized artistry in psychiatry. For the unorthodox artists, novel pharmaceuticals such as ketamine and psychedelics offer new options for healing in uncharted territories.

However, drugs are not the sole answer. Psychotherapy, particularly cognitive behavioral therapy and its subvariants such as exposure and response prevention, offered an avenue to explore and treat the root cause of disorders such as obsessive-compulsive disorder. Neuromodulation, often misunderstood and underutilized, was breaking ground as a powerful force in treating resistant psychiatric



conditions. Niche applications of virtual reality are emerging, especially in exposure therapy for post-traumatic stress disorder.

This rotation is profoundly reshaping my understanding of psychiatry and elucidating that every patient is a living, breathing piece of art. Physicians are not merely scientists or clinicians. They are artists tasked with discerning the myriad hues of the human mind.

Ultimately, psychiatry is a fusion of knowledge and intuition, science and empathy. As I continue this rotation and beyond, I will forever be reminded of this lesson. Psychiatry is an art, and I am an apprentice artist, gradually expanding my palette and refining my technique in the beautiful field of medicine. □

Medical Mania

BY MARIANNE KOLENG (OMS-I)



If you saw me walking through the halls, you would see a smiling face, but beneath that tranquil facade lies a darker secret. I have long struggled with talking about this "secret," and even accepting it at times. I have type I bipolar disorder, and I'm in medical school. It has given me a unique view and appreciation for medicine and the workings of our brains, but it comes with a cost—a lifelong relationship with lithium, anticonvulsants, and therapy.

There are days my entire body feels paralyzed, like life has been sucked out of it. I am a soul inside a corpse, and all I can do is watch. Then there are days I feel like I live on air. Oddly enough, the paralysis and air feed and starve one another, like a fatal yin and yang. Neither can live while the other survives, but they require each other to live.

I was first diagnosed with bipolar disorder in 2021, and I grappled with the reality for months. I denied that anything could be wrong with me. I thought the diagnosis meant I was "crazy." It felt like a crutch. It was my Jungian shadow that was both incongruent and congruent with my conscious ego.

I would swing from depression, "normal," hypomania, to mania—or my greatest horror—dysphoric mania. Dysphoric mania is also known as a mixed episode—a volatile cocktail of mania's racing speech paired with consuming pessimism. I used to think with regard to bipolar that it was black and white. Sometimes you control it, other times it controls you.

Medical school has helped me process and come to terms with my diagnosis. I take comfort in understanding the genetics and neurotransmitter activity underlying



bipolar disorder. However, medical school has also shown me the destructive aspects of mood swings, especially on my own health and well-being.

Uncontrolled, bipolar disorder feels like a cluster of spiders trying to crawl their way out of my skin from the inside. I hear a constant tick-tock, like the sound from an antique grandfather clock. I learned the hard way; you cannot neglect bipolar disorder and succeed in medical school.

Over the course of 2023, I learned to understand what swings look like—symptoms of mania, depression, and the like. It is not easy to take medication multiple times a day, every day, but the stability and success it provides me with is unequivocally worth it. I have also learned the best way to reduce the stigma around something is to simply talk about it.

Conversations, though difficult at times, are crucial to understanding, connecting, and educating myself and others. I have learned I am not alone in my journey, and my diagnosis does not define me, nor anyone else. Yet, a paradox persists—to paraphrase Robert Frost, I find there are still days that "I crave the stain." □

From Lost to Laughter

BY JASON NGUYEN (OMS-II)

Putting my lanyard over my head and around my neck, for once empty with no keys, I cast one final glance around. The door locked behind me with a soft click, and as I walked away, my room transformed into a mere memory, its significance fading like a dream upon waking.

Leaving everything behind, I was on a mission to figure out who I was and where I belonged. Over the past four years, I've searched more than 20 countries across all the continents. My travels led me to places that once existed only in the pages of my books—mountains that seemed to brush the heavens, deserts scorched by the relentless sun, seas stretching to infinity, and jungles pulsating with life's heartbeat. Solo travel, more than an adventure, was a journey of self-discovery.

It wasn't just the landscapes and scenery that left a memorable mark. For many, including myself, trust is a fragile concept. As enchanting as the allure of traveling may seem, when you find yourself in a foreign land, entirely on your own with no familiar faces to lean on, you inevitably come to appreciate and, at times rely on, the kindness of strangers. An overlooked truth I learned was that there are still good people left in the world and totally random strangers who care.

Confronting my fears, from staying at a random person's home to venturing off the paved road, revealed a strength within me I never knew. From fellow travelers to locals, each encounter etched a lasting impression on my heart. Regardless of backgrounds or cultures, we shared

the commonality of humanity. These interactions taught me the enduring value of empathy, compassion, and understanding.

With every encounter and new experience, my once-impenetrable walls slowly crumbled. It was in the quiet moments of reflection beneath foreign stars, and the laughter shared between strangers turned friends, that I discovered the essence of who I want to be.

Switching between a nomadic existence for the structured halls of academia, I find myself donning a white coat alongside my lanyard. The kindness I encountered on the road has become the compassion I aim to

bring to my future patients. The lessons learned from my families around the world have become a foundation for understanding the diverse lives of my patients.

In this new journey, I carry with me the spirit of curiosity, resilience, and an unwavering belief in the transformative power of kindness. Beyond a passion, for me, traveling became a way of life—an ongoing journey of growth, learning, and discovery. I can't wait to discover where this incredible adventure takes me next.

My message to you is: Explore the world, let curiosity be your compass, and remember—it takes no effort to be kind. □



A Message to My Mother

BY REENA SHETH (OMS-II)

What a strong and powerful individual you are. My mother is the definition of perseverance, traveling halfway across the world with a husband and child to become a plastic surgeon in America. Sleeping on the floor so she would wake up uncomfortable in the middle of the night to force herself to study for the USMLE. A woman who grew up in poverty, but dreamt of a life far from it. My mother was always tenacious, being an already established plastic surgeon in India and England before moving to the United States to do the same.

During her residency at Montefiore Hospital in The Bronx, New York, she quickly proved her skills as an immigrant woman surgeon, spending sleepless nights in the hospital, covering calls for her fellow residents, and spending every waking moment proving her worth. In her last year of residency as chief resident, she got pregnant with me, but that did not stop her drive. She continued to shine up until my birth, where she only took two weeks off before finishing her residency and becoming a full-fledged American plastic surgeon in 1999.

Six years later, she was diagnosed with an infratentorial meningioma after being in a motor-vehicle accident. The tumor was eight centimeters, crushing her cerebellum and deteriorating the surgical skills she worked her whole life to learn. She had to leave her busy schedule of working in five hospitals across New York State to get her surgery.

She pleaded with the neurosurgeon that no matter what, she



wanted to be left with no deficit after the surgery—even if that meant leaving part of the tumor in her brain. My father always joked that it was the tumor, or her “second brain,” that made her top of her class in their medical school in India, making her the first woman to achieve valedictorian in all medical disciplines and leading her to meet India's prime minister in the 1980s.

After my mother's surgery, she was left temporarily blind, unable to walk, and missing part of her skull where they had to remove the tumor. It was difficult to see such a bright, courageous individual brought to her knees. A few months later, she recovered to full strength

and was back in the operating room, which was her happy place.

Fast-forward to today, where she runs two private practices, works in four hospitals, and somehow manages to do it all. Her sheer resilience inspires me every day to be the blossoming health care provider I am. She was able to overcome so much just to make her dreams come true.

I am forever grateful for all the sacrifices she has made over the past 30 years to ensure my sister and I will live up to our full potential. My mother is truly a force of nature. Thank you for everything you have done. I only wish to be as resilient a physician as you are today. □

A Brief Statement on Culture in Medicine

BY VICTOR GOMEZ (OMS-III)

When South Florida is mentioned, it's widely acknowledged as a diverse melting pot. Growing up and residing in Miami, I've witnessed firsthand the rich tapestry of cultures and ethnicities that characterize the region, with a significant portion being of Hispanic origin.

In my current stage of medical school and clinical rotations, I've come to appreciate the critical importance of acknowledging and respecting cultural differences and backgrounds in the practice of medicine. During my rotations at Palmetto General Hospital, where more than 90 percent of patients

have a Hispanic background, I've recognized the value of communicating with them in their native language, Spanish. As a Hispanic myself, this shared cultural understanding has enhanced my ability to deliver more personalized and empathetic care.

Understanding and respecting patients' cultural practices, regardless of my own background, has proven instrumental in establishing a profound connection. This connection not only fosters a sense of comfort for patients, but also transcends linguistic and cultural barriers, making

them feel not just heard, but genuinely understood.

I firmly believe this principle extends beyond Hispanic patients to encompass diverse ethnicities and cultures, contributing to enhanced patient satisfaction and personalized care. Embracing this mindset has broadened my perspective, emphasizing the universal importance of cultural competence in medical practice. Regardless of our own backgrounds, as physicians, prioritizing cultural understanding lays the foundation for optimal health care delivery and strengthens the doctor-patient relationship. □



Teaching: The Agency for Improved Learning

BY DYLAN PIETRANTONI (OMS-III)



The goal of this is not to flood you with my personal story, but rather to emphasize the effect of teaching on our own learning and to inspire you to start actioning it.

“How in the world did I recite that like I rehearsed it?” Well, because I had. I was knee-deep in an explanation about fibular mechanics and corresponding dysfunctions that cause neuropathic pain when this thought hit me. Three years ago, I didn't even know where the fibula was. Medical school has that neat effect, but I attribute the plethora of these realizations moments to teaching, not to reading a book or doing flashcards.

The goal of this is not to flood you with my personal story, but rather to emphasize the effect of teaching on our own learning and to inspire you to start actioning it. If you fear teaching because you don't think you have time, are uncomfortable speaking publicly, or don't want to expose your knowledge gaps, you are exactly the person I hope reads this. Why? Because that was me several years ago.

Over the last few years, I've been beyond fortunate to serve as a study-tables tutor for anatomy and cardiology and now as an OPP fellow, and through it, I've grown immensely. That's a tribute to the students, so firstly, thank you for teaching me more than I could possibly teach you.

Teaching requires the ultimate recall, more than Anki or practice questions, and thus, necessitates a far deeper level of understanding. Many studies support this, so I won't belabor it here. Instead, I'll quickly summarize one method of teaching you can immediately implement to benefit yourself and others.

The Feynman technique, coined from the famous physicist and teacher Richard P. Feynman, challenges us to study a topic; teach it to one or more people in our own simplified terms; be humbled by audience questions we can't answer well; effortfully acquire that information because now our egos and curiosities are tied to it; then revisit, reteach, and reexpose knowledge gaps in feedback loops.

In medical school, there is always a new topic to test this on, and a motivated, small group can use it to knock out many learning barriers together. For example, with a group of four students and a midterm covering 24 lectures, each student can teach the highlights of 6 lectures in 10-minute blocks per lecture. Round up to 15 minutes with some banter. That's six hours to cover all the midterm information. We sometimes have that many lectures alone in one day, and most people would agree this methodology is far more active.

Whether using it this way or via a formal teaching role, this causes us to actively learn and digest information, and this is key for true retention. You can execute this today, and it costs nothing. Doing so has made a world of difference in my life and countless others, so here's a challenge for you—learn and teach something today. My efficiency and grades increased when I started teaching. I believe it can do the same for you. □

Two Worlds of Wellness

BY SYDNEY SOLOMON, M.S. (OMS-III)

Growing up in a family with a conventional Western medicine ob-gyn dad and a free-spirited functional medicine nurse practitioner mom offered me two very unique perspectives on health care. While I value the advice and guidance from both parents, it poses a challenge, as these two individuals I deeply admire hold strong and differing opinions on how I can evolve into the type of health care provider I aspire to be.

My father, dedicated to Western medicine, instilled in me the importance of evidence-based practices. He has always emphasized the value of identifying and addressing health issues through established medical protocols. I had classmates all throughout middle and high school tell me my dad delivered them. I had a tutor once tell me my dad saved her life by detecting her ovarian cancer very early. These encounters were part of what influenced me to pursue a career in medicine.

Conversely, my mother's journey into holistic health opened my eyes to the world of alternative therapies. Her belief in the healing power of plant medicine challenged the norms of the healthcare system, introducing me to an understanding of health that considers the interconnectedness of the spirit and physical well-being. The beliefs my mom holds would never be taught in a medical school, and it has at times created friction between the two of us. There are moments I know my mom would rather I be an herbalist or a naturopath.

However, she has truly helped people who were ignored and let down by conventional medical practices. My mom loses faith in the medical system constantly and worries I won't be able to grow into the type of practitioner I want to be in the confines of mainstream medicine.

The aspiration to make both of my parents proud is a driving force behind my journey. It signifies a commitment to honoring the wisdom in each of their perspectives and finding a way to bridge the gap between seemingly opposing ideologies. As I navigate my medical education, I am actively seeking opportunities to integrate the best of both worlds. For example, I was the president of the culinary medicine club and treasurer of the integrative medicine club.

Amidst the complexities of my parents' conflicting beliefs, I am grateful to have been raised by such inspiring individuals who have instilled in me a sense of curiosity and a commitment to continuous learning. As I progress through my medical education, I carry with me the pride of my upbringing—the fusion of my modern dad and hippie mom.

I hope to contribute to a future where health care is not defined by rigid methodology, but is instead an integration of diverse perspectives, genuinely allowing individuals all the available tools to heal and be the healthiest versions of themselves in all dimensions. □



Reflections on Health Care as a Child of Immigrants

BY MAL-LINH NGUYEN (OMS-II)

As the daughter of two Vietnam War refugees, the echoes of their past sacrifices resonate through my experiences in medical school, shaping not only my identity, but also the lens through which I view the world of medicine.

In the late 1970s, both of my parents fled Vietnam by sea as a part of the Vietnamese boat people—a group that refers to the nearly 1.5 million Vietnamese refugees who fled in the aftermath of the Vietnam War. Many refugees traveled in overcrowded boats, facing the risks of piracy, disease, and harsh weather conditions.

Growing up, my father would tell me stories about the intricacies of his escape from Saigon. I would listen, captivated by the courage that infused my father’s narrative. His journey was a symphony of challenges, from being stranded on an island in Indonesia and his family’s encounter with Thai pirates to being sponsored by the American Red Cross and eventually building a life in California. Fleeing their homeland in search of refuge, my parents’ journey became a testament to their strength in the face of adversity.

As I grew older, those childhood stories began to shape my own character and my desire to pursue a career in medicine aimed at providing healing to underserved communities that had faced hardships similar to my parents. As I ventured into medical school, I carried with me the understanding that health care barriers faced by marginalized communities are not merely statistics, but rather lived realities similar to the struggles my parents endured in gaining access to medical care once they settled in the United States. Their story serves as a constant reminder that access to quality health care should be a fundamental right.

The values of perseverance and determination instilled in me from a young age serve as the foundation for my academic pursuits in medical school. In my parents’ journey, I find the motivation to continue to serve my community and strive toward a health-care system that is accessible, equitable, and responsive to the needs of all individuals, regardless of their background. □



Magic and Medicine

BY ELIE CHRISTOFORIDES (OMS-II)

The ambulance was cramped and almost without equipment, contrary to what I had been trained with as an EMT back in New York. On the first outpatient visit during this medical outreach program to Thailand, I stepped into a shack stained by the smell of livestock and urine.

There, I met Poohvis, a middle-aged man who had been paralyzed below the waist after a stray bullet became lodged in his lower spine. Poohvis had spent the last 20 years on his stomach, unable to even shake away the flies that camped on his open bed sores. Aside from this weekly supply run from nurses, Poohvis grew estranged from visitors and was visibly skeptical of me—a foreigner who was here to help him. Yet, there I stood, witnessing a preventable medical reality.

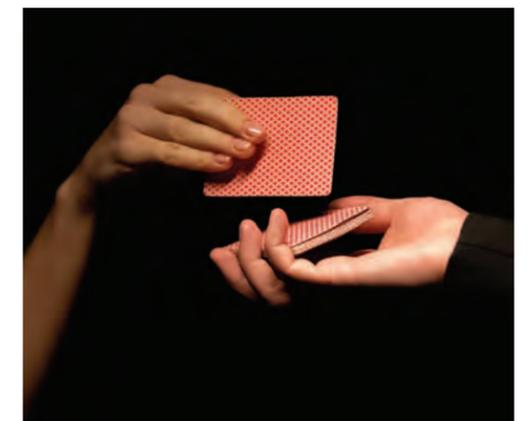
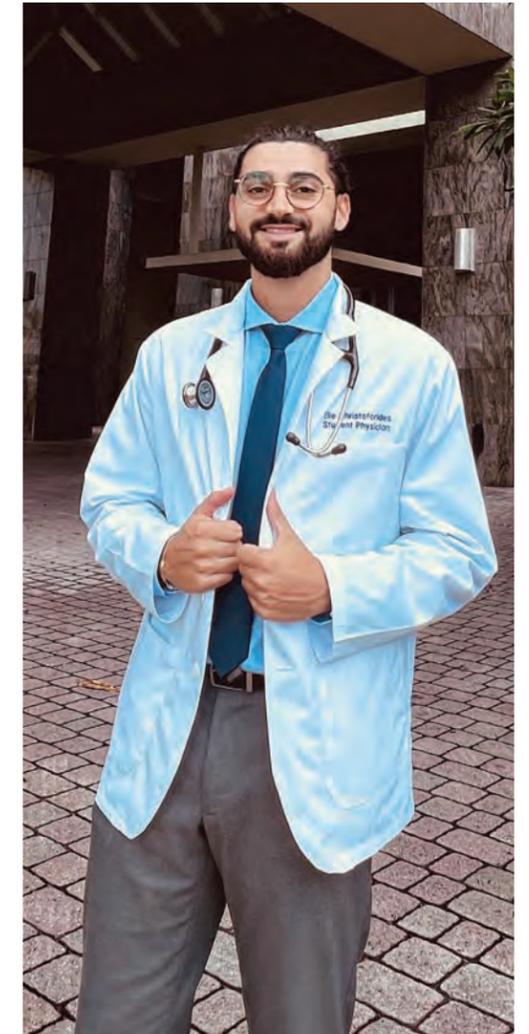
Wanting to confer a larger message than solidarity, I pulled out a magic deck of cards I bought from a street vendor back in Bangkok. Poohvis hesitantly picked a card, and, with some sleight of hand, I correctly guessed his card. Suddenly, a burst of laughter. After teaching him the trick, it seemed that for a moment, he’d suspended his anger and danced with the other emotions that made him human.

This was a harsh side of medicine I wasn’t prepared for. Prior to meeting Poohvis, my commitment to medicine was matured by a steady string of reassuring experiences. What was it about this 20-minute interaction that had upset me so much? Was it the sense of death, knowing Poohvis’ condition was inoperable?

No, as the son of war immigrants and a frequent visitor to Beirut, Lebanon, I was no stranger to near-death experiences. Was it the destitute conditions of his underserved community? No, my upbringing in Brooklyn had given me the exposure to the harsh reality of financial difficulty. Perhaps it was knowing how preventable Poohvis’ situation was. He could have lived an unhandicapped life if only he had access to the medical care I had taken for granted back in New York.

I left the shack wanting to permanently steady his heart, but questioned how I could transform that desire into the perseverance required to become the surgeon capable of preventing Poohvis’ handicapped life. Just like a magician feeds his audience a placebo, borrowing their imagination to create a healing effect, I stood there with Poohvis for a moment, perhaps doing the same.

The curtain fell, and the stark truth of the cards he was dealt remained—a reality that demands acknowledgment, empathy, and, in the case of health care disparities, a commitment to reshuffling the deck for a more equitable future. So, which card will you pick? □





Redefining Beliefs and Conquering Miles

BY DIANNA LEVIN (OMS-III)

I never liked running. In theory, it does not seem bad, right? You can start off slow, put one foot in front of the other, maintain a solid pace, and feel the wind whoosh past you—all while enjoying the sweet taste of freedom. That is until the tightness in your chest and mind takes over merely minutes after the initiation. The mental challenge proved far greater than the physical one and would stop me in my tracks time and time again. Even when I used to compete as a rhythmic gymnast, I would be less than willing to find out we needed to run three laps around the football field outside to warm up, rather than do an hour of ballet.

Whether it was the dead of winter or the scorching heat in the summer, I found myself trailing behind my teammates no matter how hard I tried to keep up. It mystified me how my preparation of hours of training five days a week to compete in a 90-second routine would scantily translate to enduring a run that seemingly took up an infinite amount of time and space.

Throughout college, after I stopped competing, I found myself coaxing my inner monologue so it would be different this time. I would start long-distance running, even going so far as to say I would take pleasure in it. Like clockwork, never more than a mile or two in, I would lose my stride and supplement with weighted exercises or calisthenics. Even though I recognized I was

completing relatively strenuous workouts, I knew it was diverging from my initial intentions of wanting to find comfort in the uncomfortable.

Recently, on my pediatric rotation, a resident I was working with came with her hair soaking wet. The question of why lingered, and I decided to pose this trivial inquiry. She responded she had just finished running and, after showering, realized she did not have time to dry her hair. She nonchalantly continued, mentioning it did not cross her mind how stopping early was even an option until now. This was a response I immediately understood all too well. When adrenaline is pumping throughout your body, there is a deeper side to yourself that is reached, where action is the only state that exists.

A month after that seemingly minuscule encounter, I ran my first 5k and signed up for a half-marathon. If you ask me what has changed, it is not something I can sum up in words. Yet, it has everything to do with the words I used to construct my beliefs around running—accepting it to be arduous and overrated.

It is not a mantra I find myself tapping into, but the quality time I have cultivated within myself, only present on the last mile of a long run with sweat drenching my body and soreness erupting all over. The mental chatter is gone, and the state of execution is all I can comprehend. □



Resting with Intention

BY ALAINA WERLING (OMS-III)

“A tortoise is sleeping in our fridge.”

The holidays are a time filled with traditions and quirky family fun, but never would I imagine being able to make the above statement in the same breath as “happy holidays.”

It was 2021, and as my brother’s college roommate made his way home for the holidays, he stopped by our family house. While visiting, he asked if it would be okay for him to leave Tyro, his pet tortoise, in our refrigerator for a few weeks. With a bit of laughter, my parents graciously welcomed Tyro to start his hibernation right next to our thawing holiday turkey.

Tyro’s owner proceeded to explain the hibernation process to us all. He explained that there is a preparation period necessary to hibernate a pet tortoise. Contrary to how many childhood movies depict hibernation preparation, the tortoise goes through a few weeks period of starvation prior to hibernation. This prolonged fast allows the tortoise to have a clear digestive tract when it enters its hibernation sleep, which prevents food from rotting in the tortoise’s stomach and causing disease.

Starvation wasn’t the only preparation involved. The tortoise would have nightly baths (more like rinsings) and would be placed on a fresh bed of soil, which he would dig himself into once ready to begin his hibernation. Who knew there was so much prep work for hibernation?

We have all heard the fable about the tortoise and the hare and what



message can be learned from it. Similarly, I think there is much we can take from the tortoise and preparing for hibernation. Rest is an essential part of being human, and like the tortoise, we too should be intentional about our periods of rest.

Maybe that looks like scheduling specific times of the day or week to take time to rest, or maybe our rest looks like reading a book, taking a

nap, spending mornings in prayer or meditation, spending time in the sauna, relaxing in a hot bath in the evening, or spending time with family and friends. However we choose to rest, let’s do it with intention, so it may not only rejuvenate us to our greatest potential, but so it may help us be more efficient and effective in our tasks when we return to them. □

A Meditation on “Living the Dream”

BY MARISSA MARIE RUPPE (OMS-I)

“How are you doing?” “How’s medical school?” “Aren’t you so excited for this part of your life?”

These are questions medical students confront daily from family and friends. While receiving the questions is one thing, deciding how to answer them is another.

In the beginning, everyone was enthusiastic. Late nights in the library are romanticized, and donning the ceil-blue scrubs may transport some back to watching episodes of *Scrubs* or *Grey’s Anatomy*. Then, mid-semester arrives, bringing with it four exams in one week, narrow sleeping time frames, a quieter gym, and endless caffeine. Loved ones call, and when they ask those questions we were once so eager to answer, hesitation may set in.

I’ve had a variety of answers to this question and decided my best response is “living the dream.” It holds truth, optimism, an ounce of dry humor, yet ultimately lets those receiving the response interpret it as they wish.

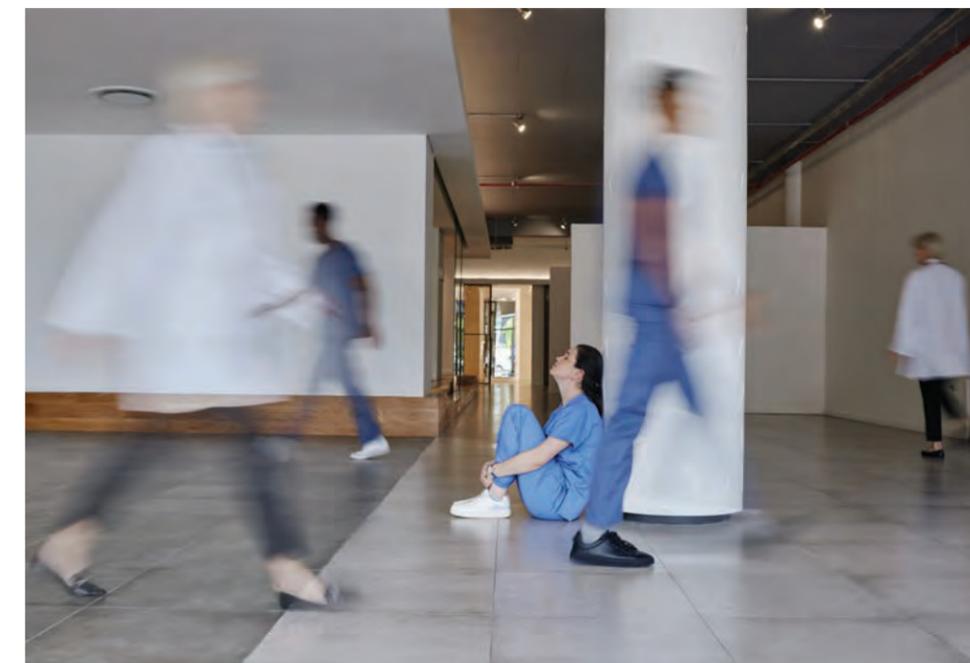
Reflecting on this sentiment, I and many other students can appreciate the significance of living our dreams. It may not always align exactly with how we first imagined it, but that does not mean it is not what we were meant to see.

The exhausted looks we cast at each other after a difficult exam, meeting someone new due to lab assigned partners, laps around the library to get a glimpse of daylight before returning to our hidden

corner, cracking a joke to ease the tension before heading to clinical skill exams, or volunteering with the local community; these are all little moments that start to create a bigger picture.

Slowly but surely, we can see we truly are living the dream. The sleepless nights, frustration, and adversity will come and go. However, in the end, witnessing the spark return in patients’ eyes as they heal or supporting families through the most difficult seasons of their lives, we find the sacrifices we made were always worth it.

So, when I return home and get asked, “How’s school?” my response will hold no hesitation as I say, “You know, I’m just living the dream.” □



Mi Abuela, Mi Roca. My Grandmother, My Rock.

BY MELISSA RIGUEROS (OMS-II)

When I was eight years old, sitting on a park bench, my grandmother shared a simple yet profound analogy that has stayed with me ever since. “Look at my hands,” she said as she held them out in front of her, pointing to her palms.

“They grew from the same body, yet they are not identical. Each has its unique patterns and performs different functions, but both are equally important. Just because two things are different doesn’t mean one is better than the other. Instead, it shows that each has its own distinct story, and both are deserving of respect.”

This interaction showed me how diversity is not just natural, but essential. Each hand, while different in its capabilities and characteristics, contributes equally to the whole. My grandmother taught me the importance of not judging others for their differences, but rather embracing and learning from them. Her lessons remind me to respect each person’s unique journey and to approach medicine not just as a science, but as an art that is deeply human and compassionate.

Less than 30 years ago, my grandmother, along with her husband and three children, left their homeland to establish a new life in the United States. With the untimely passing of my grandfather within just a year after their arrival, her resilience was evident as she became the rock of the family.

In the years that followed, she continued to play a pivotal role in our family’s future. It was during this time that my mother met my father, and together they started a new chapter. With both my parents working tirelessly to provide for us, my grandmother was a constant presence in my sister’s and my life. Her lullabies, sung in soft Spanish, her delicious home-cooked meals, and her use of natural remedies for our childhood ailments not only comforted us, but were also deeply ingrained in our Colombian-American heritage.

I navigate today’s rigors of medical school with the lessons I learned from my grandmother. Inspired by her example, I am determined to become not just a skilled doctor, but one who embodies the qualities she represents in our family. Her influence has been

instrumental in shaping me into the bilingual, culturally rich individual I am today, and it is this same influence that drives my ambition to be a source of strength and healing for others.

My family’s background may not be steeped in formal education, but today, as I wear my white coat during training, I embody the essential qualities of a physician that go beyond textbooks and classrooms. It’s through my family’s influence that I’ve acquired the invaluable traits that define my approach to medicine—kindness, empathy, resilience, and selflessness.

Above all, my grandmother, my “roca,” has been my greatest inspiration. Her legacy will go beyond the personal strength and cultural richness she brought into our family. It will also be in the countless lives I will touch in my career as a physician. □



Appreciating the Present

BY ERJOLA TOSKA (OMS-II)

Before entering medical school, many of us likely harbored hopes and prayers of fulfilling the childhood dream of making a difference in our community, of being the heroes who could potentially save lives, and of pursuing a fulfilling career as a physician.

However, amidst the whirlwind of lectures, clinical rotations, and the seemingly endless studying that consumes our lives as medical students, we often get caught up in the chaos and lose sight of the bigger picture. Yet, within the middle of the demanding schedule and rigorous curriculum, I have recognized the importance of taking a step back to appreciate the journey.

As medical students, we need to appreciate the countless hours spent in the library with classmates, because, in no time, we’ll find ourselves in residency reminiscing about the time we took for granted. The times we grabbed coffee at 6:00 p.m. with each other while creating mnemonic devices to remember bacterium facts or the simple dinners shared after exams—all these moments hold significance. The journey itself is invaluable and should never be taken for granted. The struggles and challenges we face today are building blocks toward a noble purpose of evolving into exceptional physicians.

As I reflect on this phase of my life, I’ve come to understand the profound impact of embracing the present moment. Each lecture, case study, and every interaction with patients holds a wealth of knowledge that will mold my future as a practicing physician. While it’s easy to get caught up in the minutiae of daily tasks, I remind myself to pause and acknowledge the privilege of learning from field experts.

Realizing that the knowledge and skills I acquire today will directly influence the care I provide to future patients is both humbling and inspiring. Every diagnosis I learn, every treatment plan I understand, and every bedside manner I refine contributes to the foundation of my future practice. It’s not solely about memorizing facts or passing exams; it’s about internalizing this wisdom to authentically impact the lives of those entrusting me with their health.

In this journey, resilience is essential, but so is gratefulness and appreciation. I am thankful for being accepted into medical school, my classmates who provide support, the patients who allow me to learn from their experiences, for the mentors who patiently guide me, and for the opportunity to pursue a career dedicated to healing and alleviating suffering.

In essence, being a medical student is a privilege—an opportunity to gain knowledge, develop skills, and nurture empathy. While the path ahead may seem arduous, I cherish every moment of this journey. It’s not just shaping me as a future physician, but also shaping the impact I’ll leave on countless individuals’ lives. Today’s challenges fade in contrast to the fulfillment of working toward a greater good by making a positive impact on the health and well-being of my future patients. □



There Is Always Time for Humanism

BY ERICA GLANTS (OMS II)

While being busy medical students, we spend so much time nose deep in our textbooks and juggling our busy exam schedules that we often lose sight of the everyday elements that bring us enjoyment.

For example, before starting medical school, my passion for volunteering and giving back to those in need was constantly filled by keeping myself occupied with different outlets.

From volunteering at my local community center every Sunday to being a team leader at my college's Red Cross chapter, I always found ways to engage in acts of service. Nevertheless, once I began my medical education, I found myself barely having extra free time to take care of myself, let alone others. Nevertheless, when I got elected treasurer of the KPCOM's Underserved Medicine Club, it gave me the unique opportunity to get more involved with my student body, as well as help those in need.

One event in particular that truly resonated with me was when I organized a humanitarian aid bake sale last October through the Underserved Medicine Club. Truthfully, my expectations for this bake sale were not high. I figured, "How much money can we really raise

by selling some mediocre cupcakes and store-bought cookies?" To my surprise, the profits tremendously exceeded my expectations, and with a combination of the bake sale earnings and other donations, we were able to raise \$500. I was absolutely astonished by the impact our student body was able to make in just a few hours of selling the baked goods, and I eagerly rushed to make the donation.

Several weeks passed, and the demanding workload of my semester continued to occupy my time and attention. I had almost forgotten about the donation, when I suddenly received an incredibly heartfelt video from one of the volunteers from the humanitarian aid organization. "I think that it's really incredible to have support from people like you, everyday people, who just feel the desire and need to give back," the volunteer said.

This sincere video of gratitude made me feel a profound sense of purpose and reminded me of what initially inspired me to become a physician—the satisfaction of connecting with and supporting people during their times of greatest hardships and vulnerability, as well as the meaningful impact individuals, even on the smallest scale, can make. □



Resilience: A Mosaic Home Around the World

BY CAREL TORO (OMS-IV)

It was Christmas Eve, and in the heart of Aleppo, Syria, lived a girl named Carel. Hand in hand with her mother, they wandered through the ancient alleyways, heading toward the church at the center of town. As they stepped inside the church, carols filled the air as the children began to sing. Carel's heart was filled with happiness as she sang along around the Christmas tree, feeling a sense of belonging with her friends and neighbors.

But one day, eight years later, war arrived unexpectedly, destroying her home. Carel had to leave the country, seeking safety distant from the ravages of conflict.

As she moved to Canada, Carel held on to memories of her home—its cobbled streets, the scent of jasmine in the air, and the laughter that once danced through the house. No matter where she went, it felt like she was looking for a piece of her heart left behind in the ruins of her old home. In the new surroundings, Carel struggled to adjust. The language felt like a barrier; the faces seemed distant, and the safety she looked for seemed out of reach. She missed the sense of belonging and the familiarity of her old town.

In time, Carel realized that home wasn't about a place but a feeling—a sense of belonging, safety, and love. It was the warmth in her mom's embrace, the laughter of newfound friends, and the hope that whispered through the chaos—a hope that one day, she might find a place that would once again feel like home.

Her journey from Syria to Canada to the United States was a testament to her courage. In each new country, she discovered a different facet of home.

Through the challenges of academia, from undergraduate to graduate to medical school, she continued to weave her mosaic home. Her friends in Montreal and Fort Lauderdale, her roommates in Inverness, the hospitals where she rotated, the medical clinics, and the volunteering groups—they all became threads in her beautiful tapestry of belonging. Home was not about the walls surrounding her; it was the warmth of the friendships she formed, the compassion she received, and the love she shared that made every place special.

As she reflected on her journey, she realized the richness that came from embracing change. It was because



she left Syria that she could bring a piece of her home to every Christmas celebration, sharing the taste of Syrian cookies and the warmth of her culture with those she loved.

Ultimately, she discovered a profound truth. She felt incredibly fortunate to possess a home enriched with experiences that transcended borders and continents. That home was not confined to a single place; it was a boundless feeling that made every country she visited and lived in a part of her story—a story of finding a home in people's hearts worldwide. □

My Name

BY AMANDA ALMEIDA (OMS-II)

They changed my name.

“da Silva” was adopted by my maternal great-grandfather when he was freed from slavery. My new American school system did not understand that having two last names represented the joining of two tribes in my home country. Now, it was cut off from my family name; I was just Amanda Almeida.

My name proudly carried my labeled identity of a mixed-race, immigrant female. Along with others of similar background, I was raised in a disadvantaged community that has little access to education and medicine. People in my community, as well as patients with whom I volunteered, expressed apprehension about receiving health care, because they did not see many physicians who understood the role their lifestyles and backgrounds played on their health. Because of this, I felt compelled to attend a medical school that would cultivate the skills I needed to best serve underserved populations that do not have access to equitable care.

Eventually, my interview day/orientation at NSU-KPCOM came. NSU’s relationship with global medicine and dedication to medical missions are what convinced me this school was the best fit for the physician I am determined to become. As soon as the

semester began, I sought to be as involved with medical outreach as I could be and became president of the International Medical Outreach Club. Soon after, I went on my first medical outreach trip to the Amazon, Peru.

Although I was born in Brazil, visiting another South American country provoked strong feelings of familiarity and being home. Every person we met overflowed with warmth, strong community values, and hope in us to provide them treatment. I learned much about maximizing health care with the few resources we had. Caring for these patients deeply reinforced my reason for wanting to become a physician in the first place.

As I journey forward, the evolution of my name mirrors the transformation I aim to produce within the medical landscape. Just as da Silva signified my familial heritage and Almeida reflected my assimilation into a new culture, my white coat will represent a commitment to bridging gaps in health care accessibility.

Shifting from student doctor to doctor symbolizes an opportunity to extend compassionate care to underserved populations. Each encounter reinforces my resolve to advocate for equitable health care for communities like mine, fostering a sense of understanding beyond borders. □



The Doc and I

BY MARIAH DALY KLINGLER (OMS-III)

“Keep your eyes open,” my 86-year-old grandpa said.

Papa received his medical degree in the Philippines and came to the United States to practice in 1953. He worked as an orthopedic surgeon in my hometown of Lake Wales, Florida, for more than 35 years, and people around town still stop to ask my family how “Doc” is doing.

There’s always been an old skeleton in my grandparents’ garage named Mr. Bones. He’s about 30 years old and spent most of his days in Papa’s clinic. Growing up, I thought Mr. Bones just had doodles all over him, but it truly wasn’t until my first semester anatomy course that I realized that I had been looking at muscle insertions and origins for 20 years.

When we were younger, Papa would tell my siblings and I to study hard and to work to be the best. Over the years, his “Be the best” speech has changed a bit. “You have to be #1” nowadays is replaced by “slow down,” and “burn the candlelight” sounds more like “make sure you are happy.” Don’t get me wrong, he is still tough on me and keeps me accountable, but he now keeps an eye on my heart in the process.

Recently, we were talking about how third-year rotations are going and how I’ve liked bits about every rotation thus far, which makes me question what specialty to go into. In return, he told me “Keep your eyes open.” Naturally, I asked, “What do you mean?”

“Yes, concentrate on what you love, but don’t ever limit yourself to one specialty. You will be a doctor, you need to see it all. Know it all. Say yes to all cases and all the exposure you can. Experience it all and study hard.” We talked a bit more, but our conversation ended with him asking if I was happy, which was an easy yes.

What medical school has taught me lately is that seeking well-roundedness is more rewarding than seeking balance, because not everything in your life gets equal parts of you at every moment. While medical school gets a great deal of our attention now, this is not forever.

Sacrificing time with friends or family is difficult, and I sometimes still feel guilty either when telling loved ones no or saying yes and feeling guilty for not studying later. However, I’m learning to balance my yeses and nos. There is an ebb and flow in life, which is something I’m trying to give myself grace for lately. Papa reminds me to strive for this new definition of “balance” instead of perfection.

You can be ambitious while also being content with what you have.

You can be hardworking and make time for breaks.

You can be independent but still seek community.

You can simultaneously be strong-minded and softhearted.

You can have it all together and still ask for help.

Overall, Papa’s life of service reminds me that we are all here living life to love others well. □



Integrity in an Ironman

BY AJA ERSKINE (OMS-III)

Mile 72 was starting to feel difficult, but by now, my legs were used to the motion of pushing down and pulling up on the pedals of my road bike. My thin rubber tires gripped the road with every twist and turn of the asphalt ahead of me. As I cycled through the tree-lined back roads of California, the sound of heavy breathing was my only company. I was pushing my body to the absolute extreme. I was competing in an Ironman event.

Cycling 112 miles was the goal for this portion of the race, and I had 40 miles left. “I can do it,” I thought. “I just need to keep this pace to reach the next checkpoint.” I was running out of time, and stress was creeping in. If I didn’t meet the checkpoint in time, I would be disqualified from the rest of the race. I kept pedaling as if my life depended on it.

As my focus narrowed on the road ahead, something out of the corner of my eye caught my attention. There was a blue bike helmet in a ditch on the other side of the road. I squinted harder and saw a bike a little ways off and something moving underneath. Other bikers zoomed by, either not noticing the accident or more worried about not meeting the cutoff time. I had to make a split decision. Stop my momentum and risk getting disqualified, or keep pedaling forward and hope the cyclist is okay.

I hit my brakes, unclipped my shoes from the bike pedals, and veered toward the scene of the accident. As I set my bike down, I signaled to other riders to help me. Other cyclists started to congregate, and I began to assess the severity of the scene, yelling out to the injured rider, “Are your legs broken?”

I made my way down the ditch and noticed she was trapped not only under her bike, but under thick, painful, thorny branches. She had several superficial scrapes and cuts, but overall, she was okay. I lifted the bike from her body and passed it to the other helpers. When she was ready, I stood behind her, put my hands under her axillae, counted, “3...2...1,” and helped lift her to her feet.

When I got back on my bike, I discovered this newfound energy. I felt invigorated. Perhaps it was the adrenaline of the situation or my own happiness that the cyclist would be okay. Either way, I knew I did the right

thing. Love, kindness, and compassion are a few moral principles I hold myself to, and in this situation, I leaned into these principles. I let go of my own preoccupations and narrow focus to help someone in need.

As future osteopathic physicians, we must show up for our patients and let go of our own worries to help integrate their mind, body, and spirit, so they can get back on their feet when they are ready. □



Quashing the Myth There Isn’t Enough Time

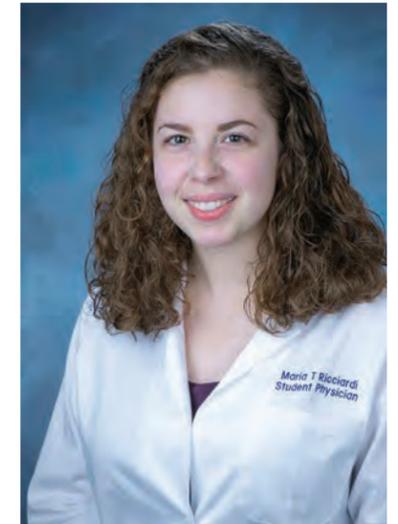
BY MARIA RICCIARDI (OMS-III)

While we all technically have the same amount of hours in a day, if you’re anything like me, you’re constantly wondering how to fit everything in and make time for the things that matter. If only there was a magic fix to add more hours to a week and increase productivity. We’ve all heard people say to “get better sleep,” “eat nutritious meals,” and “exercise more,” etc. That sounds almost comedic if you’re in medical school, have kids, or have any of the numerous responsibilities of life.

However, humor me. What if this was true? What if we could maximize our time to be more productive and feel good without setting back the clock? Paradoxically, implementing small changes, such as working out and meditating at the start of my morning, gave me more energy, extra focus, and enhanced productivity. Instead of an overbearing “more, more, more,” prioritizing a workout or meditation to begin my day has ironically augmented my focus and productivity.

Likewise, it afforded me heightened enjoyment, fulfillment, and yes, even improved my sleep. It sent off a chain reaction-like response starting with my morning, my day, and other areas of my life to be ordered toward accomplishing tasks better in less time, while having more time for the people and things I love.

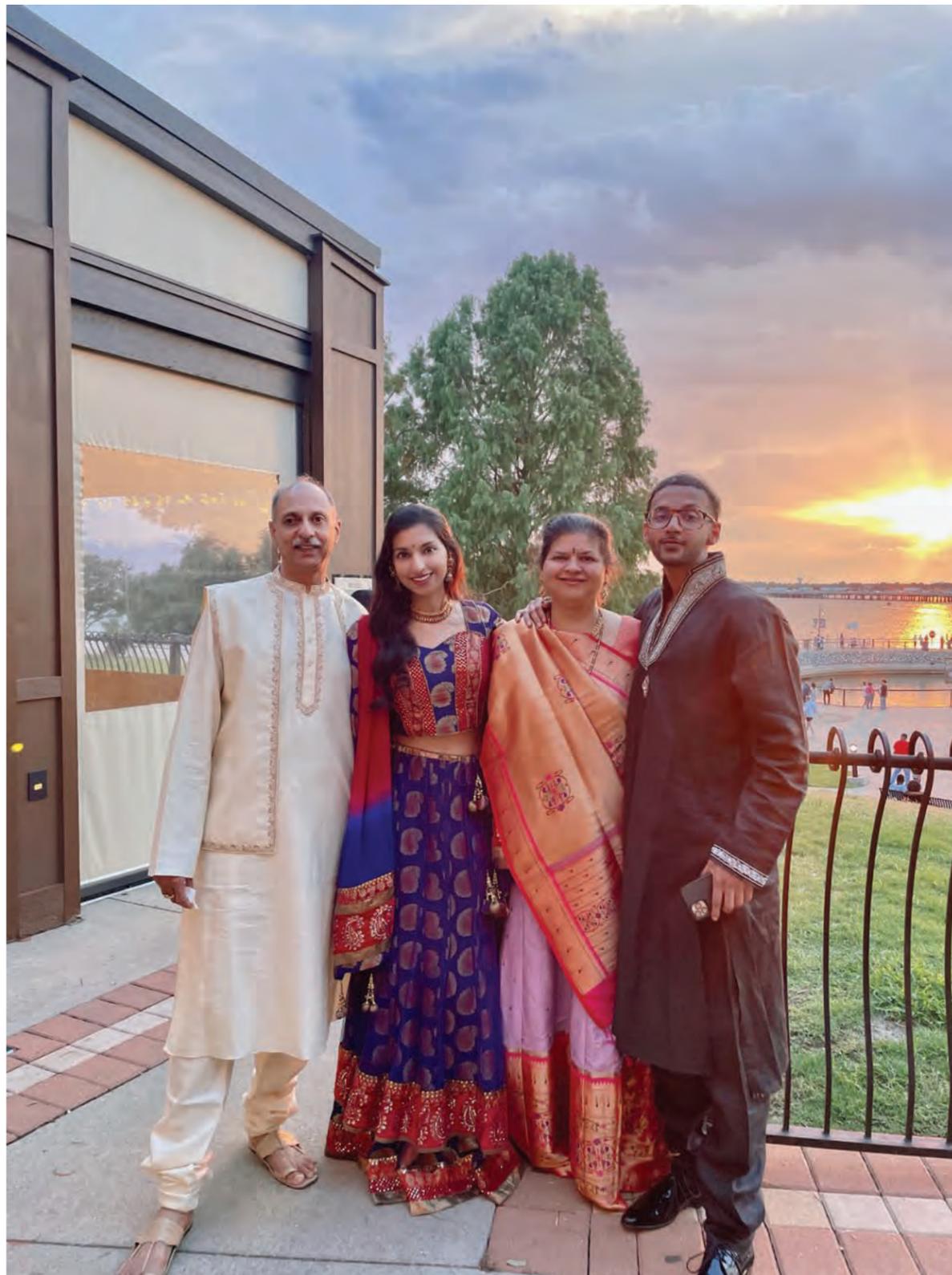
No matter where you’re at and what your goals are, I hope this encourages you to start implementing small changes to your routine. Investing a few minutes of your time can make staggering returns. Experiment. If you’ve been waiting for a sign, this is it. □



Here are some tips to maximize your time.

- Designate a meditation place—a peaceful spot you’ll want to be.
- Notice the people and activities that fill your cup and lean into them.
- Delay picking up your phone in the morning/evening.
- Sleep is important; you know this, just do it.
- Move your body—utilize the gym, YouTube, or the great outdoors.
- Try a cold plunge or shower.
- Eat to fuel your mind.
- Implement social media fasts strategically.
- Say no. We often say yes inappropriately to things that drain us and our time.
- Choose quality over quantity.
- Rest.





Inner Battles and Burnout

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

I found it so hard to give myself the love I can so freely give to others, and I felt like this past year really challenged me to figure out how to overcome this dilemma. Balancing what felt like a million different tasks at once alongside the billions of thoughts racing in my mind put me in a place of unease, discomfort, and distress on several occasions.

Being vulnerable and admitting I am struggling is difficult, but getting through those negative feelings in my head has been even harder. Giving up has often felt like the easiest solution, but the emptiness I knew it would have left behind was never worth it. After fighting with myself over these uncomfortable thoughts, feelings, and emotions, I have spent months deeply reflecting on what I can do every day to overcome this, and slowly but surely come out stronger on the other side.

With the support of family, friends, and mentors, I am finally beginning to see a light through the darkness and feel a sense of stability that has been lacking for far too long. A light has made itself seen, and that symbol of hope and clarity is giving me the gentle nudge forward I desperately needed to get to the place I am today.

I know I am nowhere near where I would like to be, but in case anyone is feeling similarly, I want to assure you that you are most definitely not alone in this grueling journey, and things will eventually get better and brighter for us all. □



With the support of family, friends, and mentors, I am finally beginning to see a light through the darkness and feel a sense of stability that has been lacking for far too long.

Sinking Doubts

BY MADELINE MANUEL (OMS-II)



Photo by Bryan Lares

People often compare the first year of medical school to drinking from a firehose: high pressure and overwhelming. I tried drinking from an ocean, but instead I was sinking to the bottom as endless waves of information surrounded me. Days, weeks, months go by, and I am nowhere near the surface. I see the silhouette of a boat, and I hear faint cheers. It's my classmates, happy that they have passed their first year.

Now, I'm in a cramped hospital bathroom, these thoughts clouding my mind. The tears and shaking won't stop. But I know I shouldn't feel this way, as my friend had been diagnosed with cancer—a situation more unfortunate than mine. I wash my face, dry it with a smile, and wear a mask that shows I'm fine.

Back in the room, I distract myself and ask my friend how the hospital has been treating her, since she is more important. Next to me is my

significant other—a kind and stoic soul who sensed that something was off. The mask that I've been wearing has finally broken, and my sadness has returned. I can't take it anymore. I must spill it out.

I must have been controlling the weather with my emotions, as it rained just before we sat down on the cold, hard bench. Seconds, minutes of silence go by, his warm, soft arms around me. No words were said, but I knew he would support and comfort me no matter what. My voice trembles as I speak, his arms holding me more tightly.

I think about the what-ifs, such as how to explain to my family I failed medical school, how to pay my rent, how to pay the loans. Finally, he provides me with some stoicism: the past is gone; the future is uncertain. We can only focus on what we can do in the present to influence the future. His comfort and philosophy



became my lifesavers, and I believe everyone should use them in their daily lives.

When times are hard, we mustn't let ourselves think of the past and what we should have done or said. The worst-case scenarios that replay over and over in your head are doubts that won't come true unless you let them take control of your life. When I failed my classes, I kept telling myself I should have done this or I shouldn't have changed my answer. At that moment in the hospital, I promised myself to study every day, do all I said I should have done, and affirm I can succeed.

Now, I'm a second-year student against all odds, and I will continue to have this mindset in medical school and beyond. I was sinking to the bottom of the ocean, and my partner's words encouraged me to swim back to the surface. □

Take Time to Teach People

BY JACK STENSLAND (OMS-II)

This semester, my classmates and I felt the added pressures of our extracurriculars on top of the hustle and bustle of medical school. I personally wanted to become involved in tutoring, and I'm grateful for Study Tables hiring me for a position. Although it's something I'm passionate about, I found out—just like many of my classmates—how much of a time commitment extracurriculars can be.

There were moments when I felt I couldn't find any more time in the day, and then I'd check my phone to see three questions from my presentation the day prior. These texts may force me to deviate further from my schedule, but I'll happily take all the time required to give my best answer. Maintaining the trust and confidence of my colleagues by not steering them wrong is more important than my schedule.

I think teaching is a unique way of helping others, because it gives the recipients the ability to start a chain reaction by teaching others themselves. It is important to take as much time as necessary to make sure the lesson is clear, so it can permeate to distant, unintended audiences correctly.

My first job was teaching swim lessons in high school, where sessions were 30 minutes and lessons could deteriorate to playing fetch with diving toys. That transformed into Q&A-style tutoring in undergrad, then reciting the training manual to train new-hire EMTs. Now, my partner Lindsay McFarland and I



make our own two-hour presentations. With each step, the sense of pressure to deliver good material has increased; however, it has also come with an exponential increase in the sense of reward. It feels very good teaching others and seeing them succeed.

No matter how busy we all get, I implore everyone to take the time to teach each other. It may be nerve-racking at first, but we all have strengths and weaknesses and can learn something from anyone. It may be stressful to be pulled from our schedule, but the sense of satisfaction afterward is well worth the time. □

I think teaching is a unique way of helping others, because it gives the recipients the ability to start a chain reaction by teaching others themselves.



What Is Your Outlet During Stressful Times?

BY HEMANGI PATEL (OMS-III)

Admission into medical school is a challenging process, and once enrolled, the journey becomes even more demanding. Having to manage the constant pressure of exams, boards, and information during clinicals while balancing your own personal life and well-being can be overwhelming. Whether it's your initial encounter with mental health issues or not, having an outlet is crucial to success. The mental health aspect of medical school is often overlooked, but it is an essential component to address early on and be aware of even before the start.

So, what is your outlet?

During these times, it is important to find something you love that can take your mind off the worries, stress, and fears and bring you back to your core self. It is so important to have an outlet that gives you that external peace during hard times.

My outlet has always been the gym, especially running. There is something about running that lets me forget what I am worrying so much about. It also teaches me confidence, self-discipline, and resilience. When I trained for and ran my first marathon during the tough MCAT days, I wanted to give up on mile 20. My legs were giving out, I was tired, my head hurt, and it just seemed pointless, but my mind didn't want to give up.

I kept telling myself I can do this, that I worked so hard for this, so I did. I ran my first marathon and even finished first female and third overall all, because I didn't give up. Running teaches me constantly that the goal may look unachievable, but when you believe in yourself and keep on pushing through the hard times, you will succeed. The path may take a few detours, but you will get where you are meant to be.

Many people meditate in the typical way—yoga, breathwork, and relaxing music. However, my version of meditation is running. Whether it is 2 or 12 miles, it is something that has always grounded me and allowed me to refresh my mind to be able to handle what I am feeling in the moment.

Running also allows me to release my emotions, which is important, because we, as students, sometimes don't feel there is enough time in the day to take care of ourselves and our thoughts. There are many runs where I subconsciously release what I am feeling, whether it be anger so I run faster, or sadness so I cry, which allows me to clear my head and start fresh again with a clearer headspace.

So, what is your outlet? □

Choosing Me

BY TAHREEM HUSSAIN (OMS-II)

Leaving my Chicago, Illinois, roots and relocating to Florida for medical school was an emotional rollercoaster. Having spent my entire life in the Windy City, starting anew in a different state was daunting, far from the friends and family I held dear. The prospect of immersing myself in a new culture and facing the challenges of medical school made me apprehensive. Still, I was determined to pursue my dream of becoming a physician.

My social life had flourished in Chicago, and my circle of friends had become family. We shared countless memories, celebrating triumphs and supporting each other during tough times. Leaving them behind was one of the most heart-wrenching aspects of the move. As I embarked on this new chapter, my friends were getting married, starting families, and advancing in their careers. While thrilled for them, I couldn't help but feel I was missing out on crucial moments.

Being the eldest in my family, I had many responsibilities at home. I was concerned that my absence might cause difficulties for my family, who had grown accustomed to relying on me. The guilt of leaving them behind and being unable to support them in person weighed heavily on my heart.

Medical school demands immense dedication and selflessness. Yet, I soon realized I had to balance selflessness and selfishness to pursue my dream of becoming a competent physician. It felt like a paradox to prioritize myself when my aspirations revolved around helping others. Still, I understood that my training would ultimately equip me to impact patients' lives significantly.

Throughout my first year in Florida, I learned to gracefully decline invitations to weddings, baby showers, and family gatherings, which tugged at my heartstrings, but were necessary for my academic and professional growth. Not being physically present for these events was tough, but I tried my best to stay connected with loved ones through phone calls and video chats. These digital interactions helped me remain a part of their lives, even from afar.

Adapting to the new culture and environment posed its own set of challenges. But I was gradually able to build



a new support system. The friendships I forged during medical school became invaluable as we navigated the rigorous journey together.

Now that I'm in my second year, I realize my decision to move to Florida was not only about chasing my dream, but also about personal growth and resilience. It wasn't an easy transition, but my challenges during those initial years strengthened my resolve and shaped me into a more adaptable individual. Leaving my comfort zone and moving to Florida required courage and sacrifice and reminded me why I chose this path.

Despite the difficulties, it has been a transformative experience, fostering personal and professional growth I wouldn't have achieved otherwise. As I continue my medical journey, I carry the lessons learned and personal development, knowing they will serve me well to become a dedicated and empathetic physician. □

CycleBar x NSU

BY ALEXANDRA MAGALDINO, M.S. (OMS-II)

I enjoy riding stationary bikes in a dark room. I firmly believe it's crucial for medical students to devote their time to other hobbies that don't involve medicine, and mine is indoor cycling. After riding for three years, I had the opportunity to audition for a spin instructor position at my local studio in South Tampa and have been in love ever since.

I knew this was a now-or-never opportunity, and I would regret it if I didn't go for it. Becoming a spin instructor has helped me develop confidence and leadership abilities I may have never gained just by being a full-time student. I never would've imagined being able to lead a room of 40 people through a 12-song sequence for 45 minutes and feel so invigorated afterwards. When I'm teaching or taking a spin class, I allow myself the entire duration of class to completely focus on myself and try my absolute best to put all

other stresses aside. Once I step into the studio, I go from student doctor Magaldino to CycleStar Alex, and it's the best feeling in the world.

Separating two important aspects of my life has allowed me to find peace in both and avoid burnout. After several months of teaching, a fellow classmate and I even coordinated a private CycleBar ride for the first- and second-year classes to raise money for our class board. As much as I try to keep these two lives separate, it was such an honor to be able to integrate the two and share my passion for indoor cycling with my classmates. We were able to raise \$180 for our class board and enjoyed a celebratory brunch afterward.

My point in sharing this story is to show that being a medical student doesn't need to consume



your entire life, and it shouldn't. We have all worked so hard to get to where we are today, and it's way too easy to suffer from burnout.

Going into the new year, I challenge you to make more time for the things that bring you joy. When we prioritize our physical and mental health, we are able to be the best physicians we can be for our patients, because they deserve us at our absolute best. □





Becoming a Father During Preclinical Year

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



My wife and I, both originally from South Korea, met at Georgetown University and got married during the COVID-19 pandemic. Last year, we moved to Florida so I could attend medical school, where I joined the class of 2026 at the Fort Lauderdale/Davie Campus and connected with amazing classmates.

In our first year, my wife and I explored Miami, Orlando, and Key West and even had the opportunity to see Lionel Messi play soccer in Miami. In the spring of 2023, we received the joyful news of my wife's pregnancy. We spent the entire summer break that year in Korea, sharing our excitement with our parents.

In anticipation of exams coinciding with the due date, I contacted the preclinical office in October, a month before the expected date. I was assured I could send postpartum documentation for a maximum two-week leave without specifying the exact number of excused days. With these arrangements in place, we eagerly awaited the arrival of our newborn.

During the months leading up to the delivery, my wife and I attended Zoom sessions on baby care, including how to change diapers and breastfeed. On November 6, my wife went into labor, and we rushed to the hospital. As her contractions intensified, I sat by her side supporting her. After hours of waiting, we welcomed our baby girl to the world. The moments from holding our daughter for the first time to hearing her cries and feeling her tiny grasp on my finger were surreal. The smooth delivery prompted gratitude toward my wife for her extraordinary efforts.

Two days postdelivery, we left the hospital with our baby girl. As planned, I informed the Title IX coordinator in advance to be excused from the neuroanatomy final and nervous system midterm exams scheduled for the next day.

Contrary to previous information, I was excused for only three days and told that additional leave would be considered only in cases of medical conditions related to recovery from the birthing process. Frustrated by the breakdown in communication, I felt blindsided by an exam scheduled for the next morning.

Frantically reaching out to the preclinical office, I did not receive an immediate response. Faced with a choice between staying with my wife and newborn or taking the exam, I reluctantly left my wife with our three-day-old infant to study. Fortunately, the preclinical office contacted me at 8:00 a.m. the next day, an hour before the exam. I was excused and offered a makeup opportunity the following week. Juggling support for my family and studying during the immediate postpartum period left me contemplating how future students becoming parents in medical school could receive better support from the administration.

Clear communication regarding postpartum leave is crucial to alleviate unnecessary stress. Coordination between the preclinical office and the Title IX coordinator is essential for a smooth process. This experience underscored the need for improvements, but despite the challenges of balancing medical school with fatherhood, I remain grateful for my supportive and understanding wife. □

A Tail of Balancing Medical School and Puppy Love

BY KATHERINE LEMUS (OMS-IV)

No one can truly explain how challenging medical school is, as it has to be personally experienced. It is the most mentally, physically, and emotionally challenging thing I've ever done. To add caring for a dog during medical school feels like it should have been more stressful, but Vinnie really is my emotional support dog—and I, emotional support human.

I rescued Vincent van Gogh—colloquially known as Vinnie—when he was a month old. My sister, who is now a veterinarian, was doing her clinical rotations in an animal shelter when she saw a puppy in a Cheez-It box. The shelter couldn't take a puppy so young and said he'd

need to be adopted right away. As she rescued her dog before veterinary school, she thought, "Well, Katherine wants to go to medical school. She could use a furry companion." She texted me his photo and wrote, "He needs a home, and he'd be perfect for you."

I saw those emotional eyes and knew he was mine. I drove to Gainesville, Florida, and picked him up. It was July 4, and my life changed forever.

The hardest point of my third year was the general surgery rotation. I woke up at 3:15 a.m. to feed and walk Vinnie and then go to the hospital to pre-pre-chart and pre-pre-round before pre-rounding with the

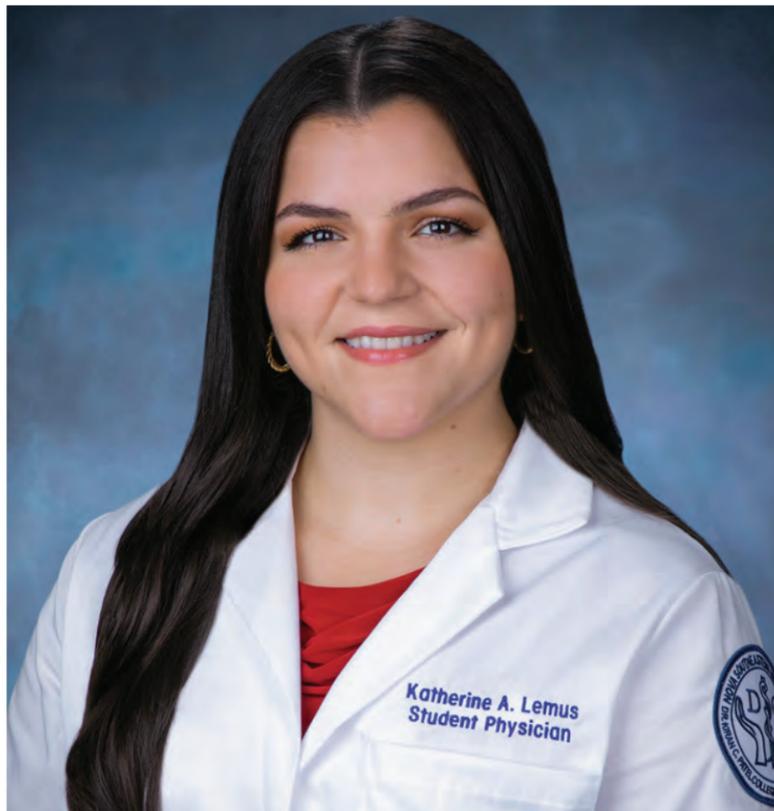
residents, then rounding with my attending. I spent hours in the hospital, scrubbing in and out of surgeries before rushing home around 6:00 p.m. to feed and walk him.

Vinnie never complained, never had accidents, and never even rushed to the door to be taken out. He'd drag himself off the sofa, make a welcoming sound, do a big stretch, and come lick me as I took off my shoes. He'd lay back down and do a big sigh that his mama was home.

Through hours of studying, Vinnie was always by my side. Year after year, he reminds me to move my body and get Vitamin D. He cuddles when I'm stressed and greets me with love. He had meals with me, watched lectures with me, did Anki with me—went through medical school with me. He is there for me.

Ultimately, it's hard, but possible. Vinnie is my little boy. I love him with all my heart. I wouldn't trade any day with him by my side, even during the most difficult thing I've ever done. I have never minded staying home to study, waking up earlier than my peers to walk him, staying in after exams, because, at the end of the day, I made it to the end—and I did it with Vinnie. Happier, less stressed, and joyful. He's four years older and will start residency with me next year—deserving my degree as much as I do at this point.

So, if you're thinking of getting a dog, all I can say is I don't regret it. Not once. He is my mindfulness. My Vincent van Gogh. □



Through hours of studying, Vinnie was always by my side. Year after year, he reminds me to move my body and get Vitamin D. He cuddles when I'm stressed and greets me with love. He is there for me.

Dogma of Poetry

BY JARON SANCHEZ (OMS-III)



Letters are the DNA of poetry
Like brushstrokes on canvas
Forming words imbued
With an inspirational thought
Premature in its development
Adding methylated metaphors
Acetylated adjectives
Ensuring the epigenetics
Are tuned to perfection
Becoming an adolescent phrase
A phrase when spliced
Together to form a verse
That's matured and
Endowed with meaning
Letters, words, verse, repeat
Bonding together until an
Intricate arrangement
Satisfies the writer's soul
Where elegant and organic
Intersect to produce
A piece of perpetual art
Only to empower the next generation
As their thoughts unwind
Soon to become letters of
Brushstrokes on an open canvas

You're Gonna Be Okay: A Haiku for Medical Students



BY SOUMYA MALHOTRA, M.S. (OMS-I)

Alert chimes panic
Fades away with passing time
Settled in new life



Dreamweaver

BY LEAH SIMON (OMS-II)

A realm where will holds no sway,
Only succumbing to slumber's command,
Consciousness malleable in its lunar haze.

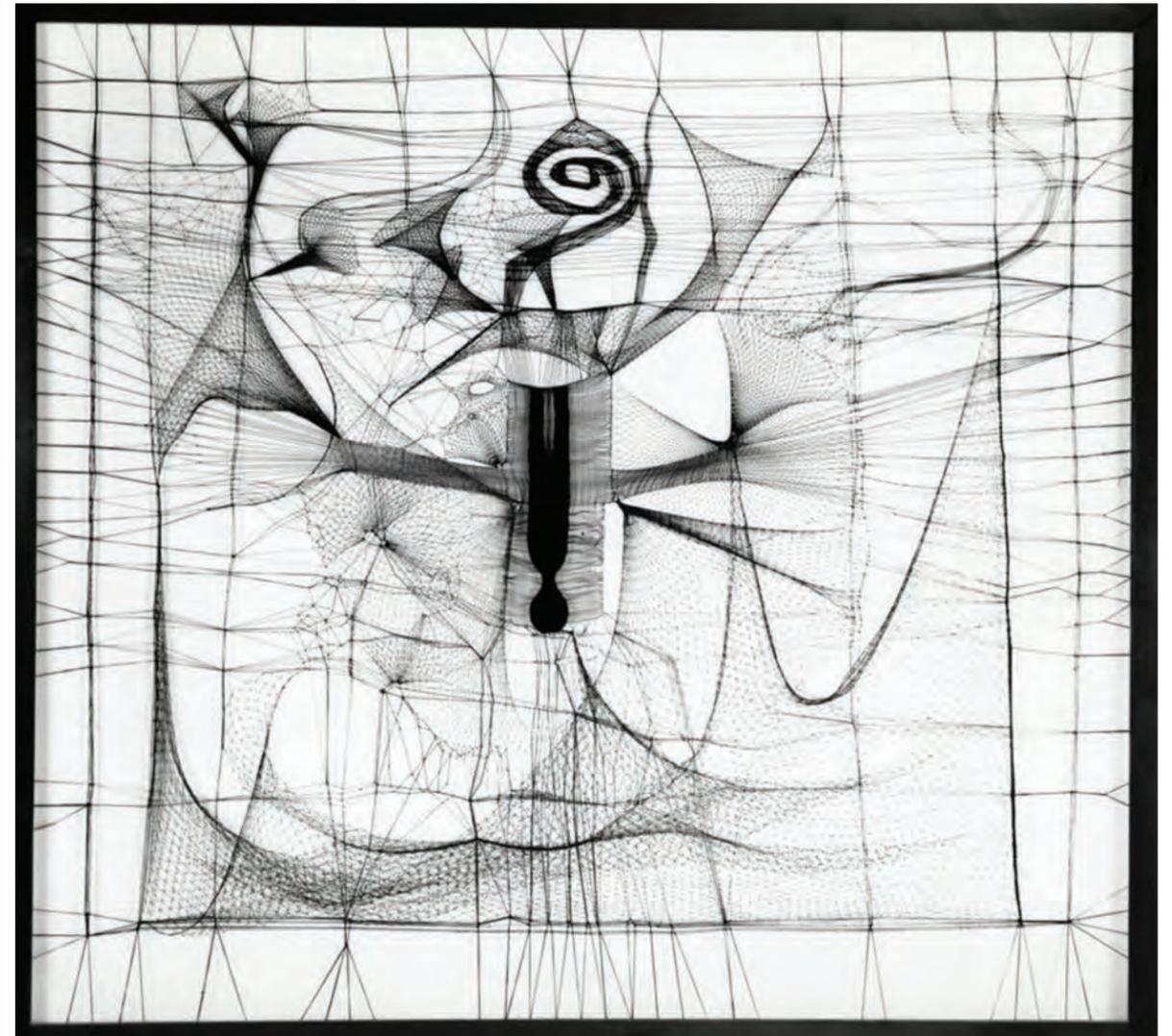
Amid cerebral labyrinths neurons waltz,
Weaving tapestries from memory's threads,
The hippocampus, maestro of nocturnal stage.

Hush observance in prefrontal retreat,
Of acetylcholine arabesque into tour jeté,
Synaptic rhythms choreograph the night's ballet.

At dawn's tender draw of the celestial veil,
Sleep's embrace relents its hold,
A new sense of self draped in morning hues.

But echoes linger from the subconscious depths,
And fragments flutter in transient view,
In daylight's grip their secrets fold.

Dreams nestled in the sulci of sleep,
Stitched within its folded sanctuary seams,
Only to unravel and rebirth in ethereal twilight.



The Emblem of Empathy

BY HARRIS KALIM (OMS-II)



In a realm where healing stories unfold,
An inexperienced student, yet young and bold.
Clad in the white cloak, an emblem of knowledge untold,
Embarks on a journey, a narrative to be scrolled.

Through lecture halls and anatomy's grace,
He charts the courses of veins to trace.
Yet, in the pulse, in the heart's soft embrace,
Lies a journey beyond a medical chase.

With stethoscope symphony, a rhythmic song,
He navigates halls where healing belongs.
But in the shadows, where the unsheltered throng,
A deeper resonance, a call oh so strong.

In makeshift clinics under urban skies,
He sees reflections in unsheltered eyes.
A canvas of stories, where resilience lies,
In the face of adversity, where hope defies.

The unsheltered become more than just tales,
In the student's heart, compassion prevails.
With hands that heal and empathetic sails,
He navigates seas where humanity sails.

Who am I, in this healing art?
Beyond textbooks, where does my journey start?
In the echo of empathy, in every heart,
A new self unfolds, as self-doubt departs.

The unsheltered not just faces in the crowd,
But teachers of life, strong and proud.
In the journey to heal, to stand unbowed,
The student finds purpose, a calling avowed.

A healer, not just of wounds and pain,
But of hearts, where empathy reigns.
In giving back, in the unsheltered terrain,
The student finds answers to questions arcane.

Through the labyrinth of caretaking's maze,
He discovers himself in a compassionate gaze.
An inexperienced student, with hands ablaze,
Realizes empathy is what to embrace.



Each Day: Medical School Edition

BY ANGELICA ROGER (OMS-III)

"Take it one day at a time," they say.
"School will get better someday soon," they say.
"You just have to push yourself," they say.
My mind tells me I am not okay.

"You've gotten this far," they tell me.
"You've accomplished so much," they tell me.
"You should be so proud!" they tell me.
My mind tells me differently.

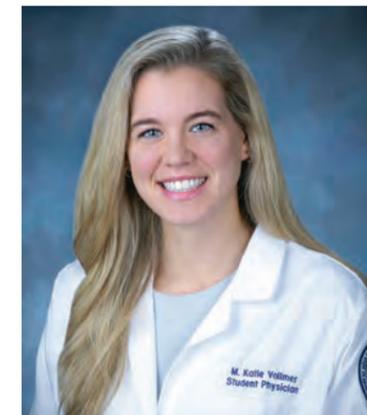
I push, I pray, I isolate myself.
I reach corners of my mind I didn't know I had.
I pull from a place I didn't know was within me.
But my mind tells me it's not enough.

"I can't go on this way," I say.
"I've got to be kinder to myself," I say.
"I am worthy, I am capable," I say.
More and more to myself each day.

The dark days get lighter.
The smiles don't seem so forced.
Eventually, I start to feel my worth.
Eventually, I see I am the source.

Now, don't get me wrong,
I still have my moments of doubt.
But now, when the fear and anxiety consume me.
I can fight it, and I stay on my cobblestone route.

"I am smart enough," I say.
"I am worthy enough," I say.
"I am capable enough," I say.
And that is how I make it through each day.



Third-Grade Brain

BY MARY "KATIE" VOLLMER (OMS-III)

Tutoring after school with Aylan
Flashcards of words to create sentences.
Aylan, use "Space" in a sentence
... "AH, space!"
The creative neuroplasticity of rules
In a third-grade brain

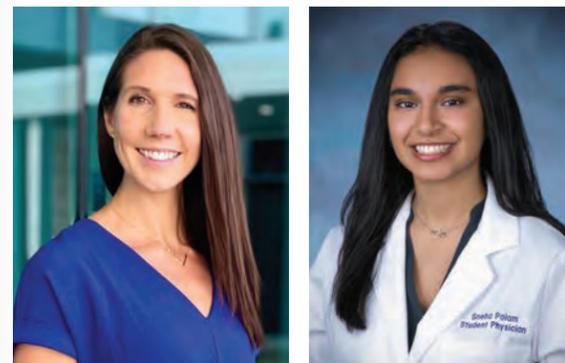
■ First-year student **Andrew Bouras** presented his project “A Multi-Site, Randomized Study to Evaluate the Understandability and Actionability of an Audio/Visual Software Material in Adult Subjects Having Undergone a FibroScan® Examination: A Comparison with Traditional Paper-Based Patient Education” at the Advancing Healthcare Innovation Summit in Cincinnati, Ohio.

■ First-year student **Jowana Ghazzawi** served as first coauthor of the article “Advancing Wound Healing: Innovative Pathway Strategies for Enhanced Recovery,” which was published in the *Berkeley Pharma Tech Journal of Medicine*. This research reviewed molecular pathways in which wound healing is performed and analyzed the mechanisms that are involved in relation to current burn-injury therapeutics.

■ Third-year students **Jesse Simon** and **Jay Sheth** presented their poster “Are Tissue Bioelectric Property Measurements Useful to Differentiate Between Benign and Malignant Breast Tumors?” on November 17 at the 23rd Annual Zubrod Memorial Lecture & Cancer Research Poster Session at the University of Miami Sylvester Comprehensive Cancer Center. The poster reviewed the literature on novel devices that show promise in enhancing breast cancer screening and decreasing invasive biopsies.

■ Third-year student **Danielle Broussard**, RDN, LDN, had her article “Unleashing Potential: The Transformative Power of Adaptive Sport” published in the Association of Academic Physiatrists Resident Fellow Council’s online newsletter *Physiatry in Motion*.

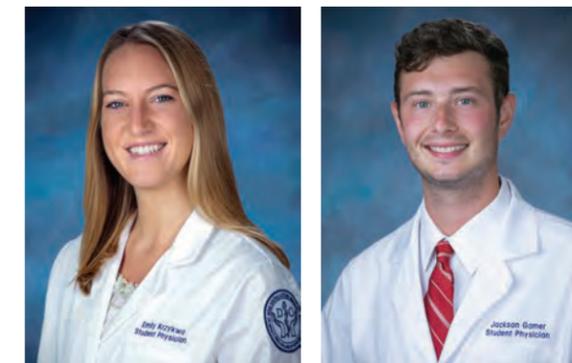
■ Second-year student **Donovan Russo-Mingle** was selected to participate in the 2023–2025 Florida AHEC Scholars program, which provide students with interprofessional learning opportunities focused on building the skills and competencies needed to transform primary care and patient care. The program, which consists of 40 hours of experiential learning assignments and 40 hours of online modules, is open to students in disciplines that support primary health care services delivery in both clinical and nonclinical roles.



Broussard, Polam Named KPCOM Student D.O.s of the Year

Third-year students Danielle Broussard, RDN, LDN, and Sneha Polam were named Student D.O. of the Year at their respective campuses. Broussard was her peer’s choice at the Tampa Bay Regional Campus, while Polam was the selectee at the Fort Lauderdale/Davie Campus.

The duo 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 17–19 in Kansas City, Missouri. The National Student D.O. of the Year is chosen from among the outstanding students selected by their schools as Student D.O. of the Year on the basis of their service to their college, leadership and research experiences, and dedication to the osteopathic profession.



Krzykwa, Gamer Named KPCOM Student Researchers of the Year

In January, the KPCOM revealed that third-year students Emily Krzykwa, M.P.H., and Jackson Gamer were named Student Researchers of the Year at their respective campuses. Krzykwa was her peer’s choice at the Tampa Bay Regional Campus, while Gamer was the selectee at the Fort Lauderdale/Davie Campus.

Krzykwa and Gamer will now represent the KPCOM in the National Student Researcher 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 17–19 in Kansas City, Missouri. The national awardee is selected based on the student’s contributions to osteopathic research that align with the mission of both the osteopathic profession and the Council of Osteopathic Student Government Presidents to advance the philosophy, practice, and science of osteopathic medicine.





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