

# HEART: Humanism in Medicine

UNIVERSITY OF  
**LOUISVILLE**  
SCHOOL OF MEDICINE



The Class of 2014 Gold Humanism Honor Society.

Faculty pictured include (from L) Dr. Olivia Mittel, Dean Toni Ganzel, and Dr. Pradip Patel.

Photo credit: Susan Harrison

HUMANISTIC, EMPATHETIC, ALTRUISTIC, RELATIONSHIP CENTERED TEAM

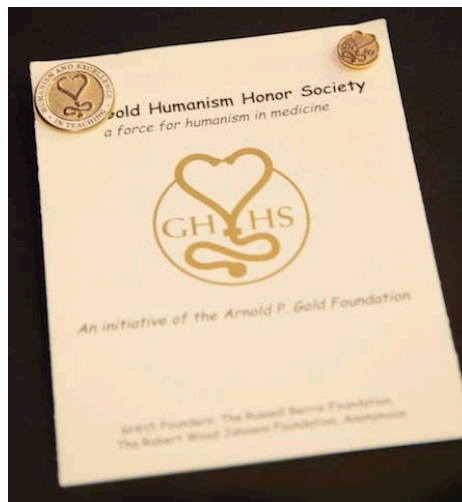
[louisville.edu/medschool/curriculum/heart](http://louisville.edu/medschool/curriculum/heart)

## Class of 2014 Gold Humanism Honor Society Student Induction Ceremony & Resident Teaching Awards

B Jessica Huber, MS4

The Class of 2014 Gold Humanism Honor Society cohort is up and running! The GHHS induction ceremony was held on Wednesday, August 28 in the Jewish Hospital Rudd Heart and Lung Center. Student inductees and guests enjoyed dinner and learned about the opportunities and responsibilities that accompany this honor. Also recognized were the six resident winners of the Gold Foundation Humanism and Excellence in Teaching Award. Dr. George C. Rodgers of the Department of Pediatrics was this year's recipient of the Leonard Tow Humanism in Medicine award. Faculty member Dr. Rodgers delivered a keynote address describing his experience with medical missions in Romania, and encouraged students to take interest in both local and global health concerns. The MS4 GHHS members will be meeting regularly throughout the year, so look for updates about their progress!

Congratulations to all!



### Gold Foundation Excellence in Teaching Awards:

Dr. Cristy Abreu, Family Medicine  
Dr. Amanda Chism, Internal Medicine/Pediatrics  
Dr. Michael Haboubi, Neurology  
Dr. David Partin, Psychiatry  
Dr. Jessica Raque, Surgery  
Dr. Mary Sterrett, Obstetrics & Gynecology

### Class of 2014 GHHS

Christopher R. Barton  
Amanda M. Brian  
Paul W. Day  
Amanda C. Farris  
Meredith E. Green  
Peter J. Hays  
Jessica L. Huber  
Mary Elizabeth Johnson  
Ravinder Kang  
Kenneth G.W. MacKinlay  
Nsehniitooah A. Mbah  
Ashley M. McCorkle  
Emily R. Miller  
Takudzwa Mkorombindo  
B. Ryan Ne semeier  
Sneha Pampati  
Reega D. Purohit  
Sarah M. Rose  
William J. Sears  
Elizabeth M. Self  
Gregory E. Shaw  
Emily E. Stuppi  
Clay L. Williams  
Casey L. Yeakel

## HOW TO GET INVOLVED WITH HEART

If you have questions about or wish to participate in any of HEART's projects or initiatives, please contact the designated representatives below.

We look forward to welcoming new members to our team!

### HEAR Committee

Dr. Pradip D. Patel, Chair

### HEART Newsletter

Jessica Huber, MS<sub>4</sub>  
Alliso Wilcox, MS<sub>3</sub>  
Francesca Kingery, MS<sub>2</sub>  
Ben Belknap, MS<sub>2</sub>  
Dr. Pradip D. Patel, Editor

### HEART<sub>2</sub>Heart

Francesca Kingery, MS<sub>2</sub>  
Dylan Brock, MS<sub>3</sub>  
Alliso Wilcox, MS<sub>3</sub>  
Erin Murphy, MS<sub>3</sub>  
Sean Warren, MS<sub>3</sub>  
Sara Woodring, MS<sub>4</sub>  
Cory France, MS<sub>4</sub>

### Gold Humanism Honor Society

Dr. Pradip D. Patel  
Dr. Olivia Mittel

### Humanities: Art in Medicine

Dylan Brock, MS<sub>3</sub>

### Systol Literary magazine

Dr. Olivia Mittel  
Dr. Pradip D. Patel



## Letter from the Editors

Every year as summer winds down, students return to UofL fresh from vacations, research, and volunteer work. It can be difficult to make the transition back to the classroom, but, as this volume of the HEART newsletter illustrates, these summer endeavors can be among the most rewarding learning opportunities medical students experience.

Ben Belknap, MS<sub>2</sub>, had one such enriching summer, living and working in Lima, Peru. His piece on page 3 offers a perspective on tuberculosis care in this highly afflicted, dynamic country.

In our previous volume, Dr. Patel highlighted the grant that Francesca Kingery, MS<sub>2</sub>, was awarded by the Gold Humanism Foundation to conduct research in Kenya this past summer. In this volume Francesca shares stories and lessons from her work in Biribiriet, Kenya on page 4.

We welcome a new contributor in this volume, Sarah Khayat, MS<sub>2</sub>. Sarah writes passionately about the ongoing conflict in Syria and offers ways for people in Louisville to help victims of the violence.

Returning our gaze back toward home, Allison Wilcox, MS<sub>3</sub>, shares a reflection on the transition into the clinical realm - an adjustment that challenges us to make the humanities a priority in an environment that leave little room for anything more than medical science.

Finally, we are happy to announce the members of the 2014 class of the Gold Humanism Honor Society. Jessica Huber, MS<sub>4</sub>, and recent inductee herself, shares a summary of the ceremony, which took place in late August. Congratulations Jessica and all who were inducted! In addition, congratulations to the faculty and resident teachers who were honored at the ceremony.

Whether caring for those in need at home or abroad, this volume of the HEART newsletter offers needed perspective on the many challenges of providing health care. We are proud to have so many student colleagues who approach their learning and future careers in line with the tenets of HEART:

Humanistic, Empathetic, Altruistic, Relationship-centered Team.

**Allison Wilcox, Jessica Huber, Francesca Kingery, Ben Belknap, Daniel Roberts, & Pradip D. Patel, MD, Co-Editors ■**

# Two Sides of Tuberculosis

B Ben Belknap, MSz

Dr. Cabrera spends almost all of his day on the phone. He is aggressively seeking answers from other pulmonologists scattered across the sprawling metropolis of Lima. One by one, he works through the day's enormous stack of Multidrug-resistant Tuberculosis cases on his desk, making the necessary phone calls in search of the most plausible solutions for these patients. As a director in the Ministry of Health's Tuberculosis Department, Cabrera must work through dozens of cases per day in order to keep the office afloat. These patients are far too many across too vast an area for him to see personally, but their conditions and prognoses he knows better than most.

The disease that this department is working to control has set roots in the city's *invasiones*, the crudely named, impoverished settlements mostly on the city's far edges. However, it is a contagion that has spread to all corners of Lima, transcending any line of social status or municipality and becoming just as adaptable as the drug regimens deployed against it. Once resistance is shown to the first line drugs, Cabrera and his team at the Ministry have an additional thirteen antibiotics to fight MDR-TB, as well as the option of surgical resection. Deliberating the many combinations within these treatment options and designing individualized plans for thousands of patients all over the city is the task at hand for this downtown office.

The old woman would show up every morning at nine o' clock, as the nursing staff laid out and sorted the plastic medication cups, each one filled with a unique cocktail of pills, powders, and vials. She had taken many of these drugs herself, with every new regimen the doctors telling her that maybe this one would fix that

awful, bloody cough. Visiting this Medical Center, located on a rough side street of Miguel Grau, has been her morning ritual six days a week for the last two years; taking the pills and getting the shots. She endured these treatments and the body aches they brought, boarding the hugging-room-only minibus near her home a few miles across town and returning an hour later. Though all of the patients shared more or less the same daily routine, her presence was strikingly different than most. She had scraggly brown hair that fell across her face in a way that invoked a certain airy joy, and her smile, though not boasting a full set, brought a light into the office that made all await her arrival. There was a duty to herself that was visible in her actions, a confidence and pride that were there as a matter of intent.

She had received the diagnosis of MDR-TB two years prior, at a time when she thought death was certain. She had shrunk to under 100 pounds, had lost the ability to walk, and her cough was producing more blood than sputum. Few people want to be around such suffering, and the loneliness and depression that ensues can sink a person just as rapidly as the disease. Six months ago, her chest X-rays still showed enormous, growing cavities where the upper lobes of her lungs once thrived, but recently the diffuse white tinge of the mycobacteria's activity had been replaced with scant fibrotic tissue and empty saccules. These films, along with her recent weight gain, indicated that she had finally turned a corner and her body was now on the offensive. But, on the office bench sitting beside a few of the defeated, one only needed a glance in her direction to suspect this much. And the credit was owed, she said, to God. ■



Dr. Yony Morales, a pulmonologist in the TB department, chips away at the day's cases.

Photo credit:

Ben Belknap

# Biribiriet Community Photovoice Project

by Francesca Kingery, MS2

The Gold Humanism Foundation sponsors an annual Student Summer Fellowship, which provides medical students with grants to perform research on cultural sensitivity and public health needs of underserved populations. With the support of one of these grants, I spent the summer conducting research in a community in the Rift Valley Province in Kenya. Having traveled to this region twice in the past year, I had been building a relationship with this community and was eager to help improve their health care system.



Before enacting any intervention it is always best to perform a community needs assessment (CNA) in order to determine what would benefit communities the most. A CNA can take many forms; a researcher can make their own assessment or look to community members to fill out surveys or perform interviews. While these approaches may identify the basic needs of a community, they can be subject to many limitations. For example, a Westerner may perceive needs and draft solutions much differently than a local community member, leading to unintentionally biased survey tools and interview questions.

One approach that limits this bias is the use of PhotoVoice. PhotoVoice is a community based participatory research method that uses photography as a tool to empower communities to demonstrate the strengths and weaknesses of their surroundings, create an ongoing dialogue for improvement, and ultimately enact social change. With PhotoVoice, participants can demonstrate needs central to their lives, ensuring that participants' desires are voiced rather than the researcher imposing his or her view of what is deemed a valuable need to address.

I wrote a proposal to conduct a CNA using PhotoVoice in Biribiriet, Kenya, and on June 1st, a month after learning I had been awarded a grant by the Gold Foundation, I left for Kenya to spend eight weeks on this project.

Upon my arrival in Kenya there was much to be done. After waiting for local IRB approval I established a local research team to help recruit and train participants. Over the course of the project I anticipated to be plagued with issues. Would the participants break their cameras? Would the batteries go missing or die? Worse, would they be stolen or lost? Yet, none of these issues arose. In fact, the women's initiative took me by surprise from day one. After learning about the project the women decided that they should become a community based organization (CBO) so that after I left they could continue to meet and approach the local government with proposals based off their findings. They quickly elected a chairwoman, secretary, and treasurer, and they each put 200 schillings (roughly \$2.20 USD) in a pot to support future group endeavors.

Over the course of the project I met with the participants and performed individual interviews while reviewing their photos. This was the highlight of my summer. Visiting the women in their villages and homes, and meeting their families while sharing meals and tea, allowed me to do what is most important in community health outreach: build relationships. It was during this time that we found commonalities and shared interests that may have otherwise gone unnoticed. We shared recipes, ate our favorite foods, and spoke about broader goals on being strong women and agents of change in the community. While friendships bloomed over our common grounds, the stark differences that permeated our lives became apparent in the photos that the women shared with me. The stories the women told through their photographs were of what community members experienced everyday. Preliminary results from the study have highlighted the major health needs and community based solutions. We are excited to share the results and outcomes from the study in future HEART issues! (Photo credit: Francesca Kingery) ■



# The Race for Syrian Children

by Sarah Khayat MS2

Issue fatigue; we have all felt it, some more acutely than others. The extent of its hold on us tends to correlate with the frequency of visits to online news portals and the level of inundation with cable news. We are bombarded by unimaginable numbers and ineffable images of horrific events the world over. Sometimes - although we might refuse to acknowledge it - it is simpler to navigate away or change the channel because we feel exasperation in the face of indefatigable tragedy. I do not believe this is something of which we should be ashamed; things much bigger than us pose ostensibly insurmountable obstacles and our efforts to make sense of them or help in some way often flounder because of their... bigness.

Syria is a timely example of this phenomenon. Newscasts make passing mention of the daily casualty toll in Daraa, the suburbs of Damascus, Homs, and other provincial towns. We see images, and sometimes videos if they're short, of atrocities being committed by the Syrian regime. The chemical attack that occurred in the eastern suburb of Damascus very recently took the lives of over 1,000 people, around 400 of whom were children. We hear chatter of the ever-rising refugee count that has been transformed from a trickle into a veritable deluge. *We are aware that bad things are happening and they don't seem to be getting better.* Zaatari refugee camp in Jordan, a mere eight miles from the Syrian border, is the second largest refugee camp in the world - behind Dadaab in eastern Kenya - with some 130,000 Syrians, half of whom are children. Jordan isn't even the country with the greatest number of Syrian refugees; that unenviable moniker falls to Lebanon. As of this publication, there are 2 million Syrian refugees and 4.25 million internally displaced people.

Organizations like UNICEF, UNHCR, UNRWA, WHO, Secours Islamique France, among others, are daily providing aid in the form of food, vaccines, medical supplies, blankets, and basic hygiene supplies. Between January 1st and March 31st of this year, over 300 standard cargo containers of supplies were transported to locations within Syria. The level of commitment and

response is even greater in neighboring Lebanon, Jordan, and Turkey where accessibility and government compliance greatly enhance the humanitarian effort. Still, as with everything, much more can be done and will have to be done in light of the swelling numbers of Syrian refugees; the UN Office for the Coordination of Humanitarian Affairs (OCHA) estimates that sixty-five percent of Syrian refugee needs are unmet.

On that note, I would like to promote the upcoming Race for Syrian Children, a community-wide fundraising event to be held on October, 12th at Cherokee Park. One-hundred percent of registration fees go toward UNICEF's Syrian Children in Crisis Fund, which provides vaccines and supplies to children in predominantly Syrian refugee camps. Registration is online. This fundraiser will not fix the problem and it doesn't purport to. But it will provide tangible good with the input of a communal effort comprised of those who are concerned over the humanitarian toll and *want to do something in solidarity*. At a time when most of us feel helpless in the face of such senseless tragedy, your participation would mean tangible good in a place far away that could use some good. Moreover, it's guaranteed to be a scenic fall run/walk in our very own Cherokee Park (think of all the pretty colors!), and who can argue that? Registration is a few clicks away. Please consider joining us.

To register: <http://raceforsyrianchildren.weebly.com/>  
Questions? [raceforsyrianchildren@gmail.com](mailto:raceforsyrianchildren@gmail.com)

## HEAR makes impressive showing at Research! Louisville

Francesca Kingery's poster for the work described on page 4, "PhotoVoice in Kenya: Using a Community Based Participatory Research Method to Identify Health Needs," won First Place in the Medical Student category at R!L. Recent graduate Alexander Bajorek, with Kingery and Dr. Pradip Patel, earned Third Place for the Greenberg Award in Medical Education Research for their work "HEART2Heart: Integrating Humanism in Medicine Discussion Series & Replicable Model." Congratulations everyone!

# Transitioning to the Wards

## Reflections of a Third Year Student

by Allison Wilcox, MS3

*I am a firm believer in the power that art has to inspire and help alleviate suffering and that it can play a key role in lessening the burden that illness brings.* - Hamish MacDonald

In November of 2009 I traveled in Scotland with my family, still two years shy of starting medical school yet immersed in hopeful reverie about my future career. Following the lead of my father (a physician who is still an eager student of medicine at 72 years old) we visited the University of Glasgow Medical School. Walking through the Wolfson Medical Building I was surprised to find myself surrounded by artwork. The walls displayed drawings by Hamish MacDonald, a renowned contemporary artist in Scotland who, before his death, donated numerous works of his own creation to the school. Alongside MacDonald's works were drawings by second year medical students attempting to make sense of and commit to memory complex physiology and biochemical pathways. MacDonald created his drawings when he was a patient undergoing chemotherapy; the students created their drawings as part of their medical education - a poignant contrast.

At the time, what struck me most about the presence of art in a medical school was the interdisciplinary nature of medicine. Taking care of others when they are in need is among the most profound ways I can think of to connect on a human level. Today, as I consider the artwork I viewed that day in Glasgow, it is 4 years later and I am 12 weeks into my third year of medical school. There is inevitable tension in the transition from idealistic pre-medical student to medical student, and, arguably, even greater tension advancing from second to third year of medical school itself. Despite my best intentions not to lose sight of the forest for the trees, I am fresh off the stress of the USMLE Step 1 and newly finding myself moving at a rapid pace in an effort to answer my attending's questions correctly on rounds and to generate thorough H&Ps. Less often am I asked to approach medicine from an interdisciplinary perspective. I have been immensely stimulated in these past 12 weeks and I am grateful for how much I am learning. Yet I was pleased, recently, to be reminded of the forest.

On September 10th, Dr. Joel Katz, Director of the Internal Medicine Residency Program and Associate Professor of Medicine at Harvard Medical School (HMS), delivered the Fall 2013 James L. Stambaugh Jr., M.D. Lecture in Humanities in Medicine. He described a course at HMS in which students visit an art museum and are challenged to answer the following questions when viewing a work of art: 1. What is happening here? 2. What makes you say that? and 3. What else do you see? These questions, Dr. Katz pointed out, are applicable not only to the interpretation of a piece of art but also to the assessment of a patient. Health care providers are tasked with connecting form and function, seeing a patient's protruding belly and having the ability to generate a list of possible causes based on anatomy and physiology.

Through this and other courses at HMS, Dr. Katz and his colleagues are trying to use fine arts training to make better clinicians. Other medical schools, including UofL, have introduced arts-based electives and even required courses. The potential value for this sort of expanded curriculum is supported by research. The results of a recent study conducted by Bal, et al, found that reading fiction had the ability to influence a person's empathy. Moreover, Dr. Katz and colleagues are evaluating their courses and early findings show that visual arts training makes better diagnosticians.

These are encouraging findings. It has been my experience that medicine and health care are about more than science, or even art. Medicine is a study of the human body and therefore, by necessity, a study of history and anthropology, science and math, art and humanities. There is much to learn about medicine and humanity from each of these fields. And, for me, within medicine's interdisciplinary complexity lies its appeal.

View Dr Katz's lecture and others from the Gheens lecture series at:  
<https://itunes.apple.com/us/itunes-u/james-l.-stambaugh-jr.-humanities/id431433773?mt=10>.