

Systole



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Welcome to the second edition of *Systole*, University of Louisville School of Medicine's literary journal, a publication of the school's HEART: Humanism in Medicine committee. HEART is an acronym for Humanistic, Empathetic, Altruistic, Relationship-centered Team. HEART is a group of faculty, students, and administrators at the School of Medicine who are committed to creating opportunities for the medical school community to value the efforts of those who provide quality patient care and foster caring, compassionate relationships. In short, HEART is dedicated to fostering humanism in medicine at a local level.

This, the second annual volume of *Systole*, celebrates the writings of members of both medical students and residents at UofL. The word systole has Greek origins denoting "a drawing together or contraction." Sharing these writings is one way that our academic community can be brought together to foster humanism in medicine. Already the journal has doubled in size since the 2009 inaugural edition. We hope it continues to grow and take shape as a creative vessel for our medical community.

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Table of Contents

These Couple of Years 5
Arka Chatterjee

White Coat 6
Desha Jordan

Year 2 Haiku 7
Josh Yuen

The Red Dress 8
Justin Kingery

When It Strikes 11
Ryan Miller

Marvel of Medical Education 12
Maurine Williams

Preoccupied 16
Desha Jordan

Reaping Rewards of Struggle Well-Fought 18
Justin Phillips

Fever 20
Whitney Talbott
3rd Place

My Father’s Nightmares 22
Ryan Miller

The Time Capsule 23
Chris McCoy
2nd Place

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I changed when I was in Africa—as a person and as a doctor—and I will never be the same. But I changed even more in Louisville, Kentucky, when I realized that, in my heart, I was more willing to travel 6,000 miles around the globe than 10 miles across town to help a person in need. I didn't cure the world of poverty the day I took a mom and her son home, but I drove home ready to *serve* anyone, anywhere.

That Love	26
Mark Youssef	
White Noise	27
Clint Morehead	
Subjective Truths	30
Chris McCoy	
Africa, Week 4: Nkoma Hospital	31
Megan French	
Thank you for	33
Monalisa Tailor	
Quite the Unusual Professor	34
Suzanne McGee	
The Language of Compassion	35
Ryan Whitney	
Mountain Peak	36
T. Scott Tatum	
How Far Would You Go?	37
Kelly Faber	
<i>1st Place</i>	

These Couple of Years

Arka Chatterjee, MD
Resident, Internal Medicine

These couple of years flew by
As a brook flows through dense woods;
The drops never really know the twists and turns
But keep together through all of them.

Now as the brooks join to form a river
And the river branches out to the sea;
All drops of water fall asunder
Some near the shores, some with not even islands around.

Still all of them branch out with faith
Remembering the love, the care, the frets;
From being one for all and all for one
To facing the world with oneself alone.

Let's keep our camaraderie in place
And accept our parting with grace;
And float across blue skies as clouds
To meet and create beautiful rain.

Kosair lab was “just across the street and in the lower level” and pointed them to the check out window. Preparing to dictate my note, the secretary approached me to say that the family still seemed confused about where the lab was. Realizing that my day was now complete in the clinic, I offered to bring them over to the lab personally. I could say that my altruism was over-flowing at this point, but unfortunately I was still actively fighting the soft echoes of “inconvenient” resounding in my head.

On the walk over I discovered that the family lived across town and had taken the bus to the appointment. They had arrived in Louisville as refugees from Gabon in November, and didn't enjoy the cold weather. Once at our destination I explained their language barrier to the receptionist, along with their need for assistance getting to the bus. Feeling satisfied I turned to say good-bye. Before I could speak I heard, “You will wait for us?” Although I knew the hospital staff could help her, I also saw her fear and knew she trusted me. I reluctantly wrote down my phone number and told her to call me if she had trouble. She took the scrap piece of paper, grateful yet disappointed, as they called her son's name.

Watching them walk away, I slumped into the waiting room chair with failure draped over me—“*You'll travel 6,000 miles but you won't wait 15 minutes.*” The voice of conviction isn't pleasant, but it sure can be sweet when you still have time to change. People in need are all around us, but sometimes giving help seems easier in a foreign land than in your own backyard. It's not as glamorous, and the pictures aren't as good. You don't get donations for the time spent, and you don't look courageous to everyone around you. True service—it's rare, it's raw, but it's real.

The woman and her son didn't hide their surprise at seeing me as they approached. I didn't take them to the bus stop—I took them home. As I drove we conversed about life in Gabon and the difficulty adjusting to life in the United States as a refugee: learning English, finding employment, leaving family behind. As I pulled up to the family's apartment I explained the instructions for follow up and directions for his new prescriptions. I told her to call me if she had questions, and I meant it. We exchanged good-byes and parted ways.

Doctors learn an ideal in medical school labeled “The Doctor-Patient Relationship,” safe guidelines that keep us from getting too involved or too invested in our patients' lives. Some call it keeping a professional distance. Many may think I crossed that line, and maybe I did. Perhaps I should have given the family a map to Kosair with arrows and symbols, or I could have passed off responsibility to the secretary to show them to the exit. It might have been enough to point to the bus stop from the hospital door. Is that the sound of a safe doctor-patient relationship? I hope not.

How much better would patient care be if we stepped away from the Doctor-Patient and pushed towards the Relationship? When we run away, hiding behind the excuse of professionalism, no one takes notice, but we all suffer from it. Twenty-four thousand children die from poverty every day because of a “safe distance” that is kept between people who have the knowledge and power to change things and the people who need it. How far are we willing to go to help our friends? Our neighbors? Our patients?

How Far Would You Go?

Kelly Faber, MD
Resident, Pediatrics

In March, I spent 8 hours flying from Amsterdam to Chicago—plenty of time to reflect on the past four weeks I had spent in Nigeria. I had made that trip before—four times before. Flying from the United States to the developing world is quite an experience, but nothing compares to the flight home. Mixed emotions flying alongside the wings of the plane make the trip somewhat unsettling. Disappointment for leaving unfinished work haunts; thankfulness fills the soul for the opportunity experienced; relief over for having air-conditioning and electricity again reigns; guilt for having air-conditioning and electricity again abounds. Some people would say that traveling 6,000 miles to help people, when we have so many in need in our own country, is a waste of time, money, and resources. But they haven't been there. They haven't seen the disparity, the poverty, the need contrasted against the beauty, the abundance of joy and hope. Singing voices join in harmony signaling the start to medical clinics. Gratefulness overflows in their expressions, breaking any language barrier that might exist. The hearts of us visitors are easily captured and one must return to Africa if one has any hope of filling the gap.

Since this was my fourth trip to the developing world I knew the reverse culture shock that awaited me. But less than twenty-four hours after touching down on American soil I found myself hiding behind my mom in Target with tears running down my face, the one store where a person can get anything: clothes, food, medicine, toiletries, electronics, and more. I had just left a country where 70% of people live without clean water, and here I was deciding on which brand of cola to buy for Easter dinner. How does one reconcile the disparity? Watching starving children on late-night television commercials from a living room couch *may* bring a tear to your eye. But the conviction of holding a starving child in your arms while his blank stare of resignation pleads for action reaches beyond your pocketbook. You walk away someone else; someone who can no longer plead ignorance, or pretend a simple solution exists, or point to *their* problem. When 24,000 children are dying every day due to poverty, it is *our* problem because it's a humanity problem.

After Easter I was still contemplating my social and personal response to my experience. I grabbed the next patient's chart in clinic. On the front cover sat a familiar yellow sticky-note from the triage nurse that read "Translator Phone," indicating that the patient and the family spoke no English and a phone would be utilized to communicate. Immediately I felt annoyed. How grossly and shamefully ironic! I had spent weeks praying for a people and seeking out a way to respond in a meaningful way, and here was one of those people just yards away, and my first reaction was annoyance at a language barrier! I quickly realized my duality and smiled quietly at my own embarrassment.

I sat in front of a lovely African woman and her son, who spoke French along with limited English. We decided that her son needed outpatient labs across the street at the hospital. The exchange was pleasant and I patted myself on the back for my changed attitude and helpful demeanor. I took time to explain to the family that the

White Coat

Desha Jordan
Class of 2012

Blinding white with crisp seams
I couldn't believe that you now belonged to me
All the hard work had finally paid off
But there was still much harder work to be done

I felt a comforting warmth as you were placed on my shoulders
Pride, confidence and a sense of duty now filled me
I understood the privilege it was to wear you
And today would be the start of our long journey together

Through the years you have changed with me
Your length grew to reflect my increasing knowledge
The pin that once said medical student on the pocket
Was replaced with the embroidered letters MD

Oh the things we have gone through together
The long nights that seemed to go on forever
The lives we have helped and saved
The ones we tried our best but they slipped away

I used to need you to feel like a doctor
Now my confidence is the same with or without you
As you hang on the coat rack in my office
You're a symbol of what we've gone through together

Don't worry we are not done yet!
There is still a lot we have to do
So I reach for you once more
As I knock and enter another patient's door

Year 2 Haiku

Josh Yuen
Class of 2012

Second year is tough
So many classes and boards
Thank you Tegrity

Mountain Peak

T. Scott Tatum
Class of 2012

The door is closed. Warm breath loops around my lips and dips under my chin. My knuckles press into painted white wood as if I am percussing a distended belly. Rebound elicits a fit of soaking-wet coughs, then a pause, then a “Come in.” Glancing one last time at the double-black diamond warning, I pinch a flimsy aluminum band over the crest of my nose and enter.

I sit low with a large mountain range before me. The day’s remaining light seeps through floppy coffee filters, masking every texture in pale grey. Nearest to me a vertical rise juts straight up, straight out of the flat, hard, homogeneous ground. It ascends three feet and then bends perpendicular into a lumpy mesa.

I move my eyes upward, but my chin remains dormant. Graceful snowdrifts caress awkward, unnatural knobs and bunkers. I expected romantic crystallized pines but instead find snow, pattered in boot tracks from the street. Without warning, five gnarled toes rupture through base camp, displacing the mottled terrain. Folds of snow shift in mass and threaten to tumble. In the moment I am aware of myself, and the beats of my heart accelerate. I am reminded that I am not merely a photojournalist but a bold explorer with a purpose to being here.

My mouth opens and closes: “I’m Scott. I’m a medical student. How are you?” My simple staccato words, sounding rehearsed so as to conceal my nervousness, diffuse beyond my mask. I hold my breath as my greeting lingers at the mountain peak.

Editors’ note: Tegrity is an online recording tool which allows students to view lectures outside the classroom setting at any time.

The Language of Compassion

Ryan Whitney, MD
Class of 2010

Many physicians will agree that one of the most daunting tasks in the practice of medicine is delivering bad news to patients and their loved ones, a skill that is not formally taught in medical school. During my second year of medical school, I worked as a clinical research student volunteer in the ER at my university's medical center. I know that the experience I gained that year will have a lasting impact on my future in medicine.

Early one evening, a 26 year old Hispanic male was brought into the ER with a gunshot wound to the stomach. In the operating room not long after, he went into cardiac arrest and was pronounced dead. The police officer who drove his parents to the hospital only gave them a brief and inaccurate explanation of their son's injuries. Armed with great hope, then, they were not prepared to hear of their son's death. To make the situation more complicated, the family had recently emigrated from Cuba and spoke no English. Instinctively, I spoke up when no one else on the team knew enough Spanish to convey the news to the young man's parents. As a second-year medical student, I understood the science that led to this man's death, but my experience delivering bad news was limited to lectures and standardized patients. Still, I wanted the chance to help my team and the family. I took a seat next to his mother and father and began to speak, "Es muy difícil para mí hablar con ustedes, Luis tuvo una herida muy seria y los médicos intentaron todo lo posible sin éxito y Luis se murió." My words had an immediate impact. I spent the next three hours with the family, trying to communicate my compassion as best I could with the Spanish I knew. I held their hands and listened to their words of grief and the stories about their son.

Months have passed since that night in the ER, yet it is still crystal clear in my mind. I often find myself wondering how Luis's parents are coping with their loss. That night I learned that my ability to speak Spanish was helpful but not enough to deliver such news. I learned that the words were necessary but not nearly as powerful as the unspoken impact of my embrace or the touch of my hand. When I left them that night, they told me that they loved me and would never forget what I had done for them in their time of need. What they didn't realize, though, was that they had done something for me as well. They had taught me that delivering bad news is about so much more than the words. It is about connecting with people, like Luis's parents, who may need your compassion more than your explanation.

The Red Dress

Justin Kingery
Class of 2012

As a new day dawned on the tiny town of Twilight, West Virginia, the cold drizzle of the previous night turned stormy. The clouds roared and lightning flashed in a fury, but this would not keep the spirits of the McCallister family stifled, for today was an exciting day. They had been waiting for nearly a month now, and every member of the family, with the exception of two, fluttered about the house as bats flutter from a chimney on a cool summer eve. A rare energy filled the rooms of the #13 Clinton Camp McCallister house.

Doris, the mother of three, awoke unusually early that September morning and began her normal breakfast routine: biscuits, gravy, and bacon for the two children, warm milk for the baby, and black coffee and chewing tobacco for her charming husband Frank. He would be home from his graveyard shift in the mines within the hour. The smell of the fresh bacon slabs began to mix with the energy of the children, and Doris began to feel as though, even though a horrific storm had begun, life could get no better than this. After all, today was not only a trip into Charleston, which was normally a major event, but today they would also visit the celebrated Wal-Mart which they had heard so much about.

In simple terms, Doris was delighted, for she had heard of the wonders of this store called Wal-Mart. In fact, the Williams from next door had been the week before and returned a different family. Until their visit, going shopping wasn't such a big deal, but upon their return they had a different, energized look in their eyes. According to Bess Williams, the store was "bigger 'en the high school football field," and it "had more thing-a-ma-gigs than all the company stores in Boone County combined." Bess' only complaint was that she didn't know where they had moved her favorite stores that once stood where the Wal-Mart stood today. Doris' mind simply could not grasp these ideas; therefore, she had to see it for herself. After all, she and Bess had grown up together, double dated at the prom, and lived beside one another for nearly 22 years now, and they were practically the same person. If Bess loved it, Doris knew she would as well.

And so this September day began as no other had before with the excitement of the entire family filling the house. Doris kept after little Connor, 5, and his bigger brother Caleb, 15, to get their baths and start eating. All the while she patted and soothed the baby, Chase, upon her shoulder during his breaks from the milk bottle. Caleb wanted a new fishing pole, Connor his first real Tonka truck (of course, the one with the operating crane just like they had at the mines), and Doris wanted the red dress of her dreams. She could only imagine how she would be the talk of Twilight when she waltzed into the coal mine Christmas party wearing her new red dress.

Caleb, with his freshly greased hair and shined shoes, paced the floor searching out the window for his father's return. He was a thankful boy, as was his brother. Even though they were young, they understood the difficulties of supporting

a family of five in the coal mining camps of Appalachia. They knew that their father, with cramped back and arthritic hands, kept digging into the black gold. It had taken him nearly two months to save the money for today's trip to Charleston. They understood that one day they too would step into the mines and breathe in the tainted air, and then they heard it.

The family froze immediately, except for Connor, who scurried into his room and dove under his bed; he did not want to hear that sound. A tear ran down his young cheek. His innocence was being depleted as he looked harm and destruction in the face.

The shrill siren of death broadcast an emergency in the mine. They had heard it before, and they knew the grief it announced. Once, when Caleb was 10 years old, he had heard the emergency siren and witnessed the flashing lights of ambulance and police cars as they pulled the men from the mine. The men would no longer be forced to breathe in the black silicone air. In a way, they had paid their dues and were finally free from the mine. He recalled how he had hated himself for wishing it were someone else's father under the boulders and roof bolts. He hoped with every fiber that it would not be his own dad.

So the McCallister family started the emergency routine. First, families would huddle in their kitchens waiting for the news. Next, the phone circuit would begin. Bess would call Doris, who, in turn, was to call Tammy, who would then pass any information along the line. However, it was an understood law that the phone circuit would not pass on any information to the family of the dead, for it was not the job of a friend to break the news; it was the job of the black suited company man. Caleb coaxed Connor from underneath his bed, and the routine began.

The sweet smell of bacon still filled the house as the wives saw the grim-faced company man moving slowly yet purposefully up the road, rain dripping from his round hat. The intense excitement of the morning had been instantaneously transformed into tension and anxiety. Who would be the unlucky family this stormy day? Whose number would be pulled in the lottery of grief? The wives of the camp peered through their windows, waiting for a move from the company man, and then it happened.

Following directions on a small piece of paper, the grim faced man opened the McCallister family gate. With a short step through the gate, he unleashed their tears. They knew it was their father and husband, protector and comforter. Their only hope now was that it was merely an injury, but rarely did the company send a representative for injuries.

As the black suit approached the house, time slowed. Different thoughts cycled through each member of the family. Caleb imagined what his first day in the mines would be like. He knew that after this accident his day would be soon. He must support the family. Connor wondered if dad would be home. He had heard other children at school after these emergencies speak of their fathers never returning. Tears continued down his young face as he thought about the games of catch and fishing trips that might never happen again. Doris' reaction made her hate herself for an instant. In the same time the black suit had walked from the gate to the front porch, she had seen the destruction of two things dear to her: her husband and the red Wal-Mart dress.

Quite the Unusual Professor

Suzanne McGee
Class of 2013

Let me tell you about my most remarkable "professor" in medical school. She was an unusual sort of professor because, well, she was dead. Yes, my most unforgettable teacher was a cadaver affectionately named "Flo." I didn't know her real name, but when I first met her, the name "Florence" popped into my anxious and already over-stimulated freshman brain. My gross anatomy group mates and I amiably called her "Flo" for short.

Florence, who lived to be 91 years of age, seemed like a fitting name for a beautiful, graceful woman like herself. When I first encountered Flo, I was more than slightly intimidated. In fact, although I refused to admit it at the time, I was so nervous that my GI tract felt like it had a herd of elephants marching around in it. After all, Flo was deceased, and I certainly was not used to dealing with dead people. However, something about Flo made me feel amazingly at ease quite soon after I met her.

I obviously never knew Flo when she was alive, but I sensed a definite sweetness about her even in death. She emanated an almost palpable spirit of warmth. I'll never forget the first time I took off her shroud and looked at her face. It was so beautiful and so gentle. In my humble opinion, she had the cheekbones and sculpted chin of a model and soft lips that I imagine she used to kiss those she loved. I know she probably had so many people who loved her in life and miss her dearly in death.

Even in death, my dearest professor kept giving unselfishly. Every other day for the entire first semester of medical school, my lab partners and I gathered around Flo as she, in death, allowed us to learn the wondrous and complicated anatomy of the human body from her. I feel that she allowed my group mates and me to develop a unique collegial bond as we struggled to find tiny arteries and nerves within her, laughed at the antics of certain (living) gross anatomy professors, stressed out over exams and assignments, and talked about our very diverse lives. When I felt frustrated and overwhelmed by the immense amount of material I had to learn for gross anatomy class, it was almost as if I could sense that Flo was cheering me on and motivating me to work harder.

In the end, I made it through freshman gross anatomy (almost) completely intact. I know I couldn't have done it without Flo. Always and forever I will remember her and her unselfish gift.

Flo, I am so thankful for your beautiful generosity. You will live forever in my heart, mind, and soul.

Thank you for....

**Monalisa Taylor, MD
Class of 2010**

thank you for...

the days when we spent hours studying,

the jokes with friends that made us laugh every time,

the food that made our tastebuds dance with delight,

the quotes that made the book,

the days that made us cry, but we made it through them,

the times when we laughed about nothing, but laughed anyway,

the kind words spoken and were meant with all their heart,

the smiles on faces that will stay with us forever,

the moments that left us speechless,

thank you for always being there.

As fast as she pushed the thoughts of Wal-Mart from her head, they kept rushing back. Her day and trip to the wondrous mega store had been ruined, and, for a fleeting moment, this devastated her more than the mining emergency. She hated herself. The red dress flashed back into her head. She hated herself.

After seconds that passed like hours, the black suit finally arrived and tapped the door of #13 Clinton Camp. Caleb, being the acting man of the house, answered and brought the man into the kitchen. "I'm sorry ma'am," whispered the company man. Doris erupted in tears, for she knew the next phrase. She had heard it from the widows in the camp. However, the next word from the man's mouth didn't fit the pattern. "There's been an accident at the mine, and your husband was trapped. But he's fine and going to the hospital in Charleston." "The company car will be here in 15 minutes to take you there." The rainy day that had started with incredible energy and then turned worse had once again been lifted. The family rejoiced in tears and cheers. Frank, dad, honey was alive and fine. He was a fighter, as all miners were, and they knew that he would not let them down now.

The community soon learned that #13 Clinton Camp was no grieving household. Instead, the McCallister house was a house of survivors, and they climbed into the white company car to go see their hero with his favorites, instant coffee and tobacco, in hand. About an hour and a half later the family arrived in Charleston at the hospital and unloaded. When they walked into Frank's hospital room he was the happiest he had been in years. He hugged Caleb and Connor, held baby Chase, and tried to figure out just where Doris got her new red dress.

When It Strikes – Reflections While on Palliative Medicine

Ryan Miller, MD
Class of 2010

When it strikes, will I be ready?
I really don't think so,
At least, not now.

Just thinking about it makes me feel so insignificant,
so alone, and so wasteful.
If it were to end tomorrow, what did I really do?
What mark did I leave?

I'm just living day-to-day, not seeing the forest for the trees.
I might think I know.
I might think I'm special.
I might think I'm OK.

But then, I am given a glimpse of the reality.
I am confronted by the forest, and can no longer
hide behind the trees.
I see what is real and it throws me upside down,
doubting myself.

Death is scary, because it makes us see the reality.
Our weaknesses, flaws, fears, and hopes are illuminated.
And mostly, I am left wondering that there has to be more –
to this life, to my life.

And truthfully, right now, I don't know.
At least for this lifetime, there may be a lot of unfulfilled
hopes and desires.
This life is not easy, with many struggles for many people.

One of the greatest struggles for me is trying to be Alive
while living this day-to-day life.
Because I know, the end will come, it will strike, and there
will be no turning back.
At that moment, I will be made aware of the reality that I failed
to recognize life's beauty while consumed with daily struggles.

When faced with death, I understand what it means to be Alive,
and appreciate life for what it is.
I hope to remember this, so that I might grasp life while it is still
within my reach.

to the fact that life is not obliged to work out as we might plan.

Upon my return, and during my eventual career, I will define my success by the degree to which I maintain this attitude of gracious servitude, and my overwhelming sense of compassion to heal. But perhaps even more importantly, I must always remember that I am interacting with a human being: someone's mother or father, lover or friend, and to never, *ever*, regard that individual as a case, or as merely a list of pertinent positive and negative symptoms.

At present, my career interests lay within the subspecialty of infectious diseases, with an emphasis on AIDS/HIV relief, both abroad and stateside. I am acutely aware that this interest is always subject to change, but I have always been determined to make something substantial of myself: to exert my nothingness into something. To matter. I have come to identify that I tend to consistently and systematically live my life as a series of goals and attempted achievements. Even though my attempts at devouring all of the delicious experiences exposed within the confines of my existence are wholehearted in effort, I cannot shake the realization that I am completely and undisputedly addicted to the feeling of achieving success, of seeking contentment in the nod of societal appeasement, with a tendency toward basing final points on the self-approval bell curvature on the criteria by which citizens are deemed worthy. Some, pursuing goals composed of a similar fabric, seek fame or monetary fortune. I choose medicine. I want to know that my medical knowledge has improved the quality of someone's life, the length or breadth of their personal interactions, or eased agonizing suffering. That is *my* 'substantial' something, *my* difference, and *my* aim. From childhood aspirations to current ideals, this has not changed. I maintain that if I can –to quote Gandhi- "Be the change [I] wish to see in the world," then my aspirations will have been fulfilled. In short, I must care, and care responsibly: someone has to. May that someone always be me.

Africa, Week 4: Nkhoma Hospital

Megan French
Class of 2011

I am sitting in the HIV ward of the Nkhoma Private Hospital, in Malawi, Africa. My senses are assaulted by the imposing smells of farm animals, mildew, and antiseptic. I labor for breath, despite the abundance of air. Surrounding me are stick thin figures with bandaged lesioned legs, crying babies strapped to backs of mothers seeming nearly to snap under the weight of bearing both the infant and the consuming disease. Goats and chickens meander through the crowd of waiting patients sprawled prone on the loose dirt of the designated waiting 'field'. The surgery ward is announced by fashioning the word "SURGERY" out of string on the crumbling concrete walls. Women perched on ragged woven cornhusk mats soak or sift beans in preparations for yet another malnutritive dinner...

...Joy is a sparse commodity within the confines of this place of dual healing and suffering. Transmission is rampant amongst rural dwellers, especially within the atmosphere of extreme gender inequality that pervades the Malawian mentality. Women are marginalized to the realms of objectification and domestic security. Backward cultural practices of *Kusasa fumbi*, *Kupita kufa*, and *fisi* are highly prevalent amongst the rural tribes. Presently, women's empowerment programs are being piloted in efforts to enforce laws protecting the rights of young women and girls, as well as to reduce gender imbalance through encouraging female micro-enterprise.

Is it enough though? I admit I am at a loss in delivering even the most remotely plausible of solutions. To test babies who likely have HIV, whose mothers will almost certainly pass before their second birthday, who are provided the option of free (government subsidized) antiretrovirals, but live so far from the clinics that cost becomes an irrelevant factor in the equation. And, for the female infants who beat the seemingly insurmountable odds and survive childhood, to be thrust back into a culture of backward social customs, only to recycle these sick and pervasive tradition-rich processes... I ask, why even entertain the madness? As I continually dive for answers, I come up breathless and empty every time.

My nostalgic divulgences leave me simultaneously filled with gratitude and sorrow, coupled with an intense desire to wield my compassion in the form of needed assistance. I think to myself that perhaps, if in my lifetime I can ease the suffering or create a more promising future for only one of these ailing children, my life and its aims will not have been in vain. But, can I maintain this desire in the face of a quickly developing national attitude of callous indifference, justification for excesses, and my society's glorification of a Capitalist God? Unsure of my resolve, and yet steadfast in my convictions, I will cling to this memory in an effort to effect needed change. I am again bluntly reminded that life never pretends to be fair. Nor does it hide beneath the pretence of justice, the facade of equality, or the veneer of impartiality. Malawi, or rather, my experiences there, presented me with the kind of thrashing that awakens one

Marvel of Medical Education

Maurine Williams
Class of 2011

There have been many wonderful discoveries and advancements in the world of medical science, but in my opinion the most remarkable of these advancements is the modern American medical student. Some might mutter something about the human genome, H.pylori, or a robot that physicians can use to see patients at the hospital. These are all amazing things but it will be years before the human genome appears in paperback at the grocery, and it is only a matter of time before the robot doctor falls down the stairs because it lacks depth perception. The modern medical student is challenged, tortured even, by manipulations of life that are all consuming and sanity rattling, and the end result is built to endure the rough and changing world of modern medicine in America, and by the grace of all that is good they keep compassion for patients at the forefront of their practice.

The first three years of school were nothing short of a trial by fire, truly a physical challenge, and bamboozling to the senses. In some ways I feel that this was an attempt to break my body as well as my spirit and test the commitment I made to medicine when I accepted the invitation into the class of 2011. It begs the questions, "Do you really want to practice medicine?" and "Why did you ever think you wanted to be a physician?". The undertaking of this particular educational journey is not for the faint of spirit; surviving this process with one's sanity intact is truly a feat, almost worthy of a purple heart.

The first year begins with the change of virtually every element of daily life outside of sneezing and wearing clothes in public. The social atmosphere changes, and drastically. I feel that it is reasonable, though I cannot be certain, to assume that most people of the same age, the average age of a medical student, have a small roster of close friends and people that they see every day, but these are not "most" circumstances and the normal social roster experiences a few changes. Most freshman students will start with about 60 or so new friends. An impressive feat of charisma and bonding, perhaps, but, it is only fair to mention that 50 of these individuals live in a sort of communal housing unit, hardly ever speak and spend 12-18hrs a day sleeping under a moistened shroud.

Despite not speaking, the power that these new friends have in the form of peer pressure is unreal. They are able to dictate to you what kind of clothes are appropriate to wear around them (open toed shoes are a definite faux pas), and how much time you can spend with your animated friends. What I found most frustrating about this influence was how it became the determining factor in what I smelled like for 4-5months. The most popular fragrance amongst first semester students, whether by choice or not, is without a doubt "Eau de Formaldehyde." Like any good preservative it permeates and will get through to the skin through gloves, double gloves, and probably even some of the chain mail gloves from medieval Europe. It gets in the hair, the nails, and may or may not make take years off your skin, but there is no escaping it. I was convinced that I could smell it months after Gross Anatomy

had ended in places that were not even remotely related to school.

The sort of “post-traumatic stress response” to the pervading formalin smell that results in phantom smells months after the ordeal is finished is just one example of how the journey that is medical school acts to impair the senses and throw a new virtual reality over what used to be normal. This manipulation of the senses has the potential to destroy one’s pattern recognition and results in ties, curtains, and other textiles with specific designs changing their meaning in the eye of the beholder. What is paisley and charming to some sunny old woman buying an armchair appears to be covered in amoebae and suggestive of dysentery to the young medical mind. A loving mother might explain a medical student smoothing a crease in her red polka dot blouse as being thoughtful and attentive to detail. Thoughtful and attentive he may be, but perception is in the eye of the beholder. He cares nothing about the aesthetics and presentability of the blouse. The garment has become a field of red blood cells and every cell deforming crease is concerning for a sickling trait.

It doesn’t stop with clothing. I have identified sloppy signatures as ventricular tachycardia and children’s tinker toys sometimes become complex biochemical molecules. The kind thing to do for the funereal smelling student who suddenly becomes antisocial while running her fingers over the “mitochondria” in the textured wallpaper at your next dinner party, is simply to forgive them because this behavior is likely just a phase. After the first round of board exams students gain approximately one third of a medical license and trade old behaviors for new challenges. It seems like by the time I had been assigned a pager number and before I had time to stuff my white coat pockets with enough random paper to strain the seams, many of the underappreciated aspects of daily life such as going to the bathroom regularly, eating dinner at dinner time, and my circadian rhythm were out the window.

The sore reminders of the normal life that goes on outside of the clinic are matched only by the literal soreness in the body and muscles long forgotten about. I don’t recall the name of the muscle directly above the glutes in the small of the back that becomes particularly inflamed on long walking rounds or extensive surgical cases. I could draw a box around them, and if I had to name them, I would likely call it “painus maximus.” This is one of a common constellation of aches and pains incurred during the clinical years of medical school. There is also a sort of “retractor myalgia,” that comes from holding back rolls of fat during open abdominal surgery for long periods of time. This is particularly hard on the shoulders and leaves the elbows stiff if you happen to lock out your arms during the surgery.

Taking overnight call always poses a hazard to the junior student’s body as the hours are highly irregular, the food is usually limited and not particularly good for you, and call room beds are just not ideal for proper rest. There is a particular form of stiff neck, a sort of “call room tortocollis,” that is likely a nasty consequence of sleeping on an air filled pillow. The pillow, a misnomer if you ask me, deflates during the night and the neck stiffens at 45 degrees to one side or the other. This is dreadful to the sufferer in the morning but clearly explains to me why birds are built with feathers, Eli Whitney invented the cotton gin, and air is meant for breathing. Sure, some may argue for the mechanics of flight and mumble something about aerodynamics, but I would be willing to wager an air filled pillow that there is at least one flock of our feathered friends that are frustrated at having been cut from the posturpedic equation.

Subjective Truths

Chris McCoy
Class of 2013

One man’s trash is another man’s treasure
One man’s pain is another man’s pleasure
The yields of a man’s heart is infinite
And yet it is something you can measure

A man is without wings, yet he has flown
A man forgets easily, yet has known
The man who has nothing else left to give
Is the quickest one to hand out a loan

It takes someone alive to feel real dead
You can say something that’s never been said
You have to take a few steps backwards
To be able to truly get ahead

You must give away so others can take
You have to destroy in order to make
Even decisions that can seem so right
Sometimes turn out to be a mistake

came to the ceremony to see a family member take the stage were invited to coat them themselves. These men and women, many of them my parents' age or older, formed a line in the front of the auditorium and hurried to meet their next doctor-in-the-family.

I don't share blood with another physician. As far as I know, there's only one person in my family who had ever entered the field of medicine as I was doing just then. His name was James Coleman Morehead. My grandmother named my uncle Jimmy after him. This man's diploma, after an long, expensive restoration process done a few years ago that repaired water damage from the 1937 Flood and rendered the furrowed parchment into a 3D topographical map of sorts, is now hanging in my uncle's living room in Connecticut. In 1899, James Coleman (whose friends, I'd like to believe, also called him Jimmy) matriculated into the Louisville Medical College, the predecessor of our current school of medicine, its main building still just three blocks to the west. He graduated three years later. That's all I know of him.

During my third and fourth years of medical school, which I spent mostly in a hospital or a clinic, to identify myself as a student, whenever I signed my name I followed the signature with the abbreviation: LMC III or IV. LMC for Louisville Medical College; III for third-year student; IV for fourth-year. We all signed our names this way—a vestige of years passed, a nod to those who packed themselves into the same hallways and who sat through the same ceremonies and who recited the same words, their right hand raised, just as we had done. I sometimes imagine James Coleman signing his name more than a hundred years ago, followed by a comma, an *LMC*, and a roman numeral. Somehow this thought comforts me. It makes me feel as if I'm not alone.

Someone I'd never met put my white coat on me. I returned to my seat, stood, raised my right hand, and recited the Oath in harmony with everyone, the interim-dean's voice above us all, reading it over a microphone. I followed along using a Xeroxed copy I had found placed underneath my chair. Listening while speaking as I've done at church, I imagined that the sound of our voices could have been the barreling of a semi tractor-trailer down an interstate, the breaking of waves, the chanting of monks, the hissing of insects.

From behind my immaculate coat, I took a first glimpse of myself from inside out, a completely new perspective. Nothing I'd ever done had so much meaning attached to it, so much history, symbolism, and, dare I say, tradition. Whether I would later find such weight commodious or cumbersome, I had to wait and see. All that I knew was that I'd hold my head up, open my eyes, and back away every once in a while to see myself through the impartial eye of a visitor. All that I knew was that I still needed to come up with a tradition.

Air filled pillows are for hemorrhoids and should stay that way.

There are many proposed variations on remedies for the physical challenges of medical school. Many of these remedies include aspirin chased by a nap in chair, but I believe that any remedy must have a sort of staple or life blood that helps to keep the energy and drive, or at least not fall asleep in front of important people. Usually this life blood is some sort of exogenous stimulant. Fruity energy drinks are popular, as are soda, coffee, and those energy shots that truckers use on long hauls. If you are more worldly, you might like tea.

Cigarettes are certainly stimulants and some endorse these, but it is very hard to justify their use as a healthcare provider. Diet soda is not particularly "healthy" per se, but it is much easier to imagine a patient seeing a doctor with a diet soda and thinking "Oh, they are drinking diet instead of regular because they are concerned about excess calories," than it is to imagine them saying, "Oh, they are smoking lights and not regulars because they care about their lungs." Thus cigarettes are not as popular, but honestly I find it hard to wag my finger at those who smoke cigarettes when I know that the impressive amount of diet soda that I drink every day is likely doing nothing for my bones or fibrocystic disease. I will likely have a cyst worthy of its own cup size some day, and if I were to drain it, I am fairly certain that it would pour out brown carbonated goodness. This is a scenario I am willing to accept because diet soda is an integral part of my survival.

Establishing a mode of survival soothes many of the issues in transitioning to the clinical years. Once I had my routine roughly defined, the medicine from the books of the first two years started to reappear in patients and the motivation for embarking on this journey in the first place regained its color. There is, however, one last hurdle to the realization of the becoming of a physician that I will make note of, and that hurdle is simply other professionals in training. There are usually so many other professionals at different levels of training that it makes it hard sometimes to assert your knowledge in the care of a patient and very easy to feel that you don't matter and forget why you get up each day to come in and make rounds.

If you have never seen a medical team on rounds they are not all too unlike a mother duck and her ducklings, or maybe, a set of those Russian doll jars that stack inside one another, the most senior doctor being the outermost doll and the junior medical student being the innermost, the smallest one that doesn't really hold anything but just rattles around in the belly of the attending and upper level dolls. The general schemata of patient assessment goes something like this: the medical student sees a patient and writes a note about it, the first year resident sees the same patient and writes a note, the upper level resident writes a note, and the attending sees the patient and writes a note addressing the other notes. Then sometimes we go to lunch afterward. At the end of the day there are so many notes on one patient that my note seems insignificant.

What is sometimes worse than feeling insignificant is not getting feedback on the note written, because the day is busy and there are many more matters to tend to. It is really no one's fault in particular; there is just not enough time in the day. It does become tempting to write something eye-catching in a note so that the attending or upper level resident will be forced to pull you aside and critique your note. Perhaps, my 80 year-old male renal failure patient will have a baby, or the sweet twenty-

something in the neck brace will grow three new teeth over night, really anything to draw attention to my note. However the issues of medical records and the possibility of legal predicaments keeps me from doing such things.

I obviously have not reached the end of the last struggle but I find hope in seeing so many fine compassionate doctors in the community who went through the same struggle and held this same low spot on the totem-pole of medical education and have come out to be exactly what I aspire to be. I am not sure how they got where they are, but knowing that they have done it somehow makes me feel that I can do it as well, and it is yet just another obstacle in medical education that I will overcome.

The process of medical education is certainly fun but is laced with challenges to the students that participate, which can take quite a toll physically and mentally. I may have presented this idea with some embellishment, but it is true that challenges exist that leave students questioning why they ever started down the road to practice medicine in the first place. This is what makes the modern American medical student such a marvel – the ability to run the gauntlet of the educational process, not let themselves get beat down by the idea of being out of place or unimportant, and come out on top in the future as a compassionate and caring physician.

Out of necessity, we all were forced to ask each other's names so that we could arrange ourselves in alphabetical order. Our voices rolled like waves. In our hands we held the clean white coats that a polished medical school coordinator, stationed behind a card table and a vase of red and white nylon flowers (the university's colors), had handed us earlier. For the first time I touched the stiff polyester fabric. I felt it against my fingertips. I pressed it against my nose and tasted a faint residue of starch. I was anxious. I wanted to get on with it: to put that coat on just then, before I was instructed to do so, to get that day behind me. I examined my name embossed into a red plastic tag above the words, *medical student*. I ran my index finger across the letters and closed my eyes. I was blind to the next four years.

After some time searching, I found Joseph, whose last name came immediately before mine. I had seen him before; we had interviewed together. He extended his hand toward mine to shake it just as he had eleven months earlier when we met each other outside the medical school's administration building. Our minds then were full of answers. Answers and anticipation. We both had surely spent the previous week separately practicing our response to that age-old question that all medical school interviewers ask: Why do you want to be a doctor? I wanted to deliver it in a way that would sound unpracticed but genuine. I'm not sure if I pulled it off. I don't even remember what I said. What I do remember is that the doctor who interviewed me was a proctologist, or a colorectal surgeon as they call them these days. He came into the waiting room where, for the previous half-hour, I had been grasping both armrests of my chair, hopelessly distracting myself with *People* magazine. Imitating one of Mel Brooks' characters, Igor (pronounced Eye-gor), a scatterbrained hunchback in *Young Frankenstein*, the surgeon motioned me to follow him down a hall to an office, hunching himself over as we walked, dragging one of his legs behind him while he said, "Walk this way." He paused for a second, waiting for me to laugh. "No ... *this* way," he said, refusing to move forward until I hunched myself over and did the same.

A few weeks later I would learn the committee's answer. The next time I saw Joseph, we knew, in general, where our lives would be taking us. Now, standing in this hall, waiting to say the Hippocratic Oath for the first time, our lives wide open before us, I found myself terrified, no longer full of answers.

"I don't think it's gonna fit," Joseph said, trying to work an arm into his white coat before he was supposed to. I heard the unmistakable sound of fabric tearing. Joseph stopped and pretended nothing had happened. He removed his arm from the sleeve. Secretly, I was relieved. None of us was perfect.

We began a procession that moved us into the auditorium at a glacial pace. A stage at the far end of the room was flanked by red drapes, faded, old, as if they had been left over from another era. The room overflowed with parents, professors, school administrators, and doctors. We took our seats and listened attentively as one speaker after another stepped to the podium. "This day," one of them said, stating the obvious, "will etch itself into your lives forever." I took a look at the red nametag and ran my fingers across it a second time.

Once all the speakers had finished, a school administrator began calling us to the stage where we were expected to hand someone, a doctor, our coat. That person would then help us into it. I moved with the rest of my new classmates. Doctors who

White Noise

Clint Morehead, MD
Resident, Internal Medicine

On the first of June of the year I started medical school, I found myself bewildered. It began as a steady, high-pitched hiss. It had been as if we were being invaded by rotary sprinklers, leaking natural gas lines, or television static. I suspected, at first, that all those years listening to music through earphones were about to do me in. But it grew louder. Others heard it. Older generations recognized it. The news began to report on it. Just step outside and there it was—no escape. Awaking like clockwork from a seventeen-year rest, cicadas emerged from the ground and held us hostage for three weeks that summer.

At that same time, the university from which I had just graduated invited me to join a committee whose sole objective was to come up with a new tradition for the school. I would meet with them once or twice that summer, then correspond through e-mail once medical school was underway. They hoped to come up with a tradition by early August, then implement it with the incoming freshman class later that fall.

According to the administrators, the plan was foolproof. Three years earlier, the school had turned fifty and voluntarily changed its designation from *college* to *university*. Now it was facing an identity crisis. No matter that the student activities council had truckloads of mud shipped in each year for its mud-volleyball tournament on Founders Day Weekend. No matter that they nailed tarps to the school's earthen amphitheater and turned it into a giant slip-and-slide every spring. These traditions were too pedestrian. The administrators wanted something more grandiose, more majestic. The school needed a cultural booster shot, and we were expected to give it. I wasn't sure where to begin.

I'd had almost no personal experience with tradition. Church came to mind. I was, and still am, a catholic, and I had gone to church regularly when I was younger. But my time there ended rather abruptly when I entered my teenage years. Not only did I lose interest in the sitting and the standing, the recitations, the homilies, and the Eucharist, as rebellious teenagers often do, it was also the time when the scandalous stories of Catholic priests abusing their young parishioners came to light. All of the sudden, one Sunday, under the arching nave of my cathedral, I felt an outcast, alone, and I knew that church was not for me. Not then, at least. Perhaps I was not the right person to ask about tradition.

That August, just months after graduating college, I felt myself an outcast again as I ankleed through the rites of my medical school's matriculation, the White Coat Ceremony, something that was started by a small number of medical schools not more than twenty years ago and had consequently spread almost everywhere. The air outside was no warmer than fifty-five degrees—completely unexpected for Louisville summers—while indoors, where the ceremony was, it couldn't have been hotter. My thoughts grew chaotic as I inched myself through a long narrow hallway with a hundred-and-fifty of my future classmates, slamming into them, one after another, like molecules.

Preoccupied

Desha Jordan
Class of 2012

Externally you would not suspect
Something in turmoil within
A twister of emotions
So hard to describe
But so present all the time

Deep pain that cuts like a knife
Sadness that knows no end
Anger that rages hot like fire
Is this turmoil within

Unsuspected by the outside world
She moves through life
Unnoticed, Unappreciated, Unloved

Who will notice her tear stained face?
Her voice strained from weeping so loudly the night before
Who will see her blunted expression?
Her avoidance of the outside world

She needs help but no one ever notices
She tries to reach out in her own little ways
Every month is a new complaint
You actually sigh when you see her name on the patient list

Here again?
What is it this time?
Last time it was abdominal cramps
The time before that mysterious headaches
All with no medical causes that can be found

You've ordered test after test
Lab after lab
Nothing can be found
So you send her away

She seeks and she tries
She knows you have the answer
She knows if she keeps coming
Someday you will fix her

She was wrong
So very wrong
You were too busy
Too self absorbed to see she needed help

That “psych-babble” was for lesser docs
She needed more than what you were willing to give
Had you just listened to her
Realized what she was telling you
Had you got her the help she so desperately needed

You would not be crying into your wine glass
Guilt gnawing away at your insides
Knowing you could have helped
Knowing that one day it became too much for her to bear
Knowing that she took her own life

That Love

Mark Youssef
Class of 2013

The fire that exists
that burns inside the chest cavity
that makes children out of men
and mountains out of fear

Is protected by
The inertia of the heart, (and)
The lagoon barrier
of sinew and bone

It is not interrupted
Nor able to flicker
Only to
burn hard or not at all

That which reminds me
of strong hands grasping
for-ever pens
etching your name

burning your name
onto mine
on top of old names
I do not hesitate

I ran next door, crying, holding the photo. I didn't even knock. When I threw the door open I heard a gasp then "SURPRISE!" and I saw Casey and her family, a few assorted friends, and a banner that read "Happy 24th Birthday, Luke." I had ruined my surprise party.

I walked over to Casey. "Remember my time capsule?" I asked. Casey nodded. I placed the photo in her hand. She looked at me and I kissed her. For the first time since my mother was diagnosed with cancer I felt alive.

I remember all of this and wipe a tear from my eyes. The water mixes with the dirt on my hands and leaves a muddy smudge across my cheek.

"Daddy, why are you sad?" my son asks while patting the dirt on top of his new time capsule.

With a laugh I reply, "I'll tell you in twenty years."

Reaping Rewards of a Struggle Well-Fought

Justin Phillips, MD
Class of 2010

"I know this ... a man got to do what he got to do." Those are the words that lingered in my mind on the way to the MCAT. A quote from Steinbeck's *Grapes of Wrath* scribbled on a torn half sheet of notebook paper left to accompany an MP3 player with motivational music (primarily the *Rocky* soundtrack) from my best friend and roommate on the morning of the big test. He had seen me "train" to prepare for this important day and had noticed that I read *Cannery Row* in between sessions of chemistry and biology cramming. I am sure he thought it merely a clever reference to my current favorite author, but the quote has stuck with me since that time. The simplicity and sentiment are motivational.

Though my continuing journey has had its ups and downs I realize that, however unique, it is generally not unlike many before me nor many that will follow. Full of obstacles and hardships, the journey's reward comes in the triumph of overcoming these. Though I did not feel I could be as forthcoming about the details of my hardships when I wrote my personal statement, I can be a little more lax now that those contracts are signed. Determination of my goals allows illumination of what exactly it is that I have "got to do." Generically, my goal in my career is to be the best that I can possibly be. Specifically, I would like to achieve this goal with a career in neurology. I desire to be knowledgeable as well as caring; confident while maintaining compassion. I will be honored by the ability to help others, all while exploring the wonder that is the human mind.

Although it seems quite apparent now, I was not originally thinking that neurology would be my ultimate pathway. My undergraduate career had developed a love of all things related to the brain and the mind through my coursework in psychobiology and philosophy. I thoroughly enjoyed all of my work in this subject matter but was often confronted with the question "what are you gonna do with that?" I never really knew what I was going to do with my degree, only that I was doing something that I loved. After 3 years of exploring, I found myself in medical school, still unsure what exactly my career in medicine would have to do with my previous studies. However, as I made my way through the studies in the first years I continued to find myself drawn to everything neuro. My love and fascination reemerged and it soon became apparent that neurology was a perfect fit. Now that I have determined my goal I must continue on track and do what I have "got to do" to achieve that goal. The next step is residency. I start July 1.

That being said, I have always struggled with what I really want to be "when I grow up." There were many times when I wondered if I should do it. I worked for three years before starting medical school, not because I couldn't get in, but because I didn't know if I *should* get in. I did not know if my heart was truly in it. I had questions throughout school too. There were times when I truly considered quitting before I got in too deep and an extended period where I was planning on trying to find work in

industry upon graduation, rather than pursuing residency and practice. The idea of 80 hour work weeks scared me to death. I like my house, my wife, my family, my dogs, you know, my life. I hated surgery, so much so that I suffered from what would likely have been diagnosed as a brief episode of adjustment disorder. I wondered if I was really cut out for this. Sure I want to be the best I can be, but at what expense? I have truly had some crises of faith through this journey. I did the work, but could not have done so without my backers.

Medical school is not an undertaking to take lightly. It's not just school. It's a lot of money and a huge commitment. You cannot make it through alone. Every individual considering or currently enduring medical school should know this. You have to talk to people, to all of those people who are important in your life. They need to know that you are going to need them more than ever before. Also be sure to voice your concerns to those at the institution. Tell attendings, residents, and other students. Voice your fears and frustrations. Ask for help when you need it. There are many sources of counseling available from peers to faculty mentors and advisory deans. Most of these folks have been in many of the predicaments that you fear. Just ask them about it. Ask them about how you pay the bills during residency or what it's like to try and raise kids while being gone every fourth night. Sometimes you won't like the answers, but knowledge of what's coming always allows better preparation than fear of the unknown.

I've done my homework for residency. I know what to expect. My expectations of a residency program are simple. All I expect is an opportunity. I know that it is a lot of hours and a lot of hard work. But, where there are patients, there is an opportunity to learn. Much like many things in life, I feel like one gets out of an education what one puts into it, regardless of where it comes from. I guess this simplicity is what harkens me back to the Steinbeck quote. Ultimately, success boils down to that. You show up and you do what you have "got to do." You relish your triumphs, learn from your mistakes, work well with others, give every day the best you have to offer and never fear asking for help when you need it. By doing this, nothing more can be asked of a person and one can feel confident knowing they are well on their way to achieving their goals.

I get by (with a little help from my friends) and am ready for new challenges. What's next?

story and I told him to "fuck off." Next came the worst thing that ever happened to me. Not the fight with my father. That was normal at that time, but when it ended Casey was gone. In fact, Casey refused to speak to me again until I began to shape up my life. Unfortunately, that would take eight more years.

When I was nineteen, just weeks after my birthday and another year of ignoring dad's story, my father was killed by a drunk driver. I did not shed a tear. I had built up such a wall of hatred that no more emotion could get through. I returned to college and jumped right back into normal life. Normal life consisted of drinking enough to black out six or seven nights a week.

At college I would see Casey from time to time. We ran in different circles. Sometimes I thought I saw a look in Casey's eye that showed jealousy and sadness. I was half right; it was sadness and pity. If we were ever home at the same time, we pretended like we were strangers.

My senior year of college saw me teetering on the edge of expulsion. It also saw me arrested for my second DUI. I was saved jail due to my sob story of losing both parents. That and a phenomenal lawyer. And the condition I attend rehab. I was twenty-two, no family, and in rehab. I spent most of the first week crying. My lawyer was the only person who visited me.

The next week I actually tried to sober up. My lawyer visited again, made note of my changed attitude for the judge, and told me another visitor was coming in a few days. Two days later Casey showed up. We talked about life and my problems and how I was pledging to make it right. Casey promised to help if I wanted help. I did. Casey became my unofficial AA sponsor.

My twenty-fourth birthday was day 503 sober. That seemed like the best gift I could ever receive. I had graduated one year late and enrolled in a graduate program in psychology. Casey and I found time to play sports together again. Then the silence that replaced my father's annual story flowed through my ears.

I cried for over an hour. I found a bottle of whiskey in my house. I stared at it, hoping it would tell me the story my dad had for so many years. I called Casey. No answer. Left a message of tears, the only audible words being "dad", "alcohol," and "birthday." I poured myself a drink and put it to my lips.

Only then, with the smell of the liquor in my nostrils, did I remember when I was supposed to open the time capsule. I put down the drink, picked up a shovel, and ran outside. The box was open and in my hands five minutes later. The tears streamed down my face as I saw what was the most important thing in my life when I was 4. It was the same thing that was the most important in my life now, only I had never realized it. I had thrown it all away for so long.

In my time capsule was a picture of Casey and me.

The Time Capsule

Chris McCoy
Class of 2013

On my fourth birthday my father sat down and told me a story. When he was a kid he collected baseball cards, only the Topps brand; that was all there was in those days and he stayed loyal throughout my childhood as well. He spent nearly every dime of his allowance and work money from ages 4 through 14 on baseball cards. He had two Mickey Mantles, a 1961 Roger Maris, and a Jackie Robinson rookie card. His card collection was the envy of every boy who lived in Windsong Manor.

Then he left for college.

When he came home a certain box was missing from his room. He checked closets, the basement, and the attic before inquiring with his mother where his baseball card collection might be hiding. Evidently it was hiding under piles of garbage at the local dump. His mother had thrown away his prized possession, never understanding what it was worth.

If that collection existed today, instead of still owing money on my in-state, public college education I would be driving a BMW. With no car payments.

This story became my birthday story. Every birthday from 4 until my father passed away when I was 19, I heard that story on my birthday. It was to remind me of a simple task my father and I shared when he first told me that story. A task I remember more because I have been told about it, than because I remember. My dad and I created a time capsule.

This time capsule was to be opened on my twenty-fourth birthday. It was buried immediately behind the basketball goal in our front yard. It consisted of a metal box and one item. This item was the most precious thing in my life when I was 4. By the time I was 5 I had forgotten what the item was. By my twentieth birthday I no longer cared about the story.

My mother passed away when I was 13. It turns out there was no danger of my prized possessions being tossed out by her. Instead, my childhood was poisoned by the images of her fighting a losing battle with breast cancer. My fourteenth birthday saw me as a troubled and angry young man who was lost and confused, unless I was next door at the Shepherd's house.

The Shepherd's had pool, ping pong, swimming, the newest video game systems, and my best-friend Casey. Casey and I played every sport imaginable together and were nearly inseparable. The only reason to come to my house was to play basketball.

My fourteenth birthday came and my dad got home from work early. Casey and I were playing one-on-one. Casey was winning. My dad started in on his yearly

Fever

Whitney Talbott
Class of 2012

Steeped in heavy cloud
Night boils over
To drown us.
Feel your body sink into the earth
As sky and ground fuse
Within the belly of the darkness.
This is the night of anew
For all things.
The earth cracks wide
And the rivers boil;
The mountains shriek and
Pull their massive feet from the earth.
By morning,
It will all be back as before.

Words tumble and melt.
Drops of glacial sweat follow
The planes of cheek and chest,
Polluting the sea of white linen
Where we drift.
There is distant thunder,
Reverberating in your bones.

Someone lifts your hand,
Their touch is stony, cold,
A death grip;
Contrast the fire,
The heat of your own.
The damp air is heavy with life,
Breathe deeply, smell growing things.
Every tree and flower
Explodes in bloom.
The scent of wisteria and apple
Overcomes soap and bleach.
For a moment.

Morning shifts through the windows,
Taming the sea of linen,
Calming the quaking earth.
The black room turns beige.
Machines beep,
Medicine drips,
The storm breaks.
Then it is back as it was.
Before.

My Father's Nightmares

Ryan Miller, MD
Class of 2010

It's the fear that you're not going to get there,
that you won't succeed.
Maybe you can't succeed.
Maybe you can't do it.

Have I tried hard enough?
Have I done all I can?
I think I have.
At least, the most I can do with keeping
my sanity.

But, what if it isn't enough?
What will I do?
What can I do?

I stop my wondering and worrying,
which are all too real.
I try to gather myself.

I pull the notes close to me and resume my studying.
Because, I know, that's all I can do.

My dad made it through his nightmares.
I hope I can too.

Now, I understand my father's nightmares.
They are still there.
They always will be.
For both of us.

We must endure our nightmares,
So that we may live our dreams.