2021

STETHOS

Medical Humanities Journal of CCLCM

Cleveland Clinic Lerner College of Medicine
of Case Western Reserve University

2020

Brady Greene | CCLCM Class of 2025

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Front Cover Artwork

Male, 19, GSW, now., Mirit Balkan | Chaplain

This is what the pager said when these two ambulances arrived to the Trauma ER at Akron General on my night shift as a chaplain.

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Dean's INTRODUCTION

J. Harry Isaacson, MD | Professor of Medicine & Executive Dean
Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

Stethos 2021 – A Gift to Savor

A Sunday in July…the heavy rain of the past week has finally stopped and the sun is shining. The combination of the warm sun and a gentle breeze is delightful as I have the good fortune to explore *Stethos* 2021. My eyes well up as I read the student editors dedication to Darlene Gray, a member of the CCLCM family taken from us suddenly in 2021. The past year has brought many challenges to our academic community and society. As a school we have weathered these challenges with remarkable teamwork and resilience. We are transitioning to in person learning and reactivation of the HEC as a vibrant environment for learning. We have celebrated the class of 2021 and their transition to residency and welcomed the class of 2026 with an in person White Coat ceremony. As we celebrate we are mindful that COVID looms as the uninvited guest and impacts everything we do. As of this writing COVID has created two worlds divided by vaccination status. Disruption in society and the disproportionate impact of COVID has kept the wounds of health disparities open and raw. Yet we are gratified by the energy to create change through the work of our diversity, inclusion and equity action groups. We have reasons to be optimistic.

Which bring me back to *Stethos*. *Stethos* is a reflective space where contemporary issues are explored in a personal way. *Stethos* has taken root like a strong tree that grows taller and stronger with time. We have wonderful participation from a diverse group of contributors. We have beautiful photography and art. We have inspiring prose and poetry. We have deep meaningful reflection that explores the vulnerability of ourselves, our roles and the lives we serve. The topics explored in *Stethos* are personal and meaningful. The themes affecting us a school and as a society are explored with intense introspection and emotion. Simple acts of breathing and touch are brought from the unconscious to conscious level. There are wonderful stories that explore humanity in medicine and the perspective of the patient. The stories from our students experiencing patient care for the first time are especially poignant and remind us of the value of early exposure to patients in our curriculum. How fortunate to be able to feature Meng-Hsuan Wu and get a window into the work of a local artist in the community.

Reading through *Stethos* immersed me in the experiences of others and many times caused me to pause and reflect more deeply on many events that have flown past during the past year. *Stethos* 2021 is a gift that can be sampled for a few minutes or explored over a few hours. Most importantly *Stethos* is a gift to be savored during these eventful times.

A special thanks to the Editors in Chief Ellen Brinza and Maleeha Ahmad as well as the long list of dedicated co-editors. Congratulations to all who have contributed on *Stethos* 2021!

Bud Isaacson, MD
Executive Dean
CCLCM
July 2021

Editors' INTRODUCTION

Dear Reader,

It goes without saying that this past year presented unique challenges, times of unrest, and significant losses. However, amidst the chaos of a global pandemic, we remained resilient. Our first- and second-year students adapted to a virtual curriculum. Our fifth-year students interviewed for residency, celebrated a successful Match Day, and held graduation ceremonies through Zoom. We all donned face shields, protective eyewear, and masks to protect our patients, colleagues, family, and friends.

We have made great strides since the release of the last issue of *Stethos*. As we prepare this issue to go to press, the Health Education Campus has just reopened for in-person learning. Mask mandates are being lifted (and we are beginning to remember what the bottom half of each other's faces look like). We have a vaccine.

In the 11th issue of *Stethos*, you will find reflections on experiences with both the highs and lows of 2020-2021. Included in this issue is a guest feature on local artist, Meng-Hsuan Wu, whose creativity and passion for the medical humanities allowed students to express themselves through art during a time when we needed it most. We also invited submissions that speak to the *human connection* - the unexpected connections we made during COVID-19 and the new ways we strove to understand and connect with patients, colleagues, and mentors of diverse backgrounds and identities. We hope that you will be equally inspired and motivated by this collection of submissions.

As always, we would like to thank you, our readers and contributors, for your continued support of *Stethos*. We hope that you enjoy this issue and continue to find time for the medical humanities amidst the chaos.

Lastly, we would like to dedicate this issue of *Stethos* to Darlene Gray, a true pillar of CCLCM. She was always a guiding light, a beacon of support, and we miss her more with each passing day.

Take care and stay well,
The Editors

Learning Medicine in 2020

Maeve Pascoe | CCLCM Class of 2024

Winner (Artwork), *CCLCM Medical Humanities Contest*

A Pandemic Elegy (*A tribute*)

Metabel Markwei | CCLCM Class of 2022

We are not martyrs.
We are graces extended past the midnight hour.
On-call, that late-night pager will not stop buzzing.
The I.C.U monitors keep us on our feet.
While the whole world hibernates in lock-down,
Ours is far from sleep.

We are not saviors.
Only dancers on a tightrope that is
One part human frailty,
The other part, human dignity.
This delicate reciprocity,
In a time of great unknowns,
Reminds us that we, too, are not immune to death.
For, no matter how often we see it,
We grieve and grieve again.
And after the moment of grieving,
How we move on to the next patient room,
The next O.R., the next encounter, the next
safety round,

How we go home to our loved ones,
Or come home to ourselves,
Holding lightly the treasure that is life, love, and loss,
Is one of the truest miracles of our time.

We are forlorn bodies,
Lingering over the barbed wires of time.
We, a remnant, longing for
Our forsaken energies to return.
We are healers of our time,
In desperate need of healing ourselves.
There is no science to this art.
There is no method to this madness.
For under the fiercest gust,
How much more can even the strongest man take?

***

For Dr. Susan Moore and my dearest Uncle Ray, both lost to COVID. Rest in Perfect Peace.

I, Too, Am Earth (*A prayer*)

Metabel Markwei | CCLCM Class of 2022

May the black of my skin be a constant protest, fighting to inhabit its rightful freedoms.
May the mahogany of my back praise the resilience of my ancestors.
May the beige of my palms heal broken things into wholeness.
May the ebony of my speech restore spaces and conversations into love.
May the melanin of my thought always be worthy of the attention it commands.
May the umber of my character always stand in light and truth.
May my soul, like sweet caramel, breathe harmony into the world.
May my dreams, like golden desert sands, give glory — not take it.
May the mud of my feet always lead me home.

Selah (*A meditation*)

Metabel Markwei | CCLCM Class of 2022

Grief always comes to me days late.
Like its visit after my grandfathers' deaths,
Or after the phone call with news of a friend's passing.
The tears initially would not come,
Until suddenly, days or weeks late.
Ebb and flow, that's how it goes.

***

With what little ancestral wisdom I have,
I dare not hasten the torrent.
I know not to beckon it before its time.
For how else can we reconcile our helplessness,
In the face of this thing called Life?
Ebb and flow, that's how it goes.

***

So it was for me, Ano Domini MMXX.
Grief came well after the tide.
Well past George Floyd's eight minutes and forty-six seconds,
Past Christian Cooper's Central Park stroll,
Past the midnight hour that ushered Breonna into endless sleep,
Past the news of Uncle dying from COVID.
The waves came gushing:
After a solo walk in the neighborhood,
After a drive to the grocery store,
After every news flash of an officer's acquittal.
Ebb and flow, that's how it goes.

***

If the year were scripted into a TV series, Shonda's
"How to Get Away with Murder"
Would be most fitting.
Ebb and flow, that's how it goes.

***

You would think after years of love and loss,
The inconvenience of my always-late guest
Would no longer take me by surprise.
But when my newsfeed shows me
Confederate flags plastered in the US Capitol
Promptly unplugging from all news outlets,
Was no appeasement for Grief.
The eyes cannot 'unsee' what they have seen.
The heart cannot 'unlive' what moments it has beat.
I cannot pray my sensitivities to the world around me away anymore.
Hurricanes do not come in peace.
So too does Grief
It ebbs, and it flows; that's how it goes.

A silent night on the frontline of the COVID-19 ICU

Susan Vehar, MD

Dr. Susan Vehar is a pulmonary and critical care fellow who was in her first year of fellowship during the beginning of the COVID-19 pandemic. This is a short story reflecting her experience working ICU nights. A special thank you to her husband, two young daughters, and her parents for their unwavering love and support during a challenging year. A thank you to her patients and their families for their trust during unprecedented times.

It is March 2020 at 3:00 AM.
Another patient with COVID-19 arrives to our intensive care unit.
His oxygen is very low.
We need to prepare for intubation to support his lungs on a ventilator.
Our team gathers supplies and medications.
I call the patient's wife to provide an update.
I tell her I'm the doctor and promise to take good care of her husband.
I can hear her children in the background.
From inside the patient's room, the nurse helps the patient call his family.
It remains unspoken that it may be the last time.

I don my snug N95 mask, face shield, gown, and gloves.
The chemical clean scent of the N95 has become too familiar.
I am ready to enter, opening the glass door just enough to allow myself in.
I imagine the viral particles floating in the air and press my mask a little tighter on my raw cheeks.
Inside the room there is an eerie silence, a stark difference from the usual hustle and bustle of the ICU.
Long cords and tubing extend to the outside of the room to help decrease the amount of entry.
Even the monitors and alarms only sound outside of the room.
This is isolation.

Silence.
It's the silence like an airplane on fire shutting down the main engine to rely on the tiny, quiet backup engine.
It's deafening silence.
The silence like the eye of a storm.
With a mask and a face shield, even shouting loudly feels like screaming in a vacuum.
I imagine a fish tank, a spaceship, a warped reality of sound.
I try to speak loudly yet calmly to the patient.
He says goodbye to his wife and hangs up the phone.

I speak loudly to review the plan with the team.
The medications are given, and in seconds the patient goes to sleep.
I hear my voice over my own heart that is now pounding in my ear.
Our half size team works diligently together.
The other half watches through the glass door.
The passing moments are critical to transition him onto the ventilator safely.
Communication is concise, piercing the silent sea only when needed.
The patient is finally resting on the ventilator.
Safe for now but his journey is only beginning.
Two of the four providers are able to leave the room.

The nurse and I stay to continue on to the next task.

I add a sterile gown and gloves on top of my gear to place lines.
Salty beads of sweat collect on my upper lip inside my mask.
I feel like a sweaty astronaut ready for a spacewalk.
It's a planet I never intended to explore.
We are in a quiet rhythm now.
I break the silence to ask for supplies.
We make some small talk about life in the pandemic.
We know to conserve our energy and focus on the procedures.

At first I thought the silence represented fear.
Danger.
Weakness.
I was trained to take control in chaos and control the crowd during an emergency.
The beeping monitor in an intense situation was expected for an ICU doctor.
The silence felt so foreign.
I didn't think I was ready to take this on.

Ready or not, the cases continued to surge.
Welcome to the frontline.
My silent nights became routine and more frequent as shifts were added.
But the repetition built our confidence.
We were on a mission.

I had to find a way to embrace the silence.
To keep my own worries at bay.
I finally learned it could be a symbol of bravery and strength.
It was the courage to venture into the unknown.

We had wins.
We had losses.
We had to adapt and stay together.
The moment of silence to honor a patient's passing was humbling.
The silence of the empty room after a patient was discharged home was revitalizing.
The silence became our zen.
It was a recognition of a purposeful calling in our work.

I know now the silence represents humbled hope.
Courage.
Determination.
Resilience.
I look forward to the return of the hustle and bustle.
I will never forget the silence.

all that is left of the storm

Navu Kaur | CCLCM Class of 2022

Winner (Photography), CCLCM Medical Humanities Contest

clouds but rays of sunshine
dark but there is light
that which is hard to see
close your eyes and feel
the embrace of the wind
so full of life
the light touches skin
warm with hope
the sound of every wave
harmony of peace
but has the storm passed?
the waves forever ingrained
in the depths of shore
the emotions
deeply rooted in my soul
all that is left of the storm

To the Breath

Rubabin Tooba, MD

"And slowly bring your attention to the breath…"

I shifted one final time in my seat, releasing the tension in my legs and neck. Sitting cross-legged on the ground over a very thin yoga mat had become so difficult. Yet, sitting in silence, in my thoughts and alone, was even harder.

"Let those thoughts come to you and then wash away. Like waves that come and go."

My meditation class had become my escape. Filled with the aroma of freshly-burnt sage, the room fell into a deep silence, as we navigated our stillness.

To the breath. I stifled a sob, clenching my throat, while thinking of the things I had walked away from, the things that no longer served me. It started with identities I no longer connected to and then followed with insecurities that did not have a home in me. It became a journey of finding more joy in my life, doing scary things, often on my own. "You are very brave," one had said, "to choose to take care of yourself." I felt the warmth of her hug encircling me, as I heaved sobs I could not longer hold in.

To the breath. My fingers lay curled on my knees, as they clutched a phone not too long ago. The feeling in my gut I could not forget, nor could I stomach the many meals for some time. "Your loved one," I spoke, steadying my voice as best I could, "she's dying…" I lost track of how long the call had lasted. Just like I lost track of all the gowns I had donned and doffed. All I felt was how my hand continued to tighten over the phone, too afraid to let go.

To the breath. I felt the ache in my shoulders from nights before. It was Thanksgiving. On a day I would happily make numerous savory dishes for others, the quarantine had required otherwise. My shoulders felt the weight of the turkey, as I placed it in and out of the oven for basting and temperature checks. The rest of the night was spent stirring the leftovers into a delectable soup. All night I had stirred and stirred, my shoulders devoted to the repetitive movement, until the day had beckoned me back to work.

To the breath. My back curved, heavy from the weight of the day to day. It began long ago, with the ICU shifts that needed coverage and the separation from all those we loved. It continued as the days began to blur together and all the seasons felt the same; the distancing left many of us in our own solitude. We savored the phone calls or rare picnics when we shielded our smiles from one another. We held onto the days when the daylight did not feel so brief. We kept our head up high, as our backs began to feel heavy from things left unsaid.

To the breath. My feet had begun to sink into the softened, wet sand. How did I manage to escape a snow storm and get here? I walked along the edge of the ocean, curving around the foam that tickled my toes. The salty wind made my hair curl, as my skin warmed in the bright sun. I sat down at a spot close to the waves and let my feet meet the edge of the water. A warmth filled my core, as I lingered in this comfort. Time passed slowly. I friended the gulls that hobbled close and journeyed with the sun to the far reaches of the sky. In this world, I was free. I was safe. And I had nowhere to be.

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"Slowly bring your awareness back to the physical body…"

My mind crept back into my fingers, laying gently on the soft cloth on my knees. My feet and legs felt non-existent, numb. My back had relaxed, after releasing
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To the Breath cont.

all the burdens of the day into the nothingness around me. My ears were ringing from the long silence. My figure returned to awareness of the dimly lit studio and the ticks of the clock that hung in the room. The edges of my mask were stained with tears.

My instructor approached me after the class concluded. “It is wonderful to have you here,” she started, a comforting smile showing on the edges of her eyes, “In your stillness, you will find acceptance.”

I paused at her remark, remembering the soft and sandy footsteps. In my stillness, I found peace.

“Seeing” the Patient

Will Patterson | CCLCM Class of 2025

What does it mean to really see your patient? When I was writing my medical school applications and doing interviews, one of the big points I wanted to hit was how I, as a future physician would “see” my patients. Not as a constellation of symptoms, and more than just their illness, but rather to “see” them as a full human being. That, I told myself (and my faculty and student interviewers), was how I would become the most humanistic physician I could be.

But no one tells you how, or really prepares you either, to see a patient in the midst of a global pandemic. I learned on my first day in clinic that the pandemic attire of healthcare consists of face masks and clear plastic face shields.

No one tells you before medical school that, though the white coat seems to be just a thin piece of cloth that grants you the title of “doctor” (or “medical student” in my case), it is also perhaps the world’s best insulator. The combination of the white coat and the stress induced up-regulation of body temperature, blasts hot air on the inside of my face shield – meeting my breath, and creating a car-window-condensation-like effect – making patients look like pleasant, light-blue blobs with blood pressures and lung sounds. Every so often, a bead of condensation will streak down my face shield, leaving a small vertical clear line through which I can clearly make out the person in the blob.

It was in this situation – where it was both difficult to see and to “see” – that our patient arrived to the clinic, soon after lunch. I remember it was soon after lunch, as she was dressed from head to toe in a comfortable looking sweatsuit and plain grey face mask— an ensemble I would have much preferred to the tight woolen pants biting at my post-prandial tummy or the N95 attempting to migrate through my face to the base of my skull.

This patient sticks out in my mind not only because of her comfortable clothing choices, but because of her internet situation. As a child of the `90s, the idea of growing up without access to the worlds' knowledge at my fingertips baffled a younger me. As a teenager and young adult, I had heard stories from my dad of the patients who didn't have access to email or their EHR. I remember thinking these must have been the very few cases of the many patients he saw over the years — stories that were relics of the time when he went to medical school, contemporaries of black-and-white television or the novelty of DNA. This patient, however, let us know that she had neither a computer, access to the internet, nor a phone capable of receiving texts. "How did she book this appointment?" I wonder behind my N95, "How did she find her way here without Google Maps?"

This patient probably sticks out in my preceptor's mind for a different, and more pragmatic, reason. He probably wondered behind his N95, "How will I get her a COVID vaccine?" Sitting behind the computer, he began the same ritual he does with all his patients who want a COVID vaccine — logging onto a panoply of vaccine registration sites to see if — to pray that — he could book her an appointment at any one of them. The window of time to arrange a vaccine appointment is now, while she is in the room. Tension crescendos as the waiting bar for the first website he loads creeps closer to the finish line.

Finally, the website opens to reveal a single appointment slot. He frantically clicks it to reserve it for our patient.

And clicks it again. And again. Three more times before he realizes it's a bug in the website. There's no vaccination for our patient.

We promise to check these sites a couple of times over the course of the week and call her if there are any available slots. The appointment ends, he closes the note, we say goodbye, and we open up the record of the next patient — ready to repeat the same ritual again.

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Anger isn't the right word, my preceptor tells me, to describe how he feels about the vaccination issue.

"How does this not burn you out?" I ask.

He tells me it's the difference between empathy and compassion. Empathy, the wallowing in the horror of it all, and his struggles to get his patients vaccinated, will cause him to burn out. Compassion, yielding those feelings and spending time finding that vaccine slot for our patient without internet access, is what recharges him and makes him feel like he is making a difference.

How do I "see" the patient in this situation? Through the small vertical condensation lines on my face shield and N95 slowly creeping through my head, certainly, but also through efforts like this – the small victories of finding that patient a vaccination slot.

Part of both the responsibility and the power in becoming a physician is the knowledge to transform empathy into compassion — to be able to slip into their hospital bed or office chair, learn what is troubling them, and take some concrete steps to see them and to help them.

In the Absence of a Silence

Richard Prayson, MD, MEd

Each day we wake
to the noise and the din of the routine
with its ever churning
turning ways
pulling us tither
and to hither
incessantly
beckoning us to do
this one thing
and the others
simultaneously
or in rapid fire succession
demanding that we give attentions
to the now
and to what is yet to come
convincing ourselves that we must act
or react
to talk when we need to
or when we ought not
but feel compelled to do so
to make a point
or take a stand
that melds with our agendas
our priorities
our ever prime concerns
since such issues
have oft come with much consideration
and careful plotting
or may be dressed as whims transient
as we roam along our days
and weeks and years
seeking
for attentions
to be heeded
and noticed
the mind swirling
tracked in forethoughts
strategizing
to at times be derailed
by fires
passions ranging wide
from elated places high
to the abyss.

In the midst of our own cacophonies,
and in the absence of a silence,
we take not notice that we cannot hear
each other.

Dawn is for Doormen and Doctors: An Ode to Invisible Kinships

Nicholas Kassis MD

It may have been the unkept hair; or the hair perched atop a set of bloodshot pupils; or the pupils kept afloat by clouds of bags under my eyes. Personally, I thought it was the French-pressed coffee-stained scrub top.

“Hold your head up and walk like a king.”

Those words pierced my downward-tilted ears as I drudged passed the entryway of the hospital at three in the morning, heading into my first shift as a senior resident in the coronary intensive care unit (CICU). I lifted my restless gaze off the floor to identify the orator of those stirring words. With eyes deeply centered on mine, Felix met my stare. Though a stranger to me, Felix was familiar to those covering the graveyard shift; he was the unassuming doorman, the gatekeeper of masses, a veteran people-watcher, and as it turns out, so much more. With a deliberate nod, he requested, rather, demanded, that I heed his advice, as if he knew my final destination, its daily proceedings, and the king-like accountability that such a place called for.

Indeed, the CICU at my institution is a space akin to Rome’s Colosseum; an arena that has seen scores of wounded souls. A space with scenes crafted by Hollywood writers, where case reports are a daily temptation; a site where characters are built and confidences destroyed, one after the other. A field where minds go to sharpen, and laurels are kept at bay. It is a place of organized chaos, of utterly complex patients, social scenarios, and political considerations; a marriage of science and art. A beautiful stage, in so many ways.

I entered the hospital before dawn. Felix awaited me, seemingly for his whole life. Educated in observing and trained in perceiving, he had mastered the art of contextual reasoning. A rare quality these days. Albeit a stranger, he gathered the pieces—eager young doctor, anxiously starting a (day) shift at three in the morning, eyes wide and focused—and acted in context. He was solely attentive to that before him, granting the present the respect it is oft stripped of. This, I discovered, was a function of his age, or more accurately, of the wisdom built and sculpted steadily over years of accumulated experiences. His speech was succinct, and its timing opportune so as its volume echoed louder than anticipated.

“Hold your head up and walk like a king.” What was it about those words that so abruptly and so intensely struck a chord? Was it his keen awareness of the staggering responsibilities, and privileges, we hold as healthcare workers? Was it his exposure of my raw vulnerability amidst a pandemic? Or perhaps the intimate tone of an utter stranger? The answer quickly surfaced, as it often does, upon reflecting on patient care and the systems surrounding it.

From his resolute nod, I knew he recognized the difficult decisions we commit to in medicine; that is, the intellectual fortitude in anticoagulating pulmonary embolisms while fearing a catastrophic bleed. Yin. I recognized his plight in shouldering the risks of allowing families to visit terminal loved ones as contagion lingers. Yang.

From his piercing eyes, he committed to our shared vision. He yielded to the team model in our efforts to heal and comfort patients; that is, coordinating between case management rounds, conversations with pharmacy, goals of care discussions, and internal and external monologues about our diagnoses and treatment plans. Yin. I yielded to the endless encouragement he provided families as they entered, in both time and space, a daunting depth. More than what he said, it was how he presented himself; the inflictions and cadence, the posture and gestures, the number of visible teeth, and the words uttered from both abdomen and chest, all tailored to each individual who entered those doors. Yang.

From his wrinkles, he exposed my youth. He acknowledged the immense capacity for growth and

perspective, and admired the effort committed to a road less traveled; that is, the sacrifice of youth for education, scientific discovery, and interests far greater than our own. Yin. I acknowledged his wrinkles. A consequence of a lifetime of grinning and contending, his deep facial folds signified personal subjugation. His creases turned inward commensurate with his mind as he embodied the insight of Zeno of Citium, imparting, “Man conquers the world by conquering himself.” Yang.

And as we stood there, him and I, separate and alone in a space so vast, we ultimately stood together and for a common purpose. We represented yin and yang, his words a reflection of our unspoken bond – one surgically balanced within a state of flow. His cathartic words were necessary; they were life itself. That morning, my chaos was his order; the next day, vice versa. And the world keeps spinning on this axis, rooted in infinite unspoken contracts between strangers and comrades. A bond as old as time, it surfaces at our most vulnerable; at the very least, a lent hand upon stumbling, and at the most, a lent shoulder for respite during tragedy.

In the end, it may have been the whole of it—the pupils, the hair, the scrubs—that served to remind both Felix and I, doorman and doctor, of our accord. While invisible and silent, it prevails. We maintain knowing fully well that the whole is only as strong as the support shared between its individual parts. My fellow colleagues—hold your heads up and walk like kings and queens. Hold it high, until the next dawn.

Until the next dawn.

Dawn

Nicole Rothfusz, DO

Dawn marks the beginning of new opportunities. This past year has been challenging, but with each day that dawns there are new ways to connect with each other, nature, and the opportunities that continue to present themselves.

The Slowing of a Carousel

Diana Lopez | CCLCM Class of 2023

"I won't live to see the end of the pandemic," said my patient. She went on – "I have a big family, really big, but most of them have left. One by one, for years now, I've lost each and every one. I have grandkids. I have great-grandkids, and I have great-great-grandkids. I'd like to know how the pandemic will play out for their sake. As for the rest of my loved ones, my husband, my siblings, I just can't wait to see them again."

This is how an unexpected interaction with an elderly woman who found herself at the end of life commenced. I entered her room and greeted an individual still very much alive with a captivating, fiery sparkle in her eyes and a sweet face framed by perfectly curled hair, both of which stood in stark opposition to the generic green hospital gown she wore. She had been told she had two more weeks on our Earth, and for this reason, she and I were brought together during my rotation with the Palliative Medicine team. Strangely, she reminded me of myself- possibly a sort of future version of me. She had organized notes on her bedside table with instructions on how to proceed with managing her financial affairs as she prepared to leave this life, something which struck me as sensible in a situation that seemed anything but logical, orderly, or predictable. She appeared very much at peace with the idea of dying. It seemed many in her age group often do, after all, they've experienced death countless times with those they've held closest. Nevertheless, her words were stirring in me and I asked myself – what happens when all people you know have "left"? She used this specific language, emphasizing the word "left", almost implying that her family and friends had simply stepped out of the house, under the tangible threshold of the front door, to the grocery store or the park at the end of the block. It was almost as if she was expecting they'd be back soon. If they didn't return, she would go to them. Of this, she was sure. Determination was not foreign to this woman with a small, deceivingly fragile, frame –she clearly communicated this message to me in the unmistakable reserve of her eyes.

"I used to have better control of my emotions," she went on. She spoke these words between tears – tears of sadness brought on by the thought of what she had lost, and these were seamlessly intertwined with droplets of the purest joy stirred by revisiting old memories. She sweetly giggled as she evoked recollections of her past tropical adventures in the sun with close friends. It is incredible to witness the waterfall of emotions that flows unobstructed as a person feels ready to cross from the end of her life into the beginning of another, and I enjoyed the rare privilege to join her on this episode of "time travel" while she recounted snippets from the story of her life.

I was a silent participant, a character playing a peripheral, nearly invisible, role on the sidelines of the carousel of her life while she relived her glory days when she and her husband would enjoy nights in the town with friends as young adults. She rolled her fingers through the air to the rhythm of a piano's harmony that she heard in her mind, as her favorite piano concerts came to life for me. She even shared more recent stories and hours of phone calls with her best friend during this latter part of her life. I entered her room prepared to discuss goals of care, and instead was treated to a wonderful ride. To my surprise, I realized that this was what my tired medical student mind and soul craved at the time. And I thank her sincerely for allowing me to join.

As I write this piece and allow my thoughts to spill onto the page, the sun beams through Cleveland's clouds, rays of light that I haven't seen for some winter days now, and I can't help but think, maybe she's here with me again. I know that she's passed, but maybe her spirit is present watching as I attempt to convey her story. She's giggling with honey-like sweetness as she did in her hospital room. When

The Slowing of a Carousel cont.

this impression passes and I return to my reality, as I continue to prepare and embrace the many years of medical training I have left to fulfill in these hospital corridors and others like them, she might whisper to me again, just as she said at the end of our 90-minute visit, “Well, that was fun.”

Throughout my third year of medical school, I have been honored to meet many patients with some of the most diverse and sometimes harrowing stories. I have spoken to a Holocaust survivor whose moving story of escape from his captors in Poland made the hair on my arms stand on end. I met another patient, who like my grandparents, escaped a violent Cuban communist regime just in time to spare his life. After all, a large part of what drew me to medicine was what seven years prior drove me to pursue a Hispanic literature major in college – the stories. It is humbling to see the world through a myriad of lenses, via the tales of those patients who come from all walks of life. However, this interaction with a curly haired pianist, still very much alive during her last days of life, made me ascertain the privilege that it is to be in my position of medical student. Never was there a greater honor for me than to witness the joy, sadness, frustration, and outpouring of love someone feels as she recounts the highlights of an unabridged journey and prepares to begin one anew. I felt as though witness to a living glass of water, that once filled to the brim, was just beginning to overflow.

Unborn

Alice Tzeng | CCLCM Class of 2021

They say lightning never strikes twice
But see me hunched again
Cupping the remnants of a fragmented dream
Hope embodied in loving eyes
That bleeds out slowly on the cold stone floor.

A loneliness carried in the heart
Amorphous and elusive, for how can you mourn what never was
Or lament what never will be
Defying reason, the luckless gong
That resonates with all the wrong worries.

A lucent ember in the ashes
Smoldering against despair; in the face of bleak misfortune
What can you do but howl wordlessly into the void
And pray for the universe to righten
The soul can only take so much tribulation.

I am masked in faceless steel
Burnished with secret tears
Meticulously tranquil, mirroring past glories
Riding nameless fears and dread
Slinking one step at a time into the shadowed sun.

Will he fit? Or will we even try?

Monica Nair | CCLCM Class of 2025

In preparation for an APM reflective writing assignment, I asked my longitudinal clinic preceptor to share a time in her practice when she had experienced moral distress. She recounted when she was a senior resident in the medical ICU looking after a patient who was scheduled for a liver biopsy. Her patient was a man in his 40s with a BMI of 60, labeling him as "super obese." As they prepared him for the procedure, he mentioned that he had had some stomach discomfort for the past few days. Dr. F and the team tried to perform an abdominal exam, but it was difficult to note any abnormal findings due to the excess fat in the area. His vital signs were on the edges of normal, but stable. The team had wanted to get a CT to confirm that there were no abnormal findings, but they were told by the CT technician that the patient would not fit into the machine. As the patient was stable, they decided to proceed with the biopsy. It was 5pm and Dr. F transitioned the care of this patient to the next shift team.

When Dr. F returned in the morning, the patient's health had taken a dark turn. What should have been a quick biopsy ended up being much more complicated. There was difficulty taking the breathing tube out, and by the time the biopsy was over, the patient had turned feverish and looked very ill. An X-ray of his abdomen showed a very enlarged bowel. The care team had wanted the surgeons to operate immediately, as he was clearly very sick and his health was rapidly declining, but the surgeons refused to proceed without a CT. The CT technicians continued to insist that the patient would not fit into the machine, but it wasn't until an intern brought him up there and insisted that they at least try to get him into the machine that they finally got the image. The patient fit into the CT machine, and the CT image showed that surgery was required immediately, because the patient had a perforated colon. However, the patient's condition had declined even further that his chances of surviving the surgery were low, and no one wanted to operate with those odds on their record. Eventually, they found a surgeon who would operate, but by the time the patient got out of surgery, he was hours away from death. Dr. F knew that this patient didn't have much time. She then turned her energy towards advocating for his wife and 9-year-old daughter to be able to come into the hospital, during the beginning of the pandemic, to say goodbye. After the patient passed, his wife thanked Dr. F for doing all that they could. Dr. F often reflects on this and wonders, did they really do everything that they could?

At multiple points in this patient's care, someone could have spoken up. Someone should have spoken up. But who? The intern who took the patient up to CT, even after being told not to, found the courage to say something. He made the decision to try, because the alternative would have been to do nothing and let this patient die. But in the end, it was not enough. This patient received lower quality healthcare than his more normal BMI counterpart, not because equal care was not possible, but because more people didn't have the same courage as the intern. How can we, as medical students, develop this courage during our training? When faced with this same situation, will we be brave enough to speak up for our patients?


D.T.R
She is America
CUZ
In 1776
Disciples
claimed she
illegal
20/20
Will make you see
MATTERS
That's my cousin from ano
UNCLE
BIG RED
RED

LEFT: This is America

Anthony Onuzuruike | CCLCM Class of 2023

In the midst of recent social unrest surrounding race relations, police encounters and a hectic election season in 2020 on top of a pandemic, it was hard for many to cope and comprehend everything that happened. We saw the pandemic hit some communities and states harder than others and it highlighted the discrepancies in our society and in our healthcare system. This painting is a portrait of my friend who is affectionately called Dr. R and is also a medical student. She was born and raised in Oklahoma and comes from a mixed ethnic background. In some ways I see her as a symbol of what the United States represents now and the dream that Rev. Dr. Martin Luther King Jr. had for the future. Often we look at race (and other issues in our society) as black and white, but we know that America is full of all cultures and backgrounds that mix together and resemble that of a Jackson Pollock painting. She symbolizes the past and where we are while also looking towards the future. This is America. She is America.

Transfer of Care

Sonya Joshi, MD

A timely page led me out of a patient's room,
The nurse met me with a look of gloom

The patient is unknowingly found to be pregnant
I'm left baffled trying to rehearse my segment.

I remember watching the patient cry
As she told her boyfriend that she didn't mean to lie

Now I'm back in the room and running out of lines;
please see an OB-GYN and you will be fine

Knowing Something

Seth Meade | CCLCM Class of 2025

It was my first week interviewing patients alone at longitudinal clinic.

I'd shadowed doctors for hundreds of hours before this, but back then I was a fly on the wall, an inactive participant with no expectations or responsibility. Today, I was wearing the white coat, the coat that asserts "I know something that can help you," exudes "I trained for this," and declares "I'm a doctor". . . but the truth was, I knew very little. Just beginning my training, I certainly hadn't yet earned the respect that comes with the title of "doctor." Unlike many of my peers, I didn't grow up with doctors in my family to learn how these interactions went or were "supposed" to go. To this point, my most meaningful clinical interactions were caring for my grandmother with dementia for three years and watching helplessly as she deteriorated and transitioned to hospice care. Like a third parent to me growing up, my superhero passed when her super-heroes in white no longer had answers. After this experience, I vowed to be someone with answers for patients, to be a path, a roadmap to a healthier and happier life. Ultimately, I applied to medical school. I hoped to use what I had, shared pain, to help others through tough times in their lives, and resolved to keep learning until the day when I eventually "knew something."

And there I was, first day of interviewing patients, first day on my path to "knowing something." I came to the session laser focused and anxious to make a difference. I had pored over the required preparation; watching videos and reading articles about the "proper" interviewing techniques expected of me. I practiced my introduction word for word my entire car ride over for 20 minutes, determined to get it just right. As my preceptor and I concluded our initial small talk, she handed me my first case.

"Our first patient today is a man who came to me last week after 25+ years having not seen a primary care physician. A recent trip to the ER showed evidence of highly progressed lung cancer. I spoke with him a bit last week, but his cancer hasn't been staged yet. We're hoping to find out more today and see how we can help. You ready?"

My throat sunk. How was I, a know-nothing first year medical student playing dress-up, going to help this man? I barely knew what to call myself when I entered the room this morning, but here I was in the spot to do something, to know something.

"Sure! Let's do this."

.....

"Hi Mr.##, my name is Seth. I'm a medical student working with Dr. Z today. Is it alright if I sit?"
"Sure", he mumbled. I froze, in shock of what I knew. His eyes were bloodshot, and glassy, holding back tears with each breath. Unsure of what I could possibly say in that moment, I just asked, "How can I help you today?" What happened next, I will never forget for the rest of my life.

"Seth, today is the worst day of my life . . .," and then he proceeded to tell me every detail of that beautiful life.

Before his visit, he had just left the hospital where he stayed at the bedside with his best friend of 50 years as they took him off life support after a battle with brain cancer. Shortly after, he had heard about his own cancer's staging, stage 4 terminal lung cancer. In what seemed like hours (but was only about 30 min), he told me his entire life's story, his greatest vices, joys, and disappointments. We laughed. We shared tears. I gathered a few details regarding pain

management, his goals and expectations for his life and his care, and, most ironically, I had to practice taking his blood pressure for my learning objectives that week. It was the only technical thing I did, and it took me two tries! But for the most part, I was just present. On my way out, he thanked me and said that he hoped he helped in my training. I couldn't help but smile. "Thank you for opening up to me today. This was invaluable and it was a privilege talking with you. I'll be right back with Dr. Z and we'll find a way to help any way that we can." By saying nothing and just hearing his story out, I was able to care for him in a meaningful way. That white coat wasn't a burden of expectations anymore, it was a respected symbol, a gateway to the true core of people's humanity unlike any I'd ever seen before. I never felt more privileged in my life.

My fire for the field of medicine was never stronger than after I left that room, and it was because I finally found the something I needed to know, and it definitely wasn't the perfect introduction statement. It was knowing, and truly knowing, that we are all human, and that I had dedicated my life to a profession where understanding the human condition was just the crucial stepping stone to a vocation of genuinely caring for others in the deepest way possible, by being present.

The Silence of the Night

Deepthi Gunasekaran, MD

I smiled as the clock ticked away in the silence of the night
And scores of monitors dimly chimed in.
Not long before I can rest my eyes,
The end of a fortnight of the graveyard shift
In the revered unit where lines and tubes violated all life.

The dreaded siren blared in the silence of the night
And I dashed towards the bed cursed blue.
I led a perfect team to a perfect execution.
And minutes later or perhaps several hours later,
I felt life pulse through his neck.

Is life a mere pulse?
A cracked chest and a mouth frothing blood.
To see your own and wonder who they are.
More lines and tubes to armor him for the final battle,
A battle that no mortal has ever won.

I made the fateful call that shattered the silence of the night
For a loved wife whose life I was forever about to change.
What words of solace can dampen what I meant to say?
How long before I can rest my eyes,
And think of anything else but his face?

Code Blue

Amrita Bhardwaj, MD

"I don't feel a pulse." Instantly, I feel my own double. I know what I have to do, but only if I can focus on what matters the most right now: *keep the blood flowing enough to keep the brain alive*. I glance at the monitor and take a deep breath, trying to block out the mother's terrified screams while swallowing my own horror at the unsightly shade of purple my patient is turning. I look directly at the nurse practitioner standing opposite me and say, "Start compressions." Then I turn to the bedside nurse and say, "Call a code, and get the crash cart and defibrillator." I put my finger on the child's femoral pulse and feel the steady thump-thump-thump of blood flow with each compression, three times the rate of the push-pause-push rhythm of the mechanical ventilator.

This is the job: facing the worst of situations with the calmest of demeanors. Forcing your brain to remember what you know when all your body wants to do is stay frozen. We are trained, through endless repetition, to overcome the urge to succumb to the panic of adrenaline, and instead channel its rush into productivity.

Seconds later, the room is filled with people rushing in to help. Someone helps me get a backboard under the child. Someone cracks open the emergency drug box and begins drawing up code doses. Someone disconnects the ventilator and takes over the child's breathing. Someone sets up the defibrillator and places the pads on that little lifeless body. Someone leads the mother outside and stays with her to give her updates. Then another wave of people floods the room; this time, an incredible team of pediatric critical care providers I work with on a daily basis. With one glance at the patient, one of my PICU nurses turns to me in dismay and gasps, "Oh my God, that's our baby!"

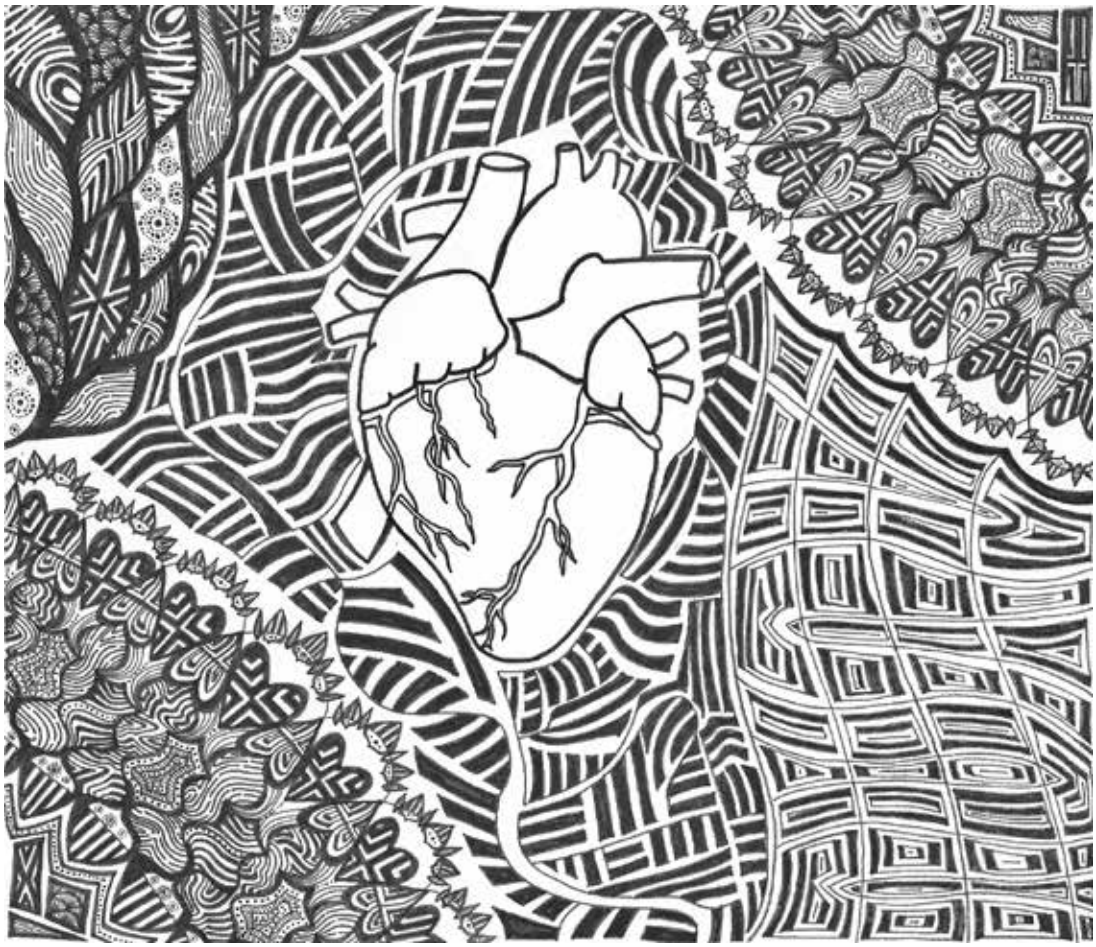
Yes. That's our baby. They are all our babies. We may not share their DNA, but we know what music makes them happy, what position they find most comfortable and how they like to be held. Even the older ones are our babies; we know which superhero they emulate, what food they get excited about and what books make them forget their pain. Yet somehow, in overwhelming moments like this, we must efficiently control our emotions to be able to save these babies we've spent countless hours caring for.

As our PICU attending takes over leading the code, I cycle into the short line of chest compressors and place my hands on that tiny chest: unnaturally cold against my fingertips, yet still soft enough to spark dread that I might break its bones if I use too much force. With every compression, I am acutely aware of the bruise my thumbs leave on that small sternum and the trickle of blood that has begun to blossom at one nostril. I choke back tears and remind myself of the goal of all our efforts: *whatever it takes to keep the brain alive*. Several rounds of compressions and emergency drugs later, our efforts have proved to be in vain; there is clearly no heart or brain function left, and we are now left with the task of delivering this news to the distraught family sobbing outside the room.

How are we to do this? How do we grieve with our patients' families without breaking down, but also without appearing to not care at all? How do we create the most comforting environment for families to share a few final private moments of grief on the worst day of their lives? How do we suppress our own emotions enough to be able to get on with our day but still acknowledge the loss we feel? And then there's the next challenge to face: did we miss something? Could we have prevented this disaster? I am fortunate enough to be part of such a fantastic

Code Blue cont.

team of critical care providers that the answer to that question has always been “No” so far. And though this fact does provide some consolation, it doesn’t take away the pain. Not just because we’ve all spent countless hours of tireless physical and mental labor trying to keep them alive, but because, like I said, they are all our babies too, and we have loved each and every one of them.



Organ Block 1: Heart Art

Brady Greene | CCLCM Class of 2025

Terminal Extubation

Michael Komarovsky

"Is this your first one?" the nurse asked me as she walked over to the patient's monitor.

"Yeah, it is," I nodded.

She gave me a thin, knowing smile before turning back to the monitor. "I like to turn off all of the sounds and alarms. It makes it more peaceful that way."

I looked over at the woman lying in the bed. She looked to be in her forties with thin, brown hair framing her face. She seemed tranquil, relaxed. I could almost believe she was asleep if not for the plastic tubing that curved out of her gently parted lips.

The nurse turned her attention away from the monitor and walked over to the other side of the bed where the single plastic tube split into a mess of weaving, corrugated tunnels that connected to the ventilator. A few soft beeps emanated from the machine as she fiddled with it, and then it fell still. Even the quiet flow of air that I had taken for granted ceased, and the room was truly silent for the first time.

Next, the nurse pulled on a pair of gloves, untied the string that kept the tube in place, deflated the balloon that sat deep in the patient's airway, and gently guided the tube out of the patient's lips. And with that the woman's chest relaxed for the final time, releasing one last breath into the air.

"You're lucky," the nurse said, "They can be a lot messier than this." She wiped a dribble of saliva from the patient's chin with a piece of gauze then threw the gauze, the tube, the string, and her gloves deftly into the trashcan by the door.

I watched the monitor as the patient's heart rate slowed and her oxygen saturation dropped lower and lower. They were just numbers on a screen, but knowing what they measured, my observation of their slow decline felt significant. The nurse left to get the woman's family, and for a moment it was just me and her, separated from the real world by a pale blue curtain, and I watched her die.

I expected to feel pain, or grief, or even revulsion at the moment of death, but none of those came. Instead, I felt a soft sadness tinged with acceptance and a strange sense of companionship for the woman before me. It was a quiet loss, not like the shaking sobs of her sister when she was lead into the room, but it felt somber all the same. I said goodbye to her in my head and then passed back through the pale blue curtain.

You are a hero. Thank you.

Annika Sinha, MD

Yesterday was long again
Overnight, the pages kept coming - wait, who was in bed 10?
Urgent intubation times two
Another CODE blue
Really don't want to call the family for this kind of news
Every face hidden with mask
Alright already, how long is COVID going to last?
Happiness doesn't seem to stay
Every provider must secretly feel this way
Resilient and empathic is what they say
Oh if only they really knew
That burnout is real and it's happening to me and you
Healing is hard
Always signing another "get well" card
Not knowing if we can help leaves us scarred
Kudos to us for trying
You never get used to patients dying
Only a little while longer
Until the end when we will all come out stronger

Where is the ED?

Spencer Seballos | CCLCM Class of 2022

Having just started my third year of medical school with OB/GYN, I'm still trying to figure out where things are in the hospital, let alone navigating EPIC.

How do I get to the magical Snapboard that lists all the surgical cases on the schedule???

> Found it!!!
>
> > Why isn't my OR on there but all the other ones are???

At least I prepared for my cases listening to an OB/GYN podcast on my drive to the hospital at 5:30AM … even though I barely remember what it was about by 6AM.

Finally, made it to the OB/GYN resident conference room. Where do I sit?

This empty chair looks promising. Actually, the fellow just arrived and there are no more chairs, aight I'll stand up then.

> She now sits in the empty chair. Mission accomplished, right?

My beeper goes off with a message from my resident: "admit in ED for u to see, e12-13"

Alright, first trip to the ED! I think I want to do emergency medicine, so here is my chance to explore EM in my OB patients!

WAIT…Where is the ED?

Okay, there are plenty of navigational signs, just have to follow the arrows. If I get lost, I can ask people with a white badge hanging from their chest or the friendly people wearing the red coats, like the British soldiers in front of Buckingham Palace.

I exit the conference room, head down four flights of stairs to the main hallway, cross the bridge over Carnegie, turn left at the first hallway – whoops, that takes me to the lounge, need to take a right at the second one – proceed through the doors, descend the steps, take another right, swipe in for access, see the sign for "E-12," and now I've arrived!

Check notes, walk to the patient's room. *Deep breath in, exhale slowly*.

"[Knock, knock]…Hi my name is Spen…"

Chaos

Arsal Tharwani, MD
Winner, *Creative Writing Resident Competition*

Hey You! Yes, you–staring at the mirror,
Come closer so you can see the terror,
Your eyes don't want to see the truth,
But your mind has come to acceptance,
The devil that lays in the red and white building,
Harbors the grim reaper,
Who will always be there to undermine your efforts,
But you must fight it! For it only takes,
Whereas you only give–until there is no more left to give,
Rise above, my friend! For tomorrow is a new day,
Don't let one day define the outcome of the battle,
For the war is ongoing.

Heal

Lauren M. Granat, DO, MS
Winner, *Creative Writing Resident Competition*

A patient dies
That couldn't be cured
A world grieves
That needs to be saved
A young doctor sobs
Who can't be consoled

A healer
Who needs to heal

A new day starts
That promises to be brighter
A family plans
Who hopes to be together
A community smiles
That begs to be rebuilt

A healer
Who begins to heal

Enough.

Helene Puzio, DO
Winner, *Creative Writing Resident Competition*

Inhale. elephant in the room
Whisper, slip inside
Elaborate. How Elegant, Never mind.

Exhale. how rough
Coarse and new, keep trying
An Overwhelming Undertaking

Fade. Forgive, forget
Float on in
So close to Greatness, Herculean

You are Enough.

Crinkle

Brenna McElderry, MD
Winner, *Creative Writing Resident Competition*

Crumpled like a piece of paper
and then smoothed out again.
The lines, still visible, faint.
Crinkle the face into a smile, then frown.
Smile, then frown. Smile, then frown.
Slowly, the shapes, they lose meaning,
but those lines...they remain.

Float

Jason Nasser, MD
Winner, *Creative Writing Resident Competition*

I wrote this poem under duress.
They say that to understand any poem, you need to understand the historic context in which it was written. These words were written when made to reflect on the past year, lurk through the myriad experiences that permeated its days, and digest it all into one word. One word. Hilarious. No, that is not the word. But what is a word? What is in a word?

A journey birthed
by the unexpected union
of the teeth and the lip
to make an entrance with force
F- Force
The brute then tiptoes onto l
with a parallel flirtation
to lay, at the roll of the tongue
its luster and Parisian grace
that is soon robbed by an oa
The oa however proves exonerated
oa. oa.
It knows not what it does
It lifts as one sound
twilights into another
and falls into a third
The o and the a push against one another
as if in attempt to escape
the grip of l
or the land on t
Perhaps they are bouncing against each other
for momentum
to be propelled
Be propelled
Meanwhile the t has slanted its way forward
leaving the remainder in another time
reaching
for what the rest couldn't

Stillness at the Summit

Maeve Pascoe | CCLCM Class of 2024

Contrary to its appearance, this photograph is in full color. The cloud cover reduced all tones to a monochrome, and the soft powder absorbed all sound. On the summit of a mountain, mother nature finds her peace.

Torn, Not Broken: My Intern Year on a Knee Scooter

Nakul Bhardwaj, DO, MPH

I stood in the shower for the first time in months. No stool. No support. Hands pressed firm against the wall, I could feel the hot water running down my face and back. Drops of water were soon met by tears that I couldn't hold back. After four months of relying on a shower stool and moving with just one leg, I felt a rush of emotions resurface all at once. Following the culmination of a major injury, post-surgical infection, and multiple surgeries, I had finally reached this point – halfway through my intern year of residency.

It began after I completely ruptured my Achilles tendon while playing a pick-up game of basketball with my fellow co-residents. In the name of wellness, I inadvertently introduced a barrage of barriers to my intern year. I strapped in my seatbelt for the busy year ahead of recovery. As I made my way back to the hospital wards after surgery, I soon adapted to using a knee scooter to get around the hospital. I relied on my family to take me to my follow up appointments and scrambled to schedule time for appointments and physical therapy during any open slots I had. Any moment of success during my journey of recovery was a reflection of the support from those closest to me. The lessons I learned along the way shaped my view of medicine and how I interact with my own patients today.

Advise with encouragement.

I vividly remember the glances and stares as I would scoot down the hospital hallway on my knee scooter, white coat on and stethoscope around my neck. Worried, yet bewildered eyes followed me. As world-renowned neurologist Thomas Phaer once said, "The eyes are the windows of the soul." And, I could feel each piercing glimpse. However, there were also encounters that I remember fondly. I remember the friendly janitor who fist bumped me each time we passed each other in the hallway. No words. Yet, I knew he saw me, heard me, and felt my obstacle. I remember the hospital employee who walked with her own foot brace, yet smiled and spoke to me each day we passed each other. We continue to smile and embrace to this day, reveling in the freedom from our handicaps.

The individuals who I felt best appreciated my condition were the ones who could empathize without introducing a repeated conversation regarding the origins of my misfortune. They were able to show encouragement in the subtlest way. It reminded me that empathy is not a standardized, empty bag of words thrown to our patients to show care. Rather, it is an appreciation of what the individual has experienced and an awareness of where they are headed on their path to wellness or inevitable sickness. As I remember the eyes and smiles of those who connected with me in the subtlest way, I find myself sharing the following with my own patients from the start: *I see you, I hear you, I believe in you.*

Put yourself in the shoes of the patient - Is the medical plan feasible?

There were days of my intern year when I spent any free moments frantically scheduling future appointments and physical therapy sessions. Restricted by time and the limited schedule of my physicians and physical therapists, I was left frustrated and dismayed with the system. I soon realized how difficult it was for my own patients, many of whom work multiple shifts without any breaks, to make such calls for their own health. We, as caregivers, may unconsciously introduce barriers for our patients as we seek to address every facet of their health. From complex medication regimens to the scheduling of various specialist encounters, these acts may inadvertently introduce reasons for our patients to give up prematurely. For many of us, it's a vital opportunity to step out of our comfort zone in order to place ourselves in the shoes of the patient.

Each injury has its own grieving period.

I remember the mental agony replaying each morning. Why me? How did this happen? How will my life change from this? There was a constant reel

of video that would play in my head: the injury, the ups and downs of recovery, and the unknown future with this disability. Furthermore, as I looked in the mirror, I saw the scalpel-induced scar each day. A *tattoo* I never expected. The physical debilitation soon turned into a mental one. I could feel the starting of a panic episode on a daily basis: heart pounding, stomach quenching, anxiety peaking. I initially slept or watched TV in hope those feelings would dissipate. Yet, that was not enough. Months after my recovery first started and I reached baseline, I still harbored the traumatic thoughts that brought on such emotion.

A core of strong social support, counseling, mindfulness, and meditation eventually helped me conquer this misery. I attempted to bring this newfound knowledge to my own patients, but I soon learned these coping skills do not work for everyone. Rather, I learned to embrace the *uniqueness* of the social situations and obstacles each patient may face and tailor an approach to them. Poor social support, inaccessibility to counseling services, and debilitating grief from injury were examples of such hurdles. Recognizing that each injury has its own grieving and recovery period, we can improve our patients' lives further just by anticipating their needs for potential assistance. Let's ensure our medical plans are actionable in the face of social barriers which pull our patients away from their ultimate goal - *to feel better*.

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As practitioners and practitioners-in-training, we see multiple patients on a given day. We enjoy the connection. We listen, advise, cheer, and celebrate the accomplishments of our patients. This cycle repeats itself, patient after patient. While it may seem prohibitive to reflect and address all that a patient has gone through with our busy schedules, it is this skill that I genuinely appreciated from my own physicians and those closest to me. My injury opened my eyes to the lasting effect a physical handicap can place on an individual mentally, physically, and socially. It has significantly changed my outlook and management of patients with medical injuries and disabilities. Despite a torn Achilles, I was not broken. I have become a firm believer: *the setbacks in life that may place us on knee scooters may often push us to evolve into something immeasurably better.*

Through Our Eyes

Gustavo Roversi | CCLCM Class of 2024

Through my eyes, I see the strength and resiliency of the human spirit
Through my eyes, I see innovation and creativity
Through your eyes, you see my positivity and optimism
Through your eyes, you see kindness and grit
Through my eyes, I cannot see your pain from the death of loved ones
Through my eyes, I cannot see the fear hidden behind your shielded chest
Through your eyes, you cannot see the fickleness of my hope
Through your eyes, you cannot see my encounters with self-doubt
Through our eyes, we see and accept that which we cannot with compassion and empathy
Through our eyes, we see light at the end of the tunnel united more than ever before

The Examined Life: Reflecting on the Words of Socrates

Charles W. Sidoti, BCC

Socrates, a Greek philosopher from Athens (470 BCE – 399 BCE) is credited with having said, "The unexamined life is not worth living." While I have always admired this quotation, for a long time it left me relatively unmoved. Through the evolution of my own search for meaning in life, and my experience as a hospital chaplain working with patients at a critical time in their lives, that has since changed.

Ideally, the universal wisdom found in Socrates' statement would be appreciated throughout our life, encouraging lifelong reflection and growth, helping us to become fully integrated human beings. In my work as a chaplain, I have found that the words, "the unexamined life is not worth living," does not ring true for many people until a serious medical condition or advanced age brings the end of life within sight. At the end of life, a desperate search for meaning or purpose can sometimes occur. This search for meaning is a type of "spiritual distress." Feelings of confusion, sadness, depression, fear, anxiety, or guilt are often part of the experience, also referred to as "existential suffering."

It is helpful to remember that while religion and spiritually can be interrelated, they are not synonymous. Spirituality is about human growth and development at every stage of life. It is about our need to feel connected to others, to the world, and to the source of life – whatever we consider the source of life to be. Spiritual growth implies a self-transcendence, beyond my personal world and concerns that enable me to achieve meaningful personal and social integration.

Spirituality is related to our need to find hope, meaning, and joy in life. Part of my role as a hospital chaplain is to facilitate a process that helps patients examine and eventually reframe their lives, their relationships, and their illness. A chaplain can help a patient discover a sense of renewed meaning within a larger, more integrated and self-transcendent context. Ideally, my role as a chaplain is to assist patients in doing the inner work that *they* need to do. A chaplain nurtures personal growth, allowing a person to discover what it means to be fully human and fully alive.

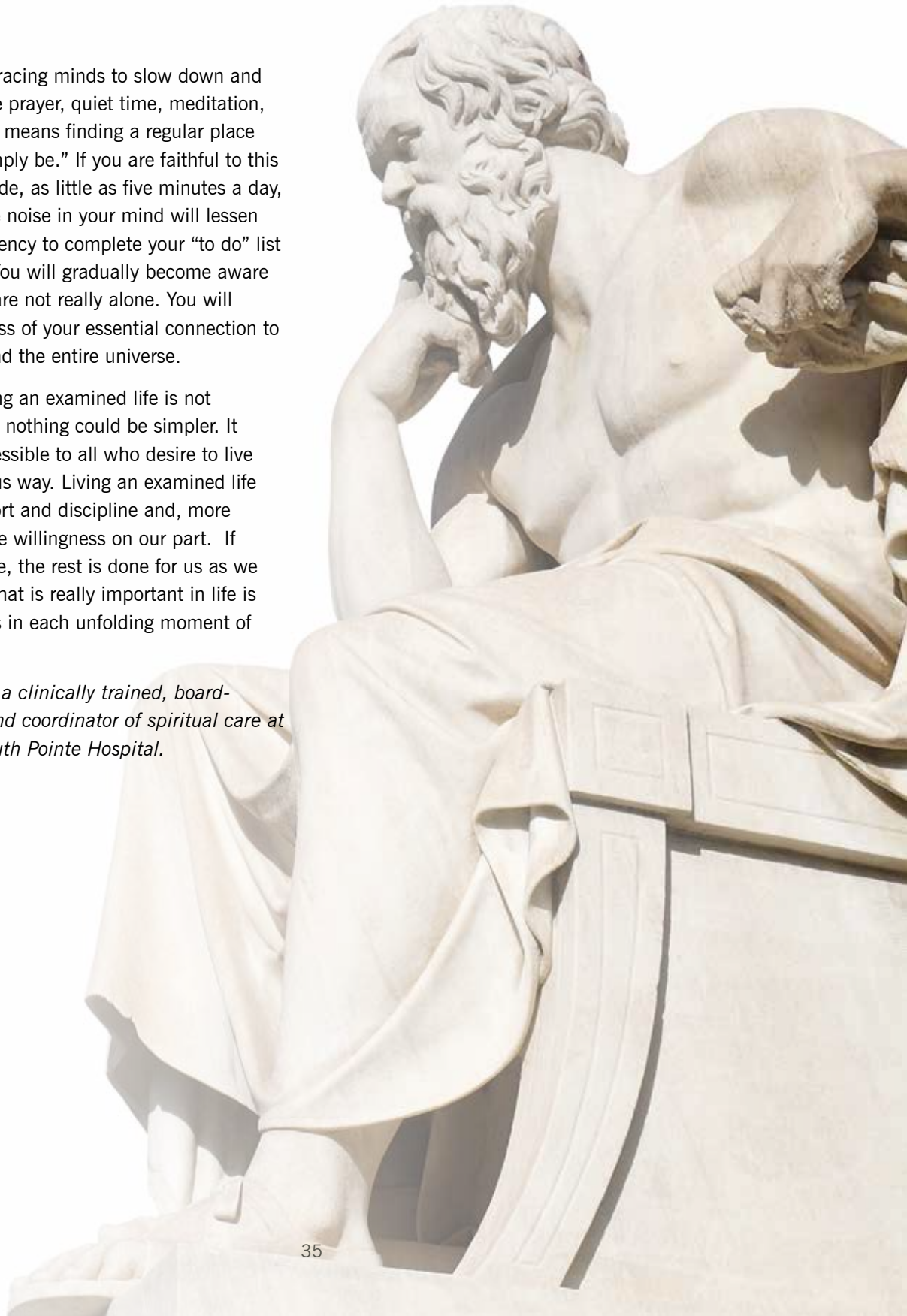
This work may involve particular religious beliefs and practices, or it may not. As a hospital chaplain for the past 25 years, I've learned that the only *sane* way to provide spiritual care is with an authentic spirit of humility. I am aware that there is a greater power at work in the lives of those I serve. Some believe the greater power in life is God. Some may identify the greater power in life that causes the sun to shine, the Earth to turn, and the grass to grow as a kind of universal creative life energy. Helping others see and feel their essential connection with the universe, whatever they perceive it to be, helps heal the sense of isolation that critical illness and facing one's own mortality can bring.

If it is true that the unexamined life is not worth living, what would "living an examined life" mean? It means not waiting until you are on your deathbed to reflect on what gives true meaning and purpose to your life. It means taking the time to stop from our constant activity. It means finding our own unique

way of allowing our racing minds to slow down and rest, whether that be prayer, quiet time, meditation, or something else. It means finding a regular place and time to "just simply be." If you are faithful to this time that you set aside, as little as five minutes a day, you will find that the noise in your mind will lessen and the sense of urgency to complete your "to do" list will lessen as well. You will gradually become aware of the fact that you are not really alone. You will grow in the awareness of your essential connection to others, the world, and the entire universe.

The truth is that living an examined life is not complicated. In fact, nothing could be simpler. It is available and accessible to all who desire to live in a more harmonious way. Living an examined life does take a little effort and discipline and, more importantly, a sincere willingness on our part. If we set aside the time, the rest is done for us as we simply sit quietly. What is really important in life is slowly revealed to us in each unfolding moment of our lives.

Charles W. Sidoti is a clinically trained, board-certified chaplain and coordinator of spiritual care at Cleveland Clinic South Pointe Hospital.



Guest Artist Statement

Meng-Hsuan Wu

I enjoy exploring diverse cultures around the world. Moving from one place to another, I am like a river, a container of myself and of all the surroundings, always in between being a traveler and sedentary.

My art is not only a way to record my insights into life but also a means for me to observe other people's perspectives about being. To explore one's identity in a specific time and place lies at the core of my artistic practice. I combine different artistic methods including site-specifically interactive performance and time-based video installation to investigate one's sense of existence, which is deeply related to the context of time, space, and place. Over the last few years, my work is strongly focused on community-engagement to further look into the identity of a specific group of people. Through actively engaging the viewers' participation, I question their physical and mental existence.

Meng-Hsuan Wu is a multi-disciplinary artist and art educator currently based in Cleveland. She was born and raised in Taiwan and graduated with an MFA in Sculpture from State University of New York at New Paltz, NY.

Meng-Hsuan's artistic practice is her way to explore human identity. She believes that art has the magical power to open, transform, and inspire one's hearts and minds, and she takes the same approach to art education. She enjoys experiencing cultural diversity through art interaction and cultural exchange with all communities she encounters, whether serving as an art instructor through teaching or as a community artist via holding community-engaged projects.

For the past 7 years, Meng-Hsuan has taught visual arts and served as a teaching artist / Visual Arts Program Manager at Rainey Institute, Cleveland, OH. She teaches art from her heart building self-confidence in her students and inspiring them to discover their true selves. She believes that through the process of art creation, individuals experience creative thinking, problem solving and development of their artistic "voices."

As an artist, she has shown her work in exhibitions around the world including the Dorsky Gallery Curatorial Programs in NY (2010); National Taiwan Museum of Fine Arts, Kaohsiung Museum of Fine Arts, Juming Museum in Taiwan (2011), Walpodenakademie in Germany (2011); Cross Gallery at Treasure Hill Artist Village and Suho Memorial Paper Museum in Taiwan (2013), SPACES Art Gallery in OH (2017), YARDS Projects Art Gallery in OH (2019). She has attended numerous artist residencies at Elsewhere Artist Collaborative, NC (2008); Franconia Sculpture Park, MN and Flux Factory, NY (2009); The Vermont Studio Center, VT and Cleveland Foundation Creative Fusion Program, OH (2013); Residency Unlimited, NY (2014).

Meng-Hsuan Wu Art Website
https://www.menghsuanwu.com/

ON THE MOVE

Medium: Performance
Date: July 2008
Location: The whole road-trip performance is from the South-East coast to South-West coast in the U.S.A.
Materials: Cardboard, wood, portable DVD player, spy camera, black leather boots

Project Webpage
https://www.menghsuanwu.com/copy-of-art-p-002-looking-for-mr-gr
Performance Video YouTube Link
https://youtu.be/Xnp4MPfRIG0

Project Description:
This is a road-trip performance with a white dress, a pair of black double-sided shoes, and a cardboard backpack with house shape. An LED screen hidden in the window shows the live video from the actual surroundings. The viewers can see themselves through the screen. I randomly chose the time and place during my road trip from the South-East coast to the South-West coast of U.S.A. I only spoke to people who asked me what and why I am doing. The conversation was focused on the idea of "home."

As I walked, I encountered new people with new experiences. While passing through places, I became part of the landscape. I realized people's eagerness for home is actually a hunger for one's sense of existence. The search for one's home place is the search for some place to hang on to. It is an extension of one's soul and spirit, which is always the fitting place of a person's origin and return.

Home-In the Loop

Date: May- July 2018

Medium: Community-engaged project with sound interactive installation

Materials: Mailboxes, Flip books, bare-conductive paint and sound chip

Project Webpage
https://www.menghsuanwu.com/copy-of-art-c-006-family-portraits

Performance Video YouTube Link
https://youtu.be/34c6aoe8yqo

Art in Collaboration by The Following Communities

Participating Communities | Devising Healthy Communities

(1) **Senior members from the Adult Wellness Program of the University Settlement**
Ricky Hightower, Lori Smathers, Elizabeth Johnson, Jean Ezell, Richard Fiorentini, John Fuller.

(2) **Students from Cleveland Clinic Lerner College of Medicine of Case Western Reserve University**

Project Description: Art Activities Throughout the Community-Based Project

(1) Bus Tour in the Slavic Village on June 7th, 2018

Prior to the bus tour, the senior participants were asked to select a site, that they think gives them a sense of home, within Slavic Village. On the tour day, participants were invited to get on a bus and go on a two-hour tour within the neighborhood of Slavic Village. The bus started from the University Settlement and stopped at different sites selected by the senior participants. During the stop, the senior participants played the role as the tour guides, who shared the information and their personal experience(s) related to the site. The voices of all the senior participants' talking and sharing during the tour were audio-recorded, and are included in the final art sculpture.

Bus Tour in the Slavic Village on June 7th ,2018

Bus Tour in the Slavic Village on June 7th ,2018

(2) Video Recording the Senior Participants on June 11th & June 12th, 2018

On these two days, the activity done by each senior participant was video-recorded, showing things they like to do at their selected site(s). These videos were edited as looped animations and were applied to the flip books as part of the final sculpture.

(3) The Final Art Installation – 2018 August | Room To Let: CLE / Slavic Village

The final sculpture combines both video and audio materials, which were collected throughout the community activities. The looped videos of the senior participants' activities at their selected site were integrated together into seven mechanical flip books, which were installed in the mailboxes. When the viewers open the mailbox, the voice of the elder participant introducing the site would be heard, and images of the site would be displayed.

Selected Sites and Location:

- University Settlement / 4800 Broadway Ave, Cleveland, OH 44127
- Cleveland Velodrome / 5033 Broadway Avenue, Cleveland, OH 44127
- Red Chimney Restaurant / 6501 Fleet Ave, Cleveland, OH 44105
- Seven Roses Polish Delicatessen / 6301 Fleet Ave, Cleveland, OH 44105
- St. Stanislaus Church/ 3649 E 65th St, Cleveland, OH 44105
- Miss Smathers' family house located at the intersection of East 55th St. and Huss Ave.
- Washington Park Golf Learning Center/ 3841 Washington Park Blvd, Cleveland, OH 44105
- Mill Creek Falls / Mill Creek Trail, Cleveland, OH 44105

Guest Artist Feature | Meng-Hsuan Wu

A Letter to My Future Self in 10 YEARS

Date: April- June 2020

Medium: Community-engaged project with AR interactive videos through postcards

Materials: Self-portrait photography on postcards

Project Webpage
https://www.menghsuanwu.com/copy-of-art-c-006-family-portraits

Performance Video YouTube Link
https://youtu.be/34c6aoe8yqo

Participating Communities | Devising Healthy Communities
Students from Cleveland Clinic Lerner College of Medicine of Case Western Reserve University
Maeve Margaret Pascoe, Philip Wang, Pranay Hegde, Sokhna Seck

Project Description:

In this collective art project, every participant was asked to write a letter to his/her future self in 10 years. The letter was written from the perspectives of being a human being and a medical student, living in this pandemic time. This process allows the participants to reflect on their current life condition, release their fear and anxiety, as well as reveal hope for their ideal future.

There are two essential visual elements in this project. One is the photography image of each participant's self- portrait. Each self-portrait will be printed on one postcard. The other visual element is the video of each member reading the letter to his/her future self with the videos of five essential places selected by every participant. The selected places show each participant's current living surroundings.

These two essential visual elements were combined together on a postcard through an AR (Augmented Reality) App. When the audience views and scans the portrait image on the postcard with an AR app via a smartphone or tablet device, the video in relation to the image would be shown on the screen. Through this combination, the postcards get transformed into the time capsules, which comprise the participants' present life stories and carry the messages to their future self 10 years from now.

Project Presentation | Augmented Reality(AR) Video Art

Augmented reality / AR (for short) is a technology that virtually places a 3D visual into a real-world experience. The artworks in this exhibition are digitally extended. To experience them, install the **ARTIVIVE App** on your phone. Open the app and point your phone at each painting to make them come to life.

View the AR video through the self-portrait images in two easy steps:

1. **Install** the ARTIVIVE App
2. **View** the artwork through your smartphone

Sokhna Seck

Maeve Pascoe

Philip Wang

Pranay Hegde

I am the PCP

Katherine Liang, MD

When you start intern year you inherit a panel of around 100 patients from a graduating senior. During orientation, you sit with the graduate and learn about your new patients. You are now their PCP. Any patient that is particularly complex or needs special attention gets a dedicated orange slip.

She had an orange slip. Since her husband passed away, she has been struggling with insomnia. She has chronic low back pain. She is on daily Xanax and Percocet to manage. The graduating resident wanted her to wean off. I am now her PCP.

When I first started seeing her in clinic, I would dread our visits. I knew how our conversations would pan out – I would suggest decreasing her medications, and she would decline; I would suggest she see pain management of her back pain, and she would decline; I would suggest anxiety as a possible underlying cause of her insomnia, and she would decline; I would remind her to complete her routine cancer screenings, and she would decline. Visit after visit, it felt like we were going nowhere. We saw each other at least once every 3 months.

It is now 15 months later. I am not sure exactly when or why, but sometime along those visits we hit a turning point. I now look forward to our visits as opposed to dreading them. What changed from 15 months ago until now? I did not offer new therapies; I did not change my medical recommendations. It was the intangible -- the experience of continuity of care and the development of a therapeutic relationship. I know her family and their stories — from how their lives have been affected by COVID to devastating new medical diagnoses in the family. I am reminded of why I went into Family Medicine and why I believe the backbone of our healthcare system is Primary Care.

She is off her Xanax and now on an SSRI. She is taking a quarter of her previous dose of Percocet. We still have to discuss her cancer screenings. I still see her at least once every 3 months. Perhaps when I graduate, she will no longer have an orange slip.

Rachel's Ride

Mirit Balkan | Chaplain

Pediatric unit Fairview Hospital. This patient stayed at the hospital for over a month and had been a patient in pediatrics as well as two other units. She had so many tests and procedures to go to during her stay that the team designated a wheelchair just for her.

What Can You Do?

Chineme Onwubueke | CCLCM Class of 2025

What can you do for:

A woman who religiously says good morning and good night to the framed photograph of her dead mother that sits where her mother once did?

An intentionally-isolated elderly patient who lost a close family member when her niece shot her in the face?

A mother whose appointment becomes about her teenage daughter who fell ill just before the pandemic and now can no longer eat, can no longer drink?

A young man – full of life after escaping death – with tubes in his flanks to drain urine from his body while it heals from gunshots, who doesn't know how to cope, who doesn't know how to sleep, but who is committed to changing his life?

A middle-aged woman who was abducted and raped, who keeps losing friends and family members, who stays sane by praying to God for protection day in and day out?

A man with epiploic appendagitis who feels awkward surrounded by a group of women as he describes his impaired bowel movements and pain?

A burning-out caretaker who has been looking after her developmentally delayed sister and her ailing mother while juggling her medical career?

A patient battling heartbreak alongside her alopecia, who beams to be told her eyebrows look marvelous?

And a medical student who sees all of these patients, hears their stories, understands that their struggles and strengths stretch far beyond the hospital room, who desires to change the circumstances that exacerbate their suffering, who knows she can't, who remembers these patients, who prays for these patients . . .

As aspiring health care workers, we want to alleviate suffering

Perhaps we even have an idealistic desire to save the world

Being faced with pain that we have little power to fix . . .

It weakens us, infuriates us, breaks us

But perhaps the point isn't to fix all suffering

Crying did we enter the world, and breathless will we leave it

But maybe while we're here

Pursuing a profession at the intersection of life and death

At the intersection of hope and despair

Perhaps we ought to listen, to learn, to remember,

And in doing all, to love

What can you do for all who suffer? Love them like you're suffering too.

The Invitation

Kevin Luyao Zhai | University Program Class of 2023

When Simon first received his diagnosis, he did not know what *degenerative atrophic visibility syndrome* meant. He had just graduated from college, and was working in a small pawn shop while he was figuring out how to launch his writing career. He was in a new city, and found himself sitting in the cramped exam room of a small clinic partway across town. The doctor was a stranger to him, a short muscular man with blond hair and piercing blue eyes. A young woman named Hallie, presumably a student or secretary, sat in the corner of the room, her face buried behind a flat computer screen.

Dr. Warden counseled Simon on his condition, explaining *genetic variation* and the burgeoning field of *quantum biophysics*. Simon nodded blankly, and Dr. Warden turned his head to look at Hallie, reporting "patient education on DAVS completed," pronouncing "DAVS" as a single word.

Dr. Warden scribbled on his notepad and handed a referral slip to Simon. With his hand resting lightly on the doorknob, Dr. Warden promised Simon he would send the notes from the appointment before gracefully disappearing behind the plain wooden door. Hallie offered a smile, and talked about the El Niño storm that had been in the news as she accompanied Simon on his brief walk to the waiting room.

As Simon stepped outside into the brisk autumn dusk, he finally exhaled. The disease wasn't life-threatening, Dr. Warden had said. But there was a chance that the shimmering translucency at the tip of his left pointer finger might spread to his entire body, rendering him completely invisible.

For a few months, Simon was fine. But when his whole left hand started to fade away, his customers at the pawn shop started to ask questions. They were always polite and each expressed their sympathy towards him, each expression occasionally sprinkled with a look of pity or a cheery exclamation of hope. He soon grew tired of the questions and started wearing a glove to hide his strange condition, even in the hot summer months.

By the next autumn frost, Simon's entire left arm began to fade. Eventually the condition spread to his whole body, but he didn't wait for all that before finding an escape to the impending inquisition of earnest inquiries and sympathetic silences about his bizarre condition. Simon moved to a small apartment by the ocean in a deserted former beach town. When heaping waves of garbage began mysteriously washing up onto the shore several years prior, the town lost its tourist appeal and quickly wilted.

For seven years, Simon lived in that apartment by the ocean. He walked along the deserted seashore by his building and collected interesting bits of garbage that he found. Simon would frame some of the more interesting artifacts. He pieced them together in varying ways, sometimes tying them together with bits of fishing net, other times gluing them into the shape of a mermaid or a sea otter, and sold them on the internet. His work went for a modest amount, enough to pay the rent. Most of his buyers were environmentalists who used his work as a prop in impassioned speeches to donors. Simon didn't pay much attention to the news or to politics, but he was excited to see that the sale price was enough to cover nearly two months' rent.

Simon learned to live alone, without the proximity of human warmth. He read voraciously, and found solace in words. He wrote letters frequently to his dear friend, Savannah. Together, they mourned the life he had left behind, but she slowly taught him to embrace the quiet and the solitude within the palace of his own mind. She even visited him a few times. They would cook stew and make French toast together, filling the apartment with smells of butter and mirepoix, and eat until they'd giggle with the intoxication of full bellies. Sometimes he would stare off into the beckoning ocean, mesmerized by

its undulations, and swim into the distance, but she would always pull him out.

One day, everything changed. On that morning, the sun glowed behind a gleaming gray blanket of clouds. The deep blue of the ocean was punctuated by splashes of frothy white as the winds accelerated across the surface. Simon opened his mailbox to find a large envelope made of heavy, satin off-white paper, with a glimmering gold logo on the top left corner.

"Dear Mr. Quinn," the letter said, "We are delighted to inform you that our accomplished team of quantum biophysicist physician investigators at the *Cosmopolis Center for Healing* have recently made a new discovery that has the promise for a potentially revolutionary treatment for *degenerative atrophic visibility syndrome* (DAVS)." Simon's pulse began to quicken, but he read on.

"We invite you to participate in our Phase III Clinical Trials of *quantum visibility restoration therapy* (QVRT) at our Cosmopolis Main Office, which are scheduled to begin on July 1. Please kindly call our office or write back to us by May 1 if you would like to accept this invitation."

Simon's mind raced as he reread the letter once, twice, more, again, until he lost count. His heart pounded a hole through his chest wall. He was nauseous, and soon began to shake uncontrollably. He watched himself lower his body to the ground and felt the reassurance of the hard, cold cement of the front porch step even as it quivered beneath him. He was unsure if his physical response arose from elation or terror.

In seven years, Simon had learned how to adapt to life as an invisible man, eking out a living for himself in his tiny corner of the world by breathing new life into the detritus of distant humans. In seven years, he had begun to love his daily walks along the ocean shore and the pleasant sting of his lungs as he deeply inhaled the briny air. Seven years of being invisible allowed him to finally see himself through his own eyes without the distracting gaze of others. Seven years to find his own voice. Seven years to find a steady kind of peace.

As the wind slowed down, a feathery mist gathered in the sky and tiny droplets of rain fell upon Simon's face. Soon, the rain began in earnest, and the tiny droplets became thick beads pounding their way towards earth. Simon gathered himself, his left hand still clutching the letter, and rushed inside.

As the thrum of the heavy rain reverberated in his apartment building, Simon wondered. Would he remember how to be visible? Would the world remember him? Had the gears of time continued to turn without him? He called Savannah with the news, and she responded with exuberant joy. He wondered if he was supposed to feel joy, too. The chasm between his solitary existence and the connection he had forgotten he craved suddenly narrowed, but he wasn't sure if he was ready to leave the quiet, simple comfort of his sequestered life. There was no way to know then whether he was leaving for good, whether he would return, whether he would always carry a piece of this deserted beach town with him as he returned to the chaos and noisiness of being seen once more.

Connections

Amrita Bhardwaj, MD

I met him the day before my birthday. "You are going to love him," everyone told me, "He's the nicest guy ever!" I was intrigued but somewhat incredulous; this was something I'd heard several times before but often found to be inaccurate. Within minutes of talking to him, however, my cynicism vanished. It was evident that Connor was indeed a wonderful young man with extraordinary resolve, a great sense of humor and a bright future ahead of him. The only hurdle in his way was the very reason I had the opportunity to meet him in the first place— he was critically ill.

For all members of any intensive care team anywhere in the world, grave sickness is a part of daily life. A typical day involves any combination of improving and worsening patients, and an incredible amount of mental and physical labor. On good days, our interventions work for pretty much everyone, and anyone going in the wrong direction is either stopped or brought back. But bad days involve death or devastation or both, and unfortunately, they are not uncommon.

Dealing with life-or-death situations on a daily basis puts each one of us in the unique position of the vulnerable professional. With jobs that demand the perfect balance between skill and sympathy in the face of immense adversity, how do we avoid breaking down without over-intellectualizing? This is quite possibly the hardest part of working in healthcare. Some of us succumb to the emotional toll of second-hand suffering, fall apart and leave. Many of us hide behind the science because it feels safe to put up a shield between ourselves and grieving families. A few of us can maintain a semblance of both competence and compassion, while secretly developing our own coping mechanisms to handle our emotions.
But the truth is, no matter how quickly we seem to brush it off, all of us feel the pain, and we carry it with us every day. Our dark humor helps us push away that constant reminder at the back of our minds: that everything we do is only postponing the inevitable. That death always wins. All we can hope for is that every moment of time we borrow for our patients helps them and their families find meaning. And that when their time runs out, they leave secure in the knowledge that they were loved and cared for through the very end.

For our patients' families, we hope for peace. And the comfort that even though we have to get on with our workday and will never know exactly what you are going through, you are not alone in your bereavement. We may not have spent our lives making memories with your loved ones, but we did form connections during our time with them. And we grieve them too. Words cannot express the gratitude we feel towards you for trusting us with the responsibility of caring for them at their most vulnerable. Each one of us is enriched by the experience of caring for the person you loved, and we will never forget them.

On my birthday morning, I walked into work to find Connor at the brink of death. Even gasping for breath and trembling from cold sweat, he managed to flash me a smile and crack a joke. Still, he couldn't help but betray his fear through a terrified grip on my hand as I felt his thready pulse; he knew it was bad. We managed to buy him enough time to undergo an emergent life-saving procedure. Despite modern medicine only being able to offer him temporizing measures, things seemed to have gone incredibly well. And then all of a sudden, without any warning, his heart gave out. I found out the next day. I knew him for all of 30 hours, and that was enough for his loss to break my heart.

Seeking Solace

Ellen Brinza | CCLCM Class of 2022

Contemplating Death Through Play

Christine Bomberger, MT-BC

A child sits and waits in the hospital, counting each day until their new heart arrives. Holidays come and go, their siblings carry on at home and at school, their mom and dad alternate hospital shifts on the weekends. Friends on the unit receive their gift of a new organ, while some do not.

A child often understands more than we may think. They simply process things a little differently. They show us how to be more kind, they humble us with truth, and they show raw emotion of disappointment as well as joy.

This child, the one who is waiting, experiences a loss. A loss of control, a loss of normalcy, but this child also loses a grandparent as they wait for their heart. Like any child, they learn and grow through play. Today in their music therapy session, they sing songs and act out scenarios about pets dying, their dolls dying, even a doctor dying. Mom sits in silence; it has only been a few days since the funeral their child could not attend.

My heart races. I know this child is asking questions, they're trying to understand. This seems too heavy, it's unfair. Are they wondering if they are going to die? They know their heart is "sick." I cannot go there, I cannot assume, I must let this child lead. "Well, Toy Cat is alive again! But Doll is not," says the child. I focus on questions: "How do the other toys feel?" "What do we do to remember Doll?" "How do we make sure the rest of our toys are feeling safe?" I ask. The child answers these questions as though the answers are quite obvious. Meanwhile, I have sweat through my shirt. Then it's done, they decide they'd like to do something else now as they stroll to the other side of the room giggling. That's all they need right now; their immediate questions had been answered.

In her book *Bossypants*, Tina Fey talked about the rules of comedy improvisation: "The second rule of improvisation is not only to say yes, but 'YES, AND.' You are supposed to agree and then add something of your own." That is how I look at playing and interacting with young children. You work to meet them where they're at and listen to the questions they are really asking through that play. Sometimes they may ask seemingly unanswerable questions, like those about the permanence of life and death. But just as I learned that day, if you listen deeply and try to communicate back in a way they can understand, then both of you will learn and grow.

Honoring the Faith Tradition of Others

Charles W. Sidoti, BCC

As coordinator of spiritual care at the hospital, I am sometimes called upon to conduct memorial services and other types of religious services for the hospital staff, patients, and visitors. Unless a service is specifically for a particular faith group, such as a Communion service for Catholics, my goal is to have it be an interfaith experience, where people from any religious tradition will feel welcomed and included. Sometimes I work with members of the local community clergy in developing particular services. Most of them are very happy to participate in developing an interfaith service together, which have always turned out beautifully.

There was one time, however, when the interfaith spirit was not present. A local church leader who wanted to conduct a city-sponsored, community-wide prayer service in honor of the annual National Day of Prayer contacted me. She had already been in touch with several church leaders and was calling to invite me to join the planning meeting. At the meeting, I noticed that there were only Christian clergy represented. I listened to the ideas being presented about planning the service. It sounded like it was going to be a Christian service, pure and simple. No one brought up that since this was to be a community event, it was only right to include clergy from the community's other religious groups (non-Christian) in the planning.

I brought it up to the group saying that I had noticed there were only Christian clergy represented at the meeting, and that as a community hospital representative on the committee, I needed to be sure the program would be a true interfaith event in order for me to participate.

One person spoke up, saying, "Yes, we probably should do that to be politically correct." Someone else chimed in saying, "Okay, we will invite the rabbi and the imam to be correct, all of us are grounded in the truth. We all know what it's really all about." I felt like I was at a "Good Old Boys' Club" gathering, where it was assumed that everyone felt the same way.

I was quiet for a moment as I processed what I heard. Then, feeling as if I was going to burst, I said, "I'm sorry but I don't agree. I don't think that we should invite them (the rabbi and imam) as a *token* in order to be politically correct but really not value their presence. I don't see it that way at all. I feel that the participation of other faith traditions will enrich the program." There was silence. I'm sure there were others who felt the same way, but no one else spoke up. At any rate no one challenged me.

It is not only Christians who can practice religious bigotry. This underlying attitude toward other people's beliefs can be found in every religion. Most often it is kept hidden, harming the person who thinks that way more than anyone else. If you believe that your way – your belief – is the only way and that everyone else is either wrong or misinformed, in addition to the ill will you create, you cut yourself off from the spiritual riches and wisdom that other faith traditions have to offer.

In my daily work as a chaplain, I work with many people, including religious leaders from several different faiths. If I am welcomed to pray with someone who is Jewish or with a person who practices Islam, I am honored and humbled and consider myself tremendously blessed by the experience.

In my heart, there is no barrier between myself and another person who is reaching out for God's healing and peace within the context of his or her own religious tradition. I have found that I do not have to know everything about a particular religion to be welcomed by a person who practices it. I just have to convey that I respect and honor them and their spiritual path. Honoring, respecting, and welcoming

Honoring the faith tradition of others cont.

other people and their beliefs into my life has opened many doors for me and provided me with a wealth of spiritual growth as well.

Charles W. Sidoti is a clinically trained, board-*certified chaplain and coordinator of spiritual care at Cleveland Clinic South Pointe Hospital.*

Lofi beats to study medicine to

Maeve Pascoe | CCLCM Class of 2024

This one is for all of the medical students who listen to that particular lofi playlist, because as many of us know, sometimes you just need some lofi music in the background to maintain focus and flow.

Early Stage Covid – March 2020

Giving Voice to Unspoken Fears Connected to COVID-19

Mark Oster, M.Div, BCC

As a staff chaplain, I am on understandable precautions regarding face-to-face contact with patients due to the pandemic. As a member of the spiritual care team, I am proud of how we develop creative ways to interact with patients.

The hospital where I am employed is a proactive organization in establishing best practices to care for patients and those who care for them. Working in such an environment, the pendulum necessarily swings toward solutions and problem-solving. The message spoken by those working alongside me is that we will be resilient. We will get through this, and our patients will know and trust that we are doing our best to offer excellence in care and safety.

From a spiritual perspective, part of that excellence is meeting the patient and those who care for them where they are and be willing to sit with them to hear their unspoken fears and stresses.

Due to precautions, I interacted with the patient on the telephone. She told me about her frustrations regarding her current hospital admission. She spoke about herself, but spent more time talking about those she loved.

"I am worried about my husband who has Parkinson's disease and is limited in terms of what he can do for himself. I'm even more worried about my son. He has cerebral palsy and requires aides to care for him. Because of the pandemic, the aides have been calling off and we are struggling to care for him."

"I know I don't know what it is like to be you right now, but that sounds pretty awful." There is quiet and I resist the temptation to fill the space with words. I hear the sobs through the phone. I offer an occasional …hmmm, to let her know I am present and tracking with her. Finally, I ask, "From your experience of caring for your husband and your son and trying to take care of yourself along the way, do you have resources to draw from? Have you discovered anything that might be helpful to you now?"

"What helps me the most is to picture them both in God's capable hands and remembering to breathe." Another pause.

I lead her through a deep breathing exercise. Then I ask her to close her eyes and picture God caring for her son. I ask her to give an account of what she sees and hears and smells. Coming from the Catholic faith tradition, she describes sitting in a beautiful garden with Mary sitting next to her, taking in the aroma of the flowers around her and the smell of the sea not far off. She tells of the stillness of Mary and how it helps her to be still. At the conclusion of the exercise, the patient says, "Thank you for listening to me. I didn't realize how much I needed some reassurance."

"You are welcome." Still another pause.

Then she says with a calm I can feel over the telephone, "How are you?" Now it's her turn to pause. She has learned quickly and well.
I feel my heart racing. I'm aware of my own increased anxiety due to the pandemic and the disruptions and disappointments in my own family system that mirror those of so many other families. I also hear the voice in my head that says, this is not about you, maintain your professionalism. For all the ruminating I have done through the years about how God is or is not involved in the world, it occurs to me now that God is right in front of me, in the empathy and concern I feel from the patient.

The Social Stroke

Finally, I speak. "To be honest with you, I've been anxious and a little off, but I want to share with you that the interaction I have had with you today, has truly been a blessing. You have given me a perspective and a reminder to place my struggles in the hands of God and try to breathe. Thank you." We conclude our communication on the telephone.

Maybe the situation for the patient will get better eventually. Perhaps it will get worse. Today we have experienced a connection. Because we have, the present moment is tolerable, hopeful even.

I read that in Italy, people grounded in their respective homes by the pandemic, their country women and men dying at an alarming rate, opened their windows, and sang. They sang the National Anthem and other songs from their collective heritage. Beautiful indeed.

"My father is in trouble," began Steven. "He had a stroke, and the doctors and nurses tell me now that he is actively dying—that he is on the exit ramp. I have been able to spend good quality time with him the last few weeks. His care team tells me that they have had a difficult time getting him to respond to verbal cues or interact with them. When I come in each day to visit, they are all amazed at how much he perks up." Steven pauses. I wait.

"Do you know what really happened to my Dad? He had a 'Social Stroke'. He was always so engaged with friends, talking with them in the driveway or at the donut shop. When Covid-19 happened, he became isolated. He got depressed, and I think that contributed to his stroke."

He then added, "I am an older parent. I am 50, and I have had two kids, ages 7 and 2. They have also had a 'social stroke'. Their lives have been disrupted. They don't get together as often with their friends and are spending more time inside. I feel sad when I see that my kids feel restless."

When someone has a stroke, they are often confused and have a hard time grasping a thought or verbalizing it. They communicate through facial features, with blinks and eyebrow raises or squiggly writing to feel heard.

Their lives are completely upended and everything they took for granted—fluid motion, making a cup of tea, eating—becomes arduous and a source of frustration. They must learn to wait patiently and for slow progress toward incremental change. They can't absorb what has happened to them all at once. Often, they are completely bewildered, not even understanding what has happened to them or the full impact of what it means for living life on a daily basis.

They might start out with positivity and determination, but many times melancholy or full-blown clinical depression sets in; these are the by-products of feeling out of control. They see a future that is uncertain, and if they are wise, they understand that if you have experienced a stroke, the odds are increased that you will experience another. The seeming unending nature of the uncertainty ahead and the 'slow go' or 'no go' progress toward a brighter future gets to the best of them. To the best of us.

We've all had a 'social stroke' because of COVID-19. And that is where we can find our hope. In each other. In our mutual suffering. It has been said that only a suffering God can help one who suffers. On our good days, the same can be said of us. So I say thank you. Those who have suffered with and for me, offering encouragement and compassion. Because of you, I have felt less alone.

If you have ever had a stroke or known someone who has, you know that someone to be your companion through it is everything!

At-Risk

As George Bernard Shaw declared, "Instead of being a feverish, selfish little clod of ailments and grievances complaining that the world will not devote itself to making me happy," I want to go out the old Viking way, wielding a splendid torch and singing my death song." Both knowingly and unknowingly, this is how I have chosen to behave this week in relationship to COVID-19.

I got paged STAT to the bedside of a 34-year-old who just died from sickle cell disease, a slow agonizing journey of restlessness and trauma requiring multiple hospitalizations. When I arrived, the Nurse Manager was face-to-face with the sister of the patient. Both wore masks. When the Nurse Manager spotted me, she immediately introduced me, and I took the chair where she had been seated in front of the patient.

The sister was having a strong emotional grief reaction, which is an understated way of saying that she was absolutely out-of-her-skin with uncontrollable grief. She had tried to get to the hospital the day before but had been reassured by the patient that he would be okay. Racked with guilt, and the shock that her brother, who she loved more than any other human in the world, was dead, her body shook. Her sentences came out in fragments and with incessant repetition. "I should have been here. James is not dead. He can't be dead. What happened? I don't know what happened. 'God's thoughts are not my thoughts and God's ways are not my ways,' but I don't understand this. I will never understand this. I cannot understand this. James was good. He was so good. I am not supposed to question, but I am so angry! This does not make sense. God does not need James. Not like I do! Not right now!!"

I asked the sister for her name. "Shavonna." I asked her to breathe with me. She had been nearly at the point of hyperventilation when I first sat down. Her eyes had pierced mine looking for a shred of connection, for someone who knew even a shard of

the suffering she was experiencing. I sat with her in her pain because that is what chaplains are called to do. To hold that space without trying to fix the person who is grieving, knowing that the compassion of non-fixing and non-answers, is the only appropriate response. If you have done this work with someone experiencing traumatic grief, then you know this is perhaps the hardest work that there is.

As I sat with Shavonna, there was a female aide who stood alongside her, touching her shoulder and her back periodically. She also repeatedly put the ear loop of her mask back on because it kept falling off due to her uncontrollable shaking.

When I left, she was still terribly upset, but considerably calmer. I didn't consider how at risk I had put myself until I got home on Friday. The above interaction had taken place on Thursday, but as a hospital chaplain, it was not yet time to process the week. Friday awaited. Although I sometimes yearn for a coasting Friday, it seldom happens. Mitigating suffering can't be placed on a time schedule.

The Chaplain Intern working from home and holding the pager called me. There was a patient family in the hospital chapel who wanted to speak to a Chaplain. "Could you go and see them?"

When I arrived, there were eight family members present, seven adult sons and daughters and one uncle. Most were masked, but not all. They too were angry and in disbelief. The patient had been admitted weeks ago to a Regional Hospital in the Cleveland Clinic Health Care System for a knee replacement and then returned home. While at home, he tested positive for COVID-19, and the family believed that he contracted the virus while at the hospital. I kept my distance. I listened.

They told me they were not permitted to visit the patient due to the hospital policy of allowing only one visitor. I helped facilitate a Face Time visit with those gathered and the spouse of the patient, who they explained was in the unit. We prayed and the tears flowed. I left.

Several hours later I went to the room where the patient I had prayed for was dying. I saw the spouse sitting next to the patient in his room, and immediately realized she must be COVID-19 positive.

The nurse I spoke with confirmed this to be true. I told her that I had spent some time with the family. She offhandedly said, "They were probably all positive as well. I don't even know how they got in the hospital." I felt confused by her comment but could not fully absorb it until I returned to the chaplain's office. Then I felt angry. She did not know the habits of this family. She had not met them. She did not sit at the doors where people were screened to enter the hospital. The patient and spouse were African American. Was she displaying bias in her assumptions based on race? I did not know. My wife will tell you that she is an instant processor, or as she puts it, "I want to tear into people right away before I gain perspective. It takes you at least 24 hours to realize that you are angry about something."

I realized, yes, I had been AT RISK. I need to do better I thought, be more careful. It's hard for Vikings to be careful though, especially when they work alongside other Vikings. Very hard.

A Final Gift

Abhinav Bheemidi | University Program Class of 2023

When I first approached the dissection table, I took a moment to grasp the gravity of the situation at hand. In front of me was a person whose body narrated a lifetime of joys, sorrows, loves, and losses; a body that had been privy to the indescribable privilege of being alive. My hand wavered when I held the scalpel as years of social conditioning worked in my subconscious, rejecting the notion of cutting into a human body. Keeping my resolve meant reminding myself what was at stake. This body belonged to someone no different than the patients who will one day walk into my practice and trust me as their healthcare provider. It dawned on me that the donor's final gift was not only intended for us future physicians, but also for the many people we will treat in our careers. I recognized that empowering myself with the knowledge gained from studying this body would ultimately benefit my future patients and peers. It was with this understanding that I made my first cut.

Anew

Wenting Ma | CCLCM Class of 2022

Crocus flowers in the early Spring.
Brookside Gardens, Maryland.

Close to You

Rubabin Tooba, MD

“Good morning ma’am” I said, shutting the door tightly behind me. My gown had already begun to sag. I flipped the light switch on, eyeing the toy-like stethoscope on the sink.

“It’s good to see you this morning.” I squeezed her hand for a moment. Her warmth emanated into my glove.

“Let’s see how you sound today,” I cautiously looped the scope into my ears and took a good listen at muffled noises. Her skin had started to crinkle over her chest and into her arms.

“We are going to get more water off of your lungs today…maybe even let you wake up more and breathe a bit on your own.” I felt like a broken record. I didn’t expect her to say much. I held her hand once more and gazed at her being, while imagining her sitting next to me with a beautiful smile, as her family so often described her.

“I’ll see you later, my dear…” I touched her feet as a gesture of goodbye. I stripped off my garb and tactfully pushed the door open with my foot. I looked back inside her room, as I removed other gear. The hollow feeling in my chest had become so normal in this world.

“She probably can’t hear you.” I looked over at a nurse nearby. She adjusted her medication drips as she spoke, “But it is very thoughtful of you to speak to her every morning.”

I nodded but stayed quiet. Here in the COVID ICU, solitude had taken on a different form.

It began with muffled laughs and shielded eyes, a wall to separate ourselves from the world around us. The fear of touch simmered underneath, until we could no longer leave those outstretched hands uncomforted. The loss felt heavy and inescapable, like a battle we could not win. The families we held, sobbing, became innumerable. And as each day came and went, a silence took hold. What had our world become.

“I do not know how you do it,” my friend shook her head in disbelief, hearing my stories. We were reconnecting over some tea.

I laughed- sometimes that seemed to the best way to fill these moments. “I am not sure anyone knows how to do this…” I replied. An awkward silence passed between us.

“What is something you miss about the old world?” she asked.

The old world. It sounded like a funny way to describe life pre-pandemic. The old world was filled with live music and concerts, restaurants and diners filled to the brim, candy samples at every entrance, hugs given freely from family and friends, and loved ones being nearby. *The old world* had started to feel unreal.

“I do not even know where to start,” I responded.

“Well, what is something that’s surprised you with the new world?”

My tea had turned cold. I couldn’t feel the warmth through the mug anymore.

“The emotional distance…” I paused, “that’s been hard.”

Truly, the ‘distancing’ had caught up. It infiltrated into the spheres of our existence, our practice, and our coping. It left us humbled by the world and what could be lost. It reminded us about the values that made us whole and the fight to keep those sentiments alive.

On a day I came into work, a secretary handed me an envelope at her desk. “His family wanted to give you a card.” It took me a moment to recognize the name, it was a family member of a patient I had taken care of with COVID several months ago.

Close to You cont.

I thought back to one of our conversations.

“Now, I have an odd question for you, but…could you look outside and tell me what street his room overlooks? I want to drive by if I can.” The family member had not seen his loved one for several weeks.

I walked over to a window and admired the sun. In the middle of winter, it felt like a small gift and rare treasure. The rays had left the glass warm to the touch; I could feel it through my glove.

When I had told him later, he was overwhelmed with happiness. “You cannot imagine how grateful I am. I haven’t seen him in so long. And I know I can’t visit. But even if I could just bring my car over to the street and stand outside, I will feel close to him. And close to you.” I imagine he did drive by after we spoke and probably many times afterwards too.

I opened the card, as my heart filled with something I could not quite describe. It was so long ago, even I had forgotten. But as he wrote, even the smallest connection could stand the test of time.

And the warmth of that moment, while holding his words in my hands, had simply stayed close to me too.

Margaret

Kathleen Franco, MD

My husband and I love to walk in different places during the days of the pandemic. We search for little towns with new streets, railroad tracks, parks, and cemeteries. It is often an adventure to encounter a new bird, plant, frog or insect. Sometimes we pass people we know or don’t know and wave. Once we even ran into Bob Koeth, a CCLCM alum from the first class. He passed us then turned around and shouted, “Doctor Franco and Doctor Bronson, I never thought I’d bounce into you here!” That day we were deep in the woods near Mayville, NY. What a delightful encounter for all three of us!

On a day in early May, we decided to walk the cemetery of another small village, Bemis Point. The cemetery is on the edge of town between Main Street and the old school, now converted into housing for those with disabilities. We were wandering around, reading the names and dates on the tombstones. This is a favorite pastime, looking for clues as to ages, affiliations, relationships, and occasionally hints about the cause of death. As history buffs, we never grow tired of learning what these cemeteries can teach us about life. We were walking up the side of the hill just like the one in Thornton Wilder’s description of the cemetery in “Our Town”. Almost on cue, she walked toward us from the other side of the hill. A short elderly woman with pure white hair came closer and closer. She remarked about the iris she had planted and that there were so many different shades of deep purple, orchid and violet. They were all along one fenced side of the area. Then, she also told us she had been making her bed. I worried with the pandemic and her age that perhaps we shouldn’t be talking. She said that she was so lonely and wanted to see people, but she would keep her distance. She was not wearing a mask, and I asked her if she wanted us to back up, but she continued talking. What she meant by making her bed was the

loving care she took of her husband's tombstone and the flowers carefully planted along the sides front and back. She would eventually be placed in the same spot. We learned that he died 20 years ago, and her daily ritual now was to walk over to his grave and spend time with him. Covid made it hard for the 92-year-old to socialize with others as she had done before the pandemic. It truly was lonely for her and she wanted to stand and talk for what seemed like an hour. She simply missed people, her friends at church, her family, and all of those in her community.

Margaret told us her story of growing up in Pennsylvania with her parents and siblings. After graduating high school, she attended Allegheny College in Meadville. She was grateful for that opportunity for many reasons but especially when she met her future husband. He had just returned from World War II and had entered one of the same classes she was taking. He was there on the GI Bill that allowed young veterans like him to get an education. Shortly after graduation, they were married and off they went to the big city of Pittsburg. She was not delighted with city life but tried to make the best of it as the children were born. One summer she asked to go on vacation, and he arranged to take the family to Chautauqua Lake where he had gone as a child with his parents. Margaret and the children loved it, and on one particular day, they were playing on the hill outside the Cemetery where we were standing. She saw teachers coming out of the school at the bottom of the hill and told her oldest child to go and ask if there was a job available for a teacher. As it happened, there was one that fit her husband's training, and they needed him to start in September. Margaret told us they went home to Pennsylvania, packed all their belongings, and returned to find a house to rent.

For most of those decades, they lived two blocks from the school, until Margaret's husband died 20 years ago. She then moved up the hill to a little apartment above another house which was closer to the Cemetery. Her five children are dispersed across several states, but one of her daughters lives nearby. As she told us about the return of her daughter's cancer, she stopped and asked us about our profession. Perhaps it was that we seemed to understand what she was going through and the terminology that she must have suspected we were physicians. She was excited that we were from the Cleveland Clinic, as that had been one of the hospitals where her daughter had gone for advice. She asked me to pray for her daughter.

Over the months that followed, I would write her short letters or cards. Occasionally if we were in town, we would her bring cookies or muffins. Each time, she would write back to me describing more about her life, her family, or her cooking talents. Did you know that rinsing raisins and drying them before baking them into your oatmeal cookies makes them that much more plump? She has invited me to her home when the pandemic is over to look at the book that her family created for her 90th birthday. I am excited about that future moment, when we can get together again and talk in person. In the meantime, we will continue to share letters or Valentine's and look forward to the blooming of the iris. I know she is still out there every day making her bed.

One End is Another Beginning

Lauren Wichman, MD

"And all the lives we ever lived and all the lives to be are full of trees and changing leaves." - Virginia Woolf

Views from the Labor & Delivery Unit at Fairview Hospital

Finding Truth

Chineme Onwubueke | CCLCM Class of 2025

Winner (Poetry), *CCLCM Medical Humanities Contest*

A little bird once told me that the truth would set me free
But sometimes knowing truth feels like an impossibility
I synthesize the info that I hear from different ends
But depending on the bias, twisted messages descend
I long to reason with people 'bout the things we always hear
But I'm scared to disagree and I am silenced by that fear
So I go talk talk talking without saying anything
'Cause to blend in with the crowds just smile and keep your thoughts within
But wait . . .
Something has got to go
If the fetters of deception are enslaving a nation
Do I add links to the chains when I fake it on occasion?
There is value in shining light on inconsistencies
So we can rub minds as we try to dig up fallacies
Perhaps no one perspective has truly got it right
But challenging our beliefs has got to be worth the fight
A little bird once told me that the truth would set me free
And perhaps if we stop hiding, that's a possibility

And you will know the truth, and the truth will set you free - John 8:32

The Bookmark Ribbon

Ahmed Sorour, MD

"Hey, the resident is here for her notebook" exclaimed one of the nurses. In a way it's another customary day in the 4th floor surgical ward after a patient was discharged. Sara Staubo, the surgical resident, has been doing this for the last year now. The floor nurse hands Sara a black ornate journal with gold design from 17th century France and says, "He didn't mark it this time".

This sole notebook is well known not only in the surgical floor ward but also in the whole hospital, with many advocates and plenty of opponents. Sara hands the notebook along with a 4-color ballpoint pen to every patient whose care she was responsible for on the night before their discharge. The first page has a message:

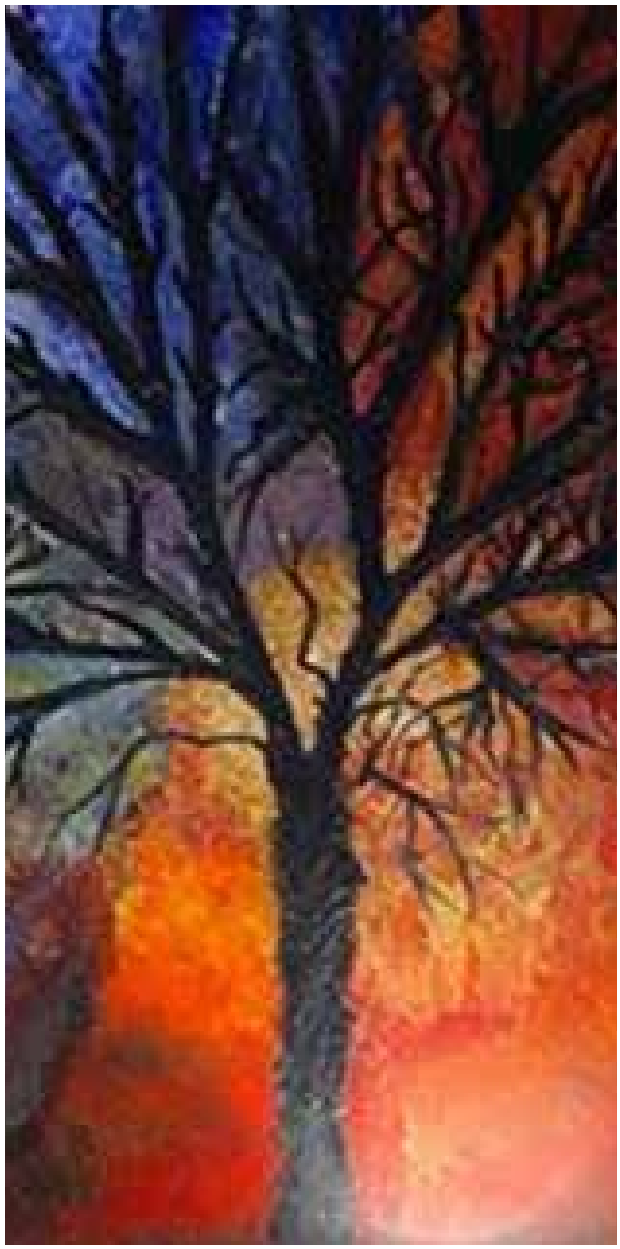
Dear Sir / Madam,
I believe every person has at least one story, a story worth sharing, and worth listening to. I might have not had the time to ask the right question to know this story, but I still would love to know it… Would you like to share it? I leave with you this notebook the night before your discharge; you can choose any page and share any story, read someone else's, or do nothing. Please don't leave your identification, as this notebook will be held by multiple people. If you want me to know what you wrote, please use the ribbon bookmark.
-Sara Staubo

Sara always wanted to connect more with her patients, after all she spends most of her day attending to them. She has always been terrible with remembering names but never forgot a face she met. Thus, since she was a kid, she mastered to relate every face to a unique story; by that, she would never for-get the person. That tool didn't work well when she started her residency. Associating faces with ill-nesses or treatment wasn't something worth remembering, or at least for her. The need for a more wholesome recollection required some creativity. The detailed notebook with the ribbon bookmark bought from the hospital's local bookstore was the answer. The eccentric idea was met with either ex-citement or frowns from her coworkers. Later, once the notebook became famous/infamous, those initial feelings turned into curiousness or indifference towards the stories the patients left behind.

She rushes to go home after a 16-hour shift, excited for one thing only - to see what he left behind. Although he never marked his page, Sara knows the notebook inside out such that whenever a new page is filled, she can pinpoint that fable to the person. The notebook has all sort of pages. The story of an 80-year-old woman who eloquently described her early ballerina years in her 20's; another of a man presumably around the same age that gave up the love of his life to nurse a sick mother for 25 years; an 11-year-old boy wrote the lyrics of a song that he will

sing in 10 years; and 2 torn pages - possibly from someone who felt they shared too much, or maybe that their story is not worthy to be read. The notebook had many empty pages too, scattered in between those stories. Which page will that man pick? Will he even leave her something in there? He was a quiet 29-year-old that came in after a street fight, had no visitors, and was discharged after 8 days. He didn't share much during his stay, nor complain of pain either.

She opens the notebook, shuffles quickly through the pages. He didn't leave a story. He left her a drawing. Where did he get the colors to paint this? Did he prepare for this? Sara wanted an answer for his silence but was left with more questions. By a face she will not forget but possibly never meet again.



White Walls

Joan Nambuba | CCLCM Class of 2022

Silence. It's the way in which the white walls stare at you: blank, empty. It's the way in which the carpet holds you up in the waiting room: firm, seemingly unmarked. It's the way in which the secretary's eyes scan your body: judging, curious. But most importantly, it's the way in which the patients sitting in the waiting room with their feet flat on the rigid carpet, stare at the blank white walls staring back at you…silence.

Silence never felt so meaningful than that day we first made our way to the second floor of the J building. For the first time, we were representing The Clinic in one of their most sophisticated, complex, and high-tensioned environments: Cardiology. We all walked exuberantly to the waiting room, many of us with white coats already on, stethoscope carefully placed in our left pockets, pens in hand, notebooks ready, minds curious to see what lay behind those double doors. We were ready to learn. However, I was less focused on the exciting patient-related stations that were meant to give us an enriching, interactive experience than the faces that sat before us in the waiting room.

Those faces, ones we liked to label as "patients," represented me. Face #1 could've been that time I was waiting to find out if I could have that surgery after all. Face #2 was the time I found out my positive pathology results. Face #3 was when I was getting ready to spend the night for a procedure and all I could think about was how lonely it was going to be. Face #4 was when I felt like my life was crashing before my very own eyes and desperately needed to have my medication changed. Each time, a new face but the same white walls that stared at me with blank expression. What would Face #1 think about the medical student that boldly stood at the front of the line, arms crossed, glasses firmly in place—a confidence that was lost in the uncertainty of her diagnosis? Would Face #2 care for any laughter? Face #3 envied the first year in her white coat with her iPhone out, vigorously, and all too comfortably, texting away when in just a few hours hers would be confiscated and she would not have that luxury due to possible contamination from radioactive material. And Face #4? Probably could not bear to be around so many other young adults who seemingly had their lives together.

Faces #1, #2, #3, and #4 stare right back at me as I walk up to the waiting room of the Cardiology unit of one of the nation's top hospitals. Dressed in my pressed white coat, I stand off to the side, in a corner away from the patients and away from my classmates, almost as if to remove any associations with either group. My hands linger nervously in my pockets, my feet point in two different directions, my eyes dart between my classmates to the patients back to my classmates to the patients…my pores start to open up and I become increasingly uncomfortable as my classmates' harmless chatter seems to gradually rise an octave with each passing lagging minute. *Where is Dr. Stewart?! It's just too loud!!!* SILENCE.

Hands

Alexandra (Sasha) White | CCLCM Class of 2023
Winner (Prose), *CCLCM Medical Humanities Contest*

***All names have been changed to protect patient identities.**

When I was preparing for medical school interviews, I practiced my handshake on my dad. "Whoa, too firm!" he laughed. I nervously adjusted, trying to go for energetic but not viselike. I remember the ever-present dread that I somehow was not "cut out" to be a doctor. I feared that the "wrong" handshake would cause an interviewer to see right through my crisp suit to this lack of confidence.

I shook all of my patients' hands in my preclinical years: the hands of actors in communication skills classes and real patients in family medicine clinic. I grew skilled at making small talk while awkwardly waiting for the hand sanitizer to dry before reaching out for the handshake. "Sorry my hands are a little slimy" [cue rueful laugh]. The handshake felt essential; as if I didn't do it, the magic of my bond with the patient would be lost.

But my third year of medical school was the year no hands were shaken. Instead, throughout the discoveries and fears, the victories and failures, the joy and tragedies of clinical rotations, there was a constant running commentary in my head: what surface had my hands just touched? How recently had I stripped a little more of my hands' stratum corneum off with some 60% ethanol solution? I would visualize the alcohol dissolving the lipid envelope of the coronavirus as I foamed. My mental map of the hospital was now dotted with key hand sanitizer locations.

I was relieved to quickly discover I could still connect with patients without the ritual of the handshake. But the sight of two hands holding one another also became something rarefied, almost sacred. I started paying closer attention.

There was Allison, a patient my age who had been transferred to our hospital for anti-NMDA receptor encephalitis. A part of me was somehow excited: "Does she have a teratoma?", I wondered. "I remember that UWorld question." Allison taught me what "frank encephalopathy" looked like, in the confident tone of my senior resident. She was not comatose, but nor was she truly present. Until, that is, the fog seemed to lift from her slightly, and she turned to the door. Everyone let out an understanding hum as she reached her hand out for her dad, who had just rushed in behind us. His touch must have been an anchor in the storm of Allison's inflamed brain. For him, it was a sign that his daughter still existed.

A month later, I met Mr. Smith. He had just been diagnosed with Creutzfeld-Jakob Disease (CJD); he was now going home to spend his last days with his family. In the span of months, he had gone from a grandfather who had just returned to work because retirement was too dull, to a man so unpredictably agitated that he would need sedation for his car ride home. I followed my attending to the room. It is in encounters like these that I especially feel like an interloper. Mr. Smith, no longer able to speak, had a look of immense terror in his eyes when we walked in. His hands shook with the myoclonus I had learned was a hallmark of CJD. A medical assistant attempted to calm him as he tried to climb out of the bed. But only when his wife took his shaking hand did he appear to be at peace. Looking at his hand, contracted by the dystonia and the myoclonus, being held by her perfectly manicured fingers, I couldn't help but imagine how many other times these hands must have held one another, and the glaring contrast between those times and now.

My attending and I parted ways after seeing Mr. Smith, and I went to check on another patient. I felt wrapped in a cloud of grief for Mr. Smith and his family, my mind floating above the mundane workings of the hospital. Archibald (Archie, as the note above

his bed informed us) was an older patient with Down Syndrome, on the tail end of a long ICU stay. Archie would float in and out of delirium. When delirious, he would pull out his tracheostomy and his IVs, needing soft restraints. Whenever I saw him, he would be confused, but very calm. I would harass the poor man with my mental status exam (Archie, what's your name?! Archie, where are we right now?!). That day I caught Archie in the middle of an IV replacement. As I waited, I watched the medical assistant chat with Archie, asking him for a high five. I was struck by how joyful the moment seemed to both of them, despite the obvious frustration of yet another needle stick. I was always told of the significance of the patient-physician relationship, but no amount of pre-rounding would have gotten me anywhere close to the warmth and humanity of Archie's bond with his MA.

On my neurosurgery rotation, I tried my best to learn how to be helpful in the OR without getting in the way. This meant a lot of intentional observation, not just of technically astonishing epilepsy surgeries that made me gape with excitement behind my mask, but also of the million tiny steps that get a patient through a major surgery. As a patient was waking up, I saw the acting intern holding down his hand, gently but firmly. I learned that patients always reach for their head when they wake up, groggy from the anesthesia. This is ill-advised when you've just undergone a craniotomy and your head is carefully wrapped in gauze. There are a lot of things I love about surgery, but those moments of gentle, thoughtful touch of a patient who is not quite back to consciousness stand out.

As I continued to rotate on surgical services, I was confronted with two discoveries: bedside procedures can be painful and traumatizing for the patient, and surgeons do a lot of them. One morning, I was helping my resident adjust a nasogastric tube. One of my hands was free and I instinctively offered it to the patient to squeeze. "I am doing so little here," I thought. "At least I can try to provide some comfort." I hadn't held a patient's hand in a long time. Another patient apologized for gripping my hand too tightly during a painful chest tube placement. It was the least I could do. I could not fathom the immense pain he was in. I was surprised at my own quiet confidence when I responded: "That's what I am here for." I hadn't thought holding someone's hand would help me recognize my role on the surgical team.

It can be hard for me to wrap my head around the intensity of what I've seen on clinical rotations. It is tempting to just shove it away and move on, focusing on my next evaluation, my next note, my next coffee, the next surgical case. Honing in on one piece of the scenes I witness makes them real to me, without crushing me under the weight of pain that is felt in this hospital every day. Hands, especially, seem like the last bastion of humanity in patients with neurological and neurosurgical pathology, who can lose so much of who they are. To me, the medicine I want to practice is about so many things: making people feel better, being present with people in their pain and their joy, the accomplishment of surgery, the mesmerizing technical excellence of operating, the complex questions we fight with. It is also about witnessing how we care for fellow human beings. I am still humbled I was there to see all of those hands hold one another, and to hold some hands along the way.

Zooming to the Future: The class of 2021 is excited to share with you our Match Day t-shirt. I hope that this design effectively captures the memories (both the bad and the good #slippers) of this unique residency interview season. I hope that it is a reminder of our resilience and adaptability that was tested during this crazy year, inspiring us to push forward during the hardships of residency and our future careers. I hope that it reminds us to continue to celebrate diversity as the future of medicine and encourages us to lift and support each other. I am truly so proud to call you all my classmates and I look forward to all the amazing things each one of you will accomplish. – Paola Barrios c/o 2021

Zooming to the Future

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