February 2020

SGA Rounds

Student Government Association Newsletter

NSU Dr. Kiran C. Patel College of Osteopathic Medicine

Letter from the Editor in Chief

By OMS-III Jackleen Glodener, SGA Administrator of Public Affairs

I hope the New Year brings success and happiness to all members of the NSU-KPCOM family.

This edition of *SGA Rounds* is the largest one to date. The medical students from both the Tampa Bay Regional and Fort Lauderdale/Davie campuses have contributed amazing content to this publication, which is just one example of how united we stand.

In this edition, Charles Bisbee, our SGA Executive president-elect, tells us about the national COSGP meeting he attended, while OMS-II Mandi Abdelahad shares her reflections on discussing end-of-life care with patients. OMS-III students Bryan Slootsky, Taylor Kolb, and Rachael Candela write about the power that dogs have in supporting patients.

OMS-III's Ariela Alonso and Grace Chalhoub each write about what many medical students struggle with their first time on the wards—watching a patient pass away during a code. OMS-II Nichole Anderez explains how her tattoo connects her to patients, while OMS-I Michelle Lanspa writes about the human trafficking training hosted by NSU CREATE and AMSA.

OMS-III Janelle Ramcharan composed an inspiring piece in honor of her late cousin. OMS-III Natasha Duggal and OMS-I's Mara Seat and Brittany Derynda share their thoughts on mental health. OMS-III Lauren Olsen shares her experience as a mother in medical school and some advice about work-life balance. OMS-I's Paige Webeler and Barbara Kolundzic, and OMS-III Maria Gabriela Herrera Rodriguez share their experience with community service.

OMS-II Nicolette Natale teaches us about Lyme disease, and OMS-III Asma Ghafoor shares the untold cultural challenges of going through medical school as a Muslim woman. OMS-II Alyssa Benjamin advocates for more physicians to understand the patient experience, and OMS-I Sohni Pathan reflects on the difficult journey medical students take. OMS-III Divy Mehra walks us through a philosophical debate in medicine, while OMS-II students Kimberly Savoia-McHugh and Brooke Alexander write about the AMWA empowerment conference.

Thank you all for your submissions. I hope that, together, we will continue to foster a platform in which all medical students feel comfortable sharing their creative sides.

I would like to thank Scott Colton, our HPD director of medical communications and public relations, and Gayl Canfield, Ph.D., the *SGA Rounds* faculty adviser, for their efforts in publishing *SGA Rounds*.

If you have any questions or would like to learn how you can submit your own writing to *SGA Rounds*, please contact me at *jg2947@mynsu.nova.edu*. Your voice will be heard.

COSGP Meeting in Arizona Proves Informative

By OMS-II Charles Bisbee, SGA President-Elect

Serving as the SGA Executive president-elect has been incredibly fulfilling, because the work I do helps benefit my fellow NSU-KPCOM classmates. One such opportunity I've had is being part of the Council of Osteopathic Student Government Presidents, better known as the COSGP. I attended my third meeting in Phoenix, Arizona, in January, which was hosted by the Arizona College of Osteopathic Medicine (AZCOM), as well as the A.T. Still University School of Osteopathic Medicine in Arizona.

The COSGP is the official national leadership council of the American Association of Colleges of Osteopathic Medicine (AACOM). I attended this meeting with OMS-III Regina Zambrano, our SGA Executive president.

During the meeting, we met with a council of SGA presidents and vice presidents/president-elects from each of the nation's osteopathic programs. The meeting provided a valuable opportunity to meet alongside fellow student leaders and work toward the betterment of osteopathic education.

The first day began with a warm welcome from the dean of AZCOM, Lori Kemper, D.O. This was followed by updates from NSU-KPCOM alumnus Tyler Cymet, D.O., AACOM's chief of clinical education. He stressed the importance of collaboration between osteopathic students and AACOM, which is consistently working to promote excellence in medical education and increase osteopathic medicine awareness.

We were also provided the opportunity to attend the National Research Symposium—an annual research competition hosted by the COSGP. Osteopathic students from across the nation came to present their projects. Tyler Crawley and Cyprien Jungles from Rocky Vista University College of Osteopathic Medicine received the Overall Best Poster Winner award and presented their study to the COSGP members following the symposium.

The second day took place at A.T. Still University, where we received a warm welcome from the college's dean, Jeffrey Morgan, D.O. We heard from the Student National Medical Association, which emphasized the importance of diversity, strengthening the cultural climate, and creating equitable opportunities for all students.

We also divided into preformed committee groups to work toward various goals concerning osteopathic education and medicine. I worked with the Student Services Committee to focus on improving the general student experience. We continued work on projects, including a newsletter for students and deans containing post-meeting COSGP updates, as well as an initiative to establish societies at more programs to encourage student involvement and camaraderie.

On the final day, we heard updates from some of the COSGP committees, including the Global Health Committee, which has been hard at work on a vaccination campaign. The committee's hashtag #MakeVaccinesViral has since spread nationwide. We also reviewed the COSGP bylaws and made necessary updates to facilitate interprofessionalism with M.D. programs given the recent single accreditation system.

Although this was Regina's last meeting as SGA president, I avidly look forward to attending the next COSGP quarterly meeting with the newly elected president-elect. The COSGP provides an amazing opportunity for collaboration with other programs to improve our experience, better our education, and spread awareness of osteopathic medicine throughout the country.

At each meeting I attend, I experience a renewed sense of purpose and passion for osteopathic medicine. To learn more about the COSGP, please visit *aacom.org/become-a-doctor/resources-for-medical-students/cosgp*.

SGA Rounds

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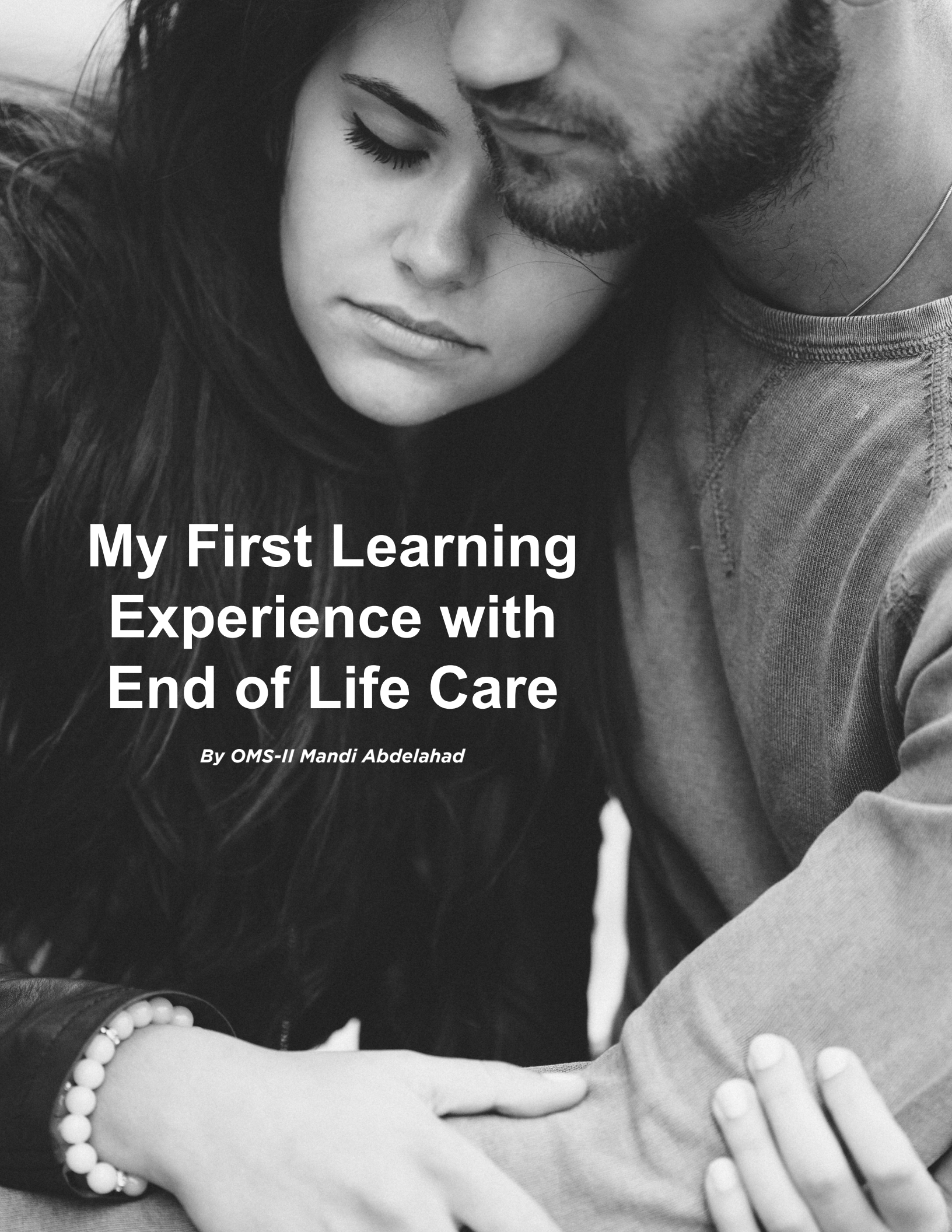
Class of 2023 Raises Money for Men's Health

The class of 2023 students at the Fort Lauderdale/Davie and Tampa Bay Regional campuses brought out their mustaches as they participated in the month-long November fundraising campaign.

Held every November, the organization that began in 2003 in Australia has become the leading charity for men's health, with the goal of reducing the number of men dying prematurely by 25 percent by the year 2030. The Big Moustache on Campus competition aims to continue the efforts in the United States as college students participate in a fun and competitive way for the cause.

The first-year D.O. students got involved as they took to social media, where they posted photos with grown-out or fake mustaches, followed with a caption that included statistics and facts covering the main issues affecting men, such as mental health, suicide prevention, and testicular and prostate cancer. Through social media, contests, and support from the KPCOM Student Government Association, the college raised $9,224, ranking 16 out of 733 university teams and first in Florida.



My First Learning Experience with End of Life Care

By OMS-II Mandi Abdelahad

"I'm going to die soon. But what's crazy is I feel better than I did before."

It was a rainy Friday afternoon in October. These days usually consisted of four hours of Foundations and Applications of Clinical Reasoning class, followed by a short break to eat lunch and pick up my white coat before heading to Westside Regional Medical Center to attend my IGC session. I learned something new in each session, albeit this one, in particular, introduced me to an experience I will never forget.

Prior to greeting the patients in the exam rooms, my attending physician and I would usually sit in her office to briefly discuss her patients for the day. She solemnly expressed that the first patient we had to see was a pleasant 78-year-old man with a history of chronic kidney disease and hypertension who was recently diagnosed with cancer. The patient had visited the emergency department for back pain, but they also chose to include a CT brain scan in the workup and found an incidental adenocarcinoma.

Before my attending could finish the patient's background, a woman knocked on the office door. It was the patient's wife accompanied by their 40-year-old daughter.

"Before you talk to my husband, I want to share something with you," said the wife. "Willie's results came back showing that his cancer has spread to his liver, adrenals, and colon. He doesn't know this, and I'm not ready to tell him yet. He understands he has cancer, but I'm worried the news is too much for him to bear."

She started sobbing as she closed with, "My daughter and I are torn, and we don't know what to do. We want him to enjoy his last few months, but we need your advice."

After a few minutes of silence, the doctor proceeded to explain the two options she likes to give patients and families during circumstances like these. The first option would be to aggressively target the cancer with chemotherapy or radiation, which could potentially lead to frequent hospitalizations due to the various complications. The second option included simply focusing on quality of life and support for the patient, spending time with loved ones, and possibly hospice.

Emotions of confusion, denial, anger, and grief filled the room. "Willie and I decided our only wish is for Willie to not pass away in the home we built together," said his wife. "That could kill me and my daughter, and I could never step foot in that house again."

Hearing that sentence shook every inch of my body. I still remember their soft-spoken tone and blank facial expressions to this day. In that moment, I was desperately trying to hide the tears I felt coming down my face.

I had never witnessed such a vulnerable conversation like that before. I just had my first learning experience with end-of-life care as a second-year medical student. As difficult as it was, it was so powerful to watch a great role model handle a situation like this. I observed as my attending and the family listened to one another and communicated together with respect, support, and sympathy.

We walked into Willie's room. The doctor pulled up a stool and asked, "Willie, how are you doing?"

"Fine. I feel good," Willie replied.

Unable to find the right words, Dr. B politely brought up Willie's recent diagnosis.

"Yeah, I know. I'm going to die soon." He said. "But what's crazy is I feel better than I did before."

We walked back into Dr. B's office. She admitted to me that it was the toughest thing she had to do in the last five years. "You can never be prepared to have a conversation like that. It will never get easier, no matter how many times you've done it," she sadly uttered.

That afternoon brought home two realizations. First, I understood the true sense of always putting the patient's best interests and wishes first—and to do the right thing. Whether patients are aware or not of their prognosis, physicians have the ability to give their patients the power to choose how they would like to spend their final days.

Encouraging physicians to have these conversations with patients and their families increases the possibility a patient's care will be fully consistent with their wishes and helps provide peace of mind to everyone involved. Second, no matter how prepared one may be to discuss end of life, this situation might always accompany anxiety and concern, for both the patient and family involved as well as for the physician.

It may seem difficult to balance the pressure between maintaining hope and telling the truth, but discussing these concerns with patients is the right thing to do. As future physicians, we must be prepared with the skills to be effective communicators and advocates for our patients, and to be that support system for the entire family when needed. With this in mind, medical school will continue to prepare and introduce us to different learning experiences and help us all strive for our highest potential in order to become compassionate individuals, honest communicators, and lifelong learners.

Dr. Doodles

By OMS-III Bryan Slootsky

Harvard Medical School published a study (*health.harvard.edu/staying-healthy/having-a-dog-can-help-your-heart--literally*) showing dogs can lower your stress, thus lowering your blood pressure. The articles states that, "A large study focusing on this question found that dog owners had lower cholesterol and triglyceride levels than non-owners, and that these differences weren't explainable by diet, smoking, or body mass index (BMI)."

After reading this, my mind wandered, and I thought of an exciting way to run my office in the future. As a third-year medical student, I have finally begun to interact with patients in a clinical setting. Many patients have told me they get frustrated and anxious when first arriving to an office and have difficulty waiting a long time before seeing the doctor. They believe this causes their blood pressure to read much higher than when at home.

This phenomenon is known as white coat syndrome. "White coat hypertension is characterized by the variability of a patient's blood pressure measurements between the physician's office and the patient's home environment. A patient with white coat hypertension has high blood pressure levels in the physician's office and normal blood pressure levels in their typical environment. This condition is likely caused by the patient's anxiety within the physician's office and in the presence of the physician." (*www.ncbi.nlm.nih.gov/pmc/articles/PMC4427265/*)

After reading these two articles, I came up with the idea of helping patients who suffer from white coat syndrome by allowing dogs in my office. Imagine patients having an opportunity to wait in a lobby that is dog friendly. My patients can play with comfort dogs while they wait for their turn to see the doctor.

For those patients who do not want to share their waiting time with friendly canines, they can wait in a traditional setting. But for the adventurous, they can enjoy the love and affection that dogs unconditionally provide. When I become a physician, my idea is to determine if having dogs at the office can help reduce patients' stress and anxiety while sitting in the waiting room.

If possible, I can make arrangements with dog-rescue organizations to have the canines participate in this program. This will give patients not only a chance to receive all the benefits from their office interaction, but also provide an opportunity for the dogs to be adopted/rescued by my patients.

Personally, I love dogs. My parents have two Labradoodles, including one I lovingly refer to as Dr. Doodles. I would be excited to bring him to work every day so he could hopefully help my future patients.

SOSA Suture Kit Sales Benefit Charity

The KPCOM chapter of the Student Osteopathic Surgical Association (SOSA) raised $700 through the sale of suture kits provided by Hadi Masri, D.O., associate professor of geriatrics. All proceeds were donated to the Leukemia & Lymphoma Society. *Pictured (from left)* are OMS-II Nicholas Lampasona, SOSA president; Hadi Masri; and OMS-II Taylor Mazzei, SOSA philanthropy chair.

Ink on the Heart

By OMS-II Nichole Anderez

The second year of medical school is proving to be more difficult than the first. As medical students accustomed to excelling among our peers, we are now challenged with finding the perfect balance of preparing for integrated exams, considering and ranking rotation sites, and preparing for the board exams while maintaining our mental health.

Physicians, residents, and upperclassmen always say, "It gets better!" One physician recently suggested that we open our personal statements to remind us why we are here and to reignite the passion fueling our hard work. Although I felt like that might be helpful for some, I have personally grown immensely since I wrote that statement. My perspective and opinions have changed drastically since beginning medical school; however, one thing has remained constant—a commitment to a lifetime of serving others.

When I made this commitment, I knew the road to achieving my goal would not be a simple one, and that in times of doubt, I would need a reminder. So, four years ago, prior to beginning medical school, I sat in a chair in Wynwood and had my reminder permanently etched in black ink into the skin on my forearm.

Ubuntu, the South African proverb, has been my lighthouse through the rocky sea that is medical school. Ubuntu cannot be summed up in a simple sentence. Ubuntu is an essence. Contrary to those who ask me about it, I do not have a burning passion for computer software also named Ubuntu. The proverb Ubuntu is the essence of humankind; it means that every being is interconnected, and the Golden Rule is not enough.

It suggests that a person who has Ubuntu is selfless and treats others with compassion without expecting to be treated the same. When I learned about Ubuntu, I felt that it embodied a person who lives in service of others. A physician.

After getting the tattoo, my mother suggested it would hinder my chances at attaining my goal of attending medical school. Luckily for me, I think it did quite the opposite. We live in a world that is a little more enlightened and a little more open-minded. My tattoo has not been a hindrance; it has helped me connect with others, even patients.

For some reason, people feel comfortable asking about tattoos on people they just met. It can be a conversation starter, and for some patients, it allows them to build a stronger patient-physician relationship by learning something personal about their physician. When I am asked about my Ubuntu tattoo, I relive my personal statement, and my flame burns stronger. We are here to heal people, to heal families, and through that, to heal ourselves.

Medical school is the greatest and most difficult endeavor I have pursued. Even so, I am proud to be here and to stand among my classmates as the future of health care. I never liked the saying "surround yourself with like-minded people." Instead, I choose to surround myself with like-hearted people.

The best wellness we can obtain is not lectures about eating well. It is time spent with individuals who bring us joy and laughter, even if they do not think like us. The class of 2022 has proven to be full of individuality. I was lucky enough to find my group I believe embodies Ubuntu in its own ways.

Each of us is of a different culture and religion, and yet we all are united by the desire to do our part to change lives through the healing touch of osteopathic medicine. Despite the challenges, we are the next generation of physicians. We are on our way with ink on our arms and compassion in our hearts.

NSU CREATE and KPCOM AMSA Host Human Trafficking Training

By OMS-I Michelle Lanspa, M.B.A.

Florida has repeatedly come in third for many years, behind California and Texas, in terms of the number of human trafficking cases reported to the National Human Trafficking Hotline. Both labor and sex trafficking are common in Florida—the top industries for labor trafficking are domestic work and agriculture.

To prepare for its annual student-organized health fair in Clewiston, Florida, in February, members of the KPCOM American Medical School Association (AMSA) student chapter organized a training for all NSU Health Professions Division students during National Human Trafficking Awareness Month on January 23. The training was conducted in collaboration with the NSU Coalition for Research and Education Against Human Trafficking and Exploitation (NSU CREATE).

More than 60 students registered for the training, many of whom will be volunteering at the Clewiston health fair. NSU AMSA aimed to not only prepare these students to recognize human trafficking as volunteers at a large community event (last year's fair served more than 400 people), but also to prepare students from all NSU HPD programs for their clinical rotations and early professional careers.

Florida has repeatedly come in third for many years, behind California and Texas, in terms of the number of human trafficking cases reported to the National Human Trafficking Hotline. Both labor and sex trafficking are common in Florida—the top industries for labor trafficking are domestic work and agriculture. When it comes to sex trafficking, the top industries are illicit massage businesses, residence-based commercial sex, escort services, hotel-motel based, and pornography. The majority of victims in Broward County are U.S. citizens from the community—not from the foster care system or foreigners.

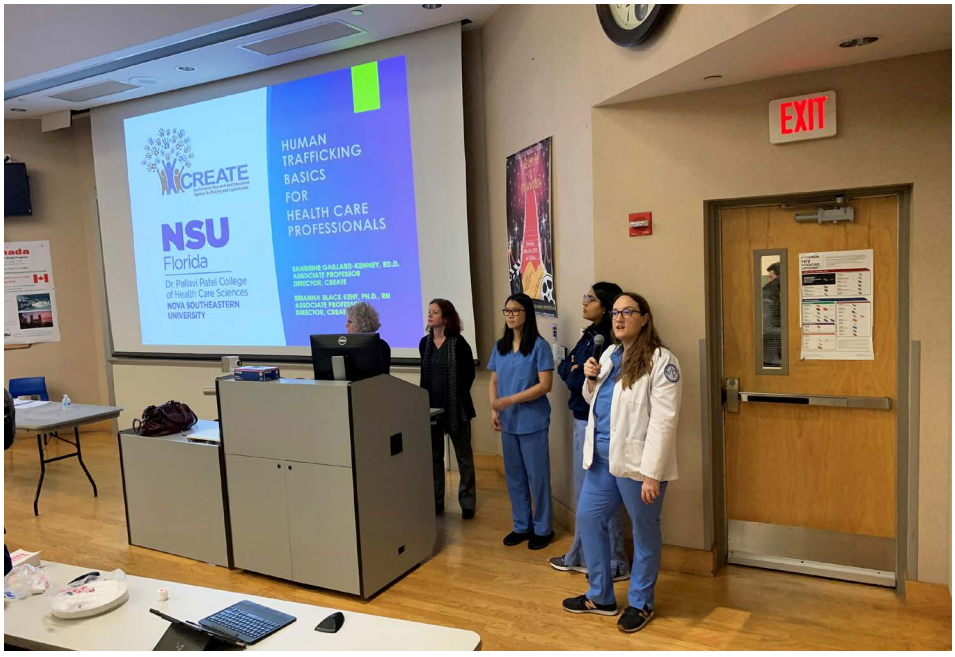
Training health care professionals on recognizing human trafficking, and on what actions to take when they do, is critical to fighting human trafficking. Survivors have recounted again and again how often their only contact with individuals outside "the life" were accompanied visits with their exploiters to health care services.

Since perpetrators of both labor and sex trafficking trade bodies as a commodity, some will make sure their human capital is taken care of when a serious health problem or injury arises. Data from 23,078 victim records in 2018 revealed that interaction with health care providers was within the top three points of access to potential help (Polaris Project). A 2014 study confirmed that as many as 87 percent of human trafficking victims had contact with health care providers at some point during their exploitation (Lederer, 2014).

Additionally, both victims still being coerced and controlled, as well as survivors of human trafficking, are suffering from severe trauma. It is critical that health care providers recognize that a sometimes uncooperative or inconsistent patient might be suffering from PTSD from such a situation, and assess and treat the patient accordingly.

Effective January 2019, the 10th revision of the International Statistical Classification of Diseases, Clinical Modifications (ICD-10-CM), published by the U.S. Centers for Medicare and Medicare Services and the National Center for Health Statistics, assigned unique codes for collecting data on adult- or child-forced labor or sexual exploitation, either confirmed or suspected. New codes are also available for past history of labor or sexual exploitation. ICD-10 codes are alphanumeric codes used by doctors, health insurance companies, and public health agencies internationally to assign diagnoses, collect data, and for reimbursement purposes.

As of 2020, Florida physicians are now also required to complete continuing education (CE) hours on human trafficking. NSU AMSA hopes to be able to offer



CE credits for faculty members at a second training later this year.

Training health care providers, among others, is important, because victim presentation is often not so obvious. Victims often display distrust of service providers, may not identify as victims, or have a limited understanding of their rights. Their experiences of trauma might mean they have trouble recounting details of their history or telling the difference between intimate partner violence and human trafficking.

A major goal of training efforts is to impress upon providers the importance of refraining from passing judgment, displaying empathy and concern, and reporting anything suspicious to the National Human Trafficking Hotline by calling 1-888-373-7888 or texting "Help" to BeFree (23-3733). Law enforcement specifically trained in human trafficking will take over the case from there.

Second-year students Susan Zhang (NSU AMSA secretary), Prachi Singh (NSU AMSA treasurer), and I organized the training. Prior to medical school, I spent 12 years working for various anti-human trafficking organizations in the United States and abroad. Working with the Tampep Association in Turin, Italy, from 2007 to 2010, I organized trainings for law enforcement and social service providers in Italy, Nigeria, the United Kingdom, Hungary, Bulgaria, and Greece in partnership with the United Nations and the European Commission.

I was elected to an executive board member position with the Broward Human Trafficking Coalition (BHTC) in 2014. The BHTC works with other South Florida coalitions, local governments, law enforcement, schools, shelters, hotels, and many others to coordinate collaboration on breaking cases, assisting victims, and educating the community about human trafficking.

Sandrine Gaillard-Kenney and Brianna Black-Kent, who are both assistant deans and associate professors in NSU's Dr. Pallavi Patel College of Health Care Sciences, founded NSU CREATE in 2015. Both have been researching and raising awareness of human trafficking since 2010 in South Florida.

NSU CREATE provides dental, optometry, and mental health services for human trafficking survivors, provides training, and conducts research on human trafficking awareness, prevention, and victim outcomes.

(*Note:* On February 8, 2020, Lanspa received a Florida Osteopathic Medical Association Student Award for her ongoing work in human trafficking training.)

Sources

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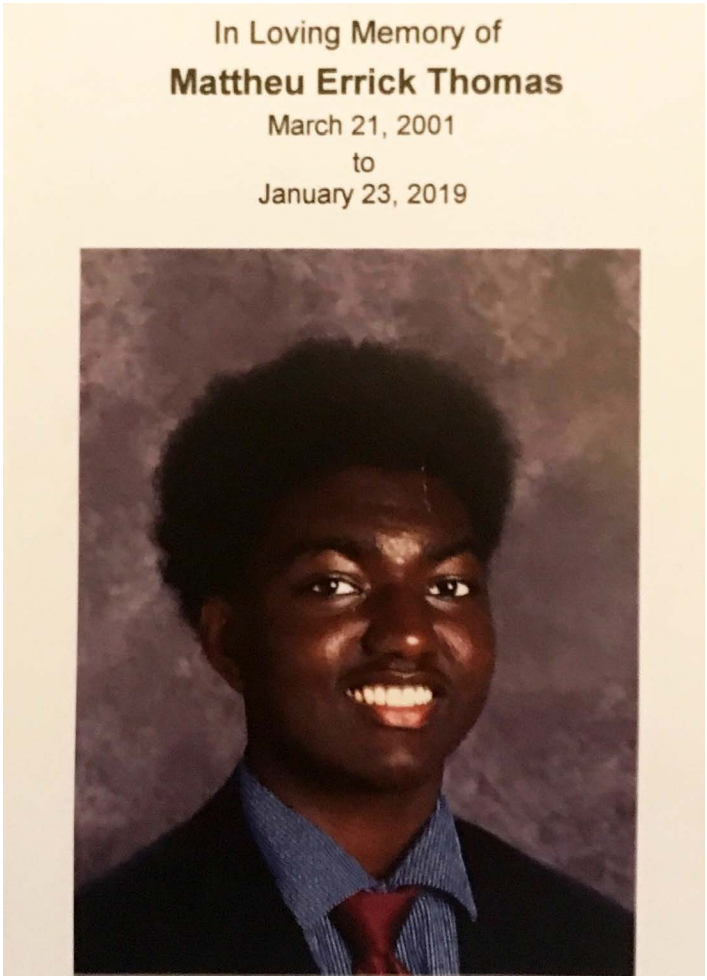
A Mattheu Type of Resilient

By OMS-III Janelle Ramcharan



On January 23, 2019, my cousin Mattheu Thomas lost his yearlong battle with cancer. In light of the recent anniversary of his death, I thought it would be fitting to share one of the last lessons he got to share with those around him. It's a lesson I believe needs to be embodied by all of us: resilience.

Before Mattheu passed, he gave a speech at his high school graduation and shared with his classmates what resilience meant to him. "Because of my battle with cancer over the past year, I have learned so much about resilience. First, it means always doing the right thing despite all odds. Second, it means keeping fighting and not giving up. Third, it is persevering even though obstacles may not be in your favor," he said.

"I do my best every day to be kind to others, even when I am in pain and being selfish might be easier," he added. "I will never give up this fight."

While Matt felt it necessary to leave that last message to his classmates, I think he would want me to share the same with mine.

Resilience is something Matt truly embodied in a way that is beyond just fighting through obstacles. As we all continue on our journey through medical school, I hope we can develop even an ounce of the resilience Matt had. Not to overcome exams and boards, but to be doctors our patients can truly rely on.

As we go through medical school, it becomes so easy to just go through the motions and let the weight of our studies take a hold of our passion for medicine and the purpose and drive behind why we are all here in the first place. While our studies are important, the compassion and support we are supposed to give to our patients is equally as important to cultivate.

As a third-year student on rotation, I can say that it sometimes becomes way too easy to let what we are going through overshadow what the patients are going through. It becomes easy to become selfish and mask our selfishness as a drive to succeed and excel.

Regardless of the pain and stress we feel, however, we must never allow them to get in the way of our patients' care—a type of care that requires more than just a diagnosis and treatment. It also requires strength and support for our patients to help them get through their diagnoses and treatments.

Just like the example Matt showed me through his fight with cancer, we must be kind regardless of the pain we may be in and the stress we are under. The resilience we need to strive for is to keep fighting regardless of our hardships and obstacles, but also to push aside our issues and selfishness to deliver the kind of care our patients need and deserve.

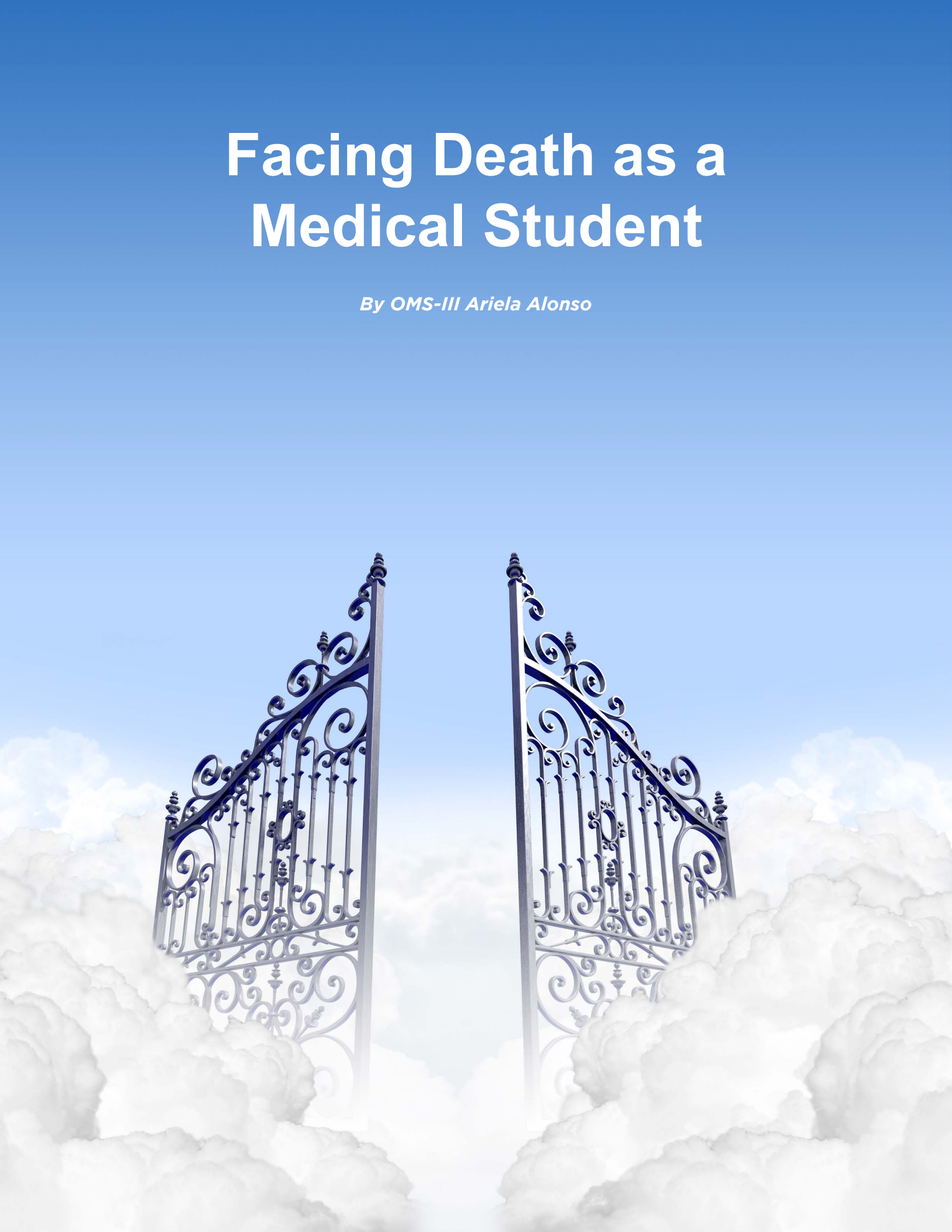
On rotations, I have witnessed firsthand doctors who believe their knowledge and ability precludes them from the compassion and kindness we should be showing our patients. I hope none of us ever get to that point.

Each step in our journey will bring us new hardships. The OMS-4s will be moving on to new stresses with residencies; the OMS-3s to the pressures of audition rotations and interviews; and the OMS-2s to the stresses of rotations and boards.

Regardless of the pain and struggles that may come our way, I hope we can all keep "doing the right thing despite all odds," as well as to "be kind to others" even when "being selfish might be easier." I am truly rooting for all of us to never give up this fight, so please, do your best to be resilient. Not just any type of resilient, but a Mattheu-type of resilient.

Facing Death as a Medical Student

By OMS-III Ariela Alonso



"The first thought that passed through my mind was maybe I should have jumped in and done compressions and been more proactive. Just maybe, an extra pair of hands would have gotten a little pulse back or stopped the bleeding." –Ariela Alonso

I was trying to keep up during ICU rounds when suddenly a "Code Blue in room 2 North Dialysis" was heard throughout the hospital. The majority of these codes end up being cancelled before we even get a chance to drop everything we're doing to help. But not this one. This one was very real.

In all rapid responses and codes, the ICU physician on the floor is usually the one who goes to see the patient, and we're the lucky medical students who have the opportunity to go with him or her. As we're walking very quickly to the Code Blue, all I could think about is how it's going to get cancelled like they always do, but at least I got some steps in. When we got to the patient's room, it was one of the most chaotic responses I'd seen during my second month of clinical rotations.

In the bed lay a woman, unconscious, being thrown up and down as people were giving compressions trying to revive her. As much as I was ready to just hop in and do compressions, as a medical student, you definitely feel you're just in the way, especially when someone's life is literally in your hands. So, you tend to stand at a reasonable distance, but still ready to assist when needed.

The ICU physician started to direct the nurses to give him "Epi, STAT" and to hook up the AED. However, as all of this is happening, blood started to form a puddle on the floor underneath the patient's bed. Everyone started to panic because she is starting to lose liters of blood, and her pulse can't even be detected.

The bed is stuck, which is not helping control the bleeding. Nurses, techs, and the physician are starting to lose hope that we can bring this woman back. Twenty minutes pass, and the number of people in the room starts to dwindle—and the puddle of blood on the floor is only growing bigger. "Time of Death: 10:46 a.m." was called by the physician, and just like that, I experienced my first death as a medical student.

When I woke up earlier that morning, the last thing I was expecting to see was a woman, who was just having breakfast before her dialysis, pass away before my very eyes. I didn't want to leave my spot in the room. The nurse was trying to get the husband on the phone, and others started to clean up.

The first thought that passed through my mind was maybe I should have jumped in and done compressions and been more proactive. Just maybe, an extra pair of hands would have gotten a little pulse back or stopped the bleeding. Realistically, however, I knew my "what ifs" and "maybes" weren't justified, because she had gotten all the treatment that could have saved her during that time.

We returned to rounds as if nothing happened, and that bothered me. Later that day, I got home and cried.

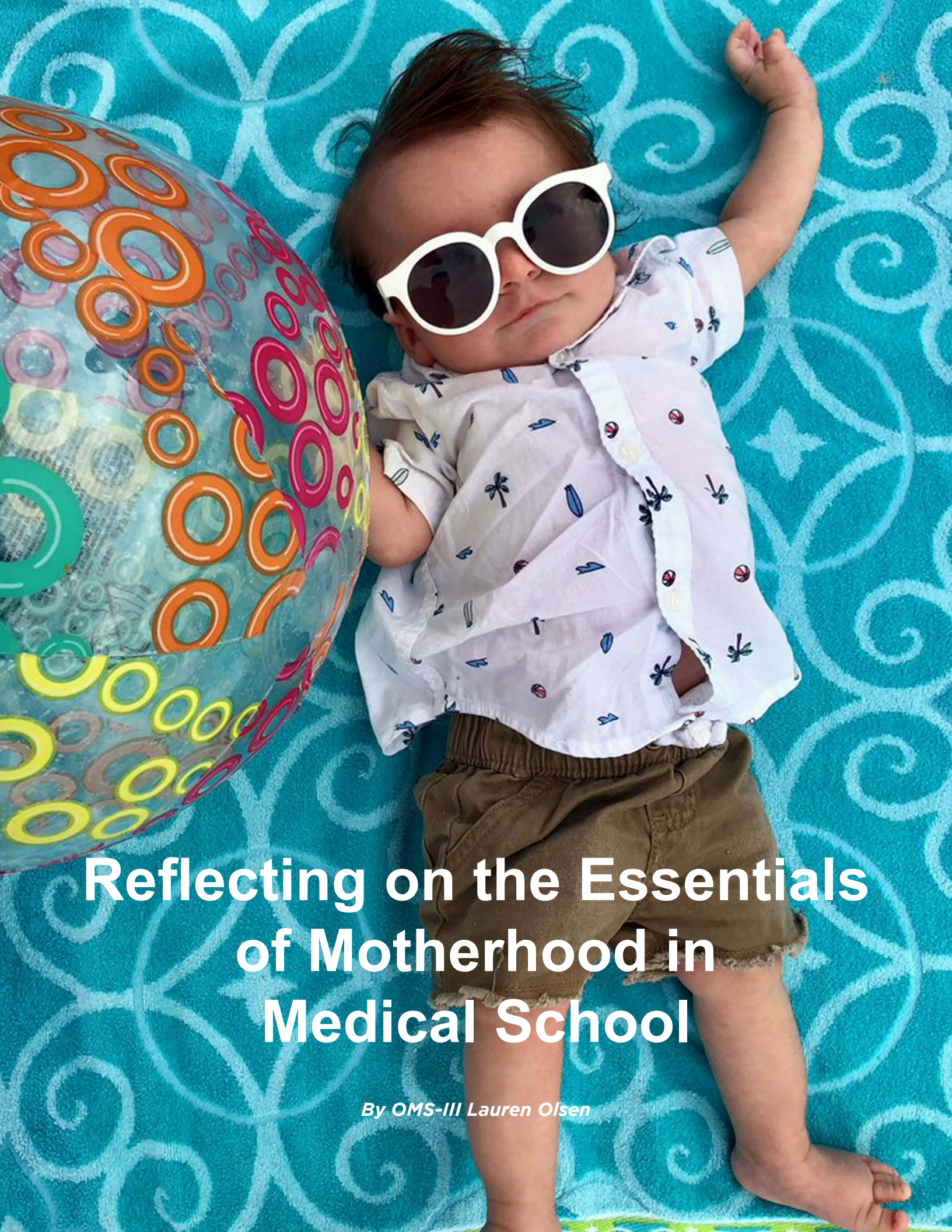
The image of the woman covered in blood and pulseless replayed in my head for a couple of weeks. It was difficult to process, knowing I had to go to work the next day and move on. It's hard to explain what you feel when you experience your first death on rotations, especially in this manner. You see a life just end within minutes, even though there is a whole staff trying to save them.

Being in the medical profession, we are expected to remain objective in order to avoid our emotions interfering with the treatment of our patients. If we aren't, this can impact treatment plans, which may or may not be in the patient's best interest. Medical students' humanistic values are said to decrease drastically as we enter clinical rotations in third and fourth year.

As much as we are taught to always be the most "humanistic" we can be, it's hard when you don't have the "perfect" patient—a patient who is completely healthy and compliant with all your treatments and counseling. When you see patients, who are either not compliant with treatment or have passed away, you feel as if you are not allowed to process it properly, because you're needed to help your other patients.

There isn't a course or lecture that teaches you how to cope with death and continue to treat your other patients successfully. Although we all handle death and grieve differently, having the skills to better understand how to process these emotionally taxing events during clinical rotations would be beneficial to any medical student.

This experience is something that will always stay with me and has shaped me into the kind of physician I aspire to be. I want my patients to trust that I will always care about their health and well-being. It has made me stronger and more capable in dealing with patients dying, especially when you have absolutely no control.



Reflecting on the Essentials of Motherhood in Medical School

By OMS-III Lauren Olsen

"Sadly, I can't sleep. My body is used to interrupted sleep, and it doesn't know how to handle this full REM cycle. Even if I could sleep, my body is still recovering from the earlier start time of my last rotation, and Remy likely will wake up soon. So, I find myself here, a former nine-hour daily sleeper, typing away and wide awake before the sunrise." –Lauren Olsen

"Go, Lolo, Go!" my two-year-old sister Camilla would cheer at the end of the pool lane as I raced in swim meets during middle school. This same phrase was adorned on my college graduation cap and gleefully chanted at my white coat ceremony. My mom chanted it to me as I entered motherhood last February.

My son Remy is now 11 months old. He has a smile that lights up any room, a demand for independence that I am sure will suit him well on his own adventures one day, and a demand for time that rivals the demands of medical school.

Remy attends day care and, as those who have done and will do a pediatrics rotation have found and will find, day care is a cesspool of childhood disease. Our pediatrician doesn't even wince at how many visits we have dispersed around the normal vaccine schedule. With Remy constantly registering a fever equivalent of a steamy summer day in Florida, I am constantly tasked with juggling motherhood, medical school, and career advancement at a high level—all the while wondering, "Why am I paying for day care?"

My point, perhaps evident and obvious to many others in similar situations, is that preparation and time management is of the utmost importance in my life. I have to get work in when I can, wherever I can. I began writing this article at 6:00 a.m. on a Sunday after my first straight six hours of sleep in the last two months.

Sadly, I can't sleep. My body is used to interrupted sleep, and it doesn't know how to handle this full REM cycle. Even if I could sleep, my body is still recovering from the earlier start time of my last rotation, and Remy likely will wake up soon. So, I find myself here, a former nine-hour daily sleeper, typing away and wide awake before the sunrise.

Who am I?

Is there a part of me from before school and mommyhood that has survived these life events? Or is this part of the conditioning all physician parents go through to "balance" their lives? A forced transformation and evolution?

Recently, my husband and I were challenged with a heavy caseload at his firm, a looming internal medicine COMAT, and a very cranky baby with a high fever. Every moment that my preceptor was typing his notes, I was reviewing flashcards on Anki and doing small sets of questions on my COMQuest app. At home, I was doing the same while pacing our hallway soothing Remy as he fell asleep in my arms.

There were quite a few lessons I had to learn starting medical school. Here are some tips from a medical student turned mama.

Plan, but also plan for the unplanned. During didactic years, I would always pack my school bag and food for the next day. Being prepared to be at school the entire day, and having it done the night before, made each day's goals more attainable.

The routine is the same at night for my husband and me. We make sure Remy is ready for the next day by packing his school bag and planning the pickup and drop-off. My rotation schedule changes monthly, and at times daily, so this routine has been vital.

Time management on steroids. Sometimes, you just have to review outside your ideal study space. At the beginning of a new block, I would prepare a list of goals for each week leading up to the exam. Now, with that list of study goals for the week, I had some flexibility for how each day would go. The list had to somehow get done by Sunday before the new week of classes started.

This has translated into motherhood. Each week, I review what we have to get done, knowing that every day is different at my house with a baby constantly learning new skills and a personality blossoming in different ways daily. Similar to studying for a new block, the daily goals have to be flexible.

Learn to accept and appreciate the help of others with grace.

Communicate with your spouse/significant other. This one is combined. Medical school taught my husband and me how to communicate effectively and prioritize goals. It taught me that I cannot do it all. It is okay to solve problems by recruiting others' help. Isn't that part of our role as a leader in medicine? Making a plan with the patient and his or her wishes in mind, seeing it through by delegating to a team of health care providers, and following up to see it through.

While studying for boards last summer, Remy wasn't able to go into day care because of availability. In order to move and study, we had different family members and friends fly in to take care of him during the day.

I was coordinating six different people's schedules, arranging flights and transportation, feeding, and preparing for them to spend all day with a young infant. All through that time, I maintained that the goals were a well-cared for baby and passing the COMLEX level 1 exam. I'm happy to say we survived.

Is there a part of me that has survived this madness? I don't know. Sometimes it's difficult to step out of it and acknowledge that this "madness" is a blessing, honor, and privilege. What I do know is that I chose this path, and I knew it would be difficult, time-consuming, and stressful.

I wanted, and still want, to be a mother and a doctor. Chaos is a new normal, but these practices have helped the normal from devolving into a full-blown Armageddon. That, and repeating the mantra that has pushed me in every other endeavor leading up to this point—"Go, Lolo, Go!"—this time with a little more emphasis on the "go," and quietly to myself to continue to work.

A "Peace" of My Mind

By OMS-III Natasha Duggal

Until I did my psychiatry rotation, I did not fully understand how much the emotional state of an individual can contribute to a person "feeling better." While I had encountered a few patients on other rotations with signs of mental health issues, their chief complaints appeared to be generally "physical" problems that could be fixed with an antibiotic regimen or a procedure.

After my first week at my psychiatry outpatient clinic, I began to realize the importance of being "mindful of the mind." During the course of the week, I met hundreds of patients struggling with schizophrenia, bipolar disorder, depression, anxiety, and intellectual disabilities.

I felt overwhelmed by the flood of personal family problems, financial difficulties, and socioeconomic challenges shared with me by patients and their families. Some patients spoke about their reliance on substances such as tobacco, while others described how talk therapy helps them work through their intimate issues.

I recall a mother and father who had come in for medication refills for their son, who had been diagnosed with severe autism spectrum disorder. The son was essentially nonverbal and had to be brought directly from the car when the doctor was ready to see him, because he was unable to be near others in the waiting room without constant kicking and screaming. His parents were impressively patient as they calmed their child every few minutes with hugs and silly songs from YouTube videos.

As I updated the patient file for their visit, I wondered how difficult it was for the parents to achieve a sense of normalcy and peace within their family. I was equally in awe, though, at how much love they poured into their child despite his behavioral setbacks.

After my rotation ended, I felt emotionally exhausted by all the stories I had listened to in my four-week rotation. Mental illness is extremely common, with one in five U.S. adults suffering from at least one form of mental illness according to the National Institute of Mental Health. Mental health problems are not just limited to our patients either. According to the American Medical Association, almost 50 percent of all U.S. physicians endure burnout.

As future physicians, we will need to continue to treat patients with complex, multidimensional health issues, but we must also prioritize our own mental health needs. I encourage rising third years to take a moment to recognize the holistic aspect of caring for a patient, and the burden it will often take upon us as providers.

Mental health affects patients and providers across all medical specialties. Appreciating the vulnerability and fragility of the mind will help each of us to better serve our patients and ourselves.

FOMA Osteopathic Medicine Day

Second-year students Joshua Berko and Matthew Heffelfinger participated in the Florida Osteopathic Medicine Association's Osteopathic Medicine Day on November 6 in Tallahassee, Florida, along with students from LECOM Bradenton and the Alabama College of Osteopathic Medicine.

"We had the opportunity to meet with House Representative Spencer Roach, Senate President Bill Galvano, and Governor Ron DeSantis," said Berko, who serves as president of the KPCOM's Florida Osteopathic Medical Association student chapter. "We talked about health care issues and spreading awareness about the osteopathic profession, while also thanking them for their commitment to bettering the level of care we can provide our patients."

A Dog a Day Keeps the Doctor Away

By OMS-III Taylor Kolb and OMS-III Rachael Candela

Choosing to adopt a dog during medical school would probably not be advised if you ask most professors, doctors, parents of medical students, or even most medical students themselves. We spend half the day listening to lectures and the rest of the day studying those lectures, while also attempting to make time for eating, bathing, and sleeping (not to mention cleaning, laundry, errands, socializing, etc.).

Nevertheless, we each came down with a bad case of puppy fever—something most medical textbooks don't have much information on. Between the therapy dogs that visited us in the library during finals week at school, and the many trips of our own to adoption shelters on an almost unhealthy basis, it was clear that the only cure was a dog of our own. By the end of our first year, we were each proud new dog owners.

Callie is a loyal brown and black combination of just about every small dog breed there is, and Nova is an energetic Aussie/Sheltie mix. They have personalities bigger than both of their weights combined.

It was by no means simple adding these fur balls into our already hectic schedules. Instead of just making sure we took care of ourselves, we had to make sure these dogs that depended on us were given the attention and care they needed. We learned that training was no easy feat; it requires time, patience, and lots of positive reinforcement (e.g., treats).

Luckily, both Callie and Nova turned out to be eager to please and extremely treat-motivated. We would be lying if we said there weren't days when we thought maybe we should have listened to everyone telling us, "Wait until after medical school to get a dog." However, those days became fewer as we realized how much we were missing out on before they became part of our lives. Now, looking back, we have no idea how we could have made it this far without them.

We found out that our very own microbiology professor, Bindu Mayi, is on the board of directors for Share-A-Pet—a nonprofit, pet-assisted therapy organization. Share-A-Pet helps train and certify dogs to provide pet-assisted therapy in hospitals, nursing homes, and children's centers, including helping struggling readers in elementary schools learn to read.

We jumped at the opportunity to start this six-week training course with our dogs, even if it was during one of the most stressful times of our schooling. What could be better than getting to watch people smile and feel better because of our dogs? Dr. Mayi worked with us to teach Callie and Nova the skills they would need in order to visit nursing homes and schools.

Each week, we worked on a different skill—listening, sitting and lying down for an entire uninterrupted minute, how to approach a person in a wheelchair, ignoring distractions, and how to walk on a leash without pulling. At the end of the training, Callie and Nova took a test to make sure they had gained the skills necessary to become certified, and they passed. It was probably more meaningful to us than to them, but they definitely didn't mind the treats and praise they received afterward.

Our inaugural time volunteering at an assisted living facility showed us how happy two small dogs can make people of every age. As we got closer to the building, the dogs became aware of all the new smells and were excited to see what was on the other side of the door. When we walked in, the residents were scattered around the main room. Callie and Nova were overwhelmed with excitement—so many new people to meet and say hi to, and so little time.

Nova and Callie ventured out into the sea of wheelchairs, fearless as elderly hands reached down from every direction toward them. They sat and allowed everyone to pet them, gladly receiving tons of belly rubs and head scratches. They started many conversations, as the residents reminisced about dogs of the past that are no longer here.

The residents shared stories with us and with each other about all the animals that made a difference in their lives. Many smiles and laughs were exchanged as the dogs performed their tricks and snuggled up next to the facility's residents. It was hard to say goodbye, but luckily, it was not the last time we would be there.

When we began training with Share-A-Pet, we learned that pet-assisted therapy is so much more than just being able to pet a furry, loving animal. It is a source of social interaction and conversation that many residents in nursing homes do not often get the chance to have on a daily basis.

By simply asking, "Would you like to pet my dog?" a story about their past unfolds, and we are able to connect with them through shared experiences and by hearing about their lives. When we bring the dogs over to a group of people, it sparks conversation within a group of peers, allowing for more social interaction even after we leave.

We were able to really see firsthand the power that two small dogs have in breaking down walls and finding commonalities between people who might not have ever spoken otherwise. There was so much more benefit to them becoming therapy dogs than we even realized.

There is no question that caring for Callie and Nova has had an immense benefit in our own lives and on our mental health, because they are the best study buddies. Watching them spread this joy to others really makes us, as their owners, feel like every challenging part was worth it.

So, if you ask our opinion on adopting a dog in medical school, we would tell you it's a crazy idea, but it is one of the best decisions you will ever make.

In the Service of...

By OMS-III Maria Gabriela Herrera Rodriguez

Camp Boggy Creek is one of those experiences where it is difficult to explain the impact it can have on the volunteers and the families who attend it. It is a subjective experience, but an extraordinary one I never thought would affect me the way it did.

I grew up far removed from the rest of my extended family in a very literal sense. Because I'm an only child, and my cousins live in Venezuela and Argentina, I have very few opportunities to be around children. As a result, I definitely didn't have enough experience to spend an entire weekend at a camp designed to make you become the best friend of the kids attending it. If I'm being honest, the thought was just a tad terrifying.

However, I had heard about the program and its mission and listened to others recount their experiences, so I wanted to participate. From asthma and congenital heart conditions to cancer, the camp runs the gamut in terms of the families it will accommodate.

As camp volunteers, we have two main jobs: to provide the families an enjoyable weekend where their children can enjoy a sense of normalcy amongst the other campers in a stress-free environment; and to make sure everyone is safe. We are there to provide a fun, safe experience the families can look back on with fondness whenever the harsh realities of their lives get to be too much.

For me to be in the service of such a kind event that provides children with a positive experience was an honor. It reminded me of why I want to become a physician and the connection I want to make with my patients and the world around me.

Camp Boggy Creek is an once-in-a-lifetime experience that brings warmth, joy, and an awesome arts-and-crafts project back home with you. Zero experience is required—just a willingness to try.

The Butterfly Effect

By OMS-1 Paige Webeler

During the winter break, I volunteered at The Montgomery County Food Bank in Conroe, Texas. Though on the surface sorting donated cans into categories by food type and expiration date has little in common with training to become physician, at their core, they're not so different.

Physicians are caregivers who seek to help patients and their community. Physicians have a unique way they can help others, since having a medical degree and offering sound health advice is an aid few can offer. But for now, we're not physicians. I'm just a first-year student with a semester of knowledge under her belt.

While working at the food bank, I found that ways to help the community come in all shapes and sizes, and often start from a small idea. The Montgomery County Food Bank was started by one woman who raided her own pantry to feed her neighbors who had lost everything in a house fire. That one small act, magnified by other compassionate individuals, metamorphosed into the wide-reaching facility that exists today. This is the butterfly effect: that small acts of kindness synergize into an effect far greater than its initiator could have imagined.

I walked away from this experience with sore hands and a full heart. Many of the cans and produce that are donated from grocery stores are deemed too imperfect to sell, but are in fact perfectly safe to eat. And while I'm thankful that through the donations the food does not go to waste, it brings up an unpleasant truth.

As a society, we value looks. We toss perfectly good things aside in favor of the newer, shinier version. I'm guilty of longing for where the grass is greener and not being content with abundance that I do have.

This experience has taught me to be grateful. I've seen volunteers who come steadfastly every day because they have a fire in their hearts for the cause and love for the people they impact. These people were diverse—students from the local college, retirees, people between jobs, even those doing court-ordered community service.

Though sorting cans can seem a mundane task, it has meaning in the end. Its meaning comes from the people it ultimately impacts. This lesson carries forward into life as a physician. It's not the size of the act that matters, but the heart behind it. The butterfly effect will take care of the rest.

The Reality of Being a Third-Year Student

By OMS-III Grace Chalhoub

This is a story of a case study. It is one that is typical in the daily life of a seasoned physician, but an eye-opening experience for many individuals. Medical students like myself, who have only recently been introduced to the world of hospital care, will more than likely encounter hardships like this one on their road to practicing medicine.

The story starts with a 77-year-old woman with a past medical history of atrial fibrillations and ends with myself coming to terms with one of life's greatest truths. Sometimes, we are not in control.

The patient presented to the emergency department with syncope and fatigue. She was admitted to the hospital and placed on the cardiac floor for careful monitoring. During the morning pre-rounds, I asked a nurse to translate for me and went into the patient's room to obtain the patient's history.

After obtaining a complete history, the nurse left, and I began the physical exam. Soon after beginning the exam, I immediately noticed that her heartbeat was very faint. Almost as if on cue, the patient suddenly opened her eyes wide, started making snoring sounds, and passed out. Realizing that she and I were the only two left in the room, I ran outside and called the nurses, who then called a code blue. After 30 minutes of resuscitation, the patient was pronounced deceased.

Witnessing my first patient's death was very challenging. I remember crying the entire day following the patient's death. I distinctly remember not being able to sleep at all that night. The next day, I found myself ruminating on these events, and my imagination started taking me down a rabbit hole of negative thoughts and emotions.

What if this happened to my own family and friends? Could I stop these events from happening to the people I cared about most? It gave me a lot of anxiety to know that my parents, and some of my family members, share some comorbidities with this patient. I started feeling responsible for the well-being of our family members and friends.

Stepping into the hospital for the first time as a third-year medical student was very exciting at first, but it rapidly became an overwhelming experience. One must expect to be thrown into a life-or-death situation at any point in time. I did understand what I was getting into when I started my third-year rotations. After all, the first two years of medical school were not easy. All of my medical school seniors would cheer on my peers and me, telling us that it gets better after the first two years.

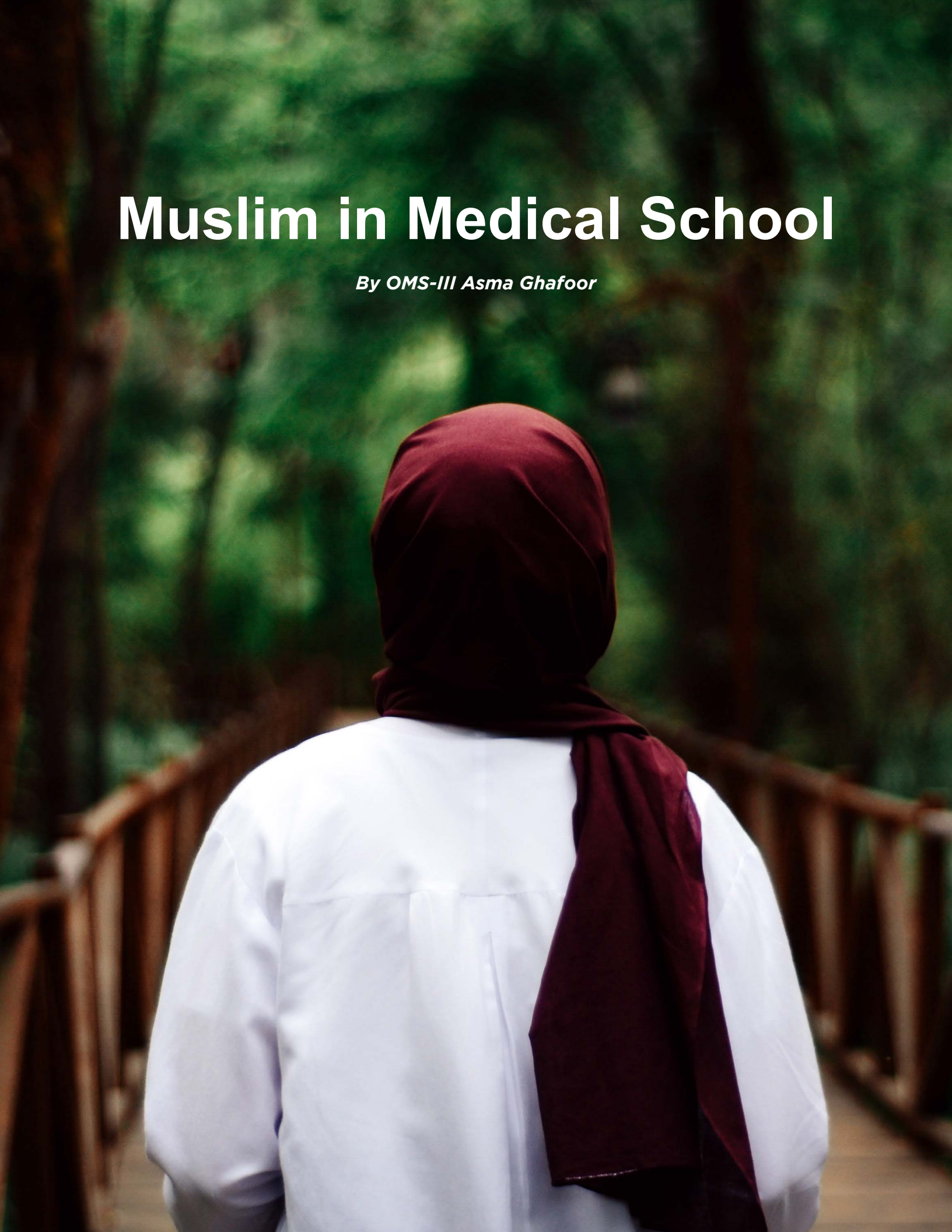
While I agree with my peers, the third year is full of many new experiences. These experiences can be challenging and rewarding when patients are satisfied with their health care, but they can also come at a cost. Sometimes, things simply will not go as expected, regardless of the quality of care, and this can take a toll on the health care provider's mentality.

It takes a lot of work, maturity, and confidence for providers to overcome the constant fear and feeling of responsibility toward those we care for when it comes to their well-being. I have realized that we can advise and urge our patients to adhere to a healthy lifestyle, but it is impossible to monitor every health decision they make.

No matter how much it hurts to see the people we care for make poor health decisions, we have to learn to accept that some things are out of our control. I believe that with time, I will continue to grow and expand on my clinical experience so that I may one day be the hardworking and empathetic physician I aspire to become.

Muslim in Medical School

By OMS-III Asma Ghafoor



"Our scarf covers our hair, and in most cases, our neck. But it's difficult to assemble bouffant caps to cover all the fabric, so it becomes an exhausting process. Some hospitals, however, offer full hijab covers to cover the entirety of the scarf. My question is this: Isn't our hijab equivalent to the vibrant surgical caps people wear in the OR?" –Asma Ghafoor

Before I did my NSU-KPCOM applicant interview, a few friends told me that one portion involved using a stethoscope. I practiced the night before to make sure just enough room was left between my scarf to slip it in without looking like a complete mess. The goal was to pick the perfect fabric that stretched but didn't look unprofessional.

In medical school, Muslim students are trying to reach their goals and maintain, or grow, their faith in the process. Each of us faces different challenges. Bear in mind, we all have different levels of faith and different things that are important to us. Personally, I had trouble maintaining the modesty standards I set for myself.

This first started when we needed to learn how to do physical exams on fellow students. As a hijab-wearing female, I already stuck out, so the last thing I wanted to do was create a rift in the education process. Therefore, I just bit the bullet and tried my best with what was given to me.

This included exposing my bare arms and all, which for some may not be a big deal, but for others, it is. I explained to my professors that, "Yes, I'll examine anyone, that's why I'm here; but please don't have them practice on me."

Fast-forward two years, and here I am starting clinical rotations with a new set of challenges. The first stop was the operating room (OR). Personally, I have had no trouble with my surgical rotations. My friends, however, did have a more difficult time.

Our scarf covers our hair, and in most cases, our neck. But it's difficult to assemble bouffant caps to cover all the fabric, so it becomes an exhausting process. Some hospitals, however, offer full hijab covers to cover the entirety of the scarf. My question is this: Isn't our hijab equivalent to the vibrant surgical caps people wear in the OR? Some companies even produce antimicrobial scarfs.

This is a non-issue at my rotation site, and I wasn't required to cover my scarf. But sleeves? Forget about it. There's no way you're getting away with that. The problem here arises when the actual surgery is over. When your attending physician walks out, you have no time to grab your jacket, so you just follow him to rounds or lunch.

Disclaimer: If you see someone wearing a scarf with no sleeves in the hospital, please have pity and don't look at us funny. For the Muslim male students, the conversation usually involves some discussion over the length of their beards.

Muslim men keep beards for religious reasons and are asked to trim them to keep the surgical area sterile. Let's just say I've seen longer beards on attendings than on some of my Muslim colleagues. Each one has his own experience, and each tries his best to adhere to the rules.

These are all tangible issues we face, but we also face self-esteem issues. We are hyperaware of the reactions that occur when we enter a room, an OR, grand rounds, or anything and everything. People think you are too timid and don't have the assertive power to get the job done.

This idea just spins in our heads, and we psych ourselves out. It has taken a bit of practice and a little change in my personality on my behalf. Some may say it's overcompensating, but it's my way of feeling like I'm on an equal level.

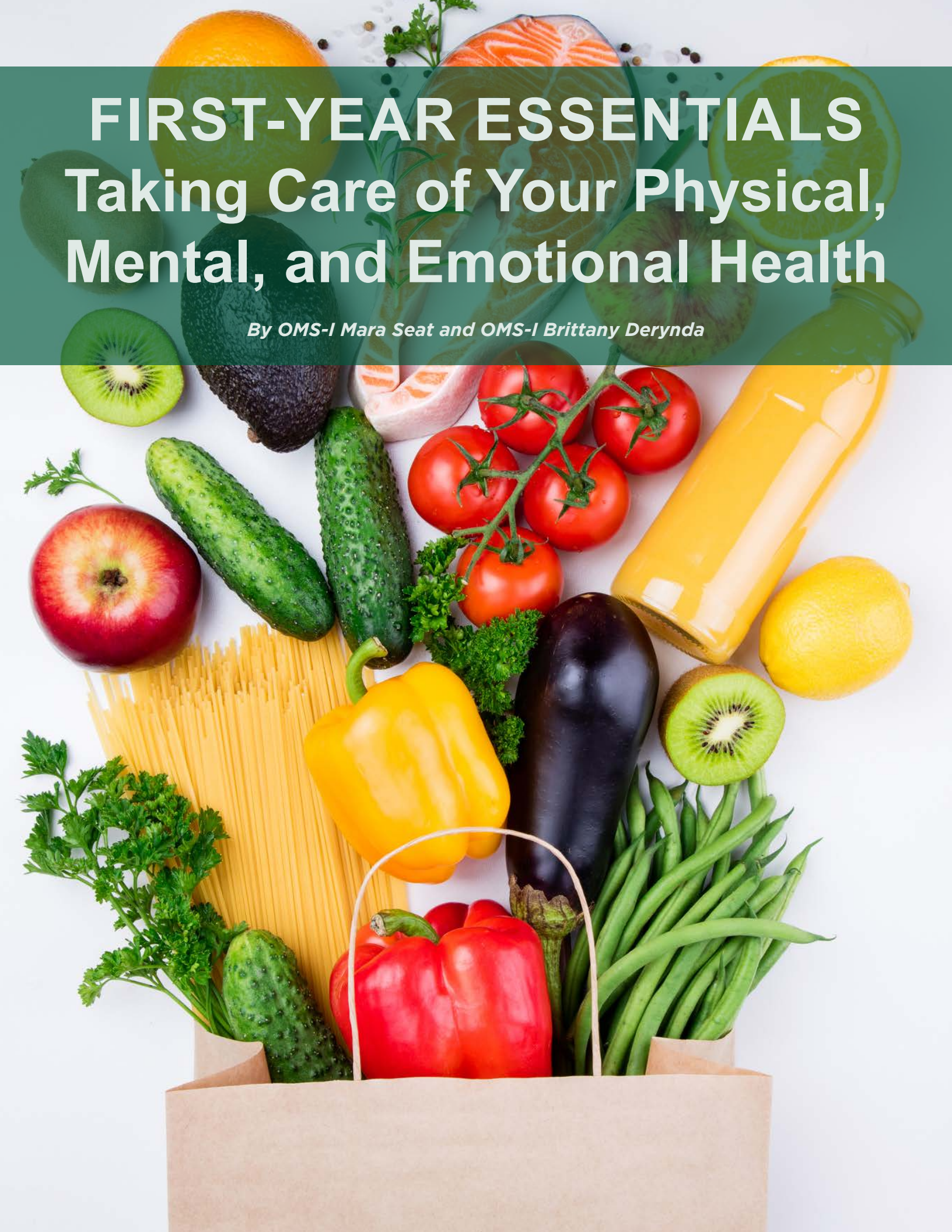
I'm now halfway done with my third year. My stethoscope is in and out of my ears too many times to count. Attendings ask me if I'm allowed to examine the male patients, and my patience has dwindled to the point that I don't answer them and just start the physical exam.

I tailor my attitude to be receptive to my respective attending. I bite my tongue and take any underhanded comments about my scarf, being a woman, or being Muslim. All I can do is hope I'm representing my faith and profession the best I can.

So, there it is. Some of the untold struggles your fellow students face and are currently facing. As we all know, medical school is stressful in and of itself. But to balance our faith in the process is just another added stressor. If you ever have any questions, stop us. We'll be more than happy to talk to you. And if you ever see us in a compromising situation, please understand that it's not always easy.

FIRST-YEAR ESSENTIALS
Taking Care of Your Physical, Mental, and Emotional Health

By OMS-I Mara Seat and OMS-I Brittany Derynda



Take a second to reflect on the most stressful moment you've ever experienced in school. For many students, they reminisce back to the years they wholeheartedly put everything into getting into medical school.

You researched for more than three years, assisted a teacher in college, made the dean's list, wrote a thesis, volunteered, maybe even had a job. Yet you somehow simultaneously managed to squeeze in time for meal prepping, exercise, calling your mom back, and even maintaining relationships.

One would think this would prepare us for the chaos that can be medical school at times. Graduate school is a completely new level of learning to recreate study habits and take care of yourself not just physically, but emotionally and mentally as well.

Being a successful doctor isn't about being number one in the class or starving yourself to stay healthy when you are sitting and studying all day. Putting value in yourself by making your health a priority will show more to future patients than anything else will. I can't express how important it is to check in with yourself every day and make sure you are investing time in yourself before pushing past your limits.

Our point? There comes a time in medical school when you thought you have prepared yourself for anything to come your way, yet you still end up overwhelmed. So, how do you do it? How do you find the time to study for classes and boards, do rotations, do research, volunteer, and stay in contact with your family—all while staying mentally, physically, and emotionally healthy? It is no easy task, but here are a few ideas on what you can do to be the best version of yourself.

Seek help when you need it. Talk with your family, friends, classmates, or mentors when you are having a hard time, or consider scheduling an appointment with an on-campus counselor at *www.hendersonbh.org/services/student-counseling/nova-southeastern-university/*.

Incorporate physical activity where you can ride a stationary bike, walk on the treadmill, or do the elliptical while watching lectures or flipping through your Anki decks.

Check out local fitness classes. Grab a group of friends and check out Groupon. There are often fun fitness class passes offered at reduced prices.

Explore your neighborhood yoga studio. One hour of yoga a week won't ruin your schedule, but it is sure to make you feel more relaxed.

Eat healthier meals. Check out this website for easy healthy recipes *(cookinglight.com/food/quick-healthy-recipes)* or explore these healthy meal delivery services *(glamour.com/story/healthy-food-delivery-services)*.

Practice mindfulness. Try one of these apps to incorporate some mindfulness training into your daily life: Headspace, Calm, Aura, and Insight Timer.

Get enough sleep. Strive to get your six or seven hours a night, even if that means finishing the next lecture tomorrow morning.

Plan your time. Try out a new system of managing your time, whether that is creating a new calendar system or going back to the old way of a student planner.

Schedule time to do the things you enjoy. Get a group of friends together to make dinner, plant a few plants on your back porch, or simply read a couple of chapters in a book you've been wanting to read.

By simply incorporating one or two of these things into your weekly routine, you are sure to feel like a better, fuller version of yourself. As medical students, we can do a lot, but we can't always do it all. Remind yourself of that as you focus on what you really need during this journey of becoming a physician.

"There comes a time in medical school when you thought you have prepared yourself for anything to come your way, yet you still end up overwhelmed. How do you find the time to study for classes and boards, do rotations, do research, volunteer, and stay in contact with your family—all while staying mentally, physically, and emotionally healthy?" –Mara Seat and Brittany Derynda

Sickle Cell Warrior: Why We DO Medicine Reminder

By OMS-II Alyssa Benjamin

Every medical student learns about the genetic mutation that causes sickle cell—a disease that affects more than 100,000 predominantly African Americans and, less so, Hispanic Americans in the United States. When asked about the topic, many would quickly respond that there is a mutation in the hemoglobin beta gene on chromosome 11, changing glutamic acid to valine at position 6.

While we know the biochemistry, what do we know about living with this disease? In the first two years of medical school, it is easy to get bogged down in the basic science of the human body and disease processes. While scientific knowledge is important, it is integral that we remember the wise advice of A.T. Still—to treat the whole patient, not the disease.

On November 7, the college's ACOFP chapter had the privilege of welcoming the Sickle Cell Advocacy Association (ASAP) to our campus. This panel comprised various sickle cell warriors and advocates. Participants included adults suffering from the disease; an 18-year-old making the transition from pediatric to adult care; parents of babies trying to navigate their child's pain level; and the mother of one individual who had been cured through a bone-marrow transplant.

Daily life is difficult when something as simple as swimming in a pool or dehydration can trigger a sickle cell crisis. The pain is so intense that many have been treated with opioids before their first birthday. These individuals not only experience bone-breaking

pain, but also discrimination in the emergency rooms they visit out of necessity. Racial profiling and high pain killer tolerance leads to defacing ER experiences and mistrust of medical professionals.

During the panel discussion, many students were moved to tears by the stories of strength amidst the struggle. OMS-I Jessica Goldstein wrote, "As each patient recounted his or her personal experiences with the horrors of the genetic disease, as well as the horrors of being treated poorly by medical professionals who couldn't care less about these patients, I felt an overwhelming combination of emotions," she explained.

"I want to advocate for all patients, so learning about those affected with sickle cell diseases lit a spark of passion and motivation," she added "I hope all doctors, including myself and my future peers, as well as doctors who have more than 30 years of experience, will hear or read about what these patients endure and feel that same fire of passion burning that I do."

This event provided both the patients and future doctors a forum to share experiences and learn invaluable humanistic lessons. "It was an amazing experience for our panelists to be able to speak directly with our future health care providers," said Kemba Gosier, ASAP president. "It is the beginning of helping to bridge the gap between the medical community and the sickle cell community. This will help them gain a better understanding for when they begin treating patients."

The ACOFP, along with members of HOMSA, SOIMA, and the SNMA, felt it was a privilege to welcome these warriors to our campus to listen to their stories. At the end of the day, it is so important that we take a step back from our books to look into the eyes of our future patients.

To be incredible physicians we must show our patients that we really see them as people and not just their underlying pathology.

Deceit in Medicine: A Philosophical Look

By OMS-III Divy Mehra

Consider this: If a terminally ill patient has a better chance of living if his doctor tells him he will definitely recover, when in reality it is likely that the patient will die, is it justifiable to lie to the patient? Different theories give different responses to that question, as theorists tend to have different moral standards.

When asked about the morality of deceiving patients, **act utilitarians** would only have to focus on one aspect of the situation: the result. Act utilitarians are result-oriented in that an overall positive result is always morally acceptable despite the means. Therefore, lying to the patient is not a factor in deciding the morality of the action as long as there is a positive overall benefit to the patient. "As long as there is a positive effect on the patient, why should the lying matter?"

Rule utilitarians think similarly to act utilitarians, as both view the result of an action as the deciding factor in morality—the difference lies in consideration of new precedents being set with each action. Rule utilitarians realize that allowing the deceit of patients could likely result in the misuse and abuse of the rule. Consequently, patients could potentially be harmed through the lying more than they benefit.

An open rule that allows doctors to blatantly lie to patients will make patients skeptical and distrusting of their doctors, which will inevitably result in a lower quality of care. For this reason, rule utilitarians would likely be against giving doctors the right to deceive patients. This line of thought, however, leaves no room for exceptions.

Unlike act and rule utilitarianism, **Kantian philosophy** and **Ross's Seven Prima Facie Obligations** represent two philosophies that appeal to both actions and result in order to determine morality. Kantians believe human dignity and autonomy cannot be compromised and hold views against any kind of paternalism or authoritative restriction prohibiting a doctor from making any kind of personal judgment about the patient or his/her condition. According to Kantians, doctors are obligated to fully inform the patient about the basics, or fundamentals, and fully describe the situation so the patient himself will make the correct decision. Autonomy is sacred here.

Ross's Seven Prima Facie Obligations serve as a guideline for sacrosanct, intrinsic human values: fidelity, reparation, gratitude, non-maleficence, justice, beneficence, and self-improvement. Several of these values are critical in biomedical ethics and serve as the backbone of health care delivery globally. Under this paradigm, lying to a patient is clearly wrong, as it breaks the prima facie obligation of fidelity—a deontological view.

Philosophically, deceit in medicine is far from a simple issue. While this debate may be tricky, using Ross' prima facie obligations of fidelity and beneficence as a guideline for moral decision-making in health care is an apt application of philosophical thought on practical application. Understanding these arguments and ethical backgrounds may be of great value to clinicians in expanding their view of bioethics and humanity. In coordination with thoughtful analysis and experience, we can take a step forward in clinical decision-making.

Lyme Disease: Diagnosing Atypical Presentations

By OMS-II Nicolette Natale

Lyme disease is a familiar subject for many medical students. It is transmitted by the *Ioxedes* deer tick that carries the spirochete *Borrelia burgdorferi* and is the most common tick-borne disease in the United States.[1] It is taught early on in our medical education in lectures; it is a high-yield disease in board preparation materials; and it is even brought up multiple times in our cardiology, dermatology, and neurology blocks.

It seems simple enough to diagnose when it is painted as a perfect picture in board preparation questions. The patient history is always similar and often includes a camping or hiking trip in the northeastern United States, as well as a suspicious erythema migrans or "bulls-eye" rash.

Unfortunately, even though Lyme disease is taught multiple times throughout our medical education, the way it presents, and the circumstances under which someone can acquire the disease, aren't always as clear-cut as the textbooks make it out to be. Although the highest prevalence of Lyme disease is in the Northeast and Midwest, it has been documented as being contracted in all 50 states.[1]

The rate of contraction in states such as California and Florida has been climbing in recent years.[1] This means patients in South Florida can contract this disease from a tick bite, and may walk into your emergency room, urgent care clinic, or family medicine practice in the future.

Lyme disease symptoms usually start 1 to 2 weeks following the tick bite, but it can take up to 30 days to present in certain patients.[2] Therefore, patients may not seek medical attention until the classic rash has resolved, or the disease has progressed to more severe stages.

Interestingly, only 19 percent of patients actually present with the classic erythema migrans or "bulls-eye" rash.[3] This makes it much more difficult to diagnose a seemingly easily identifiable disease.

For example, a vesicular erythematous rash and cyclical bouts of chronic urticaria have been documented.[4,5] The various clinical presentations demonstrate the importance of a physician considering Lyme disease when a patient presents with unusual cutaneous manifestations and multi-system symptoms.

Lyme disease has severe and far-reaching consequences if not diagnosed early or correctly. Two to five percent of untreated patients will have cardiac complications, which can include AV blocks, Lyme carditis, myopericarditis, and bundle-branch blocks. These conditions can eventually progress to heart failure.[2]

Neurological issues occur in 10 to 20 percent of untreated patients and can include subacute mild encephalopathy, which affects memory and concentration, cranial neuropathies, most notably Bell's palsy, and lymphocytic meningitis.[2] Therefore, catching Lyme disease early, and treating it appropriately, can make a major difference in patient outcomes and the disease's severity.

I learned firsthand that common diseases don't always present the way we are taught in the classroom, as I contracted Lyme disease in 2016. Unfortunately, when I first became sick, the diagnosis was missed, and I progressed to more severe disease stages.

I battled horrible memory issues, joint pain, and crippling fatigue. Constant trips to the emergency room due to recurrent episodes of tachycardia and vertigo became my everyday life. After a few months, I couldn't even recognize myself in the mirror, and my body felt like it had aged 60 years. My life was turned upside down by this disease, and I was forced to defer my acceptance to medical school while I searched for a diagnosis and treatment.

Over the course of the year, I was referred to numerous physicians in multiple specialties before I was correctly diagnosed. Of course, the physicians who saw me wanted to diagnose the issue correctly, but due to the lack of an erythema migrans rash, Lyme disease didn't seem to make the differential diagnosis list.

I am so grateful to the physician who finally recognized my unusual presentation of the illness and was able to successfully treat me and help me regain my health. It was a long and difficult road to recovery, filled with daily infusions of intravenous antibiotics, physical therapy, and weekly doctors' appointments.

If I had been diagnosed correctly shortly after my symptoms started, I likely would not have progressed to have neurological symptoms or need such invasive therapies to treat the infection. My hope is to use my own personal experience to help educate my peers and other future physicians that it is sometimes necessary to take a closer look at patients with atypical presentations and consider alternative diagnoses.

As we second-year students prepare to enter into our third year of medical school and begin seeing patients for the first time, I think it is important for us to keep an open mind and adapt our clinical suspicion for patients who present with unusual symptoms. Not only for Lyme disease, but for the varying presentations of other illnesses as well.

It is easy to expect that every patient will be just like a board question or clinical scenario in class, but looking forward, as we enter into our clinical rotations, we will learn that making the correct diagnosis for real patients is not always so simple.

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An Outsider's Perspective

By OMS-I Barbara Kolundzic

I awake at 4:00 a.m. on a Saturday as my iPhone alarm blares across the cabin. I race to shut it off and grab my clipboard. Ten peaceful, sleeping campers are the first memory of my day. Just two hours after I stabilized their blood glucose levels, the job needed to be done once more.

The difference between hypotheticals and reality hit me in a way it never had before. Monitoring glucose levels sounds easy enough; unfortunately, reality proved otherwise at times. To monitor their glucose levels, I had to prick fingers, chart lab results, wake up teenagers, and sometimes force them to raise their blood glucose levels with fruit juices, crackers, or any other carbohydrates I had in my backpack, which then calls for a reassessment every 15 minutes until we reach normal blood glucose levels. I seem to frequently forget that this is their life every day.

As a nondiabetic, I will never be able to fully empathize with these children. I have never faced the unimaginable obstacles they must consistently endure. Florida's Camp for Children and Youth with Diabetes at YMCA Camp Winona has amplified my passion to serve others. The opportunity to let kids be kids is a time I greatly cherish. What the medical field sometimes forgets is the strain children with diseases are constantly under, so to alleviate that burden for even a moment is why I study medicine.

People say there is a difference between education and practice. This never became more apparent than when a child looked up at me expectantly, simply because the child was dependent on me, and my knowledge, to ensure his or her well-being.

Everyone would love to be able to administer a certain amount of insulin before a meal and maintain a blood glucose level within normal limits throughout the day, but how realistic is that? How much effort did my camper put into volleyball right before lunch?

The child's current blood glucose result is great, but what if it's dropping as we speak? I am now about to administer enough insulin for the amount of carbohydrates the camper is expecting to eat, while taking into account his current vs. his target BGL, but what if he doesn't like today's sandwich and eats less than anticipated? I already covered for those carbohydrates! The reality is that tangible experience will never be able to compare to a textbook. The real world has far too many confounding variables.

I had one of the most eye-opening lessons at my most recent teen weekend camp the weekend before the winter term began. I witnessed and conversed about the social and psychological effects on those with type 1 diabetes—the feelings of guilt, isolation, fear, and a lack of understanding.

Guilt-ridden children worrying about their parent's financial burdens from their disease. Worries of the next hospital visit or the impending realization that some aspects of their disease were simply beyond reach. Sadness from the judgmental faces of their peers scrutinizing a common practice to diabetics. The quiet that undoubtedly left these children to wonder about their disease, the consequences, and the importance of self-care. The internal conflict of appeasing their disease without causing an internal rebellion that makes them want to surrender. The seemingly inexplicable shift in moods correlating with their shifts in low glucose levels and the need to explain.

Then there's the correlation between diseases. Depression in teenagers with diabetes is common enough that pediatric endocrinologists and parents are taught to expect it. It's apparent that the chronicity of type 1 diabetes and the demands of management provide a favorable environment for problems adapting.

According to the American Diabetes Association, "Nearly one in seven youth with diabetes met the clinical cutoff for depression by their own report. This level of depressive symptoms in children and adolescents with type 1 diabetes is nearly double that of the highest estimate of depression in youth in general."[1] For those struggling with the social burdens associated with diabetes, I want you to know that we hear you and are fighting for you.

For 20 collective days, my life was completely about my juvenile type 1 diabetics. It will never be long enough, but I hope to share many more days together. As a camper once said at my inaugural teen weekend camp, "We have a lot on our plates, but we have plates, and we have each other."

I began attending this camp in the spring of 2015 after hearing the camp's director, Gary Cornwell, speak at a convention at the University of Florida. I would like to thank him, all of my co-counselors, Janet Silverstein, M.D., as well as the rest of the amazing medical, recreational, and kitchen staff for continuing to provide a haven for children with type 1 diabetes, and for educating individuals like myself.

I am sure it has changed their lives, because it sure has changed mine.

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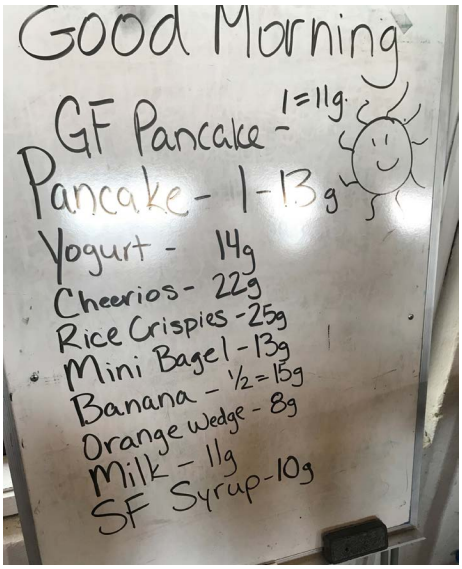


Soar

By OMS-I Sohni Pathan

"Though you have struggled, wandered, travelled far
It is yourselves you see, and what you are." –Attar

Winter break not only gave me the opportunity to relax and rejuvenate, but it also offered me a chance to reflect on my successes, failures, and trials as a first-year medical student. Often, the environment of graduate programs walks a fine line of asking us to be confident in our decisions, yet humble enough to accept defeat.

As we progress through our time in medical school and into our careers as physicians, our faith in ourselves will continue to come into question, but it is on us to recognize our competence and help each other stand tall. I am certain that many of my peers can relate to the struggle of feeling good enough to succeed, regardless of our previous triumphs.

We can all probably recall a time where we were at some age—maybe 4 for some, maybe 24 for others—at which we felt this magnetism towards medicine. Perhaps we didn't know how we would get there, but we knew it was our calling.

Fast-forward to maybe a few years ago, and we were studying day and night for that sparkly MCAT score and an "A" in physics. The nature of medical schools has stereotypically been touted as competitive and cutthroat, leading to a trajectory of comparison to our peers.

At the same time, it baffles me that when you look around, you may see that we all fall on different points on a spectrum of the same person, inspired by medicine and on the path to devoting our lives to the care of others. I urge you to take a moment to recognize our shared struggles in order to understand the beauty in our shared desire to become physicians.

How many times during your clinical rotation were you afraid of saying, "I don't know" to your preceptor? Maybe it ate away at your belief that physicians are supposed to know everything, and yet here you are with not even a shred of a clue as to the purpose of a Janus kinase receptor.

We have completed six months of our lifetime in medicine. "I don't know" should not be viewed as an admittance to defeat, but rather an acceptance of a challenge. It not only marks the beginning of a path to knowledge, but it also underlines the human nature of our profession in which there is so much left to be discovered.

The "Conference of the Birds" is a Persian short story, written by Farid-uddin Attar, that outlines the journey of all the world's birds tasked with finding their sovereign leader, who is referred to as Simorgh—a mythical bird equivalent to a Phoenix. Upon the end of their grueling journey, only 30 birds remain, and they are led into a room full of mirrors.

As the birds see their reflection, they soon realize that they themselves are their own sovereign leader. Attar also reveals that the word Simorgh literally translates to "30 birds." I often refer to the wisdom of this story to remind my friends and myself that we intrinsically possess unique qualities that have allowed us the opportunity to cast a net onto our dreams—and perhaps grueling circumstances and failures have aided us in uncovering our own abilities.

I hope this serves as a reminder for my peers, as well as myself, that whether you see it or not, you belong here. We have a long way to go, and somehow all of our paths have crossed for us to meet and learn at this institution. Perhaps our journeys will differ, but we have the spark within us to tread onward and prosper in our own way.

AMWA Hosts Women's Empowerment Event

By OMS-II Kimberly Savoia-McHugh and OMS-II Brooke Alexander

On October 5, the college's American Medical Women's Association (AMWA) chapter hosted a regional conference that attracted more than 170 attendees, both undergraduate and medical students, from more than 4 states and multiple universities. The conference's theme was My Body and I and included powerful speakers who discussed the topics of women's empowerment and human trafficking.

The conference aimed to inspire female and male attendees to overcome any obstacle on the journey to becoming a successful medical professional. Through breakout sessions and interactive lectures, students were able to engage medical professionals on a personal level.

The conference also opened the door for students to seek guidance from speakers about topics often viewed as uncomfortable or taboo. The event provided students additional opportunities to wrestle with important social issues that have direct and ongoing impacts on their lives, both as students and as future medical professionals, such as pregnancy in residency and strategies behind financing with loans. Topics ranged from "Stress Management" and "Adversities Faced in Medicine" to "Family Planning." Additionally, the conference held an educational and interactive "Physicians Against Human Trafficking" panel.

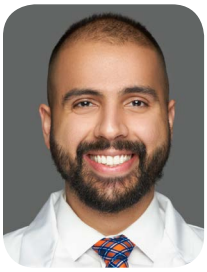
At the same time, about $3,000 was raised for AMWA's human trafficking initiative and the Broward Human Trafficking Coalition. The conference also brought together the NSU community and fostered conversation within a variety of medical programs, ranging from nursing students to osteopathic and allopathic students who may face similar struggles.

AMWA has worked diligently throughout the semester to bring opportunity and awareness to our student population. This conference was successful in introducing students to female role models and exposing them to the possibilities available within the medical profession.

"I was able to hear female perspectives that we otherwise aren't exposed to in an educational setting. The presenters spoke about starting a family during residency, how to handle sexism in the workplace, and other topics that weigh on the minds of many career-driven women," said OMS-II Mary Clark.

"After hearing each female physician speak about her experiences, I felt an overwhelming sense of empowerment that gave me more confidence to succeed as a young female student and soon-to-be doctor," she added. "It was truly an amazing experience I will use as a reminder that anything is possible because women can do it all."

KPCOM Student Achievements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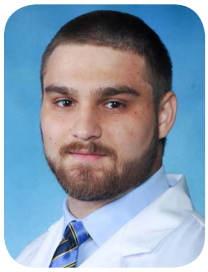
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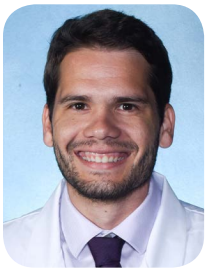
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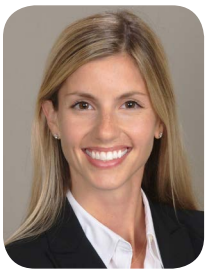
OMS-I **Assad Ali** received the *Journal of Neuro-Oncology* Award, which is presented for highly innovative and groundbreaking work in the areas of neuro-oncology and neurosurgery. The project, "Sex-Associated Analysis of MGMT Promoter Site Methylation in Newly Diagnosed Glioblastoma," explains the crucial relationship between genetic markers in glioblastoma and their apparent sexual dimorphism. The project will be presented at the American Academy of Neurological Surgery Annual Scientific Meeting being held April 25-29 in Boston, Massachusetts. He also had his article "Fish Oil, to Use, or Not to Use" accepted for publication in the winter 2019–2020 edition of the Chester County Medical Society's *Chester County Medicine* magazine. The paper summarizes the complicated history of the use of fish oil and omega fatty acids in the setting of cardiovascular health, as well as a comprehensive review of the REDUCE-IT trial conducted by Brigham and Women's Hospital Heart and Vascular Center and Harvard Medical School. The paper will be presented at the 2020 University of Pennsylvania - Chester County medical board and executive meeting in an attempt to adapt current cardiology practice to data supporting the use of purified omega-3 fatty acids in order to reduce the risk of cardiovascular events.

OMS-I **Andrew Ardeljan** was inducted into NSU's new Sigma Xi Scientific Research Honor Society chapter, becoming the chapter's first full member to date. Full membership in the society entails extensive research experience, including at least two primary author, peer-reviewed publications. Additionally, he authored and presented several projects at the American Association for Hand Surgery 2020 Annual Meeting held January 8–11 in Fort Lauderdale, Florida. They were "Increased Risk of Carpal Tunnel Syndrome and Trigger Finger in Women Using Aromatase Inhibitor Medications;" "Medial Epicondylitis: Patient Demographics, Comorbidities, Setting of Diagnosis, and Reported Diagnosis and Surgical Trends Within a Large Insurance Database;" and "Tobacco Use Increases Risk of Medial Epicondylitis and Subsequent Surgical Intervention."

OMS-II **Oussama Benalla** coauthored the article "Modeling Variability in the Inferior Vena Cava into Fenestrated Endografts for Retrohepatic Caval Injuries," which was published in the January 2020 issue of the *Journal of Vascular Surgery: Venous and Lymphatic Disorders*.

Second-year students **Joshua Berko**, **Matthew Heffelfinger**, and **Neil Sood** were inducted into Omega Beta Iota (OBI)—the National Osteopathic Political Honor Society—on October 26 at the American Osteopathic Association's OMED annual medical conference in Baltimore, Maryland. Induction into OBI is an honorary recognition for politically active medical students and professional mentors who demonstrate excellence in health care politics.


From left: Joshua Berko, Neil Sood, and Matthew Heffelfinger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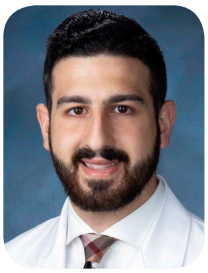
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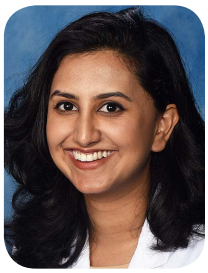
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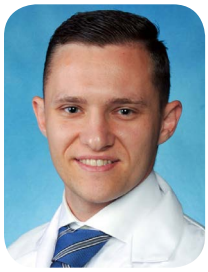
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On February 8, second-year students **Joshua Berko** and **Charles Bisbee**, as well as first-year student **Michelle Lanspa**, received the Florida Osteopathic Medical Association Student Awards, which are based on criteria such as possessing leadership skills, political activity, and displaying significant interest in the osteopathic profession.


From left: Michelle Lanspa, Charles Bisbee, and Joshua Berko

OMS-III **Kayla Brown** received a $500 Advocates to the FOMA (AFOMA) Believes in You Scholarship Award during the Florida Osteopathic Medical Association Convention awards banquet held February 8 at the Bonaventure Resort and Spa in Weston, Florida. The award is based partly on a student's interest in osteopathic medicine, activities in the profession, and leadership qualities.

OMS-II **Landen "Shane" Burstiner** received the Presidential Poster Award for his case report "E. Coli O157:H7 Sepsis Following Fecal Microbiota Transplant in an IgA-Deficient IBD Patient" at the 2019 American College of Gastroenterology Annual Scientific Meeting held October 25–30 in San Antonio, Texas.

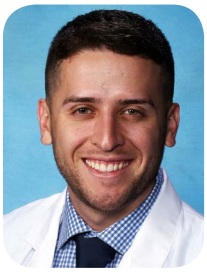
Lauren Michelle Jean Cuénant, class of 2020, coauthored the article "Spinal Muscular Atrophy: Noninvasive Respiratory Management," which was accepted for publication in the *Journal of Clinical Neurology, Neurosurgery, and Spine*. She also coauthored the article "Acute Inpatient Rehabilitation Following Internal Hemipelvectomy with Lumbosacral Fixation Secondary to Primary Pelvic Chondrosarcoma," which was accepted for publication by the *Proceedings of UCLA Health*.

Vincent DeMario, M.H.S., class of 2023, coauthored the article "A Restrictive Hemoglobin Transfusion Threshold of Less Than 7g/dL Decreases Blood Utilization Without Compromising Outcomes in Patients with Hip Fractures," which was published in the December issue of the *Journal of the American Academy of Orthopaedic Surgeons*.

OMS-I **Sebastiano Failla**, M.Sc., coauthored the article "Role of Voice Rest Following Laser Resection of Vocal Fold Lesions: A Randomized Controlled Trial," which was published in the September issue of *The Laryngoscope*.

Third-year students **Sandhya Haryani**, **Shivani Palakodaty**, and **Jennifer Maldonado** coauthored the article "Autoimmune Pancreatitis: Another Great Imitator," which was selected as a poster finalist for the American College of Physicians' internal medicine poster presentation taking place on April 23 in Los Angeles, California.

Jeena Kar, class of 2020, coauthored the article "PHQ-2 Scores in Broward County's Homeless: Prevalence, Barriers, and Proposed Solutions to Mental Health Disparities" with fellow fourth-year students **Ariba Hashmi**, **Reeja Raj**, and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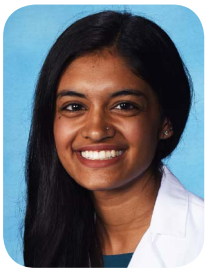
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KPCOM Student Achievements


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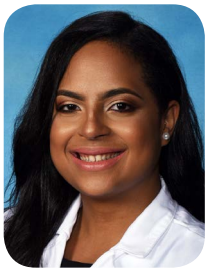
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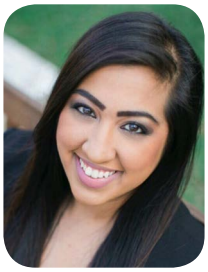
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Tahia Hossain and second-year student **Joshua Berko**, which has been accepted by the American Psychiatric Association Peer Review Committee. The project received NSU Institutional Review Board approval and was conducted over a two-year period. Joseph De Gaetano, D.O., M.S., FAAFP, FACOFP, professor of family medicine, served as the students' project adviser, while Patrick Hardigan, Ph.D., Health Professions Division associate dean for academic affairs, analyzed the collected data.

First-year student **Ari Kidron** coauthored the poster "Understanding Medical Students' Knowledge of Opioid Use Disorder: A Preliminary Study," which was accepted into the Florida Osteopathic Medical Association Student/Intern/Resident/Fellow Research Poster Competition that took place on February 7.

Third-year student **Taylor Kolb** was elected as the 2019–2020 American Academy of Pediatrics Section on Pediatric Trainees District X medical student assistant district representative. When she completes her term, she will become the 2020–2021 medical student district representative.

OMS-IV **Christopher Larrimore**, M.Sc., received honorable mention recognition in the American Association of Colleges of Osteopathic Medicine National Student Researcher of the Year Award competition. The award honors one winner and two honorable mentions who demonstrate excellence in research, as considered through their publication history and active involvement in research activities.

On January 30, the six current predoctoral OPP fellows participated in the preconference A. Hollis Wolf Case Presentation Competition held in the Morris Auditorium and coordinated by the SAAO. OMS-III **Kevin Marfiak** was named the winner and will represent the KPCOM at the annual American Academy of Osteopathy Convocation's national competition in March.

Third-year student **Angel Marquez** coauthored the first edition of the *Nutrition Manual for NSU Student Athletes*, had his article "The Gift of a Stranger" published in the KPCOM's *be Still* journal, and was recently featured in AdventHealth Ocala's lecture series "Blood Bourne Diseases: Hepatitis, HIV, and Beyond."

OMS-III **Gabrielle McDermott**, a former predoctoral OPP fellow, along with Yasmin Qureshi, Ed.D., D.P.T.; Gina Foster-Moumoutzis, M.D., M.S.; and Alexandra Espejo, O.D., from NSU's College of Optometry, published a case study in the *International Journal of Osteopathic Medicine* titled "An Osteopathic Approach to Graves' Ophthamlopathy: A Case Report," which was published on January 10.

First-year student **Alexandra B. Nelson** and second-year student **Joshua Berko** each received a Pinellas County Osteopathic Medical Society Plato E. Varidin, D.O. Scholarship, which is available to D.O. students studying at an osteopathic medical school in Florida who came from Pinellas County.

Third-year students **Alexa Peterson** and **Lorena Rodriguez** were selected to serve on the Emergency Medicine Residents' Association (EMRA) Medical Student Council, which is the national student chapter of the American College of Emergency Physicians. They will serve as southeast regional coordinator and mentorship coordinator, respectively, for the 2020–2021 term. The EMRA is the largest and oldest resident organization in the world, with a mission to serve as the voice of emergency medicine physicians-in-training.

Third-year student **Chad Richards** received a $1,000 Sharp Index Annual Scholarship, which is awarded to one medical student and one resident interested in improving physician well-being. Richards was recognized for his eloquent essay, which was judged based on financial need, personal dedication to physician well-being, professionalism, and knowledge of physician suicide and burnout.

Saamia Shaikh, J.D., class of 2020, is serving on the Association of Women Surgeons' Grants and Fellowship Committee. She also served as first author of the article "Venous Thromboembolism Chemoprophylaxis Regimens in Obese Trauma and Surgery Patients: A Systematic

Review" and as coauthor of "Anticoagulant Prophylaxis in Patients with Traumatic Brain Injury: A Systematic Review," which were published in *The Journal of Trauma and Acute Care Surgery*. She also coauthored two articles in the *American Journal of Case Reports*: "Pseudoaneurysm of the Thyrocervical Trunk Following a Superficial Stab Wound to Zone I of the Neck" and "Ballistic Axillary Vein Transection: A Case Report." Additionally, she coauthored the article "Gunshot Wound of the Subclavian Artery: Successful Management with an Emergent Endovascular Stent Graft" in the *International Journal of Surgery Case Reports*.

OMS-III **Paul J. Spano II**, M.S., coauthored the article "Thoracic Endovascular Aortic Repair Versus Open Repair: Analysis of the National Trauma Data Bank," which was published in the January issue of the *Journal of Surgical Research*. He also served as lead author of the article "Anticoagulant Chemoprophylaxis in Patients with Traumatic Brain Injuries: A Systematic Review," which was published in the January issue of *The Journal of Trauma and Acute Care Surgery*.

Elizabeth Weirich, class of 2020, received second-place honors for her poster "Evaluating Students' Knowledge of Elective Pregnancy Termination Before and After Educational Intervention" at the American Osteopathic Association Student Poster Competition held October 26 in Baltimore, Maryland, during the Osteopathic Medical Conference and Exposition. Additionally, she presented this project on February 1 at the Society of Teachers of Family Medicine Conference on Medical Education in Portland, Oregon.

KPCOM Students Showcase Research Prowess at FOMA Poster Competition

KPCOM students swept to victory at the Florida Osteopathic Medical Association Student/Intern/Resident/Fellow Research Poster Competition held February 7 at the Bonaventure Resort and Spa in Weston, Florida. First-year student **Kaitlyn Alessi** captured nabbed first place and $750 for her poster "Rab8a Role in αSynucleinopathy Disorders," while second-year student **Oshin Rai** claimed second place and $250 for her project "Continuous 24-Hour Contact Lens Sensor as a Commercial Device for IOP-Related Changes: Patient Tolerability and Clinical Experience."

Second-year student **Landen "Shane" Burstiner** captured third place and $150 for his poster "E. coli O157:H7 Sepsis Following FMT in an IgA Deficient IBD Patient." Additionally, third-year students **Kevin Moriles**, **Amanda Ramnot**, and **Michael Lai** won the $250 prize in the Future of Osteopathic Medicine Award category, which honors a research poster that best advances the principles and practices of osteopathic medicine. Their winning poster was titled "The Enhancement of Osteopathic Rib Principles and Manipulation Treatments Through 3D Printing."

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