

June 2019

SGA Rounds

Student Government Association Newsletter

NSU Dr. Kiran C. Patel College of Osteopathic Medicine

Letter from the Editor in Chief

By OMS-III Brandon Hanai, SGA Administrator of Public Affairs



Welcome to the final edition of *SGA Rounds* for the academic year. As this is also my final edition as editor in chief, I would like to take this moment to thank Vikisha Hazariwala for giving me the opportunity to follow in her footsteps and carry on a role in which she cherished so very much.

As Vikisha did for me, I will pass the torch to Jackie Glodener, who will

serve as the next editor of *SGA Rounds*. Jackie has proven her ability with trust and leadership in this past year's role as treasurer on our Student Government Association E-Board.

I'll leave you all with a reflection of this past year. I felt as if I was just compiling the first edition of *SGA Rounds* not too long ago during my first rotation as a third-year student. I was lost and confused, not sure what the next two years would hold for me.

I wasn't sure of my role as a student, because I was still trying to figure out what field I would like to go into. With every passing rotation, the attending, as well as my peers, would ask, "What do you want to be?"

Fast forward to now, less than 12 months later, as I watch students from other schools begin their clinical journey on their first rotation, seemingly even more lost than I was. They are unsure of what to do, what to say, or how to interact, while I am now able to present new patients without any papers, notes, or sweating through my white coat. A lot can change in a year. Just be patient.

Don't be shy. Ask questions. Don't be afraid to fail. Make mistakes and learn from them. We are students now, and this is the time to make them. Avoiding errors and fearing failure will only prolong the inevitable.

In this edition of *SGA Rounds*, you get to hear the stories of third-year students Adam Jacobs and Debra Spears of their transitions into the clinical world. First-year students Brooke Alexander

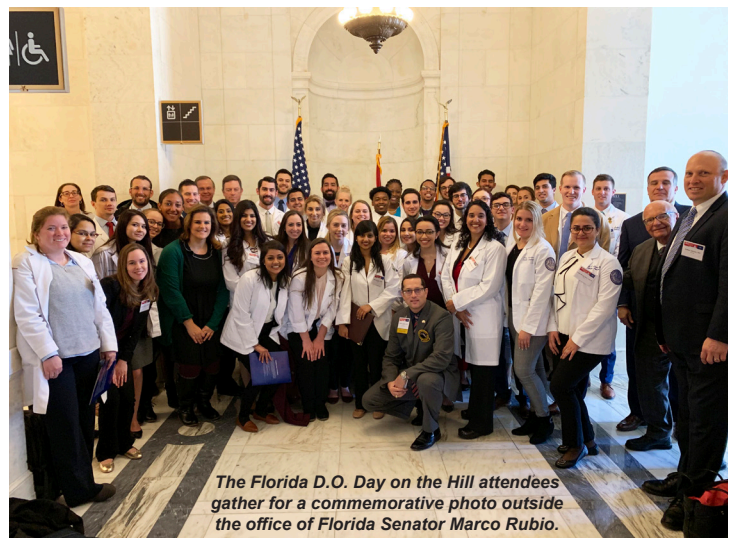
and Tyler Ruppel share this year's Cadaver Memorial annual event, and OMS-IV Vikisha Hazariwala leaves us with some beautiful words of encouragement after matching into her dream specialty.

Thank you to everyone who has contributed to this edition of *SGA Rounds*, as well as the previous ones this academic year. I enjoyed working with you all and hearing your stories. I also extend a special thanks to Scott Colton, director of medical communications and public relations, for his time and hard work this year.

If you have any questions or would like to learn how you can submit information to *SGA Rounds*, please contact Jackie Glodener at jg2947@mysu.nova.edu. Your voice will be heard!

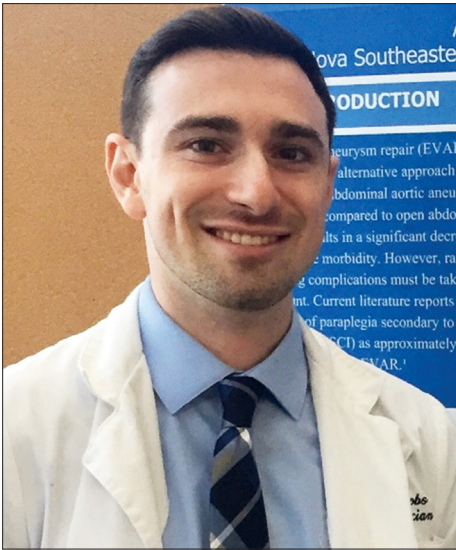
Osteopathic Advocacy in Washington, D.C.

On March 5, a large contingent of osteopathic students and physicians were in Washington, D.C., to participate in D.O. Day on the Hill. D.O. Day is a valuable opportunity for D.O.s and osteopathic medical students to educate members of Congress and their staff members about the pivotal role osteopathic medicine plays within the U.S. health care system. Participants have the chance to engage with lawmakers and ask them to support legislation that is vital to the practice and principles of osteopathic medicine.



Out of the Classroom and on the Wards

By OMS-III Adam Jacobs



Time has flown by, and my classmates and I are almost done with third year. We are one short year away from becoming doctors, and there is still so much to learn. It's easy to get caught up in studying for shelf/board exams and to blow off some things on the actual rotation because it doesn't seem as important, but try to take advantage of each rotation.

Even on the "chill" rotations, you can still get a lot out of them that may help you later. Recognize that even though we are not the people who are ultimately responsible, we should take ownership of the patients and act as though we are the resident. As hard as residents and attendings work, they cannot be in more than one place at a time.

We are an extra set of eyes, ears, and hands and an extra brain that has been privileged to be chosen for this profession, and although sometimes we may feel insignificant, in the way, or like we don't really know anything yet, some of that information we crammed in there is present. We have training that can come in handy, and we really are helpful and needed, especially in the hospital setting.

I had a patient who came into the emergency department with transient loss of vision in both eyes and general

weakness. Although he said he didn't lose consciousness, it seemed his memory of the events was not perfect. After a complete workup, we diagnosed a transient ischemic attack. I saw him several times after admission, and everything was going well—no symptoms and nothing concerning on the physical exam.

The next morning, I went into his room, performed another exam, and had a pleasant conversation. He was grateful for the attention and care he was getting from the team. When I left the room, I realized I forgot one thing I was planning on checking. I thought to myself, "Everything else was normal and has been normal since we first met him, and he didn't tell me about anything new. Plus, my resident will be pre-rounding on him anyway. It's very early in the morning, and I don't want to bother him by going in again."

But I wouldn't be doing my job if I blew it off. I entered the room again to the sound of some heavy breathing less than one minute after I left. He was struggling to speak. Finally, he said he had to go to the bathroom, but he didn't sound like himself. He wanted me to help him up in bed.

This was not worrisome at first; he always asked for a hand to get up. But this time turned out to be different. He usually took my hand for assistance and used his other hand to push himself up. However, now his left side was completely limp. I called for the nurse, who initiated a stroke alert. A team rushed in and started examining him and asking me questions about the patient as he started to develop a facial droop and worsening slurring of his speech.

I called my residents so they could come quickly to get the patient the proper care right away. We spoke with the interventional radiologist, who told us to meet him in CT. We then proceeded to the cath lab, and I watched as they tried to

evacuate the clot in the patient's middle cerebral artery.

Unfortunately, there was nothing that could be done, as the initial clot had already embolized. It was heartbreaking when I was told the patient was going to the ICU to await another stroke. A few days later, the patient passed.

That day was unforgettable. I went through stages of fear, worry, excitement, and, ultimately, disappointment. It all came from what seemed like an unimportant decision. Did I really need to go check on just one more thing? It seemed so trivial at the time.

However, I now have seen how quickly things can go bad. It literally happens in an instant. That's why it's important to take ownership of your patients.

Know them well and follow up on them again. You just may be in the right place at the right time. Our role as students is more significant than you may think. We are not there to just be taught.



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Embrace the Journey

By OMS-III Debra Spears



Dear Soon-to-Be M3s:

I'm sure you don't need any more advice after being inundated with information from prior and fellow students, FACR lecturers, Reddit, or the plethora of other Internet websites. Rather than bore you with more of the same, I'm going to try to bring light to what your third year has to offer.

If you're part of the "unlucky" 10 percent of students who don't get one of their top 3 choices off their rank list, I want to tell you it's going to be okay. I was lottery #238, which landed me at my 8th choice. I was not thrilled with my placement, but I did my best to work through it. This meant

waking up at 4:30 a.m. to beat Miami traffic and sitting in traffic for 2-plus hours trying to get home.

Did I have preceptors who could care less about teaching? Yes. Did I have months where I was back to shadowing? Yes. However, I chose not to dwell on those things. Instead, my journaling for each month—which I highly recommend, as it will help give you ideas for your personal statement—focused on patient interactions.

Of course I have notes about the pathology of disease and the unusual cases I encountered, but I have truly come to appreciate that medicine is so much more than science. The relationship and bond you create with a patient is unparalleled. During third year, there's significantly less stress. This is the time to build rapport with patients, learn about their lives, their shortcomings, and their hardships.

You become sympathetic and more humanistic with each interaction. You will laugh with patients, and you may even cry with them. No matter what emotion you both share, the fact is you changed their lives, and you will forever have an impact on them—just as they have impacted you.

People come to a physician for medical advice, but sometimes, even though you're still a student, you are the only person they feel comfortable talking to. You will learn so much just by listening to your patients and allowing them to feel heard, which is incredibly empowering.

Even the 83-year-old female who barely knows English, has a first-grade education level, and can't understand that she shouldn't drink soda because she has uncontrolled diabetes, deserves to be heard. Maybe you, the medical student, will be able to communicate with her in a way the physicians before you were not able to, and her A1c will start to drop.

At the end of the day, you control your future. You can decide to sweat the small stuff or really take advantage of your time and positively influence those around you. Not every rotation may be perfect or the way you envisioned it. However, when patients tell you that you're a great doctor or ask about you when you take a day off, then you know you've done a good job.

Push to the end. It's definitely worthwhile.

Excellence Honored at Student Awards Ceremony

On April 15, numerous awards and scholarships were presented at the annual First- and Second-Year Student Awards Ceremony. Students were honored in areas such as research, academic excellence, and community service.

Matthew A. Terry Endowment

First-year student **Oleg Tsvyetaev** and second-year student **Kayla Brown** were the recipients of the Matthew A. Terry Scholarship Endowment. The academic accolade was established in 1999 to honor first- and second-year medical students who epitomize virtues such as scholastic excellence, service to the school, empathy, and congeniality. The endowment serves as a fitting tribute to KPCOM students who embody the true spirit of an osteopathic practitioner. *Pictured (from left) are Oleg Tsvyetaev; Delia Harper-Celestine, Ed.D., M.P.H., assistant dean of student and alumni affairs; and Kayla Brown.*



Bradley I. Silverman Scholarship

Evelina Arzanova (OMS-II), **Austin Price** (OMS-III), **Megan Rouse** (OMS-I), and **Kevin Stepanek** (OMS-III) were the recipients of the Bradley I. Silverman Memorial Scholarship, which was established in 2006 to honor outstanding KPCOM students who participate in cancer-related community service and display compassion, commitment, and other laudable traits exemplified by Silverman. *Pictured (from left) are Megan Rouse; Mark Siegel, a family friend of the Silvermans; Evelina Arzanova; and Austin Price.*



Society Awards Commemorate Community Service and Professionalism

First- and second-year students were honored for their contributions to their individual societies, as well as their commitment to fellow society members. The winners are involved and supportive society members who exemplify the attitudes regarding KPCOM participation, community service, and professionalism within their societies. The recipients are **Aakash Trivedi** (William G. Anderson, D.O.); **Matt Heffelfinger** (Louisa Burns, D.O.); **Mark Vinicky** (Robert Klein, D.O.); **Jillian Montague** (Fred Lippman, Ed.D.); **Jonathan Fox** and **Fletcher Eldemire** (Anthony J. Silvagni, D.O.); **Jasmin Shahrestani** (Bradley I. Silverman, D.O.); **Ankit Srivastava** (A.T. Still, M.D., D.O.); **Peter Cammans** (Morton Terry, D.O.); **Solomon Nittala** (James Turner, D.O.); and **Jessica Figueredo** (Ross Zafonte, D.O.) *Pictured with the honorees is Mark Sandhouse, D.O., M.S., associate dean of administration.*



Kenneth Burnell Research Award

First-year student **Christian Hailey Summa** received the Dr. Kenneth Burnell Student Research Award, which is bestowed to students who conduct outstanding research in either clinical medicine or biomedical science. *Pictured from left are a family member; Christian Hailey Summa; and Alison Bested, M.D., FRCPC, associate professor and director of student research development.*



Robert Klein Endowment Scholarship

Second-year student **Benjamin Hughes** was the recipient of the Robert Klein, D.O., Society Endowment Scholarship, which is presented to a member of the Klein Society who demonstrates active participation or leadership within the society. *Hughes was not present to accept his award.*

East Florida Physicians Alliance Endowed Scholarship

Third-year students **Maja Magazin** and **Zhao Zhang**, along with fourth-year student **Sara Hartley**, received the East Florida Physicians Alliance Medical Education Endowed Scholarship. The endowment was established to support third- and fourth-year osteopathic medical students who want to attend and/or make presentations at medical conferences by providing funding for registration fees and travel expenses. *Pictured from left are Sara Hartley; Zhao Zhang; Margaret Wilkinson, Ph.D., M.A., associate dean of preclinical education; and Maja Magazin.*



Beth and Joel Rush Endowed Charter Scholarship

First-year student **Gregory Kunis** received the Beth and Joel L. Rush, D.O., Endowed Charter Scholarship, which is provided to KPCOM students who are in good academic standing and are in significant financial need at any juncture in their KPCOM education. *Pictured from left are Mark Sandhouse, D.O., M.S., associate dean of administration, and Gregory Kunis.*



C.H.A.S.E. Honorary Anesthesiology Scholarship Recipients

Third-year students **Adedeji Olusanya** and **Connor Voirin** garnered the C.H.A.S.E. Honorary Anesthesiology Scholarship, which is presented to students interested in attending the Florida Society of Anesthesiologists Annual Meeting in June in Palm Beach, Florida. *Pictured from left are Adedeji Olusanya and Eric A. Goldsmith, D.O., FACOS, assistant dean of clinical affairs.*



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Jeff Grove Scholarship



First-year student **Peter Cammans** received the Jeff Grove Scholarship, which is presented to a student selected for his/her dedication to student service. Pictured from left are Peter Cammans and Jennifer Jordan, Ed.D., assistant dean of medical education.

Judy Morris Memorial Scholarship



Second-year student **Mariam Raheem** received the Judy Morris, M.D., Endowed Memorial Scholarship for her leadership and active participation in the Master of Public Health program. Pictured from left are Mariam Raheem and T. Lucas Hollar, Ph.D., associate professor of public health.

Golden Apple Award

Lori Dribin, Ph.D., M.S., professor of anatomy and medical education in the College of Medical Sciences, received the Golden Apple Award from the classes of 2021 and 2022 for her outstanding teaching skills. Lori Dribin receives her award from Oleg Tsvyetaev and Kayla Brown.



Morton Morris Osteopathic Medicine Public Health Scholarship

First-year student **Breyonna Maddox** received the Morton Morris, D.O., J.D., Osteopathic Medicine Public Health Scholarship, which is awarded to a student based on his/her educational goals, leadership, and active participation in the Master of Public Health program. Pictured from left are Breyonna Maddox and T. Lucas Hollar, Ph.D., associate professor of public health.



Osteopathic Medicine General Scholarship

First-year students **Maria Ganoë**, **Kayleigh Jeffrey**, and **Brittany McCord**, as well as second-year students **Maria Herrera** and **Maria Labra**, received the Osteopathic Medicine General Scholarship, which is presented to students selected for academic merit and dedication to osteopathic medicine. Pictured from left are Maria Ganoë; Maria Herrera; Maria Labra; Hilda De Gaetano, D.O., M.S.Ed., FACOP, FAAP, senior assistant dean; Brittany McCord; and Kayleigh Jeffrey.



Students Inducted Into Sigma Sigma Phi



On April 29, a number of first- and second-year students were inducted into the Sigma Sigma Phi Xi Chapter honorary osteopathic service fraternity. Sigma Sigma Phi's objectives include

- furthering the science of osteopathic medicine and its standards of practice
- improving the scholastic standing and promoting a higher degree of fellowship among its students
- bringing about a closer relationship and understanding between the student bodies and the officials and members of the faculties of osteopathic colleges
- fostering allegiance to the American Osteopathic Association and perpetuating these principles and the teachings through the maintenance and development of this organization

OMS-I inductees are **Mandi Abdelahad, Nichole Anderez, Joshua Berko, Beau Freedman, Sean Friefeld, Brittany Kennedy, Gregory Kunis, Pratik Shah, and Mckenna Tierney.**

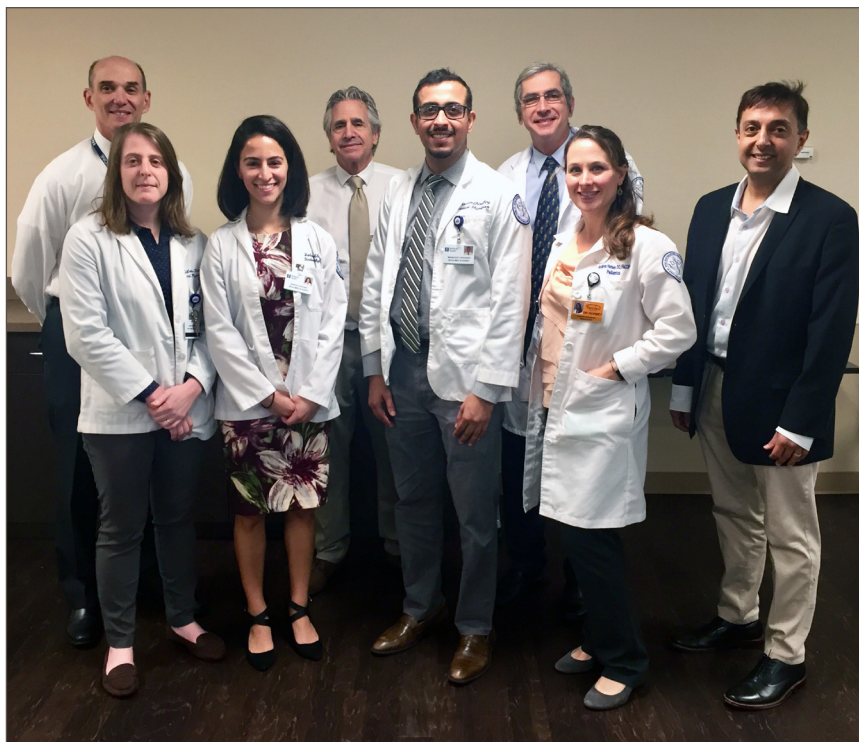
OMS-II inductees are **Evelina Arazanova, Nicholas Baltera, Kayla Brown, Christopher DiFiore, Jessica Forbes, George Guerrero, Mike Lai, Divy Mehra, Alyssa Melo, Gili Menashe, Elizabeth Morin, Akash Patel, Jason Vadhan, Jade Walter, and Alex Wilson.** *Pictured are the new OMS-I Executive Board members with their faculty advisers. Top row from left are Mandi Abdelahad; Mckenna Tierney; Glenn Moran, D.O.; David Boesler, D.O.; and Joshua Berko. Bottom row from left are Brittany Kennedy, Gregory Kunis, and Pratik Shah.*

Bethesda Poster Competition Selects Winners

Twelve third-year KPCOM students participated in the Bethesda Health Sixth Annual Medical Student Poster Competition held March 28 at the hospital's graduate medical education wing in Boynton Beach, Florida.

Zahava Alishaev earned first-place honors for her project "Possible Missed Subdural Hemorrhage in the Setting of Trauma." **Illana Rosner** and **Everett Rogers** captured second place for their poster "Clinically Significant Lab Errors due to Vitamin B7 Supplementation: A Case Report Following a Recent FDA Warning," while **Mansoor Choudhry, Danial Muhammad, and James Bolduc** came in third for their project "Merkel Cell Carcinoma of the Mandible: Spontaneous Acceleration of Growth and Immunohistochemistry."

Pictured from left are Joshua Bailin, M.D.; Illana Rosner; Zahava Alishaev; Daniel Goldman, M.D.; Mansoor Choudhry; Rogerio Faillace M.D.; Andrea Horbey D.O.; and Farjam Farzam, M.D.





By OMS-IV Tam H. Nguyen

Being Professionally Smart on Social Media

Did you know that there are social media guidelines in the *NSU-KPCOM Student Handbook*?

The omnipresence of social media in 21st century life has made communication effortless. While this technological age has made it so easy to transmit and share information across the globe, it also presents several issues for individuals working in fields requiring the utmost confidentiality, like those in the medical profession. As NSU-KPCOM medical students and future health care professionals, we are constantly being scrutinized and held up to high professional and ethical standards. As a result, what we post on our social media platforms can have profound impacts on our future careers.

I'm sure we all remember the incident in 2016 when the fourth-year neurology resident physician at Jackson Memorial Hospital in Miami was videotaped berating an Uber driver while she was inebriated. The video went viral, and the physician was subsequently fired from her training position. This story serves as an important lesson to all students in the health care profession that your actions, whether at work or during off time, can have a life-changing impact on your career. In an age where social media is ubiquitous, any act depicting unprofessional behavior can go viral and can compromise your reputation and future.

With the dramatic increase in social media use in both medical students, physicians, and health care professionals, professional issues may emerge, as online professionalism complaints have been increasing.¹ It is important that demonstrating respect for patients and confidentiality is maintained and that professional boundaries are established; thus, it is critical that a proper balance between professional identity and patient responsibilities is upheld.²

Because of these reasons, it is important that there are guidelines to help medical students navigate their social media safely and effectively.

A study conducted by Langenfeld surveyed more than 100 surgical residency program directors about social media use during surgical education.³ Program directors reported that they frequently viewed the social media profiles of applicant medical students, residents, and faculty members. Of note, 11 percent of the program directors reported lowering the applicants' rank or removing them from the rank order list because of online behavior.³

The *NSU-KPCOM Student Handbook* does have a section on pages 128–130 regarding social media guidelines. These recommendations are for all medical students during their time at NSU-KPCOM and apply during participation in social networking sites, online weblogs, or any other forms of online communication. The guidelines start by defining social networking and blogs, and give examples. The guidelines discuss potential consequences of unprofessional behavior online. Some important points of note:

Postings on social networking sites can have educational ramifications. If any conduct is displayed on social networking sites that violates university policies or procedures, there may be disciplinary action.

Postings can also have legal ramifications. The content of a post, if inappropriate, can be used in court as evidence or in disciplinary proceedings.

Postings and social media presence is viewed by residency program directors, future employers, clients, and patients.

Cyber stalking and inappropriate postings can be classified as sexual harassment and are subject to NSU Sexual Misconduct Policy/Title IX.

Some other noteworthy recommendations are as follows:

All content posted should be consistent with NSU-KPCOM's values and professional standards.

Alert colleagues when they post unprofessional or potentially offensive comments.

Avoid giving medical advice online, and be sure to differentiate medical opinions from medical facts.

Media about patients/cadavers should never be posted anywhere.

Do not interact with patients on social networking sites.

Refrain from accessing social networking sites in class, at work, or in clinical areas.

With the proper precautions and awareness, we can all use social media in meaningful and productive ways to network with family, friends, and the public, while also maintaining our professionalism as future physicians.

For additional reading, please note that the American Medical Association, the American Medical Student Association, and the Federation of State Medical Boards have published their own recommended guidelines for social media use in the health care profession, which can be accessed online.

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The Right to Health Care Access

By OMS-II Yara Khalifa

“While I am immensely proud to contribute to the medical profession as a whole, I have to be conscious of the general lack of affordable and competent medical care that impacts millions of Americans.” –Yara Khalifa

Since beginning my medical school journey, I have struggled to reconcile the medical training I am receiving with the reality of the inaccessibility of the American health care system. While I am immensely proud to contribute to the medical profession as a whole, I have to be conscious of the general lack of affordable and competent medical care that impacts millions of Americans.

The United States is the only wealthy, technologically inclined, industrialized democracy that does not guarantee medical care to its citizens¹. Not only is access to medical care an ethical issue, it is also a fiscal one. The United States spends approximately double of the GDP on health care when compared to other similarly wealthy countries^{5,7}, yet ranks at the bottom when compared to those same countries in health outcomes³.

In March, I attended a summit on behalf of Students for a National Health Program (SNaHP)—the student arm of Physicians for a National Health Program (PNHP). During this conference, I was exposed to the principles that guide PNHP—principles I believe could improve the current health care crisis afflicting our nation.

These principles include

ACCESS to comprehensive and adequate health care is a human right.

THE RIGHT to choose and change your physician is an aspect of patient autonomy.

HEALTH CARE must never be tied to a pursuit of profit.

PERSONAL MEDICAL DECISIONS are made between the patient and caregiver, not corporations or government.

The SNaHP conference allowed me to network with student physicians from

around the country, participate in political/health care advocacy training, and gain information about implementing a national health program in the United States. Not only would a national health care program grant affordable health care to millions of Americans, but it would also cost the taxpayers less than the current multi-payer system⁵.

SNaHP and PNHP advocate for legislation that has been proposed in the House, Senate, and several states under its more popular name, Medicare-for-All. PNHP focuses on a single issue—“a universal, comprehensive, single-payer national health program” that covers doctors, hospitals, prescriptions, vision, dental, reproductive health, and long-term care, regardless of preexisting conditions.

In addition, SNaHP and PNHP stress the importance of recognizing the social determinants of health, such as racial

bias⁴ and income. In the words of the late Martin Luther King, Jr. “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Likewise, many studies have found that implicit biases not only exist in our health care system, but are directly related to poorer quality of care and poorer health outcomes⁴. This disparity in health care quality disproportionately affects African American populations.

African Americans experience higher incidence of chronic disease, higher infant mortality, and higher postpartum mother death⁴. The United States currently operates on an out-of-pocket system for at least 39 million Americans².

Under this system, citizens that cannot pay for their medical services are unable to access physicians, medications, surgical interventions, and countless other lifesaving medical resources. These paradigms





further push financially vulnerable and minority populations into a vicious cycle of death by preventable disease.

From this conference, I have not only found my niche of social activism, but also gained knowledge and experience in public health policy that will guide my future endeavors.

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Words of Wisdom from a Graduating Student

By OMS-IV Vikisha Hazariwala

I recently matched into an ophthalmology residency at Beaumont Health in Detroit, Michigan, and will be starting in June. As the previous editor in chief of *SGA Rounds*, I was asked to provide a few words of encouragement to my peers and colleagues.

First, medical training is tough. No one who has been through this process will provide you with false advertising on the rigors of it. However, I now see that if it were easy, anyone could do it. We all have friends from college who were not able to gain acceptance into medical school and are now in another field. We may even have immigrant parents who were physicians in other countries and are not able to practice medicine here.

You may not realize your worth yet, but if you make yourself known by how much you care, your work ethic will speak for itself. Being a physician is a privilege that, like a plant, needs the right ingredients to grow—commitment, honesty, and passion.

Second, during medical school, do not cave into the pressure of doing more extracurricular activities to expand your resume. This is the time to focus on building your knowledge base. Whatever else you choose to pursue should augment your knowledge—and not your stress. Volunteer and do research where your heart desires and the opportunity arises, but do not bite more than you can chew.

Third, do not let anyone fool you into thinking medicine is purely bureaucratic and that your days will be spent in front of a computer screen. Do not allow yourself to become jaded by the technicalities of this field before you have even begun caring for patients. Learn, instead, and observe how your attending physicians combat these moral dilemmas, and how you can adopt your own style of practicing.

For example, one of my attendings would verbalize his electronic notes to his patients as he typed so he could not only educate them on their health, but also reassure them that they weren't being ignored. Each patient then received a printed copy of the notes at the end of the visit to reinforce the discussion. This type of practice allowed him to build trust with his patients. Medicine is an art just as much as it is a science.

This April, I lost my cousin to metastatic prostate cancer. He was a son, father, brother, friend, and coworker to so many people and had lost his battle with this disease at a young 63 years of age. His diagnosis was made in its late stages, and the disease had progressed much more aggressively than other tumors. It was insidious and unfair. Our families held hands and prayed in the hospital for three days before he took his last breath.

Although I was grieving over the loss of my cousin, I recognized a change in myself, a perspective I had not known I had.

Over the past two years, I have seen and done the unspeakable on my clinical rotations, and with each tragedy, my heart has hardened a bit further.

The tears do not flow as swiftly, and my hands tremor less with each death I witness. But it is the lives we can save, the diagnoses we can catch, and the treatments we can offer that make this profession an incredibly humbling journey.

To all those studying for the next exam, I urge you to study with conviction and sincerity. The reward of knowing more and showing more kindness is when your attending trusts you enough to pass you the scalpel and drill, when they call you in the middle of the night to help assist them with lifesaving measures. Remember: You're not "just" a medical student. You are now a part of a loved one's medical team.



Vikisha Hazariwala (left) assists her attending neurosurgery physician during a craniotomy procedure to help release excess fluid from a patient's brain.

Mental Illness Stigma: How We Can Reduce it

By OMS-I Alex Nikolic

The opioid crisis and mass shootings have had a fundamental role in bringing the conversation about mental health to mainstream and social media in the last several years. It also seems that public discourse about psychological disorders is hardly seen or heard without the catchy buzzword “stigma.”

Many celebrities, physicians, psychologists, and activists have been more open and vocal publicly about these issues than ever before. Although these endeavors have brought increased awareness about mental illness being a major public health issue, there is still a lack of understanding about what type of disease this is among the general population. Consequently, this is the foremost reason we still stigmatize the mentally ill and hesitate to reach out for professional help when we face challenges of the same nature.

Psychiatry is certainly the last specialty in health care that is still struggling to gain the overall trust of the public, as well as authority over its expertise. This phenomenon is rather paradoxical, as we either all suffer from or know someone that suffers from some form of mental illness. Indeed, according to the World Health Organization, one in five people suffer from these brain disorders.

On the other hand, I’m afraid we can’t guarantee the same rates of familiarity when it comes to other illnesses, such as kidney disease. However, there aren’t any documentaries, religious officials, or conspiracy theory websites that are trying to discredit nephrology, blame the patients for their illnesses, and spread rumors about dialysis being the main tool of Big Pharma’s plan to keep humanity sick while it remains in power.

This, however, is undoubtedly the case for psychiatry. So, why does the public freely accept one organ’s disorders while stigmatizing another’s?

Just like in politics, economics, and, apparently, astronomy, there are certain ancient myths the public believes in, despite the overwhelming evidence in scientific literature that disproves them. These myths lead to prejudice, which ultimately results in stigmatizing the prejudged individuals.

Even though we might not consciously rationalize it to ourselves, when we see a homeless person on the sidewalk who appears to be having a conversation with what seem to be invisible beings, we immediately slap a judgmental label on him or her such as “cuckoo” or “crazy” as we avoid them. On the other hand, if we see homeless people in a wheelchair because they are missing both of their lower limbs, we empathize and acknowledge how tough everyday life must be for them.

What is the difference? It is merely that in the second example, we did not attribute that person’s anomaly to their choice, but to

some tragic circumstance over which they had no control. Ironically, the person in the first example also did not have control over the illness that took over his mind. In fact, he may even experience more suffering on a daily basis. Nobody consciously chooses to be schizophrenic, depressed, anxious, or addicted to substances, but we consistently fail to recognize this fact.

Finally, whether we subscribe to monism and believe that everything in existence is material in its nature, or if we believe in an immortal soul that temporarily inhabits the physical body, we should still agree that mental illness is caused by brain disease. And if the mind is a manifestation of neurological functions and dysfunctions, people will display different behaviors, disorders, and perceptions based on the unique genetic and environmental factors that shaped them.

So, what can we do to eradicate stigma? The best place to start any social change is within ourselves.

The next time we encounter someone who is suffering from mental illness, whether that is a spouse, friend, family member, stranger, or ourselves, instead of reacting and engaging in prejudice, as we are culturally conditioned to do, we should strive to perceive them through a lens of empathy and understanding. Only then will we, as a society, finally enter the phase of compassionate acceptance for all those who are suffering.



Stop and Smell the Roses

By OMS-I Brooke Alexander and OMS-I Tyler Ruppel



We've all heard the phrase "stop and smell the roses," but have you ever applied that to the Cadaver Dissection Lab? Probably not, but the meaning still pertains.

On March 14, the NSU-KPCOM Student Government Association hosted the annual Cadaver Memorial in the Morris Auditorium to honor those who have donated their lives to further our education. During the event, an assortment of artists, singers, musicians, and speakers from various HPD programs shared their personal experiences about working with the cadavers.

OMS-I Peter Cammans spoke bravely about the loss of his father and discussed how the cadavers aided him in his journey of mourning and acceptance. Another OMS-I, Andrew Joseph, was so inspired by the cadavers that he was overcome with emotion at the podium as he expressed his gratitude.

"Each person whose body we dissected, which allowed us to learn about the beautiful creation of mankind, was given as a gift," he said. "It's a gift we will never be able to pay back in any sense of the word."

Many KPCOM students paid tribute to the cadavers with their musical talents, including the OMS-I singing group the Lymph Notes performing the song Seasons of Love. Additionally, OMS-II students Kayla Brown, Vidya Kakulavarapu, and Robert Wineland sang a beautiful rendition of Lady Gaga and Bradley's Cooper's Shallow. The artists at the Cadaver Memorial facilitated the audience in contemplating their own individual times at the lab, while evoking sentiments of appreciation and respect.

As frantic medical students with busy lives progressing at lightning speed, we often find there is no time to think, breathe, or even meditate. In the cadaver lab, many students want to learn quickly and move on to study for the next exam.

This is understandable because it keeps us afloat and treading the seemingly turbulent waters of medical school. As students, we should recognize the importance in taking time to respect,

reflect, and honor our silent teachers who have given their very bodies for our educational benefit—and for the benefit of greater humanity.

With the laborious demands of medical school, it is easy for us to forget the reason we started this journey to become physicians in the first place. However, the more effort we make throughout our daily lives to contemplate all the sacrifices that have been made for us and appreciate the lessons learned from our teachers, our cadavers, and even our fellow classmates, the more purposeful and less taxing our lives will become.

As we stroll into the library, a hospital, a clinic, school, or even home, we need to remember the importance of the calling we have entrusted in ourselves. When walking into that library, we must remember we are here to learn information that will ultimately help save lives, and that each small factoid we commit to memory was a major breakthrough at some point in the course of history.

When shuffling into that hospital, remember that not only will we be learning from mentors who have sacrificed years of their lives to teach us; they will also help us learn to save lives ourselves. When striding into that volunteering opportunity, remember that we will be bettering the lives of thousands of others who need our help.

One of the virtues most necessary, and yet most underrated, to becoming an exceptional physician is gratitude. Every patient we see, and every person we interact with, teaches us something and, for that, we should be eternally thankful. We should be especially thankful for the cadavers who help teach us, silently sharing the frailties of life and the wonders of the human spirit.



Women in Surgery Symposium Enlightens

By OMS-I Ashley Long and OMS-I Claudia Tusa

In February, we attended the 10th Annual International Women in Surgery Symposium in beautiful Clearwater Beach, Florida. Over the course of the two-day conference, not only were we able to engage with some of the top female surgeons in the world, but we left with a fresh perspective on the importance and empowerment of women in surgery.

It was rejuvenating to hear about the successes and advancements that these trailblazers had under their belt. Through their inspiring and powerful talks, we found a deeper connection to the conference's overall objective to promote personal and professional growth for women interested in pursuing or advancing their careers in surgery.

Throughout the day, fellow medical students, residents, and attending surgeons participated in discussions regarding important topics in surgery and medicine. A panel discussion about diversity in surgery led by Linda Barry, M.D., assistant professor at UConn Health, highlighted the need for representation of different races, religions, disabilities, and sexual orientation in the field.

In another presentation moderated by the University of Arizona's first female head of surgery, Leigh Neumayer, M.D., different surgeons discussed how to efficiently balance work and life outside of medicine through diversifying their time-management skills.

A number of female pioneers led workshops about their journey in medicine and the distance they have come. Speakers included Julie Freischlag, M.D., dean of the Wake Forest School of Medicine; Patricia Numann, M.D., the first female surgeon at Upstate Medical University and the first female chair of the American Board of Surgery; and Velma Scantlebury, M.D., the first African American female transplant surgeon from the United States.

During networking breakout sessions and lunch, we bonded with our newfound heroes and exchanged social media and contact information. They also shared some pearls of wisdom with us—to work hard and work smart, to know

what is truly important to you, to always make time for yourself, and to not forget to pay it forward once you've reached the top of the mountain.

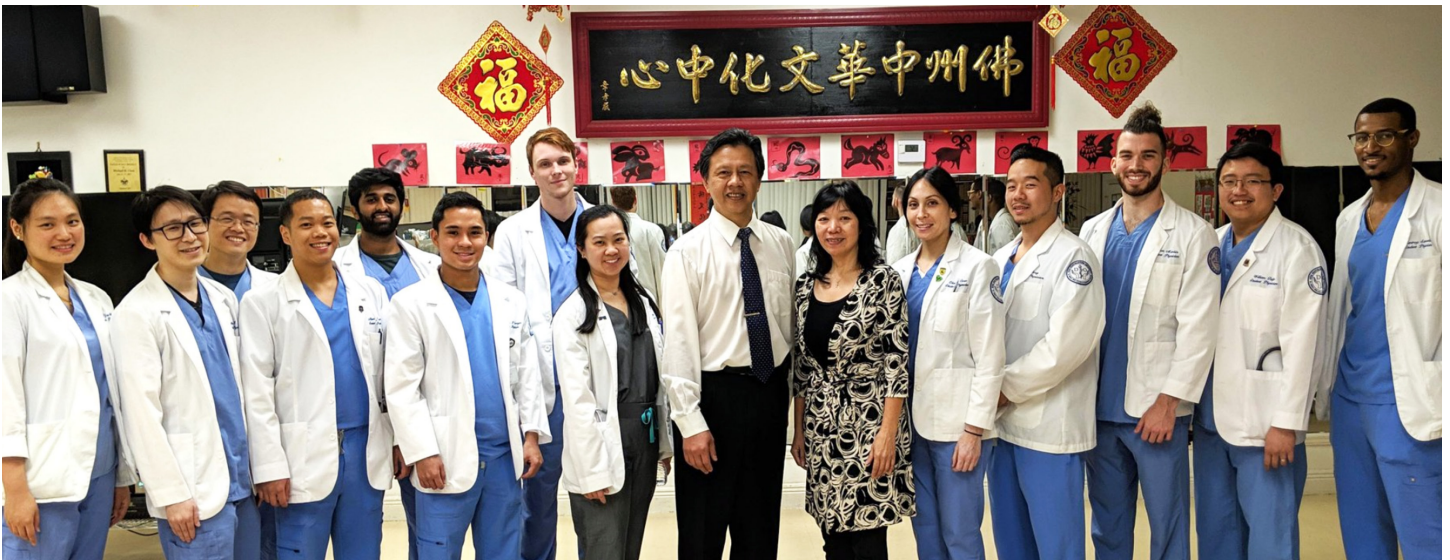
Between the sunrise yoga and evening bonfires, the conference was filled with motivation and encouragement to pursue the challenging, yet incredibly rewarding, field of surgery. According to the Association of American Medical Colleges, there were 5,018 female general surgeons in 2017 compared to the 20,139 male general surgeons.

There needs to be a better-laid foundation to encourage more women to pursue surgery. This conference is a place where young women can seek the advice, networking opportunities, and support needed to enter into this male-dominated world.



Students Volunteer at Chinese Health Fair

By OMS-I Alphonse Liu and OMS-I Ashley Long



On the evening of March 30, KPCOM students put their physical diagnosis and clinical skills to use in a valuable experience in Coral Springs, Florida, while working alongside one of our own KPCOM alumni and current IGC preceptors, Soling Li, D.O., who specializes in internal medicine. The event, arranged by the NSU Asian Student Association, included a health fair that provided glucose and blood pressure screenings, as well as a health education seminar, for the Chinese community.

“This was a great way for me to keep in touch with my community as well as practice my medical Cantonese so I can continue to use my second language as a future physician,” said second-year medical student Jimmy Wong.

“I’ve always planned to continue helping those in my community as a physician, especially those in need who cannot access health care due to their insufficient English proficiency. This outreach to the community really reminds me of why I’m here in the first place,” said first-year medical student Alphonse Liu.

Patients received a quick and easy glimpse of their health without having to schedule an appointment with their physician or providing an additional co-pay. We also informed the patients about the typical ranges of various physiological measures and ways they could optimize their health. Being able to discuss their health concerns amongst peers with descriptive health information by a native-speaking physician allowed them to understand the importance of preventative care and health maintenance without feeling ostracized in the complex American health care system.

Samuel Cheng, Sc.D., M.S., PT, an NSU physical therapist and associate professor, also educated the community about the importance of exercising, especially among the elderly population. He emphasized that the goal was not to have a perfect exercise

routine or professional equipment, but to stay active and moving every day even by doing tasks such as gardening or walking around the neighborhood.

As medical students, we were also reminded that we must stay active to perform our best in the classroom and to stay healthy. Too often, we are caught up in exams and put our own health aside in order to make more time for studying, but we must remember to take care of ourselves before we can take care of others.

This health fair was a great reminder of how rewarding it is to use our native language to establish rapport with a vulnerable patient population. We hope to continue organizing health fairs like this to expand into other local Chinese communities.



Students and Spouses Use Art to Explore Medical School Challenges

By OMS-II Peter Troccoli

The members of the Student Advocate Association (SAA) know only too well the intellectual, emotional, and physical challenges of medical school. In fact, the intellectual piece might be the easiest hurdle.

“To muster the courage to withstand the raging barrage that is the infinite microbiage.” That’s how one SAA member described the task in a poem he wrote during a special two-hour Bodyscapes Healing Art Workshop sponsored by the SAA in January.

“You ain’t a fool if you get into med school. Long days, weeks, and years may strike up new fears. Maintaining balance and happiness is of the utmost importance,” another student wrote.

I first heard guest lecturer Diane Sciarretta describe the Bodyscapes process in 2018 when she addressed first-year medical students as part of the Humanism in Medicine course. When she returned this January to repeat the lecture, I arranged a follow-up Bodyscapes workshop for the SAA.

Sciarretta came to NSU at the invitation of Janet Roseman-Halsband, Ph.D., M.S. Sciarretta created the Bodyscapes process and her Red and Orange House Foundation to empower people living with serious illness and trauma to enter the state of the artist and actively participate in their own healing through guided, artistic self-exploration.

Roseman-Halsband wanted Sciarretta to describe not only her technique, but also her experience using the process with long-term survivors of the AIDS epidemic. The experience of those first victims of a new disease, and their encounters with a medical system that knew as little about the disease as they did, hold important lessons for both patients and practitioners alike, Roseman-Halsband thought.

The Bodyscapes technique employs poetry and artmaking—drawings using pastel. SAA members wielded these tools in exploring their experiences of medical school, following the theme of resilience.

“One day after another, falling behind, a lifelong learner, a calloused mind,” one wrote.

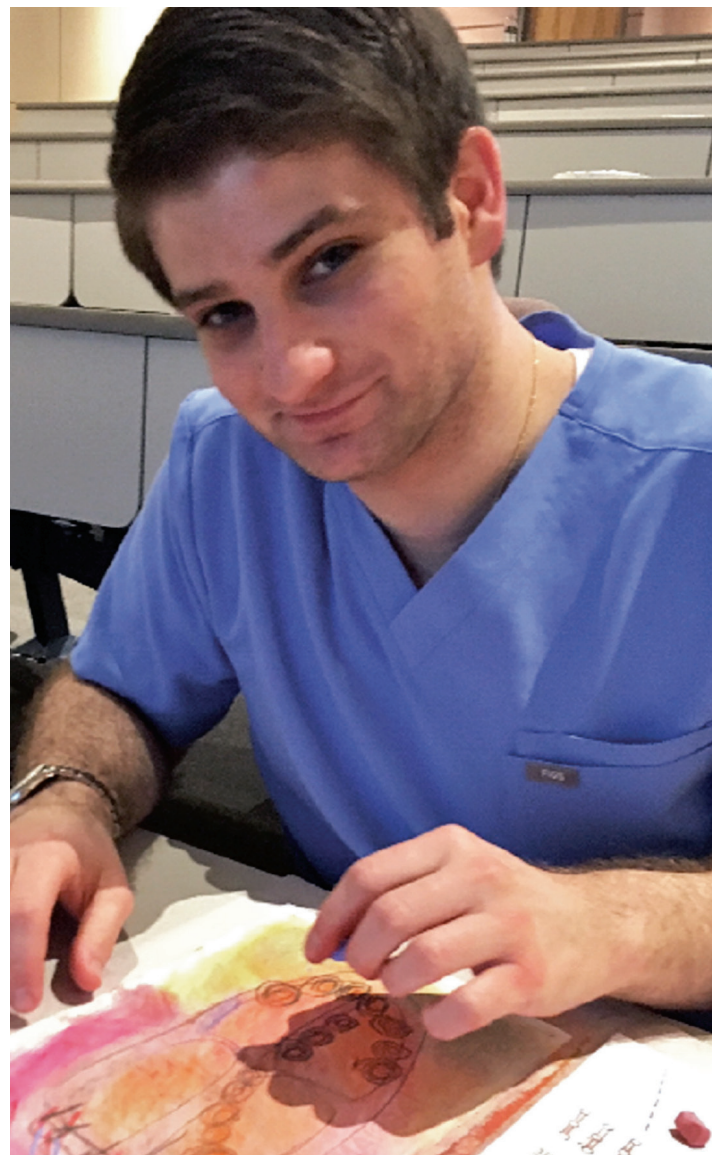
Since the SAA serves medical students, spouses, and others sharing the student journey, students and loved ones participated in the workshop, exploring the demands that medical school places on personal lives outside the school environment.

“She is intelligent, but so is he, all which can lead to intensity. Intensity is never the aim, but achieving resilience is quite a game. To achieve resilience, we first must recover. Then we can begin to uplift one another,” wrote one student’s wife.

Afterward, she observed, “This was a pretty hefty subject for me (medical school relationship pressures). I have had a lot of emotions and am sorting them out. Bodyscapes helped me address my feelings.”

The workshop yielded other insights. Some students remarked that the experience helped them realize how few opportunities exist for students to interact informally with each other, socialize, and have fun in a relaxed setting.

For others, the experience shed light on the pressures of being perfect and doing everything “correctly.” Making art doesn’t require perfection, but it does involve making choices rather than just following instructions—another skill physicians must acquire.



From Clinical Skills Exams to Patient Encounters

By OMS-III Ronak Gandhi



“You may now knock and enter the room.”

Throughout the first two years of medical school, students hear this phrase countless times during their clinical skills exams. Then, third year comes, and we are thrown into the fire. After what feels like decades of studying behind a desk, closed off from society, clinical rotations are the complete opposite; they immerse us into the world of real people. There are no more actors. These are actual patients with real complaints.

During those first two years, we all thought those clinical skills exams were pointless. They made things feel so robotic, like we were just memorizing a script and forcing an empathy that wasn't from the heart. Yet, you'd be surprised. Those hours of practicing with your classmates, where one person tried to simulate what it

felt like to be a patient while the other inquired about every aspect about the patient's life, paid off.

That familiarity with the patient encounter, even if it was rehearsed, allowed for a sense of comfort when seeing every kind of patient, whether it be the noncompliant HIV-positive patient who has now acquired a second life-threatening illness, or the middle-aged schizophrenic who is rambling about how the monsters in the closet attacked her at night.

Two years of clinical skills examinations and seven months of rotations, as well as seeing hundreds of patients, prepared me for January 24. That was the day I walked into my COMLEX Level 2-PE. Yes, the anxiety was definitely still there.

I sat in a room with 11 strangers for over an hour, with only a window separating us from the subzero temperatures that encompassed Chicago a week prior to the infamous Polar Vortex. I also waited for the administration to get through all of the instructions they had already repeated at least four other times. This was not an easy task.

However, the second I walked into that first patient's room and saw the distraught look of the actor sitting in front of me, I felt at ease. It didn't even feel like an exam at that point. It felt like I was in the hospital walking into a patient's room to get a history.

Any curveball they threw at me reminded me of every patient I had spent the last 7 months encountering. That's not to say I didn't make any mistakes. Of course I did. It has been quite some time since we last had to take a clinical skills exam, and rotations don't necessarily prepare you for a strict 14-minute patient encounter with 9 minutes to write a complete SOAP note.

And after seeing 12 patients consecutively with only minimal breaks, your mental stamina definitely begins to deteriorate. Nonetheless, those clinical skills exams planted a seed. They created a foundation that 7 months of rotations solidified and gave me the confidence to not only beat the PE, but to also envision myself as an established clinical physician one day.

Tips for a Successful COMLEX-Level 2 PE Experience

practice sample cases from First Aid

prepare with challenging questions

master your favorite OMM techniques

time yourself

shake off mistakes

think of the actor as a real patient

be confident and humanistic

KPCOM Student Achievements

First-year students **Joshua Berko** and **Matthew Heffelfinger**, newly elected leaders of the KPCOM Student Osteopathic Medical Association (SOMA), represented the college during D.O. Day on the Hill in March, as well as at the national SOMA Spring Convention. Both events were held in Washington, D.C. Berko and Heffelfinger, who serve as the KPCOM members on the National SOMA House of Delegates, displayed their political activism with other colleges of osteopathic medicine students and advocated for changes in health care policy at the local, state, and national levels.

Third-year student **Jordan Best** was elected chair of the national Student Osteopathic Surgical Association during the organization's annual conference held March 30–31 in St. George, Utah.

Third-year students **Priya Gupta** and **Megha V. Patel** presented their poster “Gastrointestinal Stromal Tumor of the Rectum with Metastasis to the Liver in a Patient with High-Grade Endometrial Carcinoma: Report of an Unusual Case” during Digestive Disease Week (DDW) in San Diego, California, held May 18–21. Their poster was accepted as part of the Society for Surgery of the Alimentary Tract Colorectal Diseases session at DDW—the world's largest international gastrointestinal conference.

Third-year students **Jeena Kar** and **Lilium Santiesteban** coauthored a research abstract with David Boesler, D.O., FAAO, titled “Using Osteopathic Principles in Psychiatry: Integrating a Whole-Body Approach Into Mental Health.” The abstract, which was selected by the American Psychiatric Association (APA), placed in the top 15 of entered submissions from throughout the United States. Their research was presented at the

APA annual meeting held May 17–19 in San Francisco, California.

Second-year student **Manonmani Murugappan** served as first author of the poster “The Repeatability of Visual Changes Measured with Tests of Visual Acuity and Contrast Sensitivity,” which she presented at the annual Association for Research in Vision and Ophthalmology annual meeting on May 2 in Vancouver, Canada.

Third-year students **An V. Nguyen**, **Tymour Malik**, and **Trevor Nezwek** received the first-place best poster award for their case study “A Suspicious Eye for an Extra X” at the American College of Osteopathic Pediatricians conference held April 11–14 in Pittsburgh, Pennsylvania.

Third-year students **Priyanka Ochaney** and **Komal Patel** received a first-place award in the student category for their case report “The Importance of Risk-Reducing Prophylactic Mastectomy in BRCA Carriers” at Largo Medical Center's Scholarly Activity Poster Competition held May 13–16. They also presented their case report at the Florida Academy of Family Physicians Spring Forum held May 3–5 in Orlando, Florida.

Enoemem Michael Okpokpo, class of 2019, had his article “Maintaining Curiosity for Patients Through Sketch Drawing” published on the Op-Med Voices from the Doximity Network website.

Third-year KPCOM students swept the top awards and earned scholarships in the poster competition held in conjunction with the Westside Regional Medical Center Annual Research Symposium held at the Signature Grand in Davie, Florida. **Aline Pereira**, M.B.A., captured first place, while **Jeena Kar** and **Farah Leclercq** won second and third place, respectively.

Third-year students **Aline Pereira**, M.B.A., **Alexander Hardy**, and **Randy Leibowitz** presented their poster “Alternative Method to Induce Gallbladder Contraction Due to Sincalide Shortage” at the 2019 Student Osteopathic Surgical Association Convention held March 30–31 in St. George, Utah.

Melanie Perez, class of 2022, received an Early Career Investigators travel award from the Research Travel Institute to attend three myalgic encephalomyelitis/chronic fatigue syndrome conferences taking place May 28–31 in London, England. During her stay in London, Perez will present her research project “Genetic Predisposition for Immune System Hormone and Metabolic Dysfunction in Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: A Pilot Study.”

Alixandria Fiore Pfeiffer, class of 2019, was named KPCOM Student of the Year at the 21st Annual NSU Student Life Achievement (STUEY) Awards held April 16 at a ceremony held in the Miniaci Performing Arts Center. Additionally, the college's Pediatrics Club was nominated in the Graduate Organization of the Year category. For those unfamiliar with the STUEY Awards, the event was created in 2000 to honor the people and organizations that best exemplify the NSU Core Values of academic excellence, student centered, scholarship/research, integrity, innovation, opportunity, diversity, and community.

Saamia Shaikh, class of 2020, won first place in the Best Case Report (podium presentation) category at the South Florida Chapter of the American College of Surgeons (ACS) annual meeting held March 16 in Fort Lauderdale. Shaikh's report was titled “Surgical Management of Incidental Appendiceal Adenocarcinoma Ex Goblet Cell Carcinoid Tumor with Appendecto-

my, Secondary Right Hemicolectomy, and Abdominal Wall Resection.”

Zachary Snow, class of 2019, presented an oral case report titled “Ossifying Renal Tumor of Infancy” at the Society for Fetal Urology Congress at the American Urological Association’s annual meeting in Chicago, Illinois, held May 3–6.

Second-year student **Paul J. Spano II**, M.S., coauthored several articles that were published in various academic journals. These include “Isolated Hip Fracture in the Elderly and Time to Surgery: Is There an Outcome Difference?” that appeared in the December 2018 issue of *Trauma Surgery & Acute Care Open* and “The Association Between Seatbelt Use and Trauma Outcomes: Does Body Mass Index Matter?” in the December 2018 issue of the *American*

Journal of Emergency Medicine. He also coauthored the article “Early Versus Late Tracheostomy: Is There an Outcome Difference?” that appeared in the April 2019 issue of the *American Journal of Surgery*.

Third-year student **Gabriela Teixeira** and fourth-year student **Christina Baxter** received the first-place award for their research project “Children’s Wellness Program: Enhancing Educational Attainment Through Improved School Health” at the American College of Osteopathic Pediatricians conference held April 11–14 in Pittsburgh, Pennsylvania.

Third-year student **Jessica Wassef** received the Best in Surgical Oncology Award for her research project “Recurrent Colon Cancer After Negative Colonoscopy: Exploring the Gaps in Colorectal Cancer

Surveillance” at the national Student Osteopathic Surgical Association Conference held March 30–31 in St. George, Utah.

Third-year students **Nicholas Wawrzyniak** and **Gabrielle McDermott**, who are KPCOM predoctoral osteopathic principles and practice fellows, swept the top two awards at the poster competition held in conjunction with the American Academy of Osteopathy Convocation, held March 13–17 in Orlando, Florida. Wawrzyniak captured first-place honors for his poster “Regional Dependence of Myofascial Meridians in Chronic Low Back Pain,” while McDermott won second place for her poster “Orbital OMT for Grave Situations: Treating Exophthalmos.” KPCOM students have won first place in this national competition for three consecutive years.

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