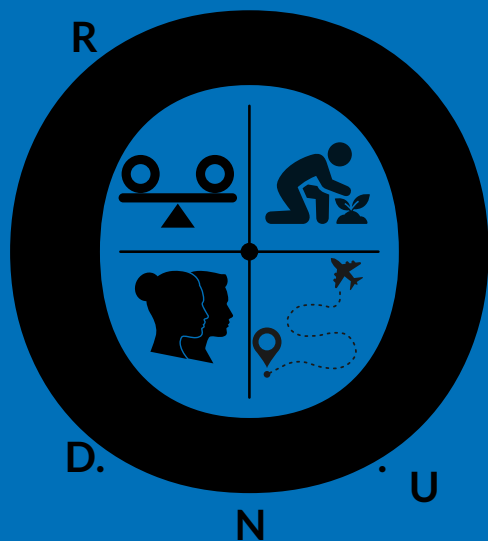


Dr. Kiran C. Patel College of Osteopathic Medicine

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BY ALENA BASHINSKAYA, OMS-II (TAMPA BAY REGIONAL CAMPUS)
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SGA ADMINISTRATORS OF PUBLIC AFFAIRS

Welcome back to our returning KPCOM students, and a special welcome to our incoming first-year students. We hope everyone had an amazing and safe summer. We are excited to share our first issue as editors in chief of *SGA Rounds* with you.

First off, we would like to thank Simrun Uppal and Mariah Zakharia, the previous editors in chiefs of *SGA Rounds*. We also want to thank Scott Colton, our director of medical communications and special projects, and Dr. Gayl Canfield, our *SGA Rounds* faculty adviser, for all the hard work they put into *SGA Rounds* and making this possible. Last, but definitely not least, we want to thank all of you for submitting your amazing work and being a reader.

We believe all of us have dealt with and faced many challenges caused by the global COVID-19 pandemic to some extent. As we continue going forward, many have adapted various ways to stay sane, improve their well-being, and ultimately gain a sense of purpose to keep pursuing their goals and living the best versions of their lives. During these difficult times, it is crucial to connect with the inner self and recognize that ultimately life goes on, and that we must take care of ourselves so we can take care of others in the future.

Being a medical student brings many other difficulties that might be destabilizing and impact mental health and overall well-being. We are hopeful that *SGA Rounds* can serve as a creative outlet and a source of inspiration, strength, enthusiasm, and motivation to keep enjoying life while going through such unprecedented times.

Have you ever imagined being in a virtual medical school? Although each of us dreamed of attending medical school, none of us imagined it being like this. Nowadays, Zoom lectures, online anatomy labs, and

double masking are the norm. We believe that an essential part of an extraordinary physician is a solidified intention to master the art of medicine to deliver the best care for our patients, while also taking care of ourselves.

Therefore, we are convinced that although this has been more than difficult to manage, all of you are extraordinary doctors-to-be, because it takes great courage and strength to accept this new reality and face the challenges that come with it. We are so proud of each and every one of you for doing medical school, an already difficult task, during an even more difficult time.

In this edition, OMS-II Siam Chawdhury shares a personal letter to his younger self that is filled with encouraging and motivational messages. OMS-III Samantha Sostorecz reflects on her fear of blood and how it has beautifully evolved into a deep appreciation of its function in our body. Additionally, OMS-III Jessica Goldstein shares an impressive piece about the pivotal moment in her life that played a crucial role in adapting to her journey in medical school. OMS-II Zubiya Syed writes about the importance of a holistic approach to medicine, and how it can literally save lives. All the pieces in this edition are uniquely amazing.

This edition of *SGA Rounds* is filled with inspiring pieces ranging from first-year reflections to travel stories—and everything in between. Additionally, this publication includes spectacular news about KPCOM student achievements. Although COVID-19 has deprived us of connecting with our school, we hope that as you read this issue, you feel connected to your peers and to the KPCOM community. We want to thank everyone who submitted an article and contributed to *SGA Rounds*. □



Cycled Through the System: A Look Inside Psychiatric State Hospitals

BY NICOLETTE NATALE (OMS-IV), SARTHAK PARIKH (OMS-IV), AND PRACHI SINGH (OMS-IV)

When we were assigned to our psychiatry clinical rotation at South Florida State Hospital (SFSH), we immediately thought of various movies that displayed psychiatric facilities as rundown, desolate, and primitive. These ideas were quickly replaced by questions about a legal system that seems to trap individuals in a constant cycle of psychiatric facilities, residential facilities, and the community.

SFSH, which treats more than 350 patients with varying psychiatric diagnoses—with the most common diagnosis being schizophrenia—was not what we expected. Instead of a dark concrete building, we were welcomed by a sprawling hospital with lush landscapes interspersed throughout the numerous Mediterranean-style buildings that housed the patients.

Individuals in psychiatric hospitals come from the judicial system, families who couldn't care for them, or from the streets. SFSH is one of the two hospitals in Florida that serves this population of treatment-resistant and difficult-to-manage individuals.

Upon admission, the patients create a list of goals, such as improving mood, returning to families, pursuing a career, and starting their own families. However, due to the lack of support and funding for individuals with mental illness, these patients get cycled through the system. The determination these patients displayed moved us to write this article and shed light on the medical, legal, and societal struggles they face.

At SFSH, patients are given access to numerous services, including behavioral and mental health, substance abuse programs, and adult education classes. Each patient has a

treatment team composed of a psychiatrist, social worker, psychologist, registered nurse, and lawyers who work together to create a specific treatment plan.

The team ensures that patients are following this plan by holding monthly progress sessions where patients can address their concerns. The goal of facilities like SFSH is to treat or manage their patients' illnesses so they can rejoin the community.

Caring for mentally ill patients is challenging and requires a profound understanding of the disease. Once patients are discharged from psychiatric facilities, they require varying levels of care depending on their level of functioning. Many need nursing care to help them adhere to medications, attend physician appointments, and perform activities of daily living.

Due to the lack of insight into their diseases, outpatient treatment is often difficult to maintain, which can create further barriers to progress. Unfortunately, the intensive care many patients require only exists in short-term residential care facilities. Sadly, these patients are often cycled back into state hospitals because of a lack of proper outpatient care.

Despite the positive changes in state hospitals throughout history, many problems persist. Individuals suffering with mental illnesses often find themselves trapped in the state psychiatric system due to the lack of funding and awareness of mental health necessities. We hope that in the future, government agencies will recognize the importance of funding more appropriate outpatient facilities required for these patients so they are not continuously cycled through the system. □



Seeing the Unseen

BY ZUBIYA SYED (OMS-II)

"You could save their lives if you just took them away and asked, 'Are you okay, are you safe?'" These departing words from keynote speaker Natasha Nascimento rang in my ears the remainder of the conference.

In 2018, I attended a premed conference at the University of South Florida as an undergraduate student, hoping to learn more about medical school and what was expected from future student physicians. What I left with, however, was much more.

Nascimento is the founder of Redefining Refuge, an anti-human trafficking organization created to address the prevalence of human trafficking in Florida, specifically in the Tampa Bay area. She spoke on a topic I knew very little about at the time.

What was human trafficking really? And why was it important that I knew about it as a future physician? How could I save lives being aware and educated on human trafficking? These questions were answered over the course of two years, as I discovered a new passion—fighting against human trafficking.

Florida has the third highest reported calls in the nation and is known as a hotspot for human trafficking. Human trafficking can be broken into two overarching categories—labor trafficking and sex trafficking, with labor trafficking being more prevalent in our nation. Victims of trafficking tend to be from vulnerable populations (e.g., low socioeconomic status, homeless, LGBTQ, immigrants).

They are taken advantage of and used in labor or sex industries. Some may not even know they are being trafficked. It is so common that a person in plain sight could be trafficked right under your nose. But why does this matter to a future physician?

First and foremost, it matters to me as a human being. To be pimped by a person, be used for money, and be seen as an object rather than a human with feelings, emotions, and rights was such a shocking concept.

Nascimento proceeded to explain why it was important for us to see the unseen, which means seeing the signs and symptoms that could go unnoticed if seen by an untrained

eye. There could be a time in the future that a trafficking victim could show up at your office, clinic, or hospital for a medical need.

The victim might be with a pimp who keeps the victim quiet, or maybe the victim is unaware of the situation he or she is in. However, you could be a physician who is aware of the signs of human trafficking and could save this person's life. Maybe you notice the bruises, or a tattoo, or the submissive behavior of your patients to their accompanier.

If you pull the patient away for even a second and ask, "Hey, are you okay? Are you safe?" you could save the person's life. To be aware of danger signs, and to know how to handle the situation, are a part of what being a physician is.

There are many people who actively work to combat human trafficking, including social workers, lawyers, and advocates. As physicians, we need to be a part of that team as well.

You can choose to be the doctor who treats their disease or saves their lives. I choose saving lives. □





Public Health Considerations and the Opioid Epidemic

BY DIVY MEHRA (OMS-IV)

The opioid epidemic, or the rise of improper use of prescription and nonprescription drugs in the United States, must be taken with serious alarm and action by health care professionals, public health administrators, and legislators.

Opioids are defined as a class of very strong painkillers synthesized to resemble the effects of morphine and heroin and can be classified as prescription or nonprescription medications or drugs. A range of opioids can be found anywhere from a clinical setting or pharmacy to a local street dealer.

Ease of access has resulted in high addiction and overdose death rates that classify opioid use as an epidemic, as documented by the U.S. Drug Enforcement Administration, with a declaration of national emergency instated in 2017. This opened funding from Medicaid and the Federal Emergency Management Agency (funds allocated for disaster

relief), while increasing public health administrators working actively on substance abuse and counter-addiction medication availability.

Working on an administrative and outreach level to inform the public about the dangers of opioid addiction, while also enabling clinical settings to have the tools to curb addiction medically, are important preventative steps. This forceful reaction from an administrative level is appropriate and attempts to curb the epidemic as far as public funds and cautious lifting of medical restrictions can go.

On a local level, physicians and health care workers must be able to accurately gauge situations related to prescribing opioid medications. They also need to understand the risks of the “gateway” nature of prescription drugs, like oxycodone and morphine-derivative painkillers, to higher dosages, or even to illicit nonprescription synthetics like heroin.

Physicians must be trained to recognize patients who may have abusive or addictive tendencies, before and after administration of painkillers within CDC guidelines, and monitor those effects. Issues are perhaps greatest in cases of chronic pain, for which research and practice must be able to pinpoint effective treatment modalities that limit opioid drug administration. With painkiller prescriptions rising every year nationally (three times higher in 2015 than 1999), and drug overdoses remaining the most common cause of accidental death, physicians must stay active and informed in limiting opioid addiction.

Most importantly, perhaps, is the pathological nature of addictions, and that prevention can only be effective by both informing the public and by treating the medical effects of addiction disease. Physicians opting to choose alternative pain therapies whenever possible, writing short-term painkiller prescriptions (no more than five to seven days) with follow-ups, prescribing lower dosages, and coordinating with other physicians about specific patients are all actions that are being taken now to curb the epidemic on a clinical level.

As opioid addiction’s reach appears to proliferate deeper into our communities, it will take a thorough nationwide campaign and medical culture change for these negative impacts and deaths to be prevented in future generations. □



Green Thumb Not Necessary

BY JASON SHAH (OMS-IV)

The week before the start of my first year of medical school, I found myself at Ikea. I had just moved to Florida and wanted to make my new apartment feel like home. During that trip, I purchased a dracaena marginata—a plant more commonly known as the Madagascar dragon tree.

The purchase was spurred by its appearance. The plant, with its red-tinged leaves, looked spectacular. It was also fairly small, meaning it would fit pretty much anywhere. I have always enjoyed gardening and taking care of indoor plants. Besides the décor benefit, plants are also effective at naturally filtering out indoor air pollutants.

A 1989 study performed by NASA assessing the ability of plants to serve as air purifiers found that, in addition to reducing carbon-dioxide levels and releasing oxygen, common indoor plants—including the Madagascar dragon tree—also had the ability to remove volatile organic pollutants, such as benzene, formaldehyde, and trichloroethylene.¹ Additionally, studies have shown that working on plants is linked with improved mental health and reduced anxiety.

The dragon tree, which I purchased during that first week, has grown dramatically over the last three years to more than four feet, which resulted in my having to transplant it, as its roots outgrew their original pot. It has also shown its durability, having thrived even as I may have, on occasion, forgotten to water it at the end of the semester or during dedicated board studying.

The Madagascar dragon tree is an example of a great plant for a medical student, as it’s very easy to grow, is immune to most pests, and isn’t affected by low light, low humidity, or forgetful watering. Other plants that fit a similar characteristic include the sago palm, a tropical-appearing plant which is a cycad. It requires very little light and can go several weeks without watering.

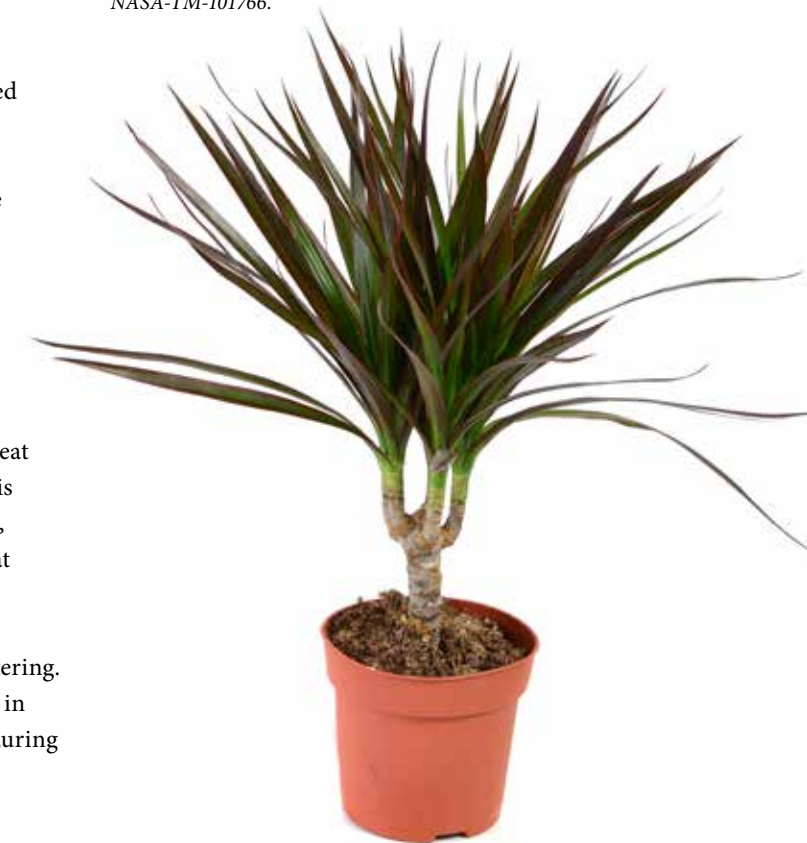
There are several examples of this plant surviving in lieu of being watered for multiple months in offices during

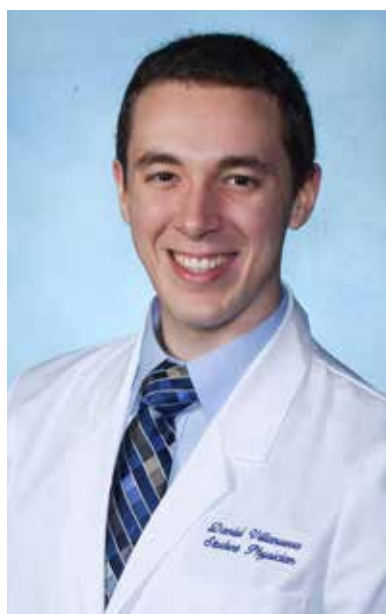
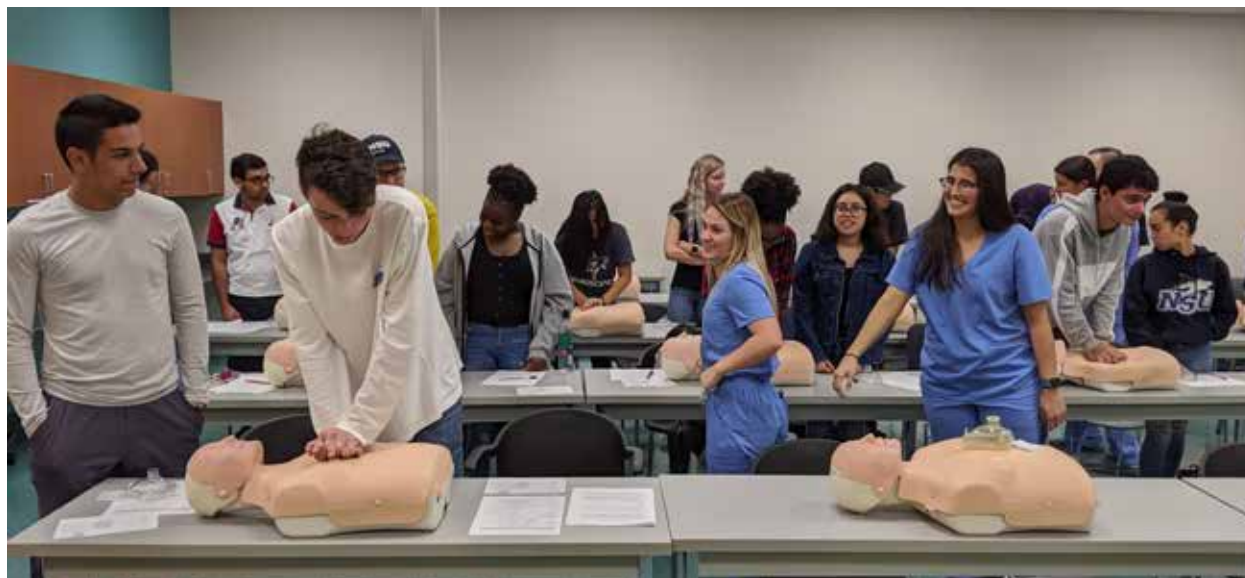
the pandemic earlier last year. The sago palm is a great indoor houseplant for a medical student; however, if you have pets, you may want to forgo it, as it can be hepatotoxic if leaves are ingested.

For those with pets, a plant that would be a great fit is an aglaonema—a slow-growing plant with a unique appearance. Like the other plants mentioned above, an aglaonema is one of the toughest plants around because it thrives with limited watering and limited light.

Throughout medical school, my collection of plants has grown. The sago palm, dragon tree, and aglaonema are among the easiest houseplants to take care of while also providing tangible benefits, making them a practical choice for medical students. □

REFERENCE
Wolverton, BC, Douglas, WL, Bounds, K (September 1989). *Interior landscape plants for indoor air pollution abatement (Report)*. NASA. NASA-TM-101766.





The Importance of CPR

BY DANIEL VILLANUEVA TOBY (OMS-IV)

through the ambulance bay doors. They were pushing a middle-aged man with short black hair and a large stomach on a stretcher.

A paramedic, drenched in sweat, was riding it, performing CPR with all his might. The emergency room team of doctors and nurses quickly transferred the patient onto the ER bed. As soon as they did, we took over compressions. As I reminded myself to maintain strong, deep, rhythmic compressions, I could feel that the man's ribs were already broken and his sternum was almost grotesquely offset.

We battled for this man's life for 26 minutes—a time that seemed too short for trying to save a life. However, the doctors and nurses had done all they could. His time of death was called. I almost expected a moment of silence—a moment where everyone would simply stand still.

Instead, everyone continued on to what they had been doing, with only a single nurse tending to the man for the family that would soon be called about his passing. That was the first

time I ever performed CPR. I will never forget it.

You never know when you may need to use CPR. That is why throughout my first and second years of medical school, I made it a priority to teach CPR classes. I wanted to help people be prepared for life-or-death emergencies. Now, as a fourth-year medical student, I have much more medical experience.

I have delivered babies, provided hundreds of people with COVID-19 vaccines, and been fortunate to work in many different hospitals and clinics. My first-aid and CPR skills have always been essential to have in my back pocket. I have personally experienced several emergencies where such skills were critical in handling the situation.

As you can see, I am a strong believer in teaching CPR to as many people as possible. Whatever your profession, CPR is an essential skill to have, so I urge you to take the time to learn it if you have not done so already. You never know—you may save a life. □



The Truth About Medicine and Tuning Forks

BY KATIE LAMAR (OMS-IV)

I was about halfway through my internal medicine hospital rotation as a third-year medical student when my senior resident approached me and gave me some advice I never expected to hear. He thought I should consider going into psychiatry—something I had never planned on specializing in.

We happened to have a perfect new patient on the floor to test this theory. She was not in for a psychiatric diagnosis per se, but he told me she was “kind of a psych case.” The patient had apparently tripped over her small dog at home and fractured her left ankle.

Upon entering the patient's room, I encountered a nice older lady with her leg wrapped and propped up on a pillow. Throughout the interview, she seemed really nice. If anything, she just seemed a little lonely and pleased to chat. I was happy to oblige, so I asked to see pictures of her dog on her phone and listened to her. That was when things started going south.

She was having difficulty finding pictures of her dog on her phone, but continued to keep chatting. Suddenly, she began discussing various types of therapies and how “tuning-fork therapy” was going to be the next big thing.

I mentioned that I knew they have done a lot with tuning forks, citing proprioception and hearing tests, but she informed me that was not what she was talking about. I had asked to see a picture of her dog, but I was stuck in a polite conversation about how tuning-fork therapy was going to replace all of Western medicine as we knew it.

I have never been good at excusing myself from patient encounters when they want to talk, but this lady showed me the true meaning of being unable to escape. She was flitting from topic to topic, holding me captive in a way, as I patiently waited for the dog photo I had requested. I was trying to figure out how to navigate back on topic when she finally found the photos, and I was able to end the encounter.

As this experience hinted, and I later had confirmed in my psychiatry rotation, psychiatry is not my forte. While I value the importance of patient mental health, I find it quite exhausting to try to counsel and guide patients to receive the therapies they need. However, while my main job in medicine is treating and educating patients about their health, I realized after this that sometimes the therapy a patient needs is to speak to a person and not a provider.

That patient derived great joy from talking to me, even though I had been uncertain throughout the encounter. I discovered an important truth about medicine that day—that sometimes it's not about what you do or say—it's about being there and listening that makes the difference. □

While my main job in medicine is treating and educating patients about their health, I realized after this that sometimes the therapy a patient needs is to speak to a person and not a provider.

A Mathematics Tutor in Medical School

BY ARJUN BAGAI (OMS-II)



Ever since I was in high school, I wanted to become a doctor. I loved the sciences and wanted to make a difference. I loved anatomy/physiology, chemistry, biology, and physics. I also had a passion for mathematics. I loved all my math courses in high school, which caused me to minor in mathematics in college. Thankfully, every medical school prerequisite was something I genuinely loved—and something for which I had a talent to do well.

Additionally, I was a math tutor for more than two years. It gave me joy to help others in a subject so many of my peers found difficult, and it made me think seriously about working as a physician during the weekdays and being a math tutor on the weekends.

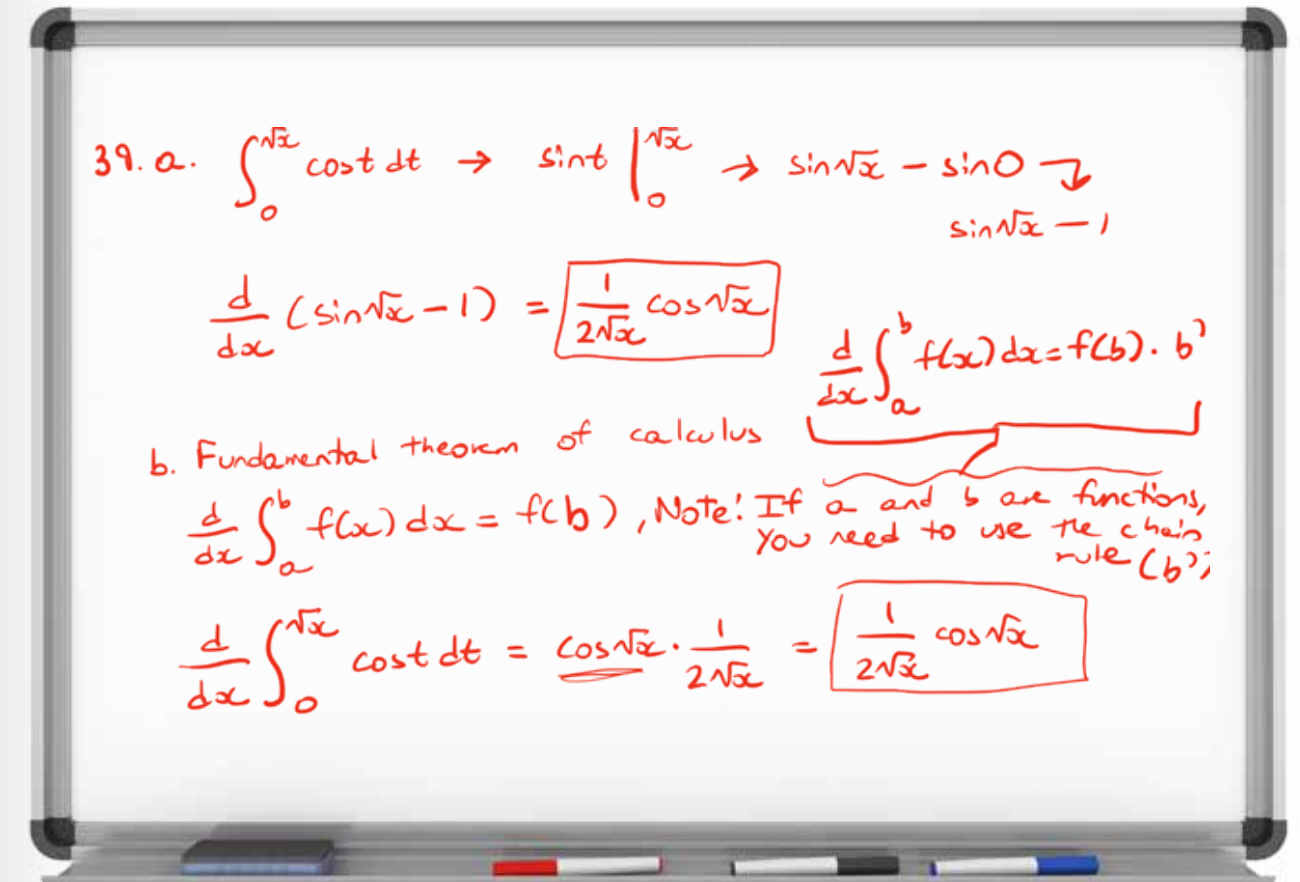
During my winter semester in medical school, I received an email from Waverly's Way, an organization focused on tutoring students who need help in math, science, and English. I emailed Dr. Ruth, the founder of Waverly's Way, to express my desire to work with some students long-term, and she was delighted to have me on board. This was a volunteer opportunity to tutor struggling students in middle and high school, as well as in college.

I have been tutoring for the last six months in arithmetic, algebra, geometry, precalculus, and calculus. The students loved the tutoring, because I was able to make my explanations understandable to them. I used Zoom as my communication method, so I could see the faces of my

students and know when they were missing a concept or operational step.

I have always received positive feedback from students who passed tests or got promoted as a result of my help. In fact, I have written testimonials of gratitude from the students that warmed my heart. I am blessed to help so many students in life, which serves my goal to give back to others. I will continue to share my math knowledge with others.

I also love the balance between math and medical sciences. I want to be academically well-rounded, learning and knowing more about medicine, math, and the liberal arts. My learning and service to others will be lifelong, and I know my skills, knowledge, and humanism will make a difference around the globe. □



PARENT TESTIMONIAL

“Mr. Arjun, I thank you from the bottom of my heart for helping my son pass his Calculus I course. He had difficulty with many concepts and operations, but you gave hours of time beyond Waverly’s Way expectations. He passed! And more than that, his confidence level is much improved. We are both so grateful for your patience and expertise.”

—Alicia L.

A Case of Mistaken Identity

BY SILVIA CABAL (OMS-II)



I arrive at the doctor's office promptly at 9:00 a.m. on a Tuesday for another day of shadowing. The doctor brings me into a patient's room. Laying on the bed is a six-year-old who appears to have strep throat.

I am perplexed by the grey-toned painting I see hanging in front of me. As I stare at this painting of my grandfather, the loud cries of the sick and inconsolable child begin to fade.

I can't believe it. The last time I saw this painting was in my childhood home in Colombia. How is it hanging right in front of me in this pediatrician's office? I wait patiently for the doctor to finish the consultation with her patient. Ignoring my confused thoughts, I continue to pay attention to what the doctor is saying.

As we leave the patient's room, I pull the doctor aside to talk to her about the painting. "I know this is going to sound crazy, but I've always thought that was a painting of my grandfather," I said. Looking concerned, the doctor replied, "I'm so sorry Silvia, but that is a Norman Rockwell painting. He is a famous American painter."

Staring at this painting while growing up, it made sense for it to be a portrait of my grandfather who was a physician. I always believed it to be a painting of him working, getting ready to give a young child an injection.

This sudden realization has left me both in disbelief and slightly embarrassed. The doctor and I start laughing in unison as we approach the next patient's room. I will never forget that Tuesday morning when I found out my grandfather was not the man in the famous painting. □



A Letter to My Younger Self

BY SIAM CHAUDHURY (OMS-II)

It's been one heck of a journey, but you did it. You made it to this point in your life, and you're about to start medical school. However, you're feeling nervous—so nervous, in fact, that you get nauseous just thinking about medical school.

But it's okay. You have every right to feel that way, because it's worse than you imagined. However, this letter is not to get you more anxious; it's the contrary. I am writing this article in hopes that the tips I give you will help you handle what lies ahead.

Do not make excuses for yourself. Yes, I know you have been told to not be too hard on yourself, as medical school is difficult. However, you will not change for the better if you continue to make excuses. Do not fear failure. It will inevitably happen to you in multiple forms, but remember that you are only human and far from perfect.

Accept it when failure comes, but do not let it bog you down. Learn from it and move on with life. Again, you are only human, and everything you feel will be temporary. But what you learn from failure will last a lifetime.

Do not isolate yourself. Just because the Centers for Disease Control and Prevention implemented guidelines to socially distance and to stay at home does not mean being alone. You know this career path is not easy, but trust me: You cannot do it alone.

You will meet some of the most kind, interesting, and amazing human beings you will ever know. Use this opportunity to meet them, learn from them, and enjoy life with them, because you are all in this together.

Be brave and embrace change. You already know that medical school is a completely different breed compared to undergraduate school, but trust you won't know how different until you start.

Medical school will challenge every fiber of your being and force you to break out of that shell you're so fond of. You will quickly realize that your old habits will not cut it anymore, and you will have to be okay with doing things in a completely new way. So, get used to getting challenged, and be okay with trying new things, because only good things can come from it.

I know you have the attention span of a peanut at this point in time, but try your best to understand what I have said. But if all else fails, know this. I love you, and everything will be okay. So get out there and kick some butt, because you're starting medical school. □



Medical school will challenge every fiber of your being and force you to break out of that shell you're so fond of.

My Volunteer Experience at Boggy Creek

BY ANDY ALEMAN ESPINO (OMS-II)

Even though a student's life is hectic and does not often leave room for extracurricular activities, my volunteering experience at Camp Boggy Creek was exceptional and beneficial in many ways. I want to point out that the ability to help children with chronic or life-threatening conditions is an essential way to aid the community and support a good cause.

Accordingly, I decided to reach out to others and volunteer, because I felt it would help me establish a better connection with the community, sharpen my academic and professional skills, and make new friends. Eventually, the numerous activities I have been involved in at Boggy Creek provided me with a sense of purpose and kept me emotionally stimulated throughout my stay at the camp. Not only could I provide children and their families with the right amount of care and support, but I also gained much confidence and learned to cultivate happiness and well-being.

Most of the children and family members were welcoming and participated in the educational activities we held. I feel like making a difference is the core of volunteering, and I have been able to grasp the meaning of making the world a better place while interacting with

children who need communication and support.

All the shared events we held were an opportunity to strengthen the ties within the community and develop a support network where people can have fun while learning something new every day. I feel like I could have become a role model to some of the children, so my main takeaway from volunteering for Boggy Creek is that people should volunteer more often to contribute to a healthier, sturdier society.

Ultimately, seeing children have fun and improve their quality of life allowed me to maintain my own physical and mental health. The increasing amount of stress that usually affects me during work and studies could not be found anywhere

near Boggy Creek. This was because helping children allowed me to overcome the negativity and create meaningful connections with others.

I have become much more self-confident knowing I served the community. This sense of identity and pride may be harder to achieve through the interface of work and studies, since volunteering is an entirely different achievement.

This constructive outlook on my life is the fundamental cause of me moving forward and practicing numerous incredible skills that might alter personal daily interactions and professional encounters. I am enormously grateful to Camp Boggy Creek for the opportunity to advocate for people with health issues and make their lives better. □



Live from the Blue Zones

ORESTES HADJISTAMOULOU (OMS-II)

During the summer break, I had the good fortune of returning home to Greece to see my family for the first time in six years. Through the struggles and strife of premed and the last year of pandemic medical school, I never saw the clear waters and towering peaks of my ancestral home.

During this time, a lot has changed. I have changed. For the better, I think, but don't hold me to it, as these are trying times we live in. Perhaps, most critically, the lens to which I view my world has evolved. I saw my culture in a new light during these last few weeks in which I thoroughly mused over the character that has defined us as a people for thousands of years.

Part of my family is from Samos, an island close to Ikaria—one of the famed Blue Zones in which people regularly live to the age of 100. The author who coined this term, Dan Buettner, has postulated through multiple books that people in these parts of the world live longer due to several factors (diet, quality of life, etc.).

As a student physician, I attempted to connect his points to my own experience and come to my own conclusions. Who knows? Maybe I'll write my own best seller and a few cookbooks. After all, everyone wants to know the secret to making it to a centennial celebration.

My conclusion? There is no secret. Nobody in the Blue Zones has figured out something we don't know; they've just gone ahead and done it. Greek culture maximizes the beauty life has to offer—it's really just as simple as that.

If you take a walk through my village, you will not see any retail stores open past 3:00 p.m. There is no rush hour, and working more than 30 hours a week is considered a fate worse than the pits of Tartarus. These people live the life we work for.

Allow me to explain. We rush to our jobs at the crack of dawn, work 40+ hours a week, and invest in our 401ks so that one day we can watch the sunset on a beach with the ones we love. My family does that on any given day of the week. By maxi-

mizing the happiness in their lives, they have effectively extended them.

In Greek culture, there is an unspoken agreement that quality of life supersedes all. It is reflected in our food, communities, and in the feeling that stays with you long after you leave. We are an old culture; we've had time to argue about what is a human right and how to govern; and we got a few things right along the way.

Here in the States, we seem to be at odds with promoting the individual while also assuring his or her well-being. The same way we adopted democracy and marble columns, we can adopt the facets of Greek life that make the most average day beautiful. □



Remote Learning in a Pandemic

BY SOBI AHMED (OMS-II)

The class of 2024 had a unique experience this past year, as it started and finished its first year of medical school during a pandemic. Courses during the first year were shuffled to allow for a completely remote fall 2020 semester, followed by a spring 2021 semester loaded with back-to-back, in-person courses. Strict COVID-19 guidelines were introduced into the curriculum when it came to attending required, in-person labs for courses such as Physical Diagnosis and Osteopathic Principles and Practice.

The class was broken into smaller groups that attended labs at different times, with abundant PPE usage. Countless policies were also introduced to reduce traffic flow and exposure among students to ensure everyone's safety. All these adaptations made for an extremely unique first-year experience.

The college was already well equipped to deal with the challenge of remote learning caused by the pandemic, since KPCOM's program was already a vastly hybrid entity due to having one class of students split across two campuses in Davie and Clearwater, Florida. Both campuses had an identical schedule where students attended the same lectures with the same professors and took the same exams. The only difference was which campus they were physically located at.

Thus, students would go to the lecture hall and watch the professor physically in front of them or see the professor being



projected via hologram from the other campus on the lecture hall screens. With COVID-19, this setup was taken to the next level with the addition of a Zoom option where students and professors could join from home.

As a result, many students chose to stay in their respective home states during the first semester. This led to an interesting dynamic where students were attending live lectures in the lecture halls of either campus, along with students watching from the comfort of their homes throughout the United States. It's not what I anticipated my first year to look like, and it did present many challenges.

The biggest downfall was not being able to meet our professors in person or get to know them. Another downfall was not being able to do much group study, as most students were still in different states. However,

some were still able to link up over Zoom and do reviews together, while a few even met on campus within the COVID-19 restrictions.

Some good, however, did come from these unique conditions. I bonded with peers from the other campus much more than I would have under normal circumstances, and I am sure others had the same experience. Our online anatomy and histology labs would put us in breakout rooms together over Zoom where we didn't know who was from where or which campus.

We also had coordinated study group chats where we had active conversations with students within our program who were scattered everywhere. Because of these remote learning conditions, many of us were able to develop friendships with peers from the other campus unlike any other KPCOM class, thus making the class of 2024 truly feel like one.



My first-year experience was probably unlike any other student, especially with the program running mostly hybrid even during the second semester. I am from Orlando, Florida, and I decided to attend the Tampa Bay Regional Campus, which is less than two hours away. I had the luxury of constantly hopping back and forth between my school and my hometown, which was the highlight of my first year.

It's very easy to feel lost, alone, and lonely during your first year of medical school, especially with remote learning added to it. Therefore, it is crucial to have a good support system. I stayed in the Clearwater area during exam weeks. But as soon as I was done with exams, I was able to go back to Orlando, visit my

friends and family, and feel the normality of life again.

Having this experience is really what made me push through all the negatives caused by the COVID-19 pandemic. I am extremely glad I chose the KPCOM for my education, as its hybrid setup worked perfectly for me in this first year, and I didn't feel as stressed as I would have someplace else.

The class of 2024 students were able to pull through the challenges by believing in ourselves—and by believing in each other. There were many downsides to starting medical school during the peak of a pandemic. However, we became a stronger and more interconnected class through the experience and are now more than ready for whatever comes our way. □

Because of these remote learning conditions, many of us were able to develop friendships with peers from the other campus unlike any other KPCOM class, thus making the class of 2024 truly feel like one.

Fur-iends Through Thick and Thin

BY PUJA C. SHAH, M.S. (OMS-IV) AND RAVI C. SHAH (OMS-II)

Most siblings are born into a family with nine months of preparation. Duke Shah was an anomaly in that the second he showed up at our doorstep, he immediately superseded our ranks in our dad's eyes. Blood ran thinner than water in that moment, and Duke knew he was here to stay.

Seven years later, he is on a pedestal in the eyes of everyone who has the grace of meeting him. Though our circumstances have changed, one thing holds true: Duke is a miracle we never knew we needed.

Medical students dedicate long hours to studying, with ample opportunities for distractions. Our brother stays up late and sprawls himself on our beds, so during those last few hours of focus, we do not succumb to sleep. In fact, if we find ourselves dozing off, we might receive a scratch to the shin to make sure we are still paying attention.

Cold feet? No problem. Duke is a natural radiator at our service. Other services include designated break intervals in which we play fetch or take a stroll around the neighborhood. If we are lucky, he brings home souvenirs from our adventure in the form of sticks and branches twice his body size.

Duke is extremely talented and committed to fitness. His most recent accomplishment is an Olympic gold medal in hide-and-seek, with a twist. Every night, as the rest of the family sleeps, he stakes out and watches the robot vacuum to learn its typical behaviors. Stealthily, he manages to trap the vacuum in forgotten corners of the house, sending us on a physical journey of our own.

As we remain occupied with the cleaning device, he intentionally loses his toys and continues the game to maximize family bonding time. Duke has the poker face down. Persuading us with his puppy eyes, we open newly purchased toys. A few days later, he unveils the lost toys.

Our brother's devotion to wellness expands beyond intermittent study breaks and fitness to include nutrition. He serves as an inbuilt portion controller and understands the value of proper nourishment. Those final pizza crusts and centers of peanut butter sandwiches we were saving for a much anticipated last bite have found a new home.

Duke never forgets a scent and is the best at remembering faces. He manages to make friends and connections everywhere he goes. It is without a doubt that he serves as the social butterfly of our family and always gives us something to talk about.

Duke is a conduit to our father and ascertains that dad left a small part of himself to watch over us here on earth. It took us some time to understand what our father had known from the very second he laid eyes on our brother, as the connection with Duke was instantaneous, with no preparation required. It is no coincidence that he found us, and we see in him the same inherent values our parents instilled in us. □



Dear First-Year Students

BY THOMAS FULCINITI (OMS-II)

The day I received the call that I was accepted into NSU's Dr. Kiran C. Patel College of Osteopathic Medicine was one of the most exciting days of my life. My mom heard my dad and I yelling and initially thought we were arguing until she realized it was because my dream had come true.

This was only the beginning to one of the toughest years of my life. I don't think it's possible to understand the difficulty of medical school unless you're fully immersed in it. However, I am thankful for the struggle and for the things I have learned in my first year. Not only did I expand my medical knowledge, but I also grew as a man, future physician, friend, son, and boyfriend. There's beauty in struggle, because you expose your weaknesses and figure out ways to improve them.

For starters, you'll learn quickly that this will be the toughest studying you've had to do. In your undergraduate studies, you may have been able to get away with studying the night before an exam. Unfortunately, that is probably not possible in medical school unless you have a photographic memory, which I do not.

Remember to take one day at a time. It will feel daunting to look at the curriculum schedule when you're worried about passing just one exam. Focusing on how you can accomplish tasks one day at a time is more important than worrying about the future. Do not be afraid to reach out to professors, classmates, physicians, or any health leaders for advice, guidance, or companionship.

Additionally, prioritize your time so you stay ahead and develop time outside of school for yourself. For me, exercise kept my mind and body somewhat healthy after pounding energy drinks and eating Taco Bell at midnight during my studies.

Moreover, it is crucial that you find a balance and support system that work for you. For me, my girlfriend was a huge part of my support system. She was there to counsel me when I failed my first exam, and there to celebrate when I passed my last final exam to complete my first year.

She saw me smile, struggle, and even cry at times. I am thankful for her, and for anyone who is there to support myself and fellow classmates through this journey. They will feel your pain at times, and hopefully help to relieve it. It's important to show gratitude to these people, because it is surely not easy to deal with a stressed-out medical student.

Medical school requires organization, discipline, and persistence. Use every "failure" as a lesson. Work harder than you ever thought you could. When times get tough, remember the days when you prayed you would be accepted into medical school and realize that you have already made it so far.

You've put in too much work to stop now. Stay thankful for the opportunity that was given to you, and don't give up, even when it feels impossible. The reward of becoming a physician will outweigh the struggles of medical school. I wish every first-year student the best of luck. □

There's beauty in struggle, because you expose your weaknesses and figure out ways to improve them.



Finding a Healthy Balance in Medical School

BY VIKTOR KUNDER (OMS-II)

A common struggle for students is that they stress too much about school. It ends up costing them their mental well-being. Despite focusing their time on school, they are not performing as well as they could. Finding a proper balance, aka the “sweet spot,” is something all medical students should strive for.

When people think of finding a healthy balance, the first thing they should think about is studying. It should be the central focus of being a student. Without it, it doesn't matter how physically and mentally fit you are. Without proper study habits, a student will always be behind, and this will cause mental stress.

But once students master their study habits, focusing on health and well-being is essential to performing at their best abilities. This includes things such as exercising and eating a proper diet. These are important, because they stimulate your brain with healthy endorphins and nutrients, allowing students to perform at an even higher level.

It is impossible to study 16 hours a day effectively. The mind needs time to relax and reset to perform at its best. An effective plan some students do is exercise in the middle of their study sessions. This hits the reset key, allowing students to refocus and continue studying.

Just as exercise lets the brain relax, eating healthy allows the brain to have sharp mental clarity. However, there is a disclaimer, because the word “healthy” means something depending on individual body chemistry. It is a challenge, but finding the foods that make one feel great after eating them is a worthwhile investment of time.

Once all habits are set in place, the last step toward fulfilling a healthy balance is having a routine. Humans are habitual creatures. Having your study hours, exercise routine, and diet preplanned for the day will significantly reduce stress. Then, the only thing left to do is perform. □



Extracurricular Outlets Offer Escape

BY HANNA SHANAR (OMS-II)

As a second year medical student, stress and academic obligations are at a peak, while time for personal endeavors is at an all-time low. These daunting academic rigors and hours of endless studying can feel demoralizing at times, which is why I offered strategies to cope with times of hardship in the previous edition of *SGA Rounds* through my article “Three Takeaways from the First Semester.”

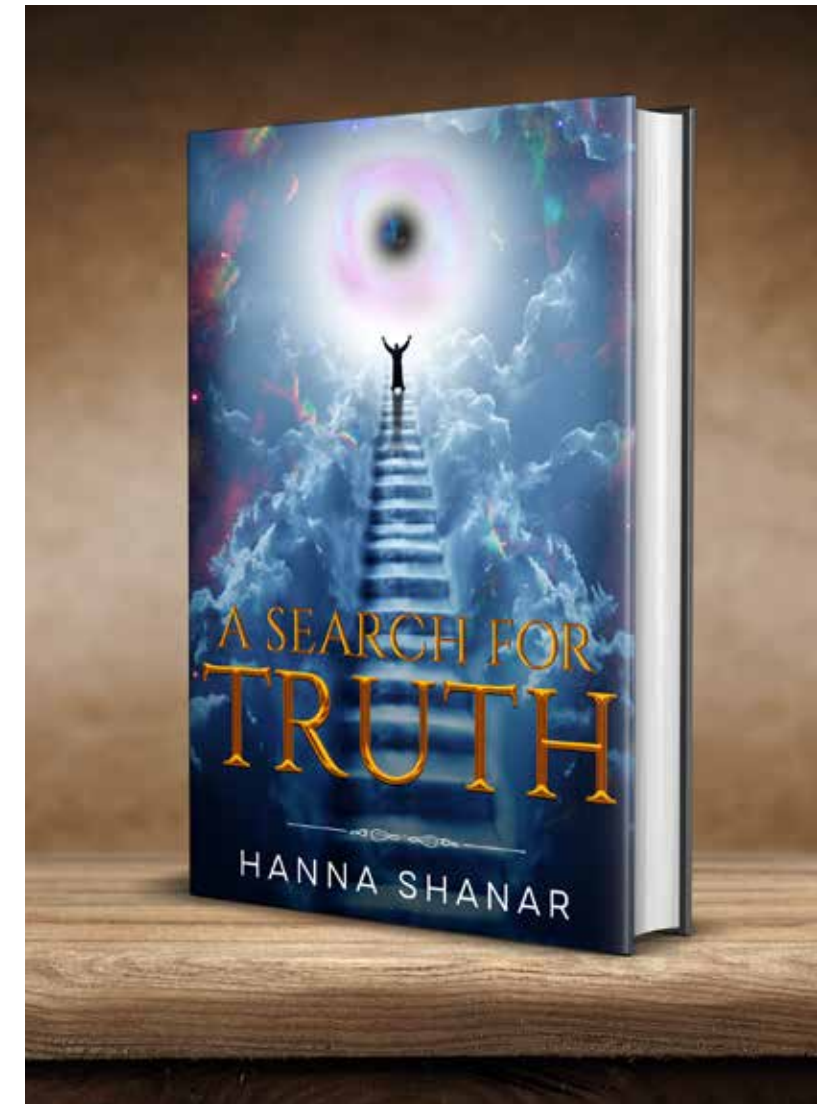
If you have not read this short article, and are struggling to stay optimistic and motivated through your medical journey, I highly recommend you take a moment to do so.

Another full semester has passed, and I can proudly say that the strategies I recommended—especially having a mental outlet outside of medicine and science to engage in abstract thought— have been my safe haven through medical school when I feel overwhelmed with information. In my previous article, I mentioned that I thoroughly enjoy immersing myself in philosophical thought and controversial debates regarding religion and evolution.

In fact, I have thought about these topics so often that I wrote a short manuscript titled *A Search for Truth*. My book, which is about 100 pages, has been registered and copyrighted with the U.S. Copyright Office, professionally edited, and formatted for paperback and kindle.

The book, which will be available on Amazon, offers eye-opening and thought-provoking discussions regarding evolution, morality, the existence of God, religion, and human goodness. Composing my book helped me step away from science and medicine by allowing me to work on something else I am passionate about, even if only for 20 or 30 minutes a day.

I would just like to reaffirm that I think it is very important to have other outlets you can engage your mind with. These other outlets will prove invaluable as you journey through your medical education. As scientists



and future physicians, science and medicine are obviously fundamental components for us to understand and analyze. However, remember that there is more to the world than just science and medicine, which may be frequently overlooked by medical students. □

Everything Is Bathed in Orange

BY JESSICA KESTER (OMS-II)

Friday nights mean I don't set an alarm. It's a simple, blissful concept for me: to fall asleep knowing I'll wake up naturally. But that's not happening tonight. Tonight, I'm setting my alarm for 5:30 a.m. because I want to see the sunrise on a beach.

Never mind that we decided this at midnight. Never mind that I'm exhausted after a full week of classes. Six hours from now, I want a coffee in my hand and two pairs of flip-flops lying next to mine.

I wake up in the dark. The last time I woke up in the dark was in my hometown a year ago in the snow. It was silent then, too. I love that part—the snow falls and you hear nothing at all. Time slows, and I can just be.

There's no snow falling on me this January, but the dark quiet is soothing just the same. My phone rings, she answers my text with a call. Seven minutes away. I'm ready.

So, the coffee is nonnegotiable. Bare faces, blank stares. Hungry and running behind. I hate being late, but what exactly are we late for? Get breakfast and matching cups of coffee. We've made it this far. We're sitting on a beach this morning.

I am sitting on a beach in January. I don't think I'll ever get over how quickly it all happens. How deeply you care, how quickly you lose, how we hurry it up to slow it down. In the rush of classes, I feel like I lose all of my minutes. But in the dark quiet and orange surf, I gain them back.

One minute is light blue twilight. In the next, everything is bathed in orange, and so are you. I am there in the rush and here in the calm. There's no snow falling on me this January, but this orange surf is soothing just the same. □



I am sitting on a beach in January. I don't think I'll ever get over how quickly it all happens. How deeply you care, how quickly you lose, how we hurry it up to slow it down.



The Importance of Conducting Research

BY VESHESH PATEL (OMS-III)

As we continue on our medical adventure, we can find it difficult to balance reviewing lectures, passing finals, attending extracurricular activities, and maintaining a social life with friends and family. Oftentimes, we overlook starting or participating in research. While I agree that research is not essential in medical school, it is important for those looking to go into competitive residencies. However, this reason to do research is not an ultimatum.

As you enter the fourth year of medical school, you are preparing to finish applications, scheduling audition rotations, and finding letters of recommendations (LORs). When getting interviews from residencies, great LORs are essential. However, it may be difficult to find professors or physicians to write you an amazing LOR because they don't know you well enough.

One way to get the LOR you want is by finding mentors while doing research. You are writing papers, conducting experiments, and doing all the "busy" work for your mentor. In return, you hope the professor or physician writes you a comprehensive LOR that embodies your work ethic and dedication to your specialty of choice.

As health care professionals, we are thinking of ways to improve the lives of countless patients we interact with. In doing so, we are constantly learning and keeping up with new advances in science, drugs, and technology. Our knowledge comes from clinical trials backed up by research. Taking part in research allows you to contribute to the health care field and improve the lives of patients we are unable to interact with.

I believe conducting clinical research opens the gate to many possibilities. With a high research background, you will be able to process information, understand reasonings, and improve patient care. We should advance scientific research and expose ourselves to new possibilities.

Medical students are exposed to so many opportunities and connections. Your research can help shape a new society and push the boundaries for future generations. □



Two Essential Skills for Medical School Success

BY TARA HOWARD (OMS-IV)

The two most essential skills for medical school, and therefore for a physician, are a possession of deep curiosity and empathy.

A medical student must always have a heightened sense of awareness of her surroundings, whether in the classroom or when interacting with patients and colleagues. Deep curiosity feeds this awareness and creates a disciplined nature to be observant, open-minded, analytical, and ultimately sharpen the problem-solving skill set.

With this persistent attitude, becoming a lifelong learner of material and people is a natural consequence. The number of subjects covered in medical school is quite overwhelming. I have appreciated that having a deep curiosity makes it much more manageable. This is not to underestimate, but rather mitigate, the challenges presented by envisioning new, exciting, different, and meaningful subjects and issues.

Curiosity broadens not only my perspective, but also my ability to see others' perspectives, and thus has improved my communication skills and my receptivity to criticism. Curiosity is guided by positive rather than negative emotions, which has enormous benefits for learning, relationships, and group interactions.

Empathy for a physician goes well beyond the compassion and understanding she should possess. Empathy implies that you listen not only with your mind, but also with your heart. That you listen deeply, with an open disposition, making eye contact and displaying gestures that affirm you truly understand and respect your patients. Only then will you connect and bond with them to gain their trust. Once they know, like, and trust you, it will be possible to ethically influence, nurture, encourage, and inspire them.

In medical school, I've had classmates who are anxious, overwhelmed, and perhaps even depressed. I've had professors who seem rushed, busy, and preoccupied. As a physician, I will have patients who may have many of these same attributes.



Some will be uncertain, scared, or even in despair. The characteristics of empathy I've described will serve me, my colleagues, and my patients, because they will allow me to value and serve them, to listen, understand, guide, and cry or laugh with them. □

Driven, Not Drowning: Accountability for Our Reality

BY JESSICA GOLDSTEIN (OMS-III)

We all have pivotal moments that change the course of our lives. In those moments, a choice is presented to you. You can either be stubborn and refuse to change, or you can be open and accepting of a new path.

These choices are usually never clear-cut, but if you strip that moment down to its skeleton, you will see the path of stagnation, or the path of growth, presented to you. So, after years of letting my life situations rule my attitude, reactions, behaviors, and emotions, I knew a change was necessary if I wanted to achieve my goals.

My pivotal moment occurred in college when I was a Division 1 rower. I had practice about six times a week for almost 30 weeks of the school year, and it became an exhausting part of my life. I started to dread a sport that had initially brought me joy and fulfillment. For the first two years of college, I dealt with these emotions in unhealthy ways.

I would paint myself as the victim; I made excuses and became unfocused. I even prayed for injuries so I could rest and recuperate. After two years of drowning in college rowing, I realized how badly I needed to figure out a better way of coping with the hardships. And that's when I discovered yoga.

At a small yoga studio in the North Shore of Pittsburgh, my passion for life was reignited. I found comfort and peace within the four walls of that 100-degree yoga room. I'd show up to an evening class pent up with resentment, anger, and anxiety that weighed me down like 1,000 bricks, and I'd walk out sweaty and exhausted but as light as a feather, as if the poses, breathing, and meditation had literally lifted a weight off my shoulders.

Not only did I rediscover myself in that studio, but I also opened up a new door of possibilities to whom I could become if I only adjusted the lens through which I look at life.

After I graduated from college, I decided to fully embrace yogic culture in Costa Rica for three weeks and became a certified yoga teacher. This journey has provided me with some of the most beneficial tools and outlets for diffusing anxiety and stress. I have taken what I learned and adapted it to fit the mold of medical school in order to stay driven and disciplined on this journey. Here are a few ways I try to approach my medical school anxiety in a healthy way.



After two years of drowning in college rowing, I realized how badly I needed to figure out a better way of coping with the hardships. And that's when I discovered yoga.

- **Consistent and realistic self-reflection is the most important piece to never losing yourself in the tumultuous storm of medical school.**
- **Find a stress-relieving outlet that works for you and pull it out when you need it.**
- **Take the time to relax and unwind if you feel your mind overflowing with thoughts and anxiety.**

Consistent and realistic self-reflection is the most important piece to never losing yourself in the tumultuous storm of medical school. Continuously checking in with yourself is so important. Without consciously reflecting on how you are truly feeling, you won't know the next step to take. Reflection can also allow you to see the truth about your situation. Oftentimes, your mind plays tricks on you, or old thought habits might be pulling you back into an endless loop of negativity. Most of the time, the story you make in your own head does not match with reality.

Sometimes, it requires you taking a step back and really looking truthfully at the situation to find peace with yourself. My favorite ways to self-reflect include journaling, having open discussions with trusted mentors, friends, or family members; creating goal lists and tangible ways of achieving those goals; and reading self-help books geared toward what I need the most in that moment.

Find a stress-relieving outlet that works for you and pull it out when you need it. Stress relievers are not a "one-size-fits-all" solution. If you still aren't sure what brings you peace while anxious, try a multitude of different ideas and go from there. Personally, what worked for me one day doesn't necessarily work for me another day. The options I have in my back pocket are going for walks, sitting down to meditate, stretching and yoga, talking to family and friends, or even just going to sleep early that night and trying again the next day.

Take the time to relax and unwind if you feel your mind overflowing with thoughts and anxiety. If there is one thing I've learned in my two+ years of medical school, it's that trying to study, focus, or use pretty much any brain power while I'm being internally drowned by my own anxiety is not only a waste of time, but a waste of energy.

If you are not in the proper headspace to reel it in and focus, take some time to relieve some stress, and then try again later. In a study on anxiety and depression in mice, memory, as well as global cognitive deficits, were impaired greatly compared to that of healthy mice¹. We shouldn't expect our brains to retain the information we've studied while anxious. So, rather than forcing yourself to study through the overflowing thoughts, close your books, turn off your laptop, and pull out your stress-relieving technique.

Now, just because I use these helpful tricks as often as I can does not mean I am free of anxiety and handle every stressful situation easily. We are all beautifully human, with imperfections and flaws. Sometimes, I try every stress-relieving technique in my arsenal, and my anxiety persists anyway.

We cannot expect ourselves to be okay all the time. We must give ourselves the grace to embrace our imperfections and just do the best we can every day. Then, the love and care we show for ourselves begins to radiate outward, creating stronger connections and deeper trust in family, friends, and patients. □

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Fear Not

BY SAMANTHA SOSTORECZ (OMS-III)

When I was younger, I was absolutely terrified of blood. Both the sight and thought of it made me weak. My feet would tingle as images of blood surfaced to the front of my mind. The ultimate contradiction was that I also knew from a young age that I wanted to be a doctor to help and heal those in need. I knew I had to get over my fear of blood, or else I would never fulfill my purpose or accomplish my dreams.

In high school, I saw there was a blood drive coming up, and I decided that my way of getting over my fears was to face them head-on by donating blood. I remember how incredibly nervous I was upon giving the nurse my sweaty, shaking finger to prick. As she punctured my skin, I was jolted into fight-or-flight mode.

A tiny blood spot pooled over the surface of my skin as I watched her take a sample of it, knowing full well that there would be much more blood to come. As I sat down to start the donation, I felt like I was going to pass out. But there was this deep sense of wanting to help save others that kept me going. When she punctured my vein, I found that after the initial shock of it, it wasn't so bad after all.

I had built up this fear in my mind for so long that I had psyched myself out without ever really trying to get past it until then. My fear of blood started to fade, especially while working as an EMT on the front lines of medicine. While I still get nervous before donating blood, I am no longer afraid of blood.

Now, I am overwhelmed by the beauty of blood. I am amazed by the intricacies that allow it to provide nourishment to the body, oxygen to the tissues, and countless other vital responsibilities.

When I was afraid of blood for a huge part of my life, I had created my own limitations. What if I had never overcome my fear? Would I have missed out on achieving success in the medical field because of an empty notion that I thought was a part of who I was?

There is no limit to what you can achieve if you work hard to accomplish your endeavors. Life is what you make of it, so why limit your own potential? I know it's difficult to let go of fears that have been ingrained in you, but you should know that the greatest pleasures in life are likely on the other side of your fears. □



Is a Good Work Ethic Not Enough?

BY LIZZI GEYER-ROBERTS (OMS-II)

I've always been jealous of people who study for way less time than I do, but end up doing better than me. I mean, are they that much smarter? I study hard, so why would they do better?

I realized through the years that having a good work ethic simply isn't enough. It doesn't matter how many hours you spend studying if they're poorly spent, so it's time we all exchange our good work ethic for a smart work ethic.

When I was an undergrad, I had a professor who gave me advice that changed the way I thought about school and networking. He told us that if we had gotten to this point, we were already smart enough to obtain anything we wanted in life, but the rest depended on our work ethic—specifically having a smart work ethic.

Before that moment, I thought I had it figured out. I studied endlessly, locked myself in the library, and never left. I survived on granola bars and little packets of nuts. I didn't leave when I was tired. Instead, I left when I felt “done.”

If my grades weren't what I wanted, I increased my study time. And when my grades were what I wanted, it only proved that my unhealthy habits were worth it. Unfortunately, I was confusing a good work ethic with a smart work ethic.

It took me entirely too long to realize that although school was my main priority, it didn't mean it was my only priority. Working out, eating right, and maintaining healthy relationships are also priorities. And by making these other things higher on my to-do list, it forced me to reduce my studying.

There was not enough time in the day, so I had no choice but to convert my good work ethic to a smart work ethic. So, what's the secret to a smart work ethic? I think an important part of it is simply quality over quantity. Especially in medical school, we've got to master the art of studying smart.

In my opinion, the most important rule to smart studying is that it is different for everyone. For example, I'm not great at learning in groups. I prefer to learn by myself and then discuss later. Which brings me to my second and final rule of smart studying: self-awareness. Although it's the last rule, it's a biggie, because it encompasses everything.

Self-awareness is when you know you work best in 45-minute intervals, or you work best under pressure. It's also when you know videos work well for you, or that stories work well to learn drug types. The idea is that you have to capitalize on your strengths.

For example, I know my productivity goes down the drain by 10:00 p.m. I am tired, grumpy, and want to go to bed. So I do. But this means I also wake up at 5:00 a.m., because that's when my brain works best.

While it feels weird and sometimes lazy to close my laptop by 10:00 p.m., I do it because I want to pursue a smart work ethic. I don't want to be the person who studies forever and has no life. I want balance, and most importantly, I want happiness. □



It doesn't matter how many hours you spend studying if it's poorly spent, so it's time we all exchange our good work ethic for a smart work ethic.

The Helper

JILLIAN STEIN (OMS-II)

I have a long history of becoming fixated on certain tasks. A “must-get-it-done” mentality takes over. I sequester myself from the world and work until my eyes are bleary, my adrenaline crashes, and it’s done.

In high school, I would decide that my angsty blog needed refreshing every few months. I’d work into the wee hours of the morning teaching myself how to tweak HTML code, reediting every detail. After college, every time I moved apartments, I would spend hours Zillow-hunting until I had vetted 45+ pages of listings and could almost recite the addresses, merits, and disadvantages of each. Last year, my task was getting my father a COVID-19 vaccine.

My father has lived with chronic lymphocytic leukemia (CLL) for several years. Unlike other leukemias, which call for immediate treatment, CLL requires waiting. Treatment is not initiated until symptoms and staging progress. My father was diagnosed in 2017 with stage one CLL after routine blood work. He had no symptoms.

When treatment was initiated years later, he was stage four. Waiting and watching this progression was excruciating for me more than my dad. He relished pushing back chemotherapy for as long as possible, knowing it would be a disruption to his life. I felt like a boxer frozen in the ring. I could see the opponent, but I had to sit and watch while it approached, enlarged, and eventually started throwing punches. My father’s cancer diagnosis teetered on becoming one of my obsessive tasks.

But there were no actions I could take, so this impulse was suppressed. By the time my father started treat-



ments, I had suppressed it for so long that it was no longer overwhelming. I was also pacified by the detailed plan of care from his medical team. Every question about his treatment was already answered. I decided the best role for me was as a supportive daughter, not armchair expert.

When COVID-19 hit, my father was my primary worry. Throughout the cancellation of my wedding, losing work, moving states, and starting medical school, my biggest source of anxiety was my immunocompromised father catching

COVID-19, which would almost certainly have a dire outcome.

As talk of vaccines increased, and I realized my father could be protected, I began obsessing. At first, vaccine supplies were extremely limited. It became my mission to secure one for him. I set alarms on my phone for when various online sign ups began.

I spent hours website hopping. I spent a month watching websites crash during the first minute of a vaccine sign up and having to swallow my failure at securing him a shot. Finally, I was successful. It felt like I could



breathe again. My father received his two doses, and once my mother, sister, and fiancé qualified, I helped them get signed up.

In April, I stumbled upon an article on immunocompromised patients’ lack of an adequate immune response to the vaccine. Studies had shown that many were not able to make a protective number of antibodies. Alarm bells were blaring while I read the article, but everything went deathly quiet as I reached the paragraph about immunocompromised patients who received the specific chemo drug my father was on. My father subsequently had antibody titers drawn. They were negative.

Realizing you cannot obsess your way to a solution is frustrating. Knowing that the issue you’re trying to solve is a potential life-or-death matter concerning a parent is heartbreaking. I have reflected on this for months now. Our family is lucky. No one has caught COVID-19 thus far, and generally, our lives have been stable. I am endlessly grateful for this, and I recognize that my family’s position is immensely privileged. But

learning to live with the fear that my father could be taken from us, and then learning to live with that fear for an unthinkable second time, has changed me.

My father’s disease, even if remission is attained, has a very high chance of recurrence. We have been told that if it comes back, the chances of mortality are significant. This is especially so considering my father’s high-risk genes, age, and the likelihood that he will be less tolerant of invasive treatments. I have known this since his diagnosis years ago, but it has taken me until now to realize that I never made peace with it.

The prospect of losing my father was too painful to ever deal with head-on. Now, I realize the impulse to obsessively fight my father’s disease was, in many ways, a distraction. With COVID-19, the vaccine became the embodiment of what I could not do for him with his cancer—cure him.

I refuse to assign any “bright sides” to the pandemic, but by forcing me to confront my father’s mortality, I have realized the depth of my love for him—my stubborn, loyal, picky-eat-

ing, endearingly, and sometimes not-so-endearingly, grumpy, hard-working, loving father. I listen to him more closely when we have chats about mundane things on my parents’ lanai. I focus on making memories, nudging him to go on his first family vacation in nearly two decades this summer. I visit my parents’ house even when there is not a meal being served or an activity planned—just to be present.

Perhaps there was an aspect of fantasy super-heroism in my decision to pursue medicine—a belief that someday my tendency toward obsession (this time, focused on mitigating illness) will save people. I hope it does. I believe it will.

But alongside administering the best technical care to my patients, I hope that this experience will remind me to not let that pursuit be a distraction from the whole person I am treating. That I will remember to be precise and caring. That I will be in tune with the person’s ailments, risk factors, and lab values, but also with his or her humanity. I think that is the kind of doctor, and daughter, my father can be proud of. □

A Step Outside After a Year Inside

BY ROBERT IANDOLI (OMS-II)

Before the pandemic began, I was scheduled to go to Spain for four weeks and delve into the Spanish culture the summer before starting medical school. It was my dream to experience everything Spanish culture had to offer and improve my Spanish as well, so that when I moved to South Florida, I would be able to communicate with Spanish-speaking patients.

Unfortunately, that experience was taken away from me due to the global pandemic we are still facing today. This summer, some of the countries decided to ease their COVID-19 restrictions and allowed travel to their countries for tourists, including Spain.

After completing my first year of medical school in the middle of a global pandemic and overcoming many personal obstacles, I still had a desire to go to Spain. Lacking anybody who was willing or able to go, I decided this was not going to prevent me from turning my dream into a reality. I was going to go alone.

With an entire year of medical school under my belt, I now try to view my surroundings with a medical perspective. This was the case while I was in Spain. I took note of the Spanish lifestyle and constantly compared and contrasted it to the American lifestyle I have been used to living for 26 years.

In Spain, I noticed that people did not seem as overweight when compared to the people of the United States. People seemed to walk to most places in the city of Madrid, which is where I stayed. I noticed myself walking everywhere as well. One day, I even walked more than 10 miles just by sightseeing and exploring stores and restaurants.

In addition to walking, the food portions at restaurants were also not as large as American food portions. In Spain, tapas, which are bar snacks, are served at many restaurants, and these are served in much smaller portions than American meals.

After eating these meals, I felt full, but I did not feel like I overate like I do at many American restaurants with their larger portions. Furthermore, the atmosphere in Madrid was phenomenal, and the people seemed very happy while eating dinner in plazas with family and friends.

Spain is a remarkable country, and I highly recommend it to anyone who loves traveling to experience it in its entirety. As a future physician, I would love to see some of the aspects of Spanish culture be implemented into U.S. culture, which would help us become a healthier country and live a healthier overall lifestyle. □



Big Bright Shiny Germs

BY HARMAN KAUR (OMS-IV)



After finishing my final exams, I packed my bags and headed across the world to Bali. Indonesia was offering volunteer opportunities to be a summer teacher, and I couldn't think of a better way to shake things up after completing my first year of medical school. This trip was in line with my love for travel and being able to immerse myself fully in new cultures.

I stayed in a rural village along with dozens of other volunteers from around the world. Some were there to help build local schools, aid with

the turtle conservation project, or become teachers, like myself.

For three weeks, I was a health care teacher for my class of 22 fifth-grade students. I spent my mornings at the school, teaching the kids various concepts about health, nutrition, and hygiene. Turns out, fulfilling their hunger for education was a highly sustained task.

We played Hangman and did crossword puzzles. I also had them participate in singing and dancing lessons, meditation sessions, and countless other activities. At the end

of each class, they would look me and ask, "What's next?"

One of my favorite lessons was when I taught them about germs. The evening before, I took a trip to the local art shop in the city and picked up as much finger paint I could find. The next morning, I gathered the kids outside and had them lather up their hands with paint.

I instructed them to run around the courtyard, touching everything in sight. Not knowing the reasons behind my ask, they still excitedly



ran around, contaminating the surroundings with big, bright, shiny colors. I called my students back to form a circle and had everyone look around. We stood in awe: The paint was everywhere.

I explained to them that this was how germs work. We can't see germs like we can see the paint splattered around us, but this was the same way germs spread to cause illness. They looked so surprised and amazed by this new concept, continuously raising their hands to ask questions.

We finished the lesson by going over the importance of good hygiene and proper handwashing techniques. We called it a day, and one by one, each of them took my hand and placed it on his or her forehead to say goodbye.

Oh, I'm also glad it rained over the courtyard that night. □



Traveling As a Medical Student

BY KAYLEIGH JEFFREY (OMS-IV)



As a dual citizen, traveling is not foreign to me. Traveling to see family members has become one of my stress-relieving techniques during medical school. Although COVID-19 has made this increasingly difficult, the photos and memories I have from my previous adventures have helped sustain me through the never-ending deadlines and exams that are medical school.

Traveling can also make you more independent. Because of scheduling difficulties with friends, I have traveled across North Africa and Europe by myself. But traveling

can also make you grow closer and form tighter bonds with your medical school friends, as my trip in Southeast Asia did for me.

Traveling opens your mind and your heart to different ways of life and makes you consider other perspectives. Visiting other countries and seeing how people live can also make you a more tolerant and culturally competent physician.

My experiences traveling throughout Spain by myself made me more confident in my abilities to be self-sufficient, but also allowed me to practice and hone my lan-

guage skills. My travels in Morocco allowed me to wander through souks and experience a vibrance of cultures, sights, and smells I could not witness anywhere else. I was able to play with elephants in Thailand and see some of the most stunning temples in the more than 30 countries I have visited.

These experiences have allowed me to grow as a person, but they have also provided a talking point with the patients and preceptors I have met during my clinical rotations. As we live in an increasingly diverse community,



it is important to gain experiences that are completely different from your norm and allow you to grow as a person.

My travels have made me more culturally and money conscious. By staying in hostels, I have been able to interact and create relationships with young people and physicians throughout the world. I have been able to immerse myself in the culture of every country I visit by staying in suburbs and interacting with locals.

Traveling has enabled me to discover places where I would like to give back and complete medical outreach in the future. The experience of traveling as a medical student is something I would recommend to everyone, as it allows you to step out and experience another world. □



Medicine: A Season of Seasons

GEHAN "GIGI" PENDLEBURY (OMS-III)

Acceptance to medical school:
 You're going to medical school? To be a nurse? Awkward silence.
 Oh wow, congratulations! You're going to be a doctor!
 That's a lot of school. What about residency? Don't you want to be around your kids?
 Joining the military:
 Don't do it, remember your family needs you. That is exactly why I am doing it.
 Matriculation to medical school:
 Welcome to the rest of your life, they say
 A season of seasons, filled with lifetime learning
 Never-ending deadlines, milestones, more, more, more.
 And the exams, oh the exams...
 Board exams, say it with me: Step 1, Step 2, Step 3
 But wait, there's more!
 Didactic exams, shelf exams, oral boards, written boards, oh my!
 Exams for everything: licensure, board certification, fellowship
 If you can dream it, there's an exam for it
 Then board exams every 10 years—it's a ring around the rosy
 A season of seasons, filled with lifetime learning
 Mingled with exhaustion, insecurities, tears
 Burnout stalks in the night
 Oh wow, congratulations! You're going to be a doctor!
 But here's what they don't say:
 How are you feeling? How is your mental health? Are you struggling?
 Well it's only a season. It will pass.
 It's a season of seasons. This is the sacrifice of a dream realized.
 It's the never-ending beginning, where it's always time to begin a new chapter.
 Just when you're settled, here comes the changing of the guard—the next chapter has already begun.
 The next chapter has already begun, whether you feel ready or not.
 It's already time to say farewell.
 These goodbyes sting.

Can we make it a see you later?

Some goodbyes are forever. Some are temporary.
 Some are unforgettable, no matter how hard we try.
 These hellos and goodbyes change us forever.

Perhaps it's God's design?

so ride the wave, trust the process
 remember life is too short, don't take it too seriously
 know your boundaries: practice self-care, protect your
 tune out the noise—focus
 put your best foot forward with a smile
 fake it 'til you make it
 forgive freely, love fiercely
 work hard,
 but always pray harder.



Time Is Relative

BY ANUP CHAUHAN (OMS-IV)

I didn't really know
 What this journey had for me
 It felt like I had it scripted
 Since the day that I was three
 One day I came upon the doorsteps
 Of what was supposed to be destiny

They said it's simple really
 Just enter and you shall see
 Just follow the crowd
 Family even said they had never been more proud

Before I knew it was 1 test, 2 test, 3 test
 Wondering when will I ever get to rest
 Staying barely above the surface
 Struggling to pass, thinking how absurd that is

What was really supposed to be
 Some of my greatest memories
 Felt like a blurry recollection
 Incongruent with my first impression

I kept searching for purpose
 Just to look in the mirror and think that I'm worthless
 This demeaning self-image left no room for what was under the surface
 Thinking again to myself how absurd that is

Continuously overemphasizing these scores
 Not realizing that there was more
 That numerics do not define what's within
 And that we cannot let it make us give in

Couldn't understand this till I remembered my mom
 How she didn't even get to see the girl I took to prom
 Spending days and nights in recovery
 Just so I could become who she believed I was meant to be

Each patient encounter
 Serves as a gentle reminder
 Time is relative
 Nothing I originally had thought was really that imperative

Each of us is in control of our own narrative



The Art

BY SARTHAK PARIKH (OMS-IV)

A decade it took.

Learning, training, coordinating, practicing

Until this moment

The performance

Pacing onto stage like it's the first time

A team by your side

An audience in front

Blinded by the drug of mystery

The music a metronome

The light a beacon

...Time out

An art so meticulous yet crude

It devours the moment

Entrances the artist

In a hypnotic dance

The pinnacle of visual satisfaction

Seen only by those privileged

Only by those worthy

Dedicated enough to subdue themselves through its rigorous training

The technique

Done in unison

Like a stringed quartet

A well-oiled machine

One of a kind, yet ubiquitous

It is universally practiced

And speaks every language

However, it is not the performance that is most humbling

It is the patients

It is the patient that makes surgery and medicine so rewarding.



Appreciate the Here

BY BINDIYA DESAI (OMS-II)

Too often, we get stuck in the hedonic treadmill of life

And forget to take a beat to recognize the effort and strife

The hours of blood, sweat, and tears it took to get to this moment.

Woohoo, another year of med school enrollment!

Despite all of the hardships and opponents

We claimed our spot and we should own it.

So let's all take a second to appreciate,

To come together and celebrate,

That we're here to stay and everyone knows it.

It's true that we emerged from last year unstoppable

But without friends and family, success was not possible.

Ever heard that saying stop and smell the roses?

Well, as our first chapter closes,

Be grateful for the people and circumstances that helped you thrive

Or even the ones that forced learning to survive

Because they all contributed to you today as an individual

More than just a student, you're an original.

And while the journey is far from over and done,

Don't let school stress and planning ruin your fun.

Instead of looking at the next 7 to 10 years

Let's live in the present for us and our peers

So that before the good times swiftly disappear

We embrace the hour and make the most of the here.



Unspoken Thanks, Now Spoken

BY PETER F. CAMMANS (OMS-III)

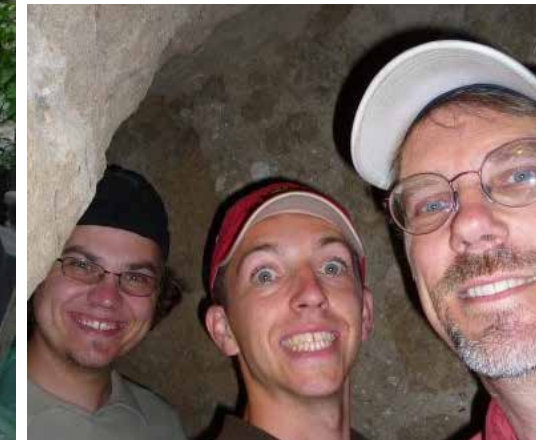
(This was initially read at the 2019 NSU-KPCOM Cadaver Memorial Service in memory of my first patient, as well as in memory of my father who had passed away from stage 4 colorectal cancer in May 2018.)

Life gone. Dream on.
Through my hands and skills they live.
Still dear, and near.
These individuals continue to give.

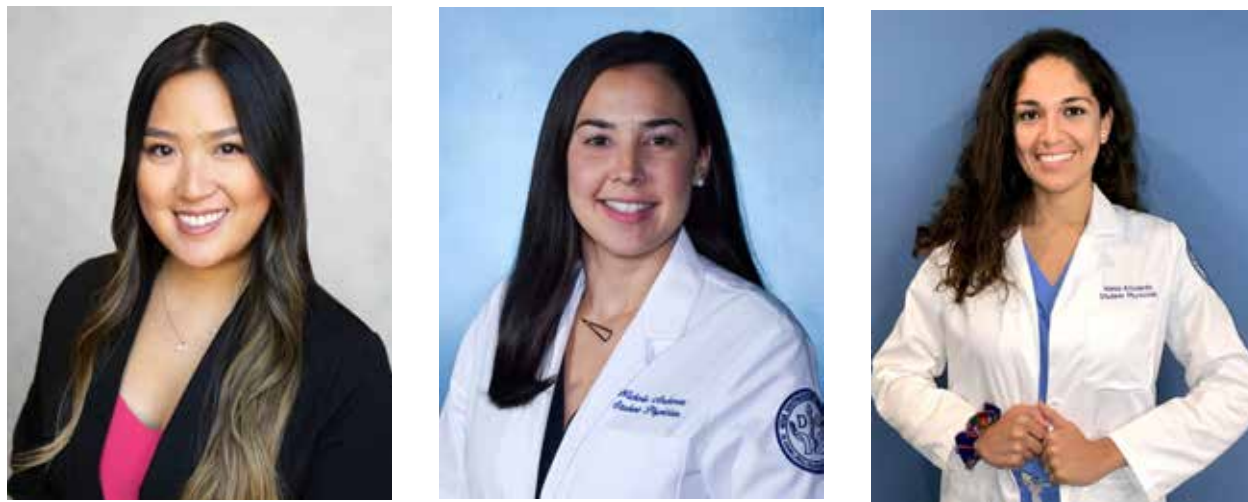
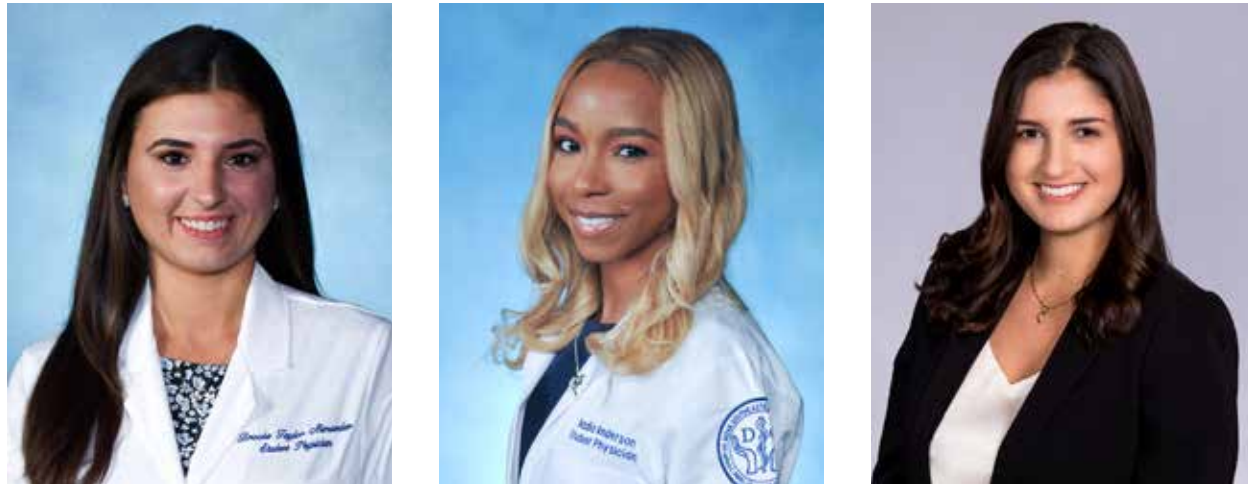
Not one, but tons of
Health care professionals they train.
D.O., P.A.,
And so many more could be named.

From far and wide,
We've all come to say:
(Through poetry or performance)
All words are now spoken. Thanks.

So now let us remember
These blessed souls who gave
Themselves to us,
So that our hands could be trained to save.



STUDENT ACHIEVEMENTS



Top row, left to right: Brooke Alexander, Nadia Anderson, Mandi Abelahad
Bottom row, left to right: Elizabeth Ta, Nichole Anderez, Vania Arboleda

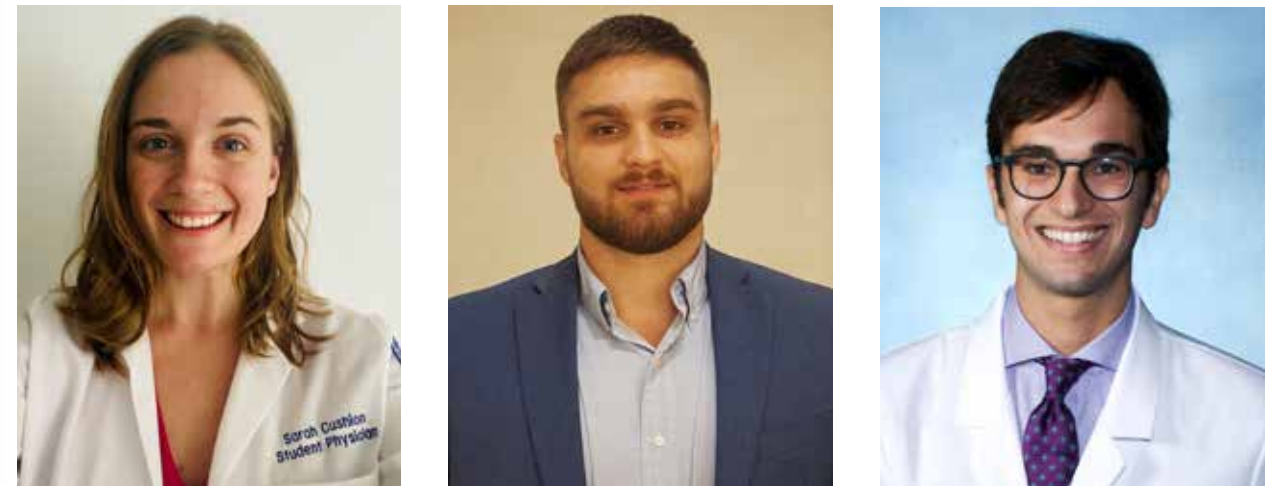
Fourth-year student **Brooke Alexander** took first place honors in the clinical case category for her poster “Bronchogenic Cyst Under the Veil of an Adrenal Adenoma” at the Florida Medical Association David A. Paulson M.D. Poster Symposium held July 31.

Third-year student **Nadia Anderson** was reappointed to the Student National Medical Association Board of Directors as co-chair of the National Convention Planning Committee.

Third-year students **Mandi Abdelahad** and **Elizabeth Ta** had their article “A Review of the Efficacy of Influenza Vaccination in Autoimmune Disease Patients” published in the *Cureus Journal of Medical Science*.

Fourth-year student **Nichole Anderez** received an Advocate Children’s Hospital Visiting URiM Scholarship for general pediatrics, which allowed her to go to Chicago, Illinois, to participate in the program and do a clinical rotation. Additionally, her case report “Complex Infantile Hemangioma” was accepted for presentation at the Florida Medical Association Annual Meeting that occurred July 30–August 1 in Orlando, Florida.

First-year students **Vania Arboleda** and **Sarah Cushion** coauthored the article “Designer Dissections: Tailor-Made for Your Career in Anatomy and Medicine,” which was published on April 23 as part of the special supplement Pushing Forward with Novel Approaches in the New Frontier of Anatomy in the *European Journal of Anatomy* on April 23.



Top row, left to right: Sarah Cushion, Andrew D. Ardeljan, Joshua Berko
Bottom row, left to right: Parker J. Devino, Lucia Soca Gallego, Kristina Novotny

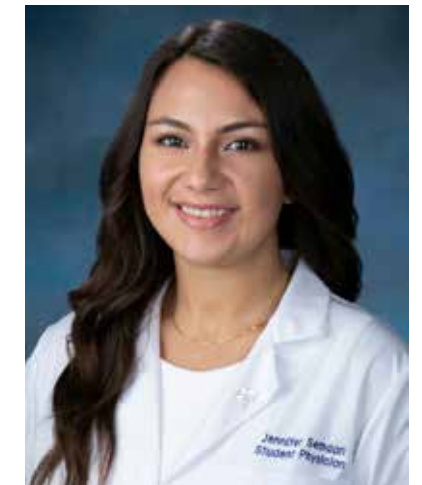
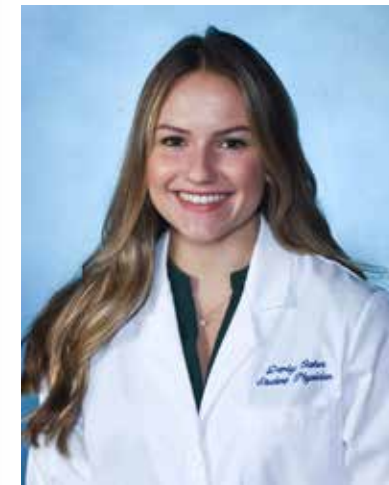
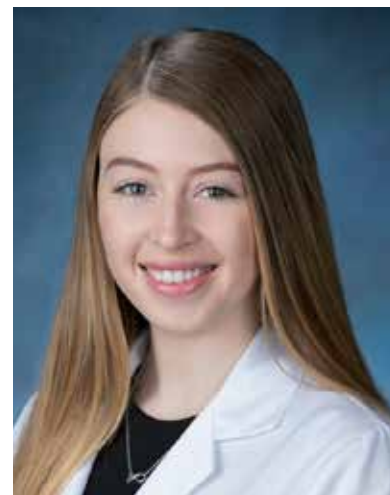
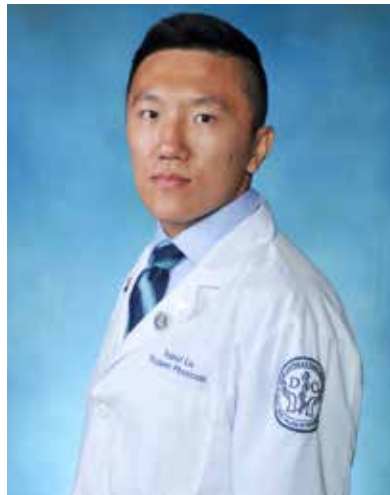
Second-year student **Andrew D. Ardeljan** coauthored the article “Robotic-Assisted Lateral Unicompartmental Knee Arthroplasty in a Patient with Nail-Patella Syndrome,” which was published in *Arthroplasty Today*. Additionally, he served as first author on the article “Impact of Postoperative Zolpidem Use on Primary Total Knee Arthroplasty: A Retrospective Matched-Controlled Analysis of a Private Insurance Database,” which was published in *The Journal of Arthroplasty*.

Third-year student **Joshua Berko** was a top 10 finalist in the American Association of Colleges of Osteopathic Medicine Council of Osteopathic Student Government Presidents’ Student Doctor of the Year competition in February. “I am thrilled that I was selected as a top 10 finalist,” Berko said. “I am extremely grateful for having been selected to represent our school on a national scale in this competition.”

First-year student **Parker J. Devino** was elected president of the KPCOM’s Florida Osteopathic Medical Association (FOMA) Tampa Bay Region Student District Society. In the coming year, he hopes to continue to forge a strong relationship between the FOMA state organization and the KPCOM while advocating on behalf of osteopathic physicians at both the local and state level.

Second-year students **Lucia Soca Gallego** and **Kristina Novotny** received the Florida Osteopathic Medical Association Student Awards during the organization’s virtual convention held February 19–21. The awards are based on criteria such as possessing leadership skills, showcasing political activity, and displaying significant interest in the osteopathic profession.

STUDENT ACHIEVEMENTS



Top row, left to right: Vera Hapshy, Michelle Lanspa, Hiep Nguyen
Bottom row, left to right: Tianyi Liu, Ariel Kidron, Kristina Novotny

Top row, left to right: Darby Oakes, Neal T. Patel, Jennifer Semaan
Bottom row, left to right: Melanie Perez, Oskar Zarnowski, Maria Rodriguez

Second-year student **Vera Hapshy** served as lead author of the article “COVID-19 and Pregnancy: Risk, Symptoms, Diagnosis, and Treatment,” which was accepted for publication in the *SN Comprehensive Clinical Medicine* journal.

Second-year student **Michelle Lanspa** coauthored the article “Predictors of Emotional Wellbeing in Osteopathic Medical Students in a COVID-19 world,” which was published in the May edition of the *Journal of Osteopathic Medicine*.

Second-year students **Hiep Nguyen**, **Tianyi Liu**, and **Ariel Kidron** coauthored the article “Presentation and Treatment of Cholinergic Crisis in the Setting of Carbamate Poisoning,” which was published in the Wiley Online Library as a clinical case report.

Second-year student **Kristina Novotny** received a \$500 AFOMA Believes in You Scholarship during the virtual Florida Osteopathic Medical Association Convention held February 19–21. The award is based partly on a student’s interest in osteopathic medicine, activities in the profession, and leadership qualities.

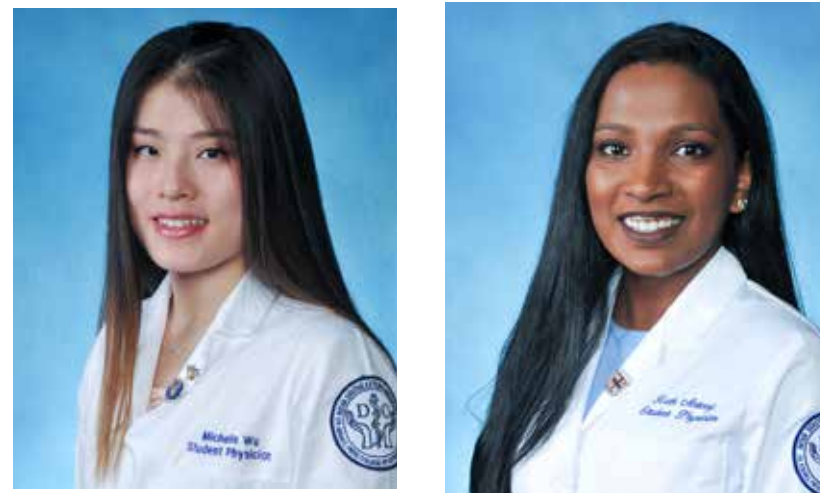
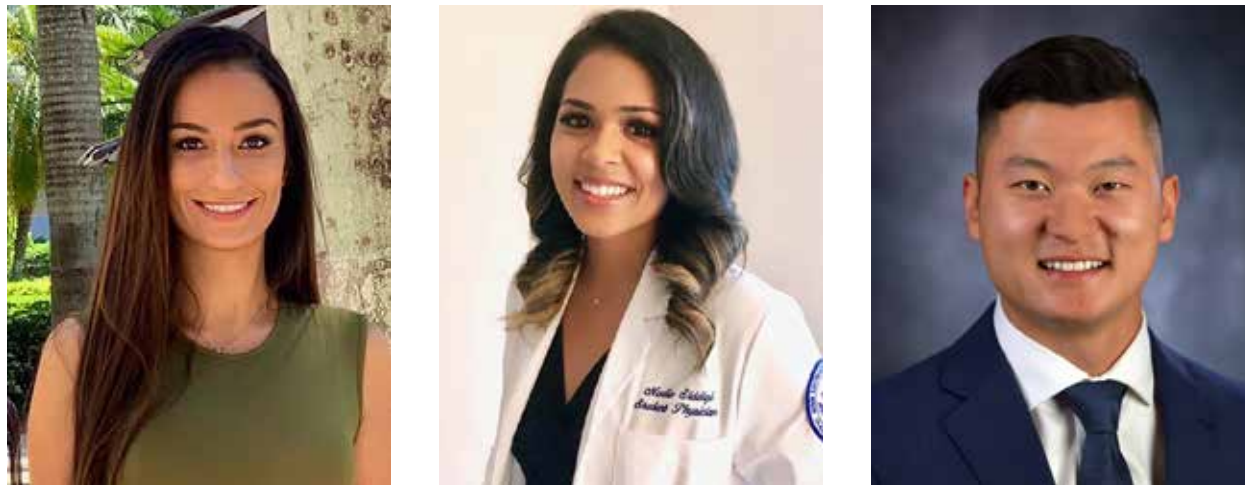
Third-year student **Darby Oakes**, a predoctoral osteopathic principles and practice fellow, coauthored the case report “Healing After Hemiparesis: The Effect of Osteopathic Manipulative Treatment on Post-Stroke Pain,” which was awarded the first-place prize at the American Academy of Osteopathy Convocation Louisa Burns Osteopathic Research Committee Poster Competition on March 19.

First-year student **Neal T. Patel** and second-year student **Jennifer Semaan** coauthored the research project “The Effectiveness of Intranasal Drug Delivery for Various Central Nervous System Disorders,” which was presented at the Florida Medical Association Poster Symposium on July 31. Patel also served as coauthor of the case report “A Farmer with Diffuse Pruritus and a Suntan That Won’t Fade: A Case on Hepatocellular Carcinoma,” which was published as part of the Medscape case challenge series on June 8.

Third-year students and KPCOM predoctoral research fellows **Melanie Perez** and **Oskar Zarnowski** had their coauthored article “The Effect of Stress on the Transcriptomes of Circulating Immune Cells in Patients with Gulf War Illness” accepted for publication in the *Life Sciences* journal.

Second-year student **Maria Rodriguez** authored the abstract “The Future of Public Health: A Movement Driven by Moral Determinants of Health,” which was accepted for a poster presentation at the virtual American Medical Student Association Convention and Exposition on March 6–8.

STUDENT ACHIEVEMENTS



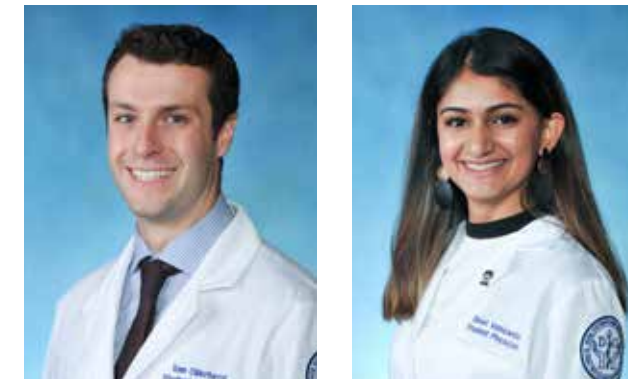
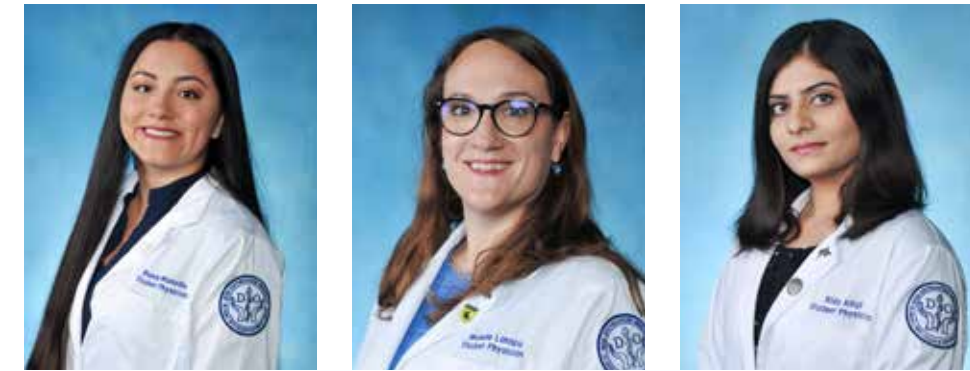
Top row, left to right: Elham Shams, Nadia Siddiqi, Dustin Tran
Bottom row, left to right: Michelle X. Wu, Ruth Antony

First-year student **Elham Shams**, M.H.S., M.S., had her article “Contrast-Induced Nephropathy: A Review of Mechanisms and Risks” published in the *Cureus Journal of Medical Science*.

Second-year student **Nadia Siddiqi** coauthored the article “Unwitting Adult Marijuana Poisoning: A Case Series,” which was published in the March edition of *Clinical Toxicology*.

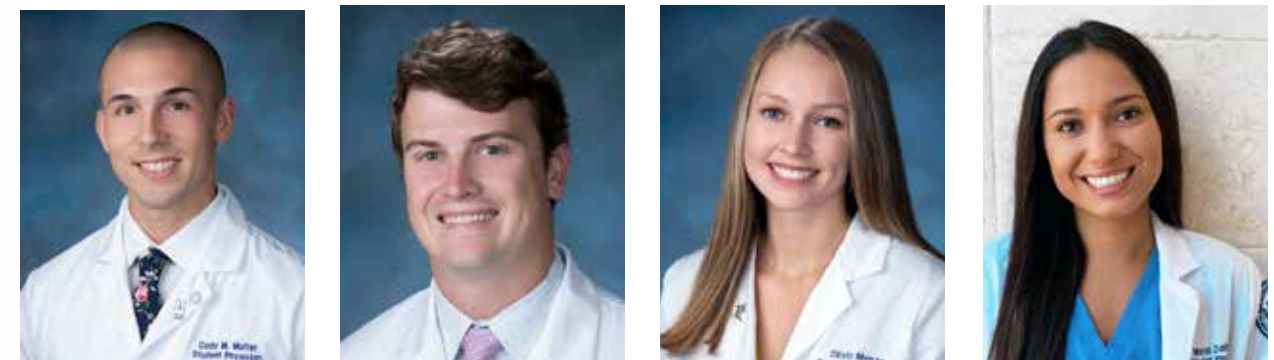
Fourth-year student **Dustin Tran** served as lead author of the article “Abdominal Aorta Bullet Embolism: Presentation and Management,” which was accepted for publication in the *Annals of Vascular Surgery*.

Second-year students **Michelle X. Wu** and **Ruth Antony** had their coauthored paper “Melasma: A Condition of Asian Skin,” published in the *Cureus Journal of Medical Science*.



Top row, left to right: Manda Mainville, Michelle Lanspa, Rida Altaf
Bottom row, left to right: Tom Ollerhead, Sheel Vaniawala

Second-year students **Manda Mainville**, **Michelle Lanspa**, **Rida Altaf**, **Tom Ollerhead**, and **Sheel Vaniawala** had their coauthored article “A Crucial Role for Antimicrobial Stewardship Even in the Midst of COVID-19” accepted for publication in the *Journal of Microbiology & Biology Education*.



Left to right: Cody M. Mutter, Trevor Smith, Olivia Menze, Mariah Zakharia

Second-year student **Cody M. Mutter** served as primary author of the article “Diabetes Insipidus: Pathogenesis, Diagnosis, and Clinical Management,” which was accepted for publication. It will appear in Florida International University’s *Florida Medical Student Research Journal*, which is published through the *Cureus Journal of Medical Science*. He coauthored the article with second-year students **Trevor Smith**, M.S.; **Olivia Menze**; and **Mariah Zakharia**.

KPCOM Dominance at FOMA Poster Competition

During the virtual Florida Osteopathic Medical Association Annual Convention held February 18–20, the KPCOM and its affiliated postgraduate programs were well represented at the association’s Student/Intern/Resident/Fellow Research Poster Competition.

The KPCOM judges were Alison Bested, M.D.; Tom Brown, D.O.; Christina Brown-Wujick, Ph.D.; Gary Cravens, Ph.D.; Marie Florent-Carre, D.O.; Annisah Ishmael, Ed.D.; Robin J. Jacobs, Ph.D.; Deepesh Khanna, Ph.D.; Mayur Parmar, Ph.D.; Suzanne Riskin, M.D.; and Patricia Rose, Ph.D. The NSU Dr. Kiran C. Patel College of Allopathic Medicine judges were Amanda Chase, Ph.D.; Samiksha Prasad, Ph.D.; and Algevis Wrench, Ph.D. Janet Hamstra, Ed.D., associate professor of internal medicine

and assistant dean of graduate medical education at the KPCOM, served as the competition’s head judge.

- Prizes were awarded in two categories.
- Osteopathic Intern/Resident/Fellow Research
 - Osteopathic Medical Student Research

Six winners were selected from the two categories, with first-, second-, and third-place winners receiving \$750, \$250, and \$100, respectively. This year, the judges also awarded the Future of Osteopathic Medicine Award for a study that best advances the principles and practice of osteopathic medicine, with the winner receiving \$250.

RESIDENT RESEARCH

FIRST PLACE

“Blessing in Disguise: STEMI Discovers Pacemaker Lead Perforation”

Alejandro Dominguez, D.O. (PGY2)

Anshul Das, D.O. (PGY2)

Michael Girard, M.D. (PGY3)

Marquand Patton, D.O. (PGY6)

Palmetto General Hospital Internal Medicine Residency Program

SECOND PLACE

“Herpes Zoster Mistaken As Shoulder Dislocation”

Hailey Grubbs, D.O. (PGY2)

Bernice Baroudi, D.O. (PGY3)

Broward Health Medical Center Dermatology Residency Program

THIRD PLACE

“Pediatric Pseudotumor Cerebri: A Possible Complication of COVID-19?”

Amanda Costa, M.D. (PGY3)

Katelyn Krolick (OMS-III)

Megan Rouse (OMS-III)

Beau Fredman (OMS-III)

Broward Health Medical Center/Salah Foundation Children’s Hospital

Pediatrics Residency Program

	Mean	SD	Correlation with BMI
Neck (left)	25.3	5.3	-0.152
Neck (right)	27.4	6.8	-0.150
Arm (left)	38.9	7.9	-0.179
Arm (right)	38.1	6.6	-0.187
Neck (left) ratio	1.233	0.232	-0.529*
Neck (right) ratio	1.214	0.309	-0.288*

STUDENT RESEARCH

FIRST PLACE

“Investigating Tissue Dielectric Constants As a Method to Assess Head-and-Neck Lymphedema: Dependence on Neck-to-Arm Ratios on Body Mass Index”

Ashini Patel (OMS-II)

Harvey N. Mayrovitz, Ph.D.

Dr. Kiran C. Patel College of Osteopathic Medicine

SECOND PLACE

“A Suspected Case of Primary Ovarian Insufficiency in a 21-Year-Old Woman”

Mary Clark (OMS-III)

Renee Alexis, M.D., M.P.H., M.B.A.

Dr. Kiran C. Patel College of Osteopathic Medicine

THIRD PLACE

“Predictors of Osteopathic Medical Students’ Perceptions of Usefulness and Ease of Use Regarding Electronic Medical Records”

Karishma Sharma (OMS-II)

Austin Moore (OMS-II)

Saleena Nasary (OMS-II)

Dana Pea (OMS-II)

Elijah Pollack (OMS-II)

Robin J. Jacobs, Ph.D., M.S.W., M.S., M.P.H.

Dr. Kiran C. Patel College of Osteopathic Medicine

FUTURE OF OSTEOPATHIC MEDICINE AWARD

“Cranial Osteopathic Manipulation for the Treatment of Partial Empty Sella Syndrome-Associated Migraine”

Collin Tacy (OMS-II)

Divy Mehra (OMS-II)

Rohit Mehra, D.O., M.P.H.

Dr. Kiran C. Patel College of Osteopathic Medicine

OGME Scientific Research Poster Competition Results

BY JANET HAMSTRA, ED.D., ASSISTANT DEAN OF GRADUATE MEDICAL EDUCATION

On March 4, the KPCOM Office of Graduate Medical Education (OGME) held its annual Scientific Research Poster Competition. The inaugural event was held in 2010 under the auspices of the Consortium for Excellence in Medical Education-Osteopathic Postgraduate Training Institute (CEME-OPTI). With the transition from AOA accreditation to ACGME accreditation for all U.S. graduate medical education programs, some of the CEME-OPTI's past work is being continued by the OGME.

In addition to being the first time the OGME sponsored the competition, it marked the first year the competition was held virtually due to the COVID-19 pandemic. Approximately 140 posters were presented and judged by five teams of judges in five Zoom rooms.

Many others were able to log in and watch the presentations, including jumping around from room to room throughout the day. An advantage of this format was that students and residents not geographically close to NSU's Fort Lauderdale/Davie Campus could still participate fully. We even had presentations made from Corinth, Mississippi, and Southampton, New York.

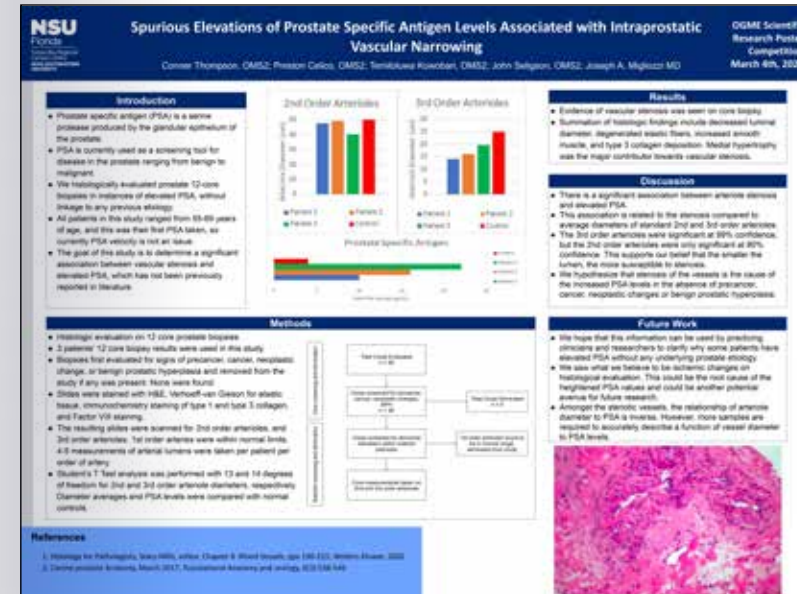
All posters were judged based on the format and completeness of abstract, the overall poster appearance, and the entrant's oral presentation. Additionally, case presentations were judged on the originality, clinical relevance, and uniqueness of the case; the background, differential diagnosis,

and clinical discussion of the case; whether the conclusions were supported by clinical rationale; and the value and clinical relevance of the case, as stated by the entrant.

Experimental research presentations were judged on the originality, clinical relevance, and uniqueness of the research topic; whether the objectives, hypothesis, data analysis, and results were clear; whether the methods were clear and reproducible; and whether the conclusions were in accordance with the results.

Many thanks to the knowledgeable and hard-working KPCOM and NSU Dr. Kiran C. Patel College of Allopathic Medicine judges who scored abstracts, posters, and presentations throughout the day—judging a new poster every seven minutes. They were Alison Bested, M.D.; Christina Brown-Wujick, Ph.D.; Amanda Chase, Ph.D.; Nicole Cook, Ph.D., M.P.H.; Gary Cravens, M.D., M.S.; Elizabeth Fernandez, D.O.; Annette Fornos, M.D.; Mark Gabay, D.O.; Annisah Ishmael, Ed.D.; Robin J. Jacobs, Ph.D., M.S.W., M.S., M.P.H.; Deepesh Khanna, Ph.D., M.B.B.S., M.P.H., M.B.A., M.S., C.P.H.; Joseph Migliozi, M.D., Ph.D.; Mayur Parmar, Ph.D., M.S., B.Pharm.; Stephanie Petrosky, M.H.A., RDN, LDN; Samiksha Prasad, Ph.D.; Suzanne Riskin, M.D.; Sherrica Taylor, Ph.D.; and Paula Waziry, Ph.D.

Cash prizes of \$500, \$250, and \$100 were awarded to the first-, second-, and third-place winners in each category.



EXPERIMENTAL RESEARCH

FIRST PLACE

“Spurious Elevations of Prostate Specific Antigen Levels Associated with Intraprostatic Vascular Narrowing”

Conner Thompson (OMS-II)

Preston Celico (OMS-II)

Temiloluwa Kowobari (OMS-II)

John Seligson (OMS-II)

Joseph A. Migliozi, M.D., Ph.D.

Dr. Kiran C. Patel College of Osteopathic Medicine

SECOND PLACE

“DNSP-11 As a Therapeutic Agent for Dopaminergic Cell Survival: Role of Caspase-3/7 and ERK Signaling”

Shreya Narain (OMS-II)

Jane E. Cavanaugh, Ph.D.

Mayur S. Parmar, Ph.D.

Dr. Kiran C. Patel College of Osteopathic Medicine

THIRD PLACE

“Transcriptional Changes in Peripheral Blood Mononuclear Cells of Men with Gulf War Illness in Response to Stress/Exercise”

Melanie Perez (OMS-III)

Oskar Zarnowski (OMS-III)

Derek Van Booven, M.S.

Leonor Sarria, M.S.

Fanny Collado, R.N.

Kyle Hansotia

Sean Reigle

Tali Finger

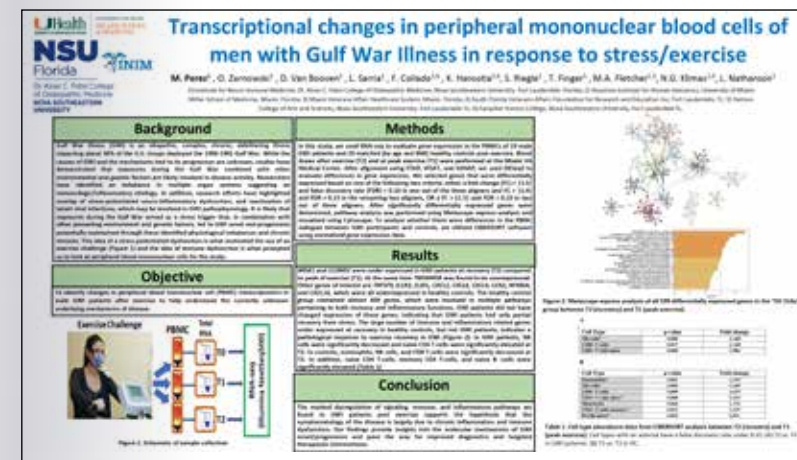
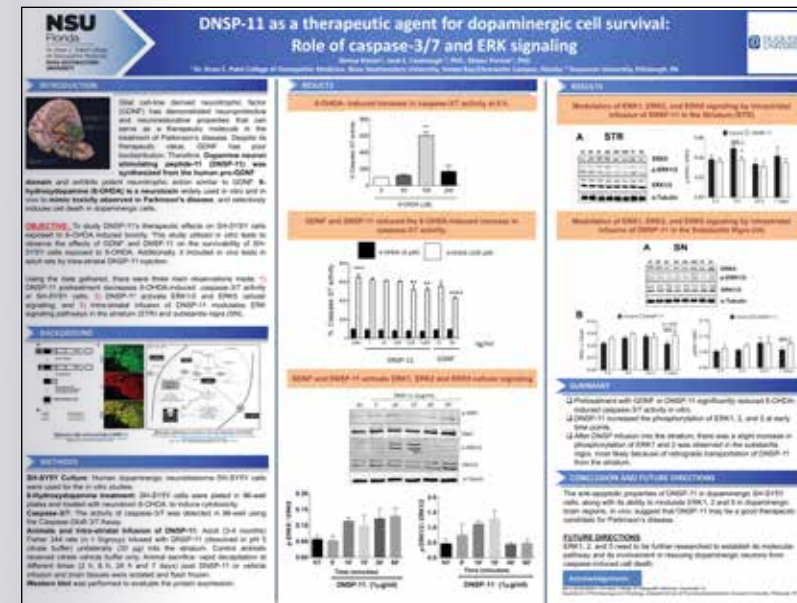
Mary Ann Fletcher, Ph.D.

Nancy G. Klimas, M.D.

Lubov Nathanson, Ph.D.

Dr. Kiran C. Patel College of Osteopathic Medicine

(continued on page 56)



Student Trio Shines at Bethesda Health Poster Competition

A trio of third-year KPCOM students emerged victorious at the Bethesda Health Eighth Annual Medical Student Poster Competition, which was held virtually on April 30.

Patrick Frost earned first-place honors for his project “Heartbroken: The Octopus Trap Cardiomyopathy.”

Alyssa Benjamin captured second place for her poster “Diagnostic Dilemma: Episodic Neurologic Symptoms and Multiple Ossified Lesions,” while **Pallavi Velagapudi** earned third-place honors for her project “Metastatic Well-Differentiated Neuroendocrine Tumors.”



Patrick Frost



Alyssa Benjamin



Pallavi Velagapudi

CASE STUDY RESEARCH

FIRST PLACE

“Takotsubo Cardiomyopathy with Left Ventricular Thrombus in a 49-Year-Old Male”

Michael Hellman, D.O. (PGY2)
Tasha Heller, M.D. (PGY1)
Nick Lampasona (OMS-III)

Broward Health Medical Center Internal Medicine Residency Program

SECOND PLACE

“Frozen in Time: A Case of Trauma-Induced Catatonia in a Young Adult with Autism Spectrum Disorder”

Camilo Rodriguez (OMS-III)
Hong Diem Truong, M.S. (OMS-III)
Sheilin Hamid (OMS-III)
Gunnar Reichenberger (OMS-III)

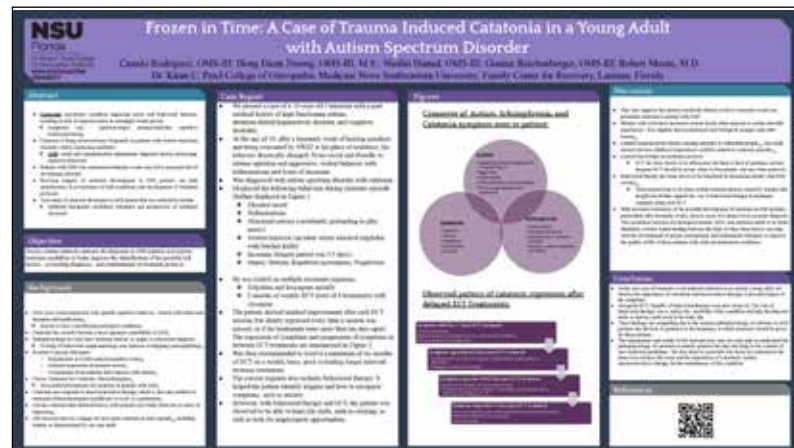
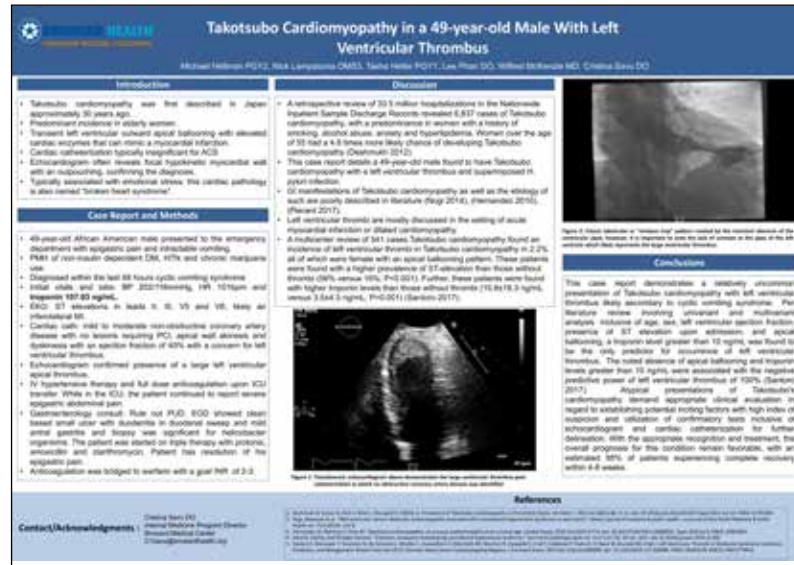
Dr. Kiran C. Patel College of Osteopathic Medicine

THIRD PLACE

“An Unsuspected Case of Hirschsprung Disease in an Adolescent Male with Constipation”

Sridhi Patel, M.D. (PGY2)
Najla Zayed (OMS-III)
Christopher Aguirre (OMS-III)
Judith Cornely, D.O.

Broward Health Medical Center Pediatric Residency Program



First- and Second-Year Students Earn Accolades

Although the COVID-19 pandemic prevented the KPCOM from hosting its annual First- and Second-Year Student Awards ceremony for the second consecutive year, the winners of various accolades and scholarships were notified via email. The recipients were honored in areas such as research, academic excellence, and community service.

OSTEOPATHIC MEDICINE GENERAL SCHOLARSHIP

First-year students **Maha Ighanifard, Josiah Lentz, Elham Shams, and Samantha Stein**

KENNETH BURNELL STUDENT RESEARCH AWARD

Raj Kavadi (OMS-I) and Sameer Shaikh (OMS-I)

JEFFREY GROVE SCHOLARSHIP

First-year students **Jordana Borges and Sami Ghozayel**

DAVID B. LEVINE, D.O. ENDOWED SCHOLARSHIP AWARD

Charles De La Rosa (OMS-II)

MORTON MORRIS, D.O., J.D. OSTEOPTIC MEDICINE PUBLIC HEALTH SCHOLARSHIP

Shanice Walcott (OMS-II)

JUDY MORRIS, M.D. ENDOWED MEMORIAL FUND

Alicia McCartney (OMS-III)

BETH AND JOEL L. RUSH, D.O. ENDOWED CHARTER SCHOLARSHIP FUND

First-year students **Omar Altabbakh and Nigel John**

BRADLEY I. SILVERMAN, D.O. AWARD

Alexa Ragusa (OMS-IV), Megan Rouse (OMS-III), Samyukta Swaminath (OMS-I), and Matthew Tayem (OMS-I)

MATTHEW TERRY, D.O. ENDOWED SCHOLARSHIP AWARD

Joel Davis (OMS-II) and Ricardo Soubelet (OMS-I)

ROBERT KLEIN MEMORIAL SCHOLARSHIP

Tianna Nelson (OMS-II)

KAPILA FAMILY FOUNDATION SCHOLARSHIP

First-year students **Arjun Bagai and Nigel John**

CLEARWATER GENERAL SCHOLARSHIP FUND

Cody Brown (OMS-I) and Kristina Novotny (OMS-II)

RANDY KATZ, D.O. CHANGING LIVES SCHOLARSHIP

Lucia Soca Gallego (OMS-II)

SHAUNTAE AND KAUDEL ROBERTS CHANGING LIVES SCHOLARSHIP

Alvio Dominguez (OMS-II)

SCHREIER FAMILY CHANGING LIVES SCHOLARSHIP

Ariel Paz (OMS-II)

BROWN FAMILY CHANGING LIVES SCHOLARSHIP

Sohaib Ahmed (OMS-I)

GUY NEHREZ CHANGING LIVES SCHOLARSHIP

Zara Shah (OMS-I)

KESSELMAN FAMILY CHANGING LIVES SCHOLARSHIP

Dhruvi Hirani (OMS-II)



TBR Pediatrics Club Snares STUEY Award

The Tampa Bay Regional Campus Pediatrics Club won the Graduate Organization of the Year Award at the 23rd Annual NSU Student Life Achievement (STUEY) Awards presented at a virtual ceremony on April 13. 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.

Other nominees representing the KPCOM with distinction were

- Student of the Year
Joshua Berko
- Executive of the Year
Elaine M. Wallace, D.O., M.S.⁴
- Alumni of the Year
Marc G. Kaprow, D.O., M.H.A., FACOI

SOCIETY AWARDS

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.

Heather Silverstein (Anderson)

Hanna Shanar (Burns)

Shreya Bhattacharya (Klein)

Arielle Ashkenazi (Lippman)

Francesca Ferrante (Silvagni)

Jamie Thomas (Silverman)

Riley Marotta and Vania Estefania Mary Arboleda Mocarro (Still)

Andy Aleman Espino and Aneil Tawakalzada (Terry)

Katherine Lemus (Turner)

Seth Ingram (Zafonte)

Brittany Derynda (Blavo)

Laura Vanegas and Khloud Yassin (Hanbury)

Amy Hobday (Howell)

Kristina Fritz (Johnson)

Nabila Rehman (Patel)

Preston Celico (Sandhouse)

Allyson Jack (Wallace)

Brendan Chernicki (Wallace-Ross)

Omega Beta Iota Inducts New Members

Congratulations to the following KPCOM students and faculty members who were inducted into the Omega Beta Iota (OBI) National Osteopathic Political Honor Society and those who were named national board members. OBI was founded in 2007 to emphasize the importance of the work medical students do for the political system. OBI induction is an honorary recognition for politically active medical students and professional mentors who demonstrate excellence in health care politics.

- **Assad Ali**
- **Kawther Elsouiri**
- **Kristina Fritz**
- **Gregory Kunis**
- Honorary Physician Member
Eric Goldsmith, D.O., FACOS
- New National Director
Joshua Berko
- New National Membership Chair
Kristina Novotny

SGA

