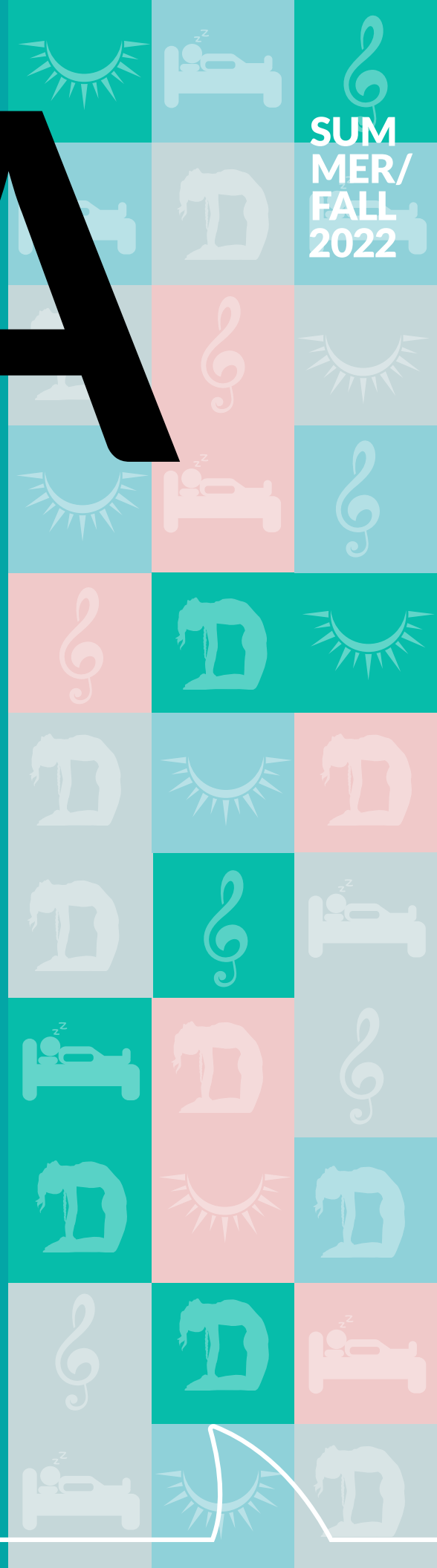
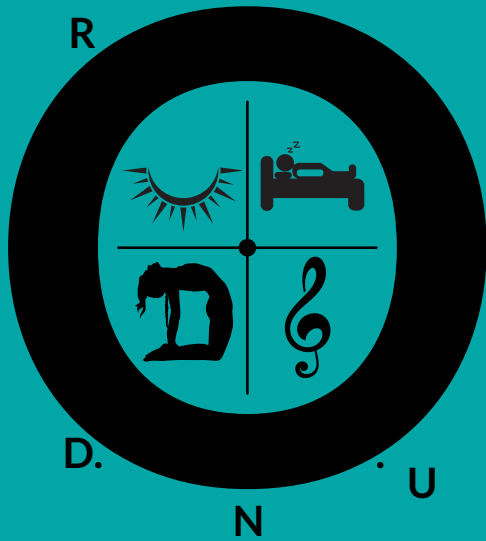


Dr. Kiran C. Patel College of Osteopathic Medicine

# SGA

SUMMER/  
FALL  
2022



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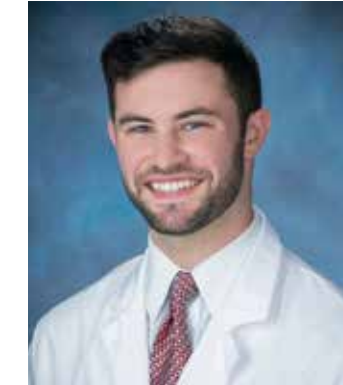
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BY NEETHU MATHEW, OMS-II (FORT LAUDERDALE/DAVIE CAMPUS) AND LUCAS SHAPIRO, OMS-II (TAMPA BAY REGIONAL CAMPUS), EXECUTIVE SGA ADMINISTRATORS OF PUBLIC AFFAIRS

Hello, NSU-KPCOM!

We hope everyone had a relaxing summer break and spent quality time with family and friends. We are excited to begin the 2022–2023 academic year and wish every student and staff member a positive, productive school year.

The past year has been full of transitions from online to in-person learning, and there have certainly been growing pains as we return to our “pre-COVID” lives. However, I do not think we are alone in saying that it is amazing to be back together again. Health care professionals thrive through personal interactions and hands-on care, so let's take advantage of the opportunity to be engaging with one another face-to-face.

Stay on the lookout for events, networking opportunities, and clinical experiences that are made available through the year. That being said, please be responsible and respectful of others and understand that there are still many layers to this global health crisis we continue to battle.

In this issue of *SGA Rounds*, you will find a variety of creative writing from your peers. *SGA Rounds* features students from each class, both campuses, and all walks of life. Everyone tackles medical school in a different way and through unique coping mechanisms. This journal gives us a chance to express ourselves, shed light on topics near and dear to our hearts, and remind one another that we are all human and deserve love and support.

As you go through this academic year, remember to prioritize wellness in all aspects of your life. Sometimes, medical school may feel like walking on a tightrope, but we have all made it this far and deserve to be here. Lean on one another. Take breaks when you need them. Explore and build upon your passions inside and outside the classroom.

We wish you all the best and hope you enjoy the summer-fall 2022 issue of *SGA Rounds*.

Fins up!

Luke and Neethu

## Happiness Through Connections

BY NICOLE SCHNEIDER (OMS-I)

While working at a clinic in the Dominican Republic, I had to take the vitals of a young boy. The fear in his eyes, clutching his mom for dear life, I knew he did not want to be there. But even with my limited Spanish, I wanted to ease his nerves.

I knew it would be hard to converse with my limited Spanish, but my bright green gloves and the big smile across my face said more than words ever could. He came toward me slowly, with his hands reaching for mine. We instantly bonded over the smallest thing—green gloves.

Only a few minutes later, we were laughing and enjoying one another’s company, while speaking two different languages. From this interaction, I realized the importance of developing connections and how this can be achieved even with barriers such as language.

Arriving back in Florida, I wanted to continue building connections and impacting those around me. I began volunteering in a nursing home, and I was paired with an 80-year-old Cuban man. Some of the therapists had told me he was a more stubborn patient who did not enjoy his exercises. Having overcome language barriers before, I was excited to work with him and be his friend.

After just a few days, he started smiling when it was my time to work with him. We developed a game where every exercise he did, he could teach me a new Spanish word. I still remember how much we laughed when I struggled with Spanish pronunciation, but I cherish the connection we built that allowed him to become a stronger and happier patient. Seeing the biggest smile cross his face as he saw me coming into the gym further developed my passion for working with and helping others.

A few months later, I began volunteering at a Sunday school for special-needs children. I instantly bonded with a six-year-old boy with Down syndrome. The teachers told me he always refused to participate in any activity, including arts and crafts, dancing, eating, and learning.

After spending each Sunday with him, I noticed our connection developing. He put his trust in me and would participate more when I was involved. He was laughing more and excited to dance, paint, and learn. Our special bond impacted both our lives. I was excited to show up on Sundays for volunteering. He was excited to participate in his learning. It was the highlight of both our weeks.



**As a future physician, I have realized that connecting with people is a way to help them feel supported and heard, while ultimately providing them with the best care.**

Through these connections, I found my passion and impacted those around me. This type of bonding is what I strive to accomplish with every person I meet. As a future physician, I have realized that connecting with people is a way to help them feel supported and heard, while ultimately providing them with the best care.

Everyone always says, “Happiness is the best medicine,” and I want to bring this into my everyday practice by building impactful connections. □

## How Patients Shape Their Physicians

BY BREANNE KOTHE (OMS-III)



She knew it was cancer. She had no family, no health insurance, and was struggling to make ends meet. There was no way she could afford to see a doctor, but she knew deep down what it was.

A few years passed, and she felt that sinking feeling in her gut every time a new symptom arose. Her appetite had dwindled until it was nearly nonexistent, and she had become so fatigued she could barely make it out of bed. Finally, on a seemingly beautiful day in April, she found a way to get herself to the emergency room for the evaluation she knew she needed.

That day was the first day I laid eyes on her. She was in her 50s but looked much older. Her skin was pale and jaundiced, and her voice was quiet. She explained her story. How she stood in her bathroom in disbelief after finding the lump in her breast. How she felt the lump grow until the shape of her breast had changed entirely.

The physician asked to examine her and revealed the patient’s misshapen, discolored, and dimpled breast from under her gown. In response to the look on the physician’s face, the patient spoke in a small voice. “I knew it was bad, but there was no way I could afford any treatment.”

The woman in this story was regrettably diagnosed with terminal metastatic breast cancer that day. Though she has since passed, her story remains in my heart. I was only a premed student when I met her; however, this woman began to shape me as a physician that day.

Our patients are not simply people we care for. They are a medium for continued learning and self-evaluation. It is our responsibility as physicians to allow our patients to continue to shape us and our practice.

We need to hear their stories and concerns and allow ourselves to incorporate their viewpoints and hardships into our thoughts, treatment regimens, advocacy programs, and outreach initiatives. This woman’s story is an incredibly sad one, but it is a narrative health care providers can work to change for our future patients.

Many people believe a physician’s medical training starts with medical school and ends after completing a residency program. Though the brunt of our learning may occur during this period, our patients will help sculpt us into the best physicians we can possibly be. We just need to allow them to do so. □

**Our patients are not simply people we care for. They are a medium for continued learning and self-evaluation. It is our responsibility as physicians to allow our patients to continue to shape us and our practice.**

## Fun in the Sun

BY SEBASTIAN ARANGO (OMS-II)

One of the advantages of going to medical school in sunny South Florida is after having a hard week or a tough exam, you can escape to the beach and instantly become grounded. Outdoor activities and sun are plentiful; however, I want to caution you. Anything in excess can be dangerous, and it's easy to get caught up in having fun outdoors.

In Florida's summer months, the UV index can regularly reach 11. To put that into perspective, the scale goes from 1 to 11, so Florida regularly reaches the highest level of UV exposure possible. Here are some of my recommendations on how to stay protected and not ruin the fun by coming home with a bad, blistering burn.

First and foremost, avoid the sun at its peak hours of 12:00–4:00 p.m. and always look for shade. Avoid using sunscreen tanning oils, because in many instances, they will do more harm than good. They amplify the sun's rays and usually only have a small amount of SPF to prevent you from burning. A small SPF can give you enough protection to not burn, but this gives you a false sense of security by allowing you to spend more time outside than what is appropriate for the protection you are receiving.

Apply a thick layer of sunscreen. Most people don't apply the proper amount of sunscreen to get the SPF stated on the bottle. You will need to apply about two fingers full of



sunscreen to cover a single area of the body adequately. Sunscreen lotions are much more likely to coat your skin in a thick enough layer than sprays. The most missed areas when applying sunscreen are the ears, eyelids, lips, scalp, top of the feet/hands, and around straps, so be sure to pay special attention to those areas.

Reapplying sunscreen is essential after 80 minutes due to the decreased rate of protection. Sunscreens can rub off with time, so repeated applications are the best way to avoid damage with prolonged sun exposure. If you regularly enjoy spending time outside, or it is required by your work, buying clothing that offers sun protection is worth it.

Ultimately, avoiding sun exposure and using a mixture of different methods of sun protection are the best ways to get the most out of all your precautions. The sun is a beautiful power source that comes with admiration, but you must always respect the damage it can do to you. □



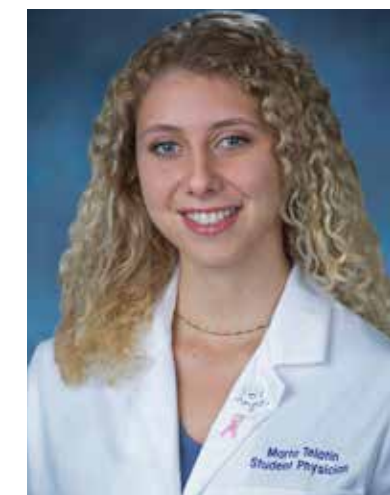
## Good Medicine More Than Memorizing the Algorithms

BY DYLAN IRVINE (OMS-III) AND MARTA TELATIN (OMS-III)



A 40-year-old female with an elevated BMI presents to your office in visible distress for evaluation. History reveals colicky RUQ pain that radiates to the right shoulder and gets worse following the consumption of fatty foods. Murphy's sign is present on physical exam. Ultrasound demonstrates gallbladder wall thickening, pericholecystic fluid, and multiple echogenic gallstones.

Medical students spend many of their waking hours studying. In various cases, this studying involves memorizing algorithms that involve all elements of patient care—from signs and symptoms to diagnosis, treatment, and follow up. Much of this studying comes down to being able to associate a few key features, or “buzzwords,” that can differentiate one pathology from another and send you down the right branch of the algorithm in order to direct patient care with the appropriate intervention.



The scenario we just described is saturated with buzzwords. You may have only been halfway through and found yourself whispering the diagnosis—acute cholecystitis. The next step in the algorithm seems easy: cholecystectomy.

The patient is informed of her diagnosis, and cholecystectomy is suggested. The procedure is explained to the patient in simple terms, along with the benefits and risks of the procedure, as well as the risks of withholding treatment. The patient says she is very nervous about her situation, as she has never had an operation. Although this is the treatment the physician recommends, she is unsure if she wants to proceed with the procedure.

Suddenly, you are in the real world and realize that good medicine is more than memorizing the algorithm. Somehow, the bridge between the patient's fear of an intervention and achieving the standard of care

must be gapped. The attending asks the patient to explain her feelings regarding her fear of the procedure and invites her to ask any questions she may have.

He further explained the situation and provided the patient comfort by reassuring her that her current diagnosis was not a consequence of any actions or choices she had made, but largely a product of her genetic predisposition, and applauded her for being brave to come in and seek help. Once she had more information, the patient began to feel more comfortable, especially when she learned how common a procedure cholecystectomies were. After some thought, she elected to move forward with the procedure.

Witnessing this exchange was very valuable, because medical students have spent much of their medical careers thus far memorizing algorithms. It was an important reminder that patient care is not always black and white, but a dynamic interaction between patient and provider that is founded on trust and good communication.

As we continue to move through our clinical rotations, we strive to remember the importance of sharing knowledge with patients and engaging in dialogue to maximize patient comfort, as well as compliance, with the current standards of care. □

## Early Intervention, Lifelong Outcome

BY BRIANNA HARTLEY (OMS-1)

Will I ever go to college? Why do I forget things? Why am I not allowed to drive? Will I ever be able to live on my own? My younger sister Kaitlyn has gone through life watching her peers live normal lives, leading her to constantly question why she was different. At the age of 15 months, Kaitlyn was diagnosed with autism. Many would assume this to come as a shock, but a diagnosis at this time was a blessing.

In today's world of medicine, children with autism and similar developmental disorders are being diagnosed at earlier ages. A prompt diagnosis is the key to access enrollment in early intervention services. Therefore, it is crucial for providers to use available screening tools to make an early diagnosis, as there are treatment options that are tremendously effective.

Behavioral intervention is an effective type of therapy, which provides redirection of undesired behaviors in attempts to improve the overall independent lifestyle of individuals with disabilities. In previous studies, medication combined with behavioral intervention was found to be more effective for reducing undesired or aggressive behaviors compared to just use of medication alone.<sup>1</sup>

Behavioral interventionists work with individuals, groups, or communities to help facilitate positive, healthy behaviors by eliminating negative or destructive conduct through therapy services offered. Initiating these services prior to the age of three for children with autism and other disabilities is crucial for providing the best opportunity for a successful outcome that will lead to the most optimal chances for an independent lifestyle.<sup>2</sup>

A comprehensive early intervention program for toddlers with autism spectrum disorder (ASD) demonstrates gains in language, cognitive abilities, and adaptive behavior. Targeted, brief behavioral interventions are efficacious for improving social communication in young children with ASD as well. Parents can also be taught to deliver behavioral interventions, which are associated with improvements in parent-child interaction. These



therapies are also effective for reducing anxiety symptoms and aggression, leading to increased social competence and relationships with peers.<sup>1</sup>

Therapies targeting behavioral modification can result in a drastic improvement in ASD if implemented early. Because of parental awareness, and her physician recognizing the signs and symptoms of autism at a young age, Kaitlyn has been able to live an inclusive lifestyle she may not have otherwise achieved.

With an early childhood commencement of behavioral intervention from therapists, as well as support from family and friends, Kaitlyn has been integrated into normal school classrooms, has made multiple friends, been included in various activities, and was able to graduate with a high school diploma. Proper treatment for her disability helped her create social networks, attend college, become a valuable employee, and have a promising future. □

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**In today's world of medicine, children with autism and similar developmental disorders are being diagnosed at earlier ages. A prompt diagnosis is the key to access enrollment in early intervention services.**



## Lifegiving Touch

BY MARIA RICCIARDI (OMS-I)



A loving exchange of goodbye hugs and kisses between my family and me on my parents' driveway marked the start of my drive from the northern Midwest to South Florida. Moving to South Florida last summer for medical school was a monumental life change with countless "firsts" and new experiences.

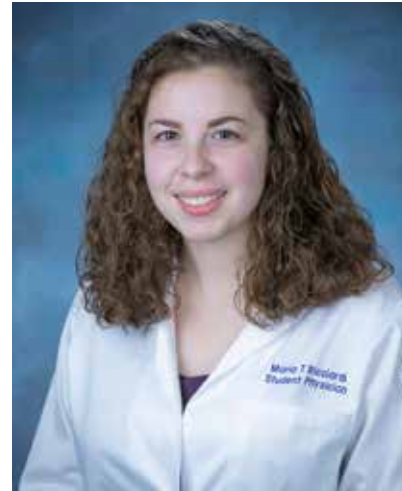
While many of these changes were anticipated, the most shocking was a stark decrease in the social interaction that comes with living alone. Previously, living with seven younger siblings and parents naturally meant affectionate hugs, cuddles, and vibrant conversations were shared periodically. This was contrasted by the start of the school year.

During this COVID-19 time, the vast majority of school courses and club events were restricted to Zoom to protect the health and well-being of all. While this change was easy to understand intellectually, the implications astonished me. For the first month of school, I didn't come

in contact with a single person outside of OPP Lab. In full transparency, it wasn't until I had lost nearly all physical contact that I came to appreciate the gift that each of these sweet embraces brought.

The profound realization that numerous other people were in a

**I began to understand the healing properties proper touch can provide patients. This challenged me to take OPP more seriously and substantially influenced the way I hope to practice medicine.**



similar position coming out of COVID-19 lockdowns, where physical touch or occupying the same room became a social taboo, was devastating. I began to consider how many future patients I'll care for, especially patients with a chronic illness who live in a rural area or without a partner, who will experience feelings of intense isolation and loneliness that coincide with limited physical contact.

However, throughout the OPP course, I began to understand the healing properties proper touch can provide patients. This challenged me to take OPP more seriously and substantially influenced the way I hope to practice medicine. By extension, treating somatic dysfunctions reduced stress, strengthened immunity, and improved quality of life, which are benefits of the hands-on manipulative care that's afforded through osteopathic training. Consequently, this uniquely positions me to one day provide my patients with the best possible care for body and mind. □

## Lessons Learned from Playing Music

BY CAREL TORO (OMS-II)

"It is your turn, Carel!" said one of the nurses in the geriatrics department. I stepped into the family meeting room, holding my silver flute. I paused, raised my hands, and smiled at the patients and their families. Then, I took a deep breath, closed my eyes, and started playing.

When I finished playing Mozart's flute concerto, I heard loud clapping and cheers. The patients and their family members were appreciative, glad, and joyful. Reflecting on this volunteering experience, I realized how happy I was to combine my two passions—medicine and music.

I started playing the flute and the piano when I was eight. Though I've enjoyed every experience I had as a musician, little did I know that nurturing my musical skills in those formative years would greatly help me as a medical student. Here are three things playing a musical instrument taught me.

### Patience and Endurance

Medical students need profound perseverance to cope with excessively demanding studying and hospital hours. Learning music helped me build that endurance over time. Whenever I started to learn a new musical piece, I spent many hours practicing. In addition, I realized I need to be very patient with myself, because a complete mastery of a musical piece requires time. With every progress I made, I became more mindful that endurance and patience are cornerstones of any success. Ultimately, practicing music allowed me to build a sense of self-discipline and a rigorous work ethic I carried into medical school.

### Teamwork Skills

Teamwork is essential in health care. Physicians and other health care professionals work together to provide the best care for their patients. As an orchestra member, I experienced the power of teamwork. During performances, I had clearly defined roles and responsibilities. I must follow the conductor's orders, constantly adjust my harmonics, and actively listen to the musicians around me. Effective performance wouldn't be achieved unless each instrumentalist followed his or her part. This experience enabled me to build lifelong teamwork skills that are helping me tremendously during medical school.

### Confidence

Building confidence is critical for any medical student. Whether presenting in front of an attending or at a medical conference, students must be able to convey their ideas clearly and elegantly. I still remember my first flute performance when I was eight years old. I was anxious and overwhelmed. Six years later, however, I was confident enough to play a solo musical piece with the philharmonic orchestra in front of 500 people. Performing music on stage provided me with an excellent opportunity to enhance my confidence. In addition, it created a perfect medium for self-expression, which helped me learn how to present myself clearly in medical school and the clinical environment.

Lastly, I would encourage everyone reading this article to learn a new musical instrument or continue growing in any current musical interests. You will be amazed to see how much it will help you as a medical student and future physician. □



## When Life Happens in Medical School

BY ANNE-SOPHIE ATTOUNGBRE (OMS-IV)

I started medical school in 2018 at the age of 23. Four years later, it seems like it was a lifetime ago. When I first started, I was sure I wanted to go into psychiatry. After all, that was the reason I decided to go into medicine in the first place.

One year into medical school, I decided I wanted to go into OB-GYN. The following semester, I decided I liked infectious disease. Midway through my third year, I went back to wanting to go into psychiatry. And now that I am about to start my fourth year, I realized my true love is family medicine.

From the start of my pregnancy until I gave birth nine months later, it was a challenge to try to balance my life as a medical student with my personal life. During my rotations, I went from acting as a provider to seeing myself in the role of a patient. It was a new world that was opening to me, and one that forever changed my view of primary care.

This experience showed me how far proper bedside manner and compassion could go when it came to establishing a trusting physician-patient relationship—especially when going through a difficult pregnancy. It is the same type of trust I had with my physicians at the time that I hope to share one day with my patients.

When I first spoke to the college about going on medical leave at the end of my third year, it was with the understanding it would be a six-week maternity leave. However, what I quickly realized at the end of those six weeks was I wasn't ready to leave

my babies' sides. It was a time when both friends and family were telling me "how proud" they were of me for managing all my obligations and commending me for "my strength" for starting a family in medical school. Although they meant well, at the time, it felt like an impossible standard to live up to.

After taking an additional six months off, I found myself struggling to envision how it will feel to leave my babies for the first time, once again. Will they be alright without me by their sides? Will they miss me?

Will I be alright being apart from them for so long? However, I realized it was easier to adapt with each passing day. With the help of family and friends, and a lot of organization, I was able to find a rhythm that was suitable for all three of us.

Now, as I am about to start my final year of medical school, I reminisce about all I've accomplished so far. I feel confident that I have the strength to keep going until the finish line, not only for me, but also for all the people who helped me and cheered for me along the way. □



## Orthopedics: A Competitive Edge

BY SARTHAK PARIKH (OMS-IV)



There comes a point in all medical students' lives when they must decide on their futures and pursue a specific field of medicine. Although many of these decisions are based on personal preference, competitiveness in certain specialties limits the number of applicants and makes some dreams difficult to attain.

Moreover, as osteopathic students, we are limited in our ability to pursue these competitive specialties due to the biases that are present despite the "merger." Many specialties, like ophthalmology, are less likely to have osteopathic recognized programs compared to others, which means the proportion of future ophthalmologists will be predominantly occupied by allopathic students. Orthopedic surgery, however, is one competitive specialty that has many osteopathic recognized programs and gives D.O.s a competitive edge.

As a fourth-year student applying to orthopedic surgery, I have researched this specialty and concluded that applying to an osteopathic recognized orthopedic



surgery residency as an osteopathic medical student may be easier than applying to an historically allopathic orthopedic surgery residency as an allopathic student.

Osteopathic recognized orthopedic surgery residencies have a history of accepting primarily osteopathic students, whereas allopathic orthopedic surgery programs will likely scrutinize osteopathic applications more than others. Some programs may not even entertain an application from a D.O.

Moreover, program directors at osteopathic orthopedic surgery residencies are more likely to approach a student's application holistically. They will have a larger board score cutoff range for applicants, and may emphasize performances on audition rotations and letters of recommendations more than other programs.

Regardless, research is important when applying to orthopedics. Many programs place an emphasis on research, and although having numerous publications can help increase your chances when

matching, only a few are necessary for osteopathic programs to understand your commitment to research. Allopathic programs, on the other hand, tend to have a higher average number of publications than osteopathic programs, which makes their programs more competitive in terms of research.

Ultimately, there are many competitive specialties that may seem impossible to achieve. Each specialty is unique, and orthopedic surgery is one that places an emphasis on the holistic approach of osteopathic medicine. As osteopathic students, we train heavily in the musculoskeletal system, and osteopathic orthopedic programs recognize this.

For those interested in orthopedics, do not be discouraged by the competitiveness of the field. Do not forgo your dreams and settle into a specialty you will not enjoy. There are many avenues to a destination, and bumpy roads may be ahead. Nevertheless, continue to persevere and embrace the journey that will set you up for success. □

## SOMA: Advocating for a Better Future

BY JONATHAN BYRNE (OMS-II), SARAH LYNCH (OMS-II), KAILEY JACOBSON (OMS-II), AND SNEHA POLAM (OMS-II)

SOMA, or the Student Osteopathic Medical Association, is a student-led branch of the American Osteopathic Association (AOA) and represents the nation's largest network of osteopathic medical students. Unlike any other student organization, SOMA empowers students to make their voices heard by advocating for health policy and the future of the osteopathic profession. The two SOMA chapters representing NSU-KPCOM at the Fort Lauderdale/Davie and Tampa Bay Regional campuses are dedicated to serving our members through community outreach, professional development, and political affairs.

The chapter leaders from each NSU campus have had a busy several months drafting policy resolutions and attending SOMA conventions, where we voted, along with chapter leaders from other colleges of osteopathic medicine, to pass policies that will improve patient care and the osteopathic profession. Resolutions can be written by any SOMA member and submitted for consideration in the House of Delegates.

The resolutions passed in the SOMA House of Delegates will then go on to the AOA and affiliate organizations and possibly become official policy. SOMA is the only student organization that can submit resolutions directly to the AOA, giving us the opportunity to bring issues straight to our governing body.

Notably, in 2019, SOMA passed a resolution calling for a single licensure exam for both D.O. and M.D. students. This policy was recently adopted by the American Medical Association. While this change would not be immediate, the resolution's passing opens the door to more conversation about the disparities osteopathic medical students face when applying for residency.

Additionally, in 2020, SOMA passed a resolution calling for the cessation of conducting pelvic exams on nonconsenting, anesthetized patients. This policy has been brought to the AOA, which is now supporting a SOMA committee to investigate the prevalence of these practices. The passing of these policies is made possible by utilizing the student

voice through SOMA to bring to light the challenges we face and develop practical solutions to address them.

At the SOMA Spring Convention in Washington, D.C., this April, we had the opportunity to participate in the SOMA House of Delegates to debate and vote on these policy resolutions. We also attended professional development talks from the previous AOA president, the first Black woman dean of a U.S. medical school, and other leaders.

In July, the SOMA Summer Leadership Conference in Chicago, Illinois, allowed us an opportunity to bridge the gap between both NSU campuses. We discussed plans for the upcoming year and intend to continue working together closely and advocating for the NSU-KPCOM student body.

While the four of us (see accompanying photo) have been fortunate to advocate for policy change on the national level, our work continues at the local and campus levels through SOMA. Being a SOMA member gives you access to free resources, scholarships, AOA membership, and the chance to make our profession better. As chapter leaders, our job is to advocate for the NSU-KPCOM student body and create policy that aligns with the osteopathic profession and its advancement. □



*Pictured (from left) are Sarah Lynch (Tampa Bay national liaison officer); Jonathan Byrne (Tampa Bay president); Joseph Giaimo, D.O. (AOA president); Kailey Jacobson (Fort Lauderdale/Davie national liaison officer); Sneha Polam (Fort Lauderdale/Davie president); and Ernest Gelb, D.O. (AOA president elect).*



## The Lady with the Red Hat

BY DHRUTI HIRANI (OMS-IV)

As my third year came to an end, I wanted to reflect on all my clinical experiences. I keep reliving my interactions back to one of the most interesting patients I have ever seen—the lady with the red hat.

It was the first day of internal medicine. Rounding with the attending, we saw a patient in her 90s for a bone fracture. Nothing unusual. After a week, she was ready to be discharged. Unfortunately, her family had abandoned her. Rounds changed a bit after that. She had no medical reason to be at the hospital, so we would check in to make sure she was comfortable.

Before going into her room, the attending would always get some chocolate ice cream, melt it a little, and bring it to her. “We are going to steal that red hat,” we would joke before leaving. She would smile.

Typically, she would have been placed into a group home, but there seemed to be confusion regarding her Social Security number, which showed she had died 20 years ago. It didn’t make sense, and no group home wanted that responsibility. She always denied any questioning.

Police couldn’t get fingerprints off her. Private investigators were hired. Weeks progressed. Turns out, the Social Security number was not hers, nor was the name on her chart. She had stolen someone’s identity. She became known as the lady with the red hat.

Each morning, we would learn something intriguing about our lady, but what was more surprising was my attending. Not once during my two months there did he miss the opportunity to speak with her. None of the updates affected our interactions with her. She had no medical conditions to be attended to, yet every day, we would go into her room with a smile, chocolate ice cream, and the same joke.

Compassion and bedside manners cannot be learned by reading. They are an art that come with observation and practice. While I may forget clinical knowledge, I will never forget the lady with the red hat. □



## A Shared Interest in Women's Health

BY MAHI BASRA, M.S. (OMS-II) AND SAAJAN PATEL (OMS-II)

One night, we were talking about topics we were passionate about in undergrad and found we had a shared interest in women's health. One of us was more focused on the psychological aspect of it, while the other understood women's health in the context of public health.

We thought making a blog about aspects of women's health we found interesting would be a fun way to talk about topics we think deserve more attention, while also serving the community. We wanted this blog to be a way for the community to access new research trends in a simplified manner and also serve as a way for us to help educate the general population on essential aspects of women's health that might help them make informed decisions.

We also want to use this project as a stepping-stone to more involved activities, like bringing in guest speakers and volunteering events we think would be able to make a greater impact on our community. Eventually, we hope to add other members from around Florida and the United States to have an even greater reach.

During this past semester, we started a website called DOing it for Women with a corresponding Instagram account. Saajan focuses on managing the website, while Mahi makes the infographics and manages the Instagram account. We have tried to relate our posts back to the system blocks we are learning in school. By summarizing medical journal articles in a more approachable way, we have



broadened our understanding of preclinical material. We have also received vast amounts of community feedback.

We learned that our viewers enjoy the infographics, which further summarize our blog posts in a visual format. The infographics help make complex material more approachable. Taking this feedback into account, we decided to increase the amount we write per week and now regularly post two times a week. By collaborating with colleagues within our class, they have been able to explore topics they are curious about and convey the research in a meaningful manner.

As we begin our second year, we have started to line up speakers for the fall semester in hopes of reaching out to a larger audience within the KPCOM. Reflecting on our project, we are extremely excited about the prospects of this initiative and hope to garner support from other faculty members and members of the health care field. □

**We thought making a blog about aspects of women's health we found interesting would be a fun way to talk about topics we think deserve more attention, while also serving the community.**

## The Power of Education

BY RIYA KUMAR (OMS-II)



The fiery sun blazes on my skin as I push through the crowded streets of Bombay, India. My tan skin and dark hair blend well with the never-ending swarm of people, yet I somehow stick out like a sore thumb. I feel a tap on my shoulder and quickly turn. A young girl stands in front of me holding a baby boy. Before she begins to speak, a fragile older woman follows her same path.

Within minutes, I am surrounded by many desperate eyes piercing into my own, waiting for me to do something—anything. I feel such guilt. I could see myself in each of the women facing me. Their bodies dry, wrinkled, scarred, revealing many years of struggle, yet their eyes remain powerful and resilient. We share the same skin complexion and culture, but our stories are nowhere the same. Why was I given this privilege, and them just a hope for survival?

Although there have been advancements to equality for women in India, the patriarchy echoes strongly. Many women in India are conditioned to work, cook, clean, and become child brides instead of investing in themselves through education. Families would rather put their time and money into their sons going to school, while many send their daughters away to get married young.

This never-ending cycle inherently strips women of power and autonomy. Indian children are only guaranteed free and compulsory education from 6 to 14 years of age. As a result, almost 40 percent of girls ranging in age from 15 to 18 are out of school. For a woman without financial help to be educated beyond the age of 14, she must walk miles to school every day and brutally work on fields or beg to afford school.

Barriers to education are not unique to India. Gender inequality, poverty, political conflict, racism, and endangerment are just a few hurdles thousands of people have to overcome to simply survive, let alone become educated. As a medical student, I feel very honored to be able to receive the education I have and empathize with those who struggle to get one.

With my privilege, I hope to amplify others' voices so they, too, can fulfill their dreams. Education is so powerful, not only for the growth of our communities, but also for the health and well-being of all. I think it is important that we continuously reflect on the opportunities we have been given, and never forget what is happening in front of us and thousands of miles away from us. □

## First, Do No Harm Health Care and Transgender Patients

BY HANNAH WILLIAMS (OMS-IV)

When I started my clinical rotations, I was unsure of what experiences would await me. Over the course of the past year, I met countless patients and saw plenty of physician-patient relationships form and grow. However, not every interaction I saw went smoothly.

During my psychiatry rotation, I was on the team that cared for patients in the inpatient unit. One morning, I met with the resident to see the patients who were admitted overnight. Our first patient was a woman who was very upset. This patient was a transgender woman, and she distressingly told us how she was initially placed in the men's unit, and it wasn't until after much arguing that she was moved to the women's unit.

During her stay, I also overheard other health care workers misgendering her. The residents and attending physician tried to be respectful of the patient's needs and correct the course; however, the damage had already been done. Communication between the patient and the health care team broke down.

Statistically, transgender patients face more health care disparities and are more likely to have a negative experience with a health care provider. For example, 20.9 percent reported verbal abuse by a health care provider, and 7.8 percent reported physical abuse.<sup>1</sup> For the LGBTQ+ community at large, one in six report they avoid health care due to fear of discrimination, and 16 percent reported being discriminated against during a health care encounter.<sup>2</sup>

Personally, as a queer future physician, I want to be knowledgeable about the difficulties LGBTQ+ patients experience. I believe it's important for health care professionals to always strive to improve and treat all patients



with respect. During my rotations, I'm grateful to have worked with so many physicians who value their patients. While I think there have been many great strides in health care concerning the treatment of LGBTQ+ patients, I believe we can do better.

If you would like to read about how to interact with and care for transgender patients, here is a link to the American Academy of Family Physicians website: [aafp.org/pubs/afp/issues/2018/1201/p645.html](http://aafp.org/pubs/afp/issues/2018/1201/p645.html). □

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## How Basketball Changed My Life

IBRAHIM HASAN (OMS-II)

Five seconds left on the clock, down by one, adrenaline pulsing through my veins, sweat dripping from my chin, and in a state of bewilderment. My teammate Oats drives to the basket, attracting defenders and leaving me an open path to the rim. I cut to the hoop, and Oats passes me the ball. I go up and under and let the ball go.

As the ball swirls around the rim, I feel immense pressure. The ball gracefully falls in, and the buzzer goes off. Before I could comprehend what happened, my teammates swarmed me. We had just won our very first Olympic game.

I was blessed to be a part of the Palestinian Junior Olympic basketball team. This opportunity contributed to my development as a leader and sparked my passion for global health. This experience was much more than just basketball games. We visited many cities throughout the West Bank, mostly Palestinian refugee camps.

A profound part of the experience was visiting the refugee camps and giving hope to many children who lost their homes due to the occupation. During these visits, we received tours of the refugee camps, and I witnessed the lack of access to health care facilities. Their medical buildings consisted of a foldable chair and basic medical equipment. This ignited a burning passion in me, and I realized I wanted to tackle health care disparities as a future physician. Hearing their stories also humbled me and made me appreciate everything I have.



Basketball helped solidify the idea of having a career as a physician. It also helped me throughout the journey. During the last week of fall semester, there were five consecutive final exams, and I was constantly overwhelmed, stressed, and anxious. I even considered giving up.

I ended up going to the basketball court to shoot a couple shots while I blasted my favorite music in my headphones. As I was shooting, I recalled all the struggles I used to have on the court. The will to never give up was the reason I found success in the sport. I applied that same ideology to medical school,

and I was able to get through the week. Medical school is tough and consists of constant studying, stress, and anxiety, but once I step on that court, everything goes away. It helps clear my head and provides me motivation to study harder.

Basketball is more than just a sport. It bonds people, acts as an outlet to relieve stress, and is a great way to keep in shape. Basketball is the most reliable thing in the world. It doesn't complain, and it doesn't ask any questions. When you bounce it, it comes right back to you.

Basketball changed my life! □

## First Semester: An MRI Experience

BY SOPHIA MIRKIN (OMS-II)



My first semester of medical school reminded me of my first experience getting an MRI scan as a middle schooler. At age 12, I had severe back pain that prevented me from playing basketball. The initial emotion that came over me was anticipation. I was ecstatic to recover from my injury, but frightened of getting an MRI based on the stories I had heard.

“Are you claustrophobic? Will you be okay?” I found myself asking similar questions before medical school. “Was I capable of making it through?” My dream of becoming a doctor was becoming a reality, but the fear of failure lingered.

The day of the MRI, I did what I always do—act calm and confident. The technician was shocked at how comfortable a 12-year-old looked before going into a big, scary machine. Little did he know, I was petrified. I was strapped in, chose my favorite song, and was inside the machine before I knew it.

Similarly, I was starting my first day of class before I knew it. I loved what I was learning, but an immense amount of information was placed at

my fingertips in a short amount of time, and I found myself fighting to stay ahead. Racing thoughts were something I had never experienced, but they suddenly became like the magnet of an MRI, always on. I tried to block the overwhelming feeling with the music.

Analogously, I continued to study without addressing my emotional and physical wellness, even starting to leave my passions and hobbies behind. The noise of the MRI suddenly overpowered my favorite song, and I gasped for air as I realized how compressed I was. I pushed the stop button and was released. “Are you okay?” asked the technician. My body couldn't keep up with my mind, and it was a wakeup call to slow down.

Having motivations, drive, and goals are important, but so is making time for recuperation and rest. This experience taught me the importance of being kind to myself. After dedicating time to breathe, reflect, and

talk to my support system, I felt energized. This time, instead of focusing on the future, I paid attention to what I was doing well and shifted my energy in a more positive direction. I was ready to finish strong.

Suddenly, the MRI machine didn't feel so compact. I knew I needed to get comfortable feeling uncomfortable. The tunnel that first appeared long and closed was open with support waiting at both ends. Instead of hitting the stop button at moments of stress, I learned to take deep breaths to promote relaxation and clarity. As a middle schooler, I was able to finish the MRI scan and strengthen my back to get back to playing the sport I loved.

This time, I finished my first semester of medical school with a new sense of strength. Now, when I look at an MRI machine, I think of my first semester of medical school. The next task is learning how to read the scan. □





## The Magic Stat

BY ALAINA WERLING (OMS-II)

Growing up, I had a basketball coach who referred to free throws as the “magic stat,” with the phrase meaning it was the factor that separates the good teams from the great teams and separates the teams that make it to the championship from the teams that win the championship. In the bigger picture of life, the magic stat is what separates surviving from thriving.

If you were asked what magic stat you could fulfill in your lifetime that would drastically change the trajectory of not only your own life, but the lives of your entire community and all of the generations to follow, what would be the first thought that comes to mind?

For the community of La Chuscada in Nicaragua, and so many others around the world, the answer is simple—access to clean, running water.

We begin learning about the importance of water and the roles it plays on Earth and in our bodies starting in elementary school, and we never stop. We would all likely agree that clean water is important, and that our daily routines would be impacted if our access to it had ceased. What may be less obvious are the implications on communities that do not have the privilege of having access to clean water.

For many communities like La Chuscada, not having access to clean, running water means poor

dental and oral hygiene. It means a majority of children not attending school on a regular basis, and only a select few making it past the second grade because they either spend hours walking miles in the near 100-degree heat to retrieve often unclean water for their families, or because the negative impact of unclean water on their health prevents them from being able to attend school.

It means contaminated food.

It means malnourished chicken and livestock.

It means diarrheal and kidney diseases running rampant among your community members and taking the lives of children, parents, and community leaders.

It means the average household income being only a few dollars a day.

It means limited access to bathing.

It means a community of people who work incredibly hard day in and day out with little to no trend toward economic, educational, or financial progress.

It means that magic stat of access to clean, running water could change everything. It would be the one to eradicate kidney and parasitic diseases, allow families to grow financially, and give kids the freedom to learn and achieve the dreams they have for their futures. □



## Medical Students and Away Rotations

BY VESHESH PATEL (OMS-IV)



Choosing to do an away rotation at a particular residency may be a challenging experience to a medical student. Many medical students believe doing an away rotation is only necessary if you are applying to a competitive specialty (e.g., dermatology, otolaryngology, ophthalmology, orthopedics). These are my opinions as to why you should or should not do an away rotation.

There are numerous advantages for why you should do an away rotation. First, programs will get to meet you in person, and in turn, you will get to know the faculty members and residents (e.g., build connections). Second, doing an away rotation can directly lead to an interview, and therefore puts you in a better position of matching—especially if you have a below average board score in your desired specialty.

Third, you may find a physician to write you a letter of recommendation. Fourth, it shows you have an interest in the particular program you are rotating at. Lastly, it allows you to

gain more experience and exposure to the desired specialty you are interested in.

On the other hand, there are financial burdens and risks in doing an away rotation. First, they are very expensive and may cost more than \$1,000 (e.g., renting a car, staying at an Airbnb or hotel, food). Another downside is the pressure to always impress the doctors and residents you are working with, such as arriving early, leaving late, and reading when you get back to the apartment. It may be difficult to find a balance of helping but not being too annoying. Lastly, medical

students still match without doing any away rotations, so it may be a waste of time going to a different city or state.

Overall, it is ultimately your decision to do an away rotation. I believe it is worth doing one, because matching into your desired program can be difficult and worrisome (e.g., even matching into your top three residency programs). Due to the increasing competitiveness of matching—especially for osteopathic and international medical students—doing an away rotation will most likely reward you with an interview. □

**Many medical students believe doing an away rotation is only necessary if you are applying to a competitive specialty (e.g., dermatology, otolaryngology, ophthalmology, orthopedics).**

## India Initiative Aids Indigent Youth

BY ASHIN CHADHA (OMS-II)

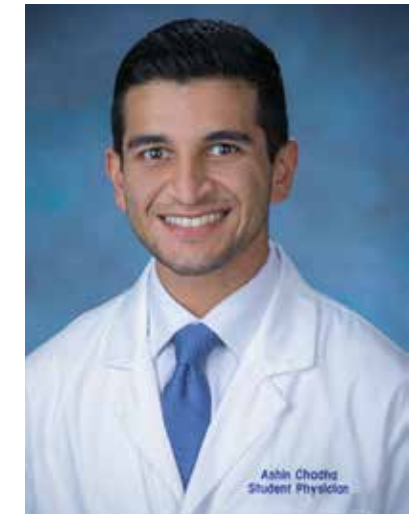
Growing up in different countries, I have been fortunate enough to be exposed to many different walks of life. While living in Mumbai, India, I worked in a hospital and got to see how education and class play a role in when and which people receive care in a hospital setting.

A particular story that stuck with me is that of Vishesh, a 31-year-old farmer who died of a brain tumor just two days after showing up at the hospital. This story resonated with me for years and motivated me to make a change in this world through prolonging life for the less fortunate. If Vishesh knew to get a checkup sooner, there is a chance he would still be alive. This is because, just like one-fourth of the rest of India, Vishesh was uneducated. In this case, it was not the medicine that failed; it was the education system.

As an aspiring physician who wants to help disadvantaged populations, I started an initiative

called Project Siksha, which stems from the goal of providing education for the underprivileged youth of Jaipur, India, and providing them with the necessary knowledge to set them on the path toward a better future. This project helped approximately 70 children go to junior and middle school, thereby shaping tomorrow's members of society. Siksha, which translates directly to education in Hindi, is one of the main mottos of this project, but along with it comes social justice and health equity.

On August 3, 2021, I hosted my first Project Siksha charity golf tournament in Jacksonville, Florida, and was able to raise more than \$3,500 for children's education. Being a collegiate golfer, hosting a charity golf tournament was the perfect fusion of my interest in giving back to the community and my passion for the sport.



I started this project as a way to help India's next generation move forward and obtain better access to education. By contributing to their education, they can strive to reach goals outside of their economic strata. In having genuine conversations with these families, I realized that the only thing that can help them move out of poverty is knowledge. I have been collecting funds for this initiative through collaborations with various golf clubs for more than seven years, but hosting my own charity golf tournament was quite surreal.

With the COVID-19 pandemic swiftly on the rise at the time, golf was a perfect sport to bring everyone together while keeping a safe distance from each other—all while raising money at the same time. The money raised went toward aiding impoverished children and helping them gain an education so that, eventually, subsequent generations can move out of poverty and live prosperous lives. □



## Long-Distance Relationship in Medical School

BY NICK GUEST (OMS-1)

April 2021: “I’ve been single for six years, and I start medical school in three months. There’s no way I’m getting into a relationship anytime soon.”

May 2021: “Whoa, Ann-Marie is in town? I mean, I’ve had a crush on her for years. I might as well have coffee with her and say hi.”

It’s May 2022, and here I am writing an article about how one of the best things to ever happen to me was something I saw as a longshot. When Ann-Marie and I first started dating, we went into it with open minds, knowing that our newer relationship would likely be difficult and perhaps not even work out.

We understood our relationship would consist of new experiences and challenges that included many we couldn’t foresee. However, we remained optimistic and took it one day at a time. A year later, we are still taking that same approach. As more challenges come, and more life changes occur, we continue to adapt, make sacrifices, and grow as a couple.

Initially, it was difficult for both of us to go from spending most of our days together to only two weekends a month or so. At times, it has even been one weekend a month. Talking via FaceTime every night before bed helped us stay close and minimize the feeling of distance. We still do that today.

One thing we have found significantly helpful is to always have the next time frame to see each other planned out. Typically within a few days of our visits, we’d spend time on the phone looking at our schedules to find the next best time to see each other. At times, one or the other would have to make a schedule adjustment or even a sacrifice.

Ann-Marie would do her best to get work shifts covered, or I would have to study extra during the week so I would be able to take time off on the



weekend. There will be times where you may miss out on an event or opportunity, but believe me, there are plenty of those, and it’s well worth it if your significant other is the right one for you.

Ann-Marie has started nursing school at the University of North Florida, and we are currently fine-tuning our new lifestyle. Ultimately, there is no perfect script to follow in order to make it work. You simply take it one day at a time with an open mind and adjust to whatever life may throw at the both of you.

Be patient. Be willing to work hard. Be willing to make sacrifices. I cannot tell you it’s always easy, but I can certainly tell you it’s always worth it for the right one.

If I could give any advice to couples or potential couples entering the realm of medical school, it’d be to go for it, because I’ve had endless amounts of lifetime memories with someone I love that I would have missed out on if I wasn’t open to change. □



## My Struggles with Imposter Syndrome

BY LEON PETER (OMS-IV)

Have you felt like you were somewhere you shouldn't be? Most people experience that feeling at some point. Am I someone who should be here? Am I smart enough? Am I driven enough? Am I qualified enough?

Faith is hard to come by when you're at low points. You start to question everything you've been working almost your whole life toward.

You're filled with doubts, and it's hard to talk about. What you don't know is that many of your peers have spent time feeling the same way. It's just not something that is easy to bring up—to admit your lack of confidence.

Here you are, devastated after getting a poor grade on a test you spent days grinding for, mentally exhausted after a tough study day, feeling like everything is all too much. You think about how much easier life would be if you had chosen a different path.

For every moment of uncertainty, you have people around you believing in you and wishing for your success. This isn't just your parents, friends, and siblings. Your network of support only grows to include the professors, mentors, and colleagues you've gained in your journey.

A feeling where you believe you need to try your best to pretend like you fit in is nothing short of ironic, because you're right where you're supposed to be.

Reason evaporates when you feel like an imposter, but look back. Think about all you've gone through to get here. All the hardship and sacrifice it took to get this far. It wasn't easy then, and neither is what you're going through now. However, you're still here, and it's not by chance. You have the skills and the ability to reach your dreams and achieve all you aspire to. Are you still wavering? Read the first word of each paragraph. □



## A Physician's Role in Medical Debt

BY LISA COCHRAN (OMS-II)

For many of the diseases we learn about in medical school, we memorize their treatments without ever learning what they cost. While volunteering with families who have a cancer diagnosis, my assigned family's father stated that his wife's mastectomy was \$170,000, after insurance.

I was not surprised, as I'm sure we're all aware of America's high health care prices. I did, however, wonder what that actually meant for them. What did they have to give up to afford this lifesaving procedure? College funds, second mortgages, and fast-food dinners came to mind. I never asked for the sake of privacy, but it has troubled me ever since.

This is not a political issue. All human beings are susceptible to life-threatening illnesses requiring drastic medical intervention. So, as physicians, how can we also save their livelihoods? It has been reported that 42 percent of cancer patients spend their life savings in the first two years after the diagnosis (*American Journal of Medicine*, 2018). While there are many government programs and foundations to help patients in need, the requirements are a long list, and as with any illness, time is of the essence. So, what can we as physicians do to help?

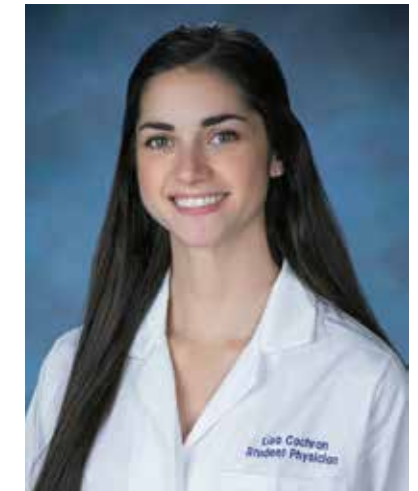
I am not ashamed to say I look forward to being paid adequately as a physician. We have all sacrificed years of our lives—and hundreds of

thousands of dollars—to become healers. So yes, surgery and other patient services should indeed be paid for. But when does the cost to patients become more than just money?

People should not lose their homes because they were born with a genetic mutation or hit by a drunk driver, although it happens too often. Many surgeons will perform operations pro bono, but what is the limit before you are robbing yourself of your worth?

While it is possible for patients to negotiate their medical bills, this can become a tedious process that threatens relationships, and many physicians will instead point patients toward financial assistance programs. I intend to make it my business to know these programs inside and out and share them with eligible patients who rely on assistance to make it through their medical journeys.

Taking a step further, osteopathic physicians are known to emphasize preventative care. We will hold the important task of ensuring early screening for disease. Imaging can be expensive, but it is much cheaper than surgery or months of chemotherapy. Chances are patients are not going to be proactive by themselves; they need someone to push them to get screened. To me, this is one of the most direct ways physicians can lower costs for patients.



This is not meant to be a set of instructions, but instead an opportunity to add another “do-good” item to your bucket list. It is an encouragement to keep a few things in mind. Patients and their families are deeply affected by the number on the paper they receive at the end of their time with you. You can decide how heavily it weighs on you and what you will do about it. □

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## Passion for Progress

BY CESAR JARA SILVA (OMS-IV)

Have you ever looked back on your life and thought, “How was I that person?” Reminiscing may take you to an embarrassing moment in your childhood or simply an extraordinary achievement that gave you goosebumps. We look back and think about how we were able to reach this point in life, surviving moments we thought we were incapable of overcoming.

We should be proud of our accomplishments, but I know we always want more. Everyone wishes to go back in time to a specific moment in the past where we know for certain now how to manage that situation and avoid the remorse that haunts our dreams. Despite the adversities and experiences, we all progressed.

We learned how to overcome our difficulties, and even by the little changes, such as drinking more water, we took a further step toward self-improvement. The simple act of getting ready in the morning or opening a book already sets us on our way. As medical students, we tend to get fixated on specific goals, which by no means are derogatory, but one should recognize and celebrate the small steps on the ladder.

In residency applications, students must summarize the achievements and skills acquired during the last years to show what their abilities can offer. With fast-paced lectures, deadlines, examinations, and even interactions, we have little time for a retrospective analysis of ourselves. Despite these limitations, we should take a breath and

see ourselves. In my reflection, I realized I might not have reached the precise expectations my younger self had for me, but he would be proud that I was able to move forward.

Aiming for our dream program, we want to pursue perfection with a capital “P,” but let us not forget that our imperfections are what make us uniquely perfect. All the experiences we had made us learn and grow into a better version of ourselves, but we are still developing. We are in constant motion, getting every second as a new beginning for improvement.

There will be a point in time where we look back again. However, it will be with eyes holding more happiness than remorse and where we close our eyes with satisfaction. The satisfaction of knowing we pushed ourselves to become better will propel us to seek growth in the days ahead.



As A.T. Still said, “Let us not be governed today by what we did yesterday, nor tomorrow by what we do today, for day by day we must show progress.” □



## From Flooded to Flawless An Anecdotal Journey

BY JONATHAN RAYMOND-LEZMAN (OMS-II)

Histology is the study of cells. When looking at microscope slides, what you see is what you get. It takes the guesswork out of diagnoses. It is predictable, but what happens when faced with the unpredictable? That is exactly what I intended to overcome.

Ten minutes before the histology final exam in October 2021 as a first-year medical student, a construction oversight at the house I purchased just months before led to \$50,000 worth of damage. An unfinished ventilation pipe to the main drain of the house clogged downstream, leading to an eruption of water spilling everywhere.

My odd love of appliances led me to adopt a brand-new Speed Queen washer, but with its mighty 40-gallon wash cycle, I learned quickly that maybe high efficiency would have been better. When the washer rapidly drained, all forty gallons surged out of the walls, encasing nearly the entire house in half an inch of water.

While my eyes widened, I wondered what I was going to do. On the one hand, there was water everywhere, but on the other, I had to leave to take that histology exam. I haphazardly dumped all the towels I owned onto the floor, left the rest up to my mom, who was taking care of me after a knee injury that rendered me incapable of walking, and left.

Over the next six months, I found myself—and my house—recovering from unpredictability. Insurance,

contractors, construction—chaos. However, amid the largest housing disaster I had to work through, medical school was continuing at lightning speed. Learning bugs, drugs, diseases, and then coming home to a literal destroyed house was not a highlight of my life or of medical school. I had just started to get into a groove and find my place when unpredictable circumstances left me treading water and losing strength.

It got better. Six months after the event, I signed the final papers releasing the remaining insurance claim funds to the contracting firm. The restoration is immaculate. Instead of a flip that brought the house to its original state, the decision to upgrade was one of the best things that came from it.

Out with the vinyl floors, which were only a few months old from the previous flip, and in with brilliantly glossy marble floors shipped from Turkey. Named Ocean Silver, the pattern resembles waves rippling far off in the distance of an endless sea. This floor is not only a reminder of what has been, but also of what the future is—bright.

When the unthinkable happened, and my predictability and control changed, I adapted. Just like in life, medical school requires constant adaptation to remain sharp. However, for medical students in the trenches, the end result of the four years—even of each day—is unimaginably greater than any of us can dream of. □



**This floor is not only a reminder of what has been, but also of what the future is—bright.**

## Different Lenses

BY BAILEY BROWN (OMS-I)

When I first started as a Crisis Text Line counselor, I thought my sole duty was to talk others down from taking their own lives, akin to Jim Carrey in the movie *Yes Man*, but I soon discovered my role encompasses much more than that. Crisis is defined as a time of intense difficulty, trouble, or danger, so why did I only picture those holding a dosage of Tylenol 10 times that of the recommended dosage or hiding in the bathroom from their spouses?

Hotline counselors are provided with a 30-hour training on how to help those in different sorts of crises. After completing my training, I felt prepared to help take those in crisis out of that heightened state and down to a calmer one. After a few shifts speaking with those who texted in seeking help, I began to think to myself, “Some of these people aren’t really in crisis. Their boyfriend broke up with them, they were turned down by a job they were wanting, etc.”

Essentially, I was determining what constitutes a crisis according to my personal lens in which I view the world. I would follow the protocol and speak with them as I had been trained to, but in my head, I would be thinking there were others who actually needed my help who I should be speaking with instead.

Obviously, this line of thinking is incorrect, and upon reflecting on one of my shifts, I realized I had been treating something subjective as something objective. What constitutes a crisis in my mind may not constitute a crisis in your mind, and vice versa. It was so easy to impose judgment, and it made me realize how it can be such a subconscious act.

Upon considering this further, I realized how it translates to health care. It can be easy and is oftentimes an unconscious doing—writing someone off based on our own experiences and beliefs, especially in the field of medicine, which so heavily relies on objectivity in plan of care and best practice. We need to remember, though, that we are not treating diseases or illnesses—we are treating people. Each person does not come with his or her own section in *Pathoma*. We are much more complex than what can be described in a few condensed pages of a medical textbook. We cannot define a crisis for others.

As future health care providers, this is an important lesson to remember. Understanding the importance of subjectivity also allows us to have a greater understanding of objectivity, and we need to be utilizing both not only as physicians, but as humans in general. I cannot tell you what you are feeling in this instant, nor you me, but we can practice empathy and humanity to gain a greater understanding of what the other is experiencing.

Now, when I log on for a shift, I remind myself that no two people in this world have lived the same life, so I will not judge them as though they have. □



## Being on the Other Side

BY TAYLOR MARTINEZ (OMS-IV)

As I am typing this, there is a symphony of beeps, whirs, and alarms, all belonging to machines that are monitoring my dad’s vitals. He is in his second postoperative day following successful triple bypass surgery. For context, my dad is in his mid-50s, is a generally healthy man, and spends his weekends rebuilding his 1972 Porsche.

So, as you can imagine, it came as quite a surprise to us that his preventative coronary calcium scan yielded a score that was through the roof. His subsequent negative stress test gave everyone a false sense of security. My family and I were assured by the cardiologist that nothing was wrong with him, considering the clinical picture, and that he would just have to follow up in a few months after being given a regimen of medications. However, after a phone call a week later from my dad, stating he had mild dyspnea on exertion, my alarm bells went off.

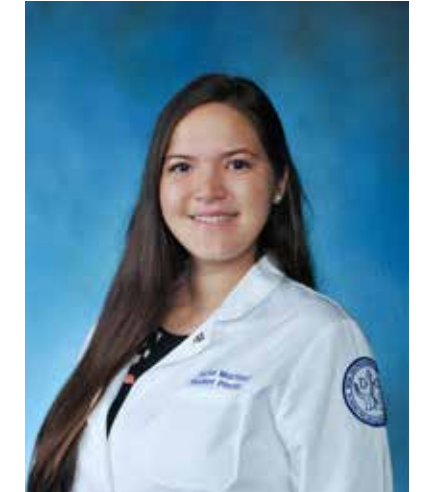
As a third-year medical student, we are trained to look at the big picture and not to jump at the sight of mild symptoms. But this was my dad. Even though I knew I was probably overreacting to his seemingly insignificant complaints, I immediately called the cardiologist’s office asking for a CT angiogram.

At the appointment, my dad was told his symptoms weren’t that big of a deal, but to put me at ease, the doctor would send him for the scan. I prayed to God and hoped his cardiologist would prove me wrong. Unfortunately, he did not, and my dad’s left anterior descending coronary artery was 90 percent occluded, along with 70 percent occlusion of two other coronary vessels.

After that, everything moved quickly. Before I knew it, I was saying goodbye to my dad as he was wheeled through the operating room doors. It was easy to pretend like a triple bypass surgery wasn’t a big deal. I had already seen one during my surgery rotation, and I never felt any which way about the patient lying on the operating room table for hours on end.

However, when it’s your parent or any loved one, you have too many feelings to contain. Thankfully, the surgery and recovery went well, and my dad is a healthier man. After all was said and done, I was taught a valuable lesson in being a medical advocate for yourself, your family members, and, someday, for your patients.

However, this experience ultimately taught me to truly understand what it is like to be on the other side of a diagnosis, surgery, and treatment. You feel an utter lack of control, which is exponentially more challenging when we are used to mostly being in control in our profession. Learning how to have faith in the physicians, nurses, and those taking care of your loved ones is one of the most humbling experiences you can have as a medical student. It is one I will not soon forget. □



**As a third-year medical student, we are trained to look at the big picture and not to jump at the sight of mild symptoms. But this was my dad.**

## Perseverance Yields Dividends

BY CAMDEN M. SMITH (OMS-II)

“How am I going to do this for two years?” Just days after my 18th birthday, I began full-time service in Bogota, Colombia, where I would offer more than 100 hours of service each week from 2014 to 2016.

Of course, I wanted to be there. Having received so much in my life, I felt a profound desire to give. My doubts originated not in what I was going to do, but in my ability to actually do it. I did not know a word of Spanish. Yet, somehow, this was just the beginning of my seemingly disqualifying weaknesses.

Missionaries spend these two years meeting with families and individuals in their homes and in various other settings. They seek to understand their spiritual, emotional, and temporal needs, and then work toward improvement by setting goals, referring them to other available resources, then following up for months or years.

Within my first week, I met a family whose son was dealing with substance abuse. Another couple was going through divorce. Many were seeking religious strengthening, financial assistance, youth programs, and other life-altering services. Though I had wonderful mentors and felt I was fortunate in my youth, I also felt I possessed close to zero life experience that would qualify me to serve in this capacity while also officially representing an international church.

Shortly after beginning this journey, however, I began to recognize a pattern that has followed me to medical school—and hopefully throughout the rest of my career. My

Spanish became proficient a few months after arriving, and just as I finally felt confident in expressing myself, I was assigned to lead a group of four missionaries.

Once again, I was thrown into feelings of insecurity. Just as I started to reenter my comfort zone with these recently added responsibilities, I was assigned to lead a group of 8, then 26, then about 200 missionaries after about a year of service. My responsibilities expanded to helping the regional president oversee the well-being and training of all missionaries in the southern half of Colombia.

Though the thought of traveling and training large groups of missionaries was daunting, I recognized this feeling as one I had felt before. I knew that with humility and concentrated effort, I would be able to turn any weaknesses into strengths and ultimately fulfill my responsibilities.

So, by the time my wife and I learned she was pregnant in our second year of college, and then again starting my first year of medical school, we knew we would be able to happily enjoy the challenging journey toward our dreams. We knew that the pattern was repeating itself, and, just as it always had, it has resulted in immense satisfaction.

While this pattern of growth has necessitated countless mistakes, growing pains, and overwhelming emotions, it is one that has empowered me to embrace the current and future challenges of medical education, which requires profound resilience and unending potential for learning. □



**Though the thought of traveling and training large groups of missionaries was daunting, I recognized this feeling as one I had felt before. I knew that with humility and concentrated effort, I would be able to turn any weaknesses into strengths and ultimately fulfill my responsibilities.**

## My Light Bulb Moment

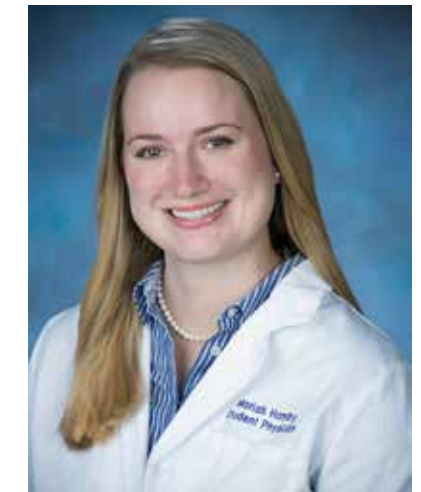
BY MARIAH HAMBY (OMS-II)

The first week of school was a whirlwind. Classes began right after orientation, and so did the adjustments. My days were full of learning about life itself. It was energizing to delve into histology, biochemistry, and anatomy at the start of this new chapter in my life.

Then, on my eighth day of class, I got the news. My spirit of excitement was crushed, and my outlook shifted. My close friend lost her boyfriend at the hands of a drunk driver. The mingling of grief and anger was profound. I was heartbroken and confused. How could his life be taken so abruptly? After all, Daniel Watt was a good man and a true friend. He knew no strangers. He deserved so much more time to live and love.

Looking back to the beginning of that first semester, I’m reminded how my faith was tested and ultimately strengthened through such a tragedy. Everyone who knew Daniel could see there was something captivating about him. The Holy Spirit lived in him and shone brightly. Ironically, his last name, Watt, is also an SI unit of power, which is often used to measure the amount of electricity used in a light bulb. His smile, his laugh, and his presence were vibrant and touched many lives—just like a light bulb.

Even though he is gone, his legacy and light remain. I am comforted by the verse John 1:5, “The light shines in the darkness, and the darkness has not overcome



it.” This promise, and Daniel’s memory, have encouraged me to stay focused and to continue to lead my own purpose-driven life in medical school. □



## Antifragility in Medicine

BY JESSE SIMON (OMS-II)



Photo credit: Andrew Slifkin on Unsplash

At times, many of us might naturally tend to avoid challenges or other stressors to decrease our stress. However, it's important to recognize that there are both good and bad types of stressors (i.e., eustress and distress), as well as positive responses to negative stressors (e.g., hormesis). Although we don't typically enjoy feeling stressed in the moment, often the stress can result in benefit rather than harm if one can persist through the discomfort.

I find this concept and its potential application in medicine fascinating. However, in search of an angle for a related research topic, I was unable to find a term that encompasses this idea, as it applies broadly to various aspects of health. By divine intervention—or whatever you want to call it—I stumbled across Nassim Nicholas Taleb's book *Antifragile*, in which Taleb argues how many systems, including economics, finance, and medicine, have a natural tendency to improve as a result of volatility and disorder (i.e., stress) rather than deteriorate.

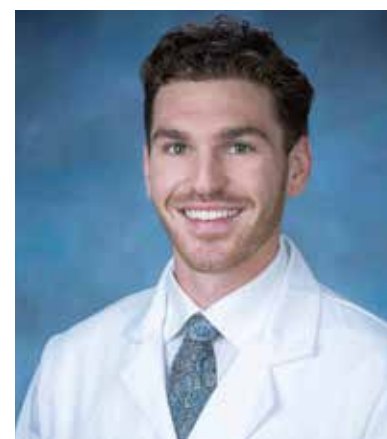
Taleb coined antifragile—the term that encapsulates what I had been pondering myself but had no words for—and redefined other terms that are relevant to this essay. According to Taleb's definitions, something that is fragile breaks with stress. Imagine a glass bulb packaged tightly in bubble wrap within a cardboard box as it's sent through the mail.

Something that is robust is resistant to stress, and thus, it is neither harmed nor benefited. Something that is antifragile grows with stress. The most relatable example is how muscle cells grow after the injury caused by strenuous exercise.

I believe the concept of antifragility can be applied to other aspects of health and wellness as well. Allow me to extrapolate with just a few examples.

**Stretching:** Like strength training, we become more flexible with repeated bouts of stretching as we progressively and painstakingly push our muscles beyond the sarcomeres' resting length.

**Immune Response:** While the body is fighting a novel infection,



we often experience symptoms such as malaise, fever, and fatigue. Upon convalescence, our immune cells remember the immunogen and prevent future infection by destroying it sooner in the disease process, ultimately making us healthier and more resilient.

**Meditation and Mindfulness:** Even a relatively simple meditation such as focusing on one's breath for any length of time is quite difficult, as our minds have a strong tendency to wander. However, by returning one's attention back to the breath again and again, a regular meditation practice can improve one's ability to remain focused, among other things.

I hope that through this short essay, I've been able to convey the importance of challenges and stress as they pertain to health and wellness. It is my belief that if one alters the lens through which they perceive challenges by choosing to accept them as opportunities for growth, then they too will notice their benefits in life beyond just medicine. □

## Mindfulness Through Meditation

BY JOSEPH MERCEN (OMS-I)

Every second of the day, new thoughts are constantly entering our minds. We think thousands of thoughts every day, and when we have too many of them at once, they can cause interference with each other like the intersecting ripples of a handful of pebbles thrown into a pond.

Sometimes, if we are feeling stressed or emotional, these ripples can grow into large waves, and our mind is filled with turmoil. It becomes extremely difficult to focus on any one thing as our brain is pulled in multiple directions. In the worst case, these waves can progress into a full-blown category 5 hurricane, and we become overwhelmed.

In order to focus ourselves, we need to find a way to calm the waves in our minds and to make the pond still. Once our pond is still, we can see to the bottom and gain introspection. In my experience, I have found that the best way to still the pond is by practicing meditation.

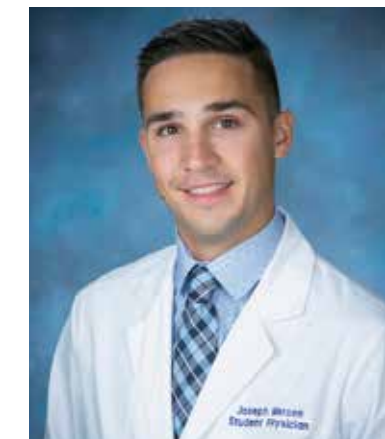
I was first introduced to meditative techniques by my uncle a few years ago. Since then, it has become

a cornerstone of my daily routine. Daily meditation has given me a completely different mental perspective on life. Before I learned to meditate, I struggled often with feelings of anxiety and was constantly full of tension and worry.

As I learned to meditate, I realized my anxiety wasn't a symptom of my problems; it was actually a problem in itself. It wasn't making it any easier to solve the external problems I had. All it did was make them seem larger than they actually were. Over time, I learned to let go of my fear, and to instead trust in myself and my abilities.

The more I realized I was deserving of my own trust, the less I had to worry about. If I had never learned to calm the pond, my introspection would have been obscured by the swirling tempest of my anxious thoughts, and I never would have learned to improve.

There are many types of meditation, but I believe the key is consistency. I think of it as being similar to a workout program. A Google search



will reveal thousands of workout programs and routines, but none will yield any long-term benefit if they are only performed once or twice. The act of being consistent matters more than which routine is used.

The same is true of meditation. In order for us to reap the benefits, it needs to be built into our daily lifestyle. Building a daily habit does require time, but I often find that the time I take out of my busy schedule to meditate is made back by my improved focus and productivity. Even five minutes a day can make a difference. For me, meditation has made all the difference. □



## Balancing Marriage, Fatherhood, and Medical School

BY RYAN NASH (OMS-IV)

Kids. In medical school? How is that possible?

I heard it almost every day during my first semester of medical school. “Dude, how do you do it?” I heard it again one year when I announced my wife and I were expecting our second kid just one month before my board exams.

While the answer to the “How do you do it” question might seem simple—I have an awesome wife!—I’ve found that the answer to balancing marriage, fatherhood, and medicine is not so straightforward.

Like with many things in life, it’s a constant balancing act as you try to keep all the plates spinning. Some days, I feel like I’ve kept all the plates up. Other days, they’ve all fallen and broken. No matter what happens though, I have to keep moving forward and not focus so much on “how” I do it, but “why” I do it.

The how changes each and every day, but the why is my constant. My family is my why. Many of my peers may find time to relax by going out, running to the gym, or watching their favorite Netflix show. For me, life looks a little different.

I come home to my adorable 15-month-old mini-me toddling toward me saying “dadadada” and my 4-year-old princess, sitting on the couch with a bowl of popcorn ready for “daddy-daughter movie night.” Those moments fuel me and give me a second wind.

Sometimes, however, there are unexpected moments. At the beginning of my second core rotation in internal medicine, I received shocking news. My wife called me frantic, letting me know that our six-month-old (at the time) son had suffered major head trauma from a fall and was being taken by ambulance to the closest children’s hospital.

After eight long days in the hospital, we were finally able to take him home. But recovery did not stop there. Constant worrying, frequent checkups, and even more frequent calls to our doctor ensued. That’s the thing about life, though—there’s always a curveball (or another spinning plate) headed our way.

I had to step back during this time and let some other plates fall. To be honest, that was really hard for someone like me who is a self-diagnosed type A personality. During this time, however, I was able to remember my why and continue to let that fuel me where it mattered most.

Medical school is never easy, kids or not. I’m not claiming it’s harder for me with kids. All I’m saying is it’s different. But different isn’t a bad thing. For me, it’s been the best thing.

If you’re a parent in medical school, this post is to remind you to just keep going. You might drop one plate today, but try again tomorrow. I think we’ll surprise ourselves by how far we get and how many memories we’ve made along the way.



## Study, Socialize, or Sleep? I Wanted It All.

BY SHEEL VANIAWALA (OMS-IV)

Ever since entering medical school, I was told I would only be able to prioritize two of the following three: education, socialization, or sleep. I set out on a journey to try to achieve all three because, why not?

Let's start with life before medical school. After slaving away for the MCAT and the entire medical application process, I thought I had finally made it when I was accepted into medical school. This satisfaction lasted as long as one's New Year's resolution of going to the gym. My friends and I quickly got swamped with the rigorous cycle of binge studying and exams every week. Maggi Cuppa Noodles quickly became my best friend as I struggled to understand how I would achieve the holy grail of being able to balance the triangle.

At this point, I could barely manage studying. But as soon as we finished an exam, my peers got their second wind as we hit the clubs in downtown Miami, very conveniently forgetting our student debts. And so this was the set routine—study, study, study, party, and then back to studying, as we can always sleep when we're dead.

I realized doing medical school on my own would be like purposefully sticking my fingers in an electrical outlet, so I started working with a few of my classmates to learn the material. We found solace in each other's pain and somehow managed to clear year one. Year two was more of year one, but I was much more

prepared this time. I knew the amount of material that needed to be covered would only increase, but with trial and error, I was able to create a study routine that worked for me.

I toned it down on the socializing aspect and prioritized my studying and sleep. Step one was right around the corner, and somehow we all had to finish year two and be ready for it. Well, goodbye sleep. This was not good at all. I went from having two of the three to just one of the three. I passed my step one and was in year three when life finally became a lot easier.

I was in my rotations, studying for my step two, and was able to incorporate socializing. I had the studying down after my first two years, as I had cultivated a routine that worked really well for me. I was thriving in my rotations, as I loved finally being able to get hands-on experience and interact with patients. The hours weren't terrible, so I was able to use the leftover time to travel and attend my friends' weddings.

Most days, I would be in bed by 11:00 p.m. and be able to get around seven hours of sleep. I didn't think it was possible, but I had achieved the holy grail—I had my cake and ate it, too!

I am now in my fourth year, and it seems like I finally have it figured out. But I know this cycle will repeat again once residency starts. Cheers to that! □



**Ever since entering medical school, I was told I would only be able to prioritize two of the following three: education, socialization, or sleep. I set out on a journey to try to achieve all three because, why not?**

## The Medical Student Lifestyle Study, Sleep, Repeat

BY JUSTICE THIGPEN (OMS-II)



No matter how much and how well you prepare for it, it still doesn't quite feel like enough. It's mentally, physically, and emotionally exhausting. We are 400+ overzealous students put into one of, if not the, most intense academic programs—medical school.

We are a melting pot of people, all determined to put Doctor of Osteopathic Medicine next to our names. We were selected for different reasons, but placed on the same path. Although we experience the journey together, it's a huge culture shock both personally and academically. Navigating and conquering the curriculum is just as hard as navigating the new lifestyle we tackle.

What everyone discovers is how isolating this process can be. The time you used to spend with friends and family, or even by yourself, becomes time allocated toward studying. It's an everlasting cycle of study, sleep, and repeat. Chores and upkeep of your well-being and surroundings become difficult.

The new limits on your time make it harder to maintain relationships and sense of self. And the time you take from studying often results in a feeling of guilt. We feel like there's "always something to do," and we all know what's included on this hefty list.

I didn't adjust well during my first semester. The workload felt like too much; I was still learning how to study effectively; and I felt like I was treading water by trying to simply pass each class. Focusing all my energy into my studies, I was glued to my desk, didn't do the things I loved, and distanced myself from every relationship I had, whether with family, friends, or my partner. Subsequently, I severely struggled with my mental health.

During my second semester, I started therapy and dedicated time to spend with my friends, family, partner, and myself. It exponentially improved not only my quality of life and mental health, but also my studies. I wish someone had affirmed that I could be in medical school and have a life at the same time. That it's

okay to drop the iPad and continue your passions, do things you love, and spend quality time with others—all activities that are necessary to stay motivated and refreshed.

The culture shock of medical school requires a hasty adjustment, but I implore everyone to not make an adjustment at the cost of yourself. Maintaining relationships with others and intentionally diverting from the easily induced isolation are critical to our mental and emotional well-being.

The curriculum is challenging, so why endure it by yourself? Build your own community and support system, whether it's with friends, family, or other students—and do it as quickly as possible. Have people you can be open and honest with about your physical, emotional, and mental health. Build a schedule that includes breaks.

There must be a work-life balance, otherwise one encounters burnout, which may happen anyway. Be kind to yourself. Take care of yourself. It's a difficult journey we will overcome, so we should experience it with joy in our lives along the way. □



## How to Defeat Procrastination

BY ORLANDO TELLERIA (OMS-III)

The human brain is extraordinarily intricate. Yet, it also strives for simplicity. In order to evolve, our brains have created connections with only one purpose: to keep us alive and propagate our genes.

In accordance with that principle, our brains have become better at identifying threats and wire us with fear to avoid those threats. The problem is, we carry almost the same brain we did back in the beginning of evolution, and threats then are not the same as they are today. A threat

then used to be a tiger roaming in the woods; a threat today is the pain of finishing our homework.

How is this related to procrastination? The first step to defeat procrastination is to understand what it is. In essence, it is the fear of the pain it will entail to leave our current state of comfort in order to start a more complex activity.

When we first think of a project at hand, we imagine the finished project. We understand that to get to the finished project, there is an

entire trail of work involved. Our brains compute—work equals pain, pain equals threat, threat equals run. And so, in order to preserve comfort and propagate our genes, we run. The issue is the “threat” chases after us.

Here is one important realization: At some point, we believe ourselves not enough to complete the project, and that wires us with pain and fear, which is the moment the project becomes a threat. Do you think you will become stronger or more capable on that future date you told yourself you would start that project?

If you are anything like me, the answer is no. And there is the next important realization: You are just as capable of finishing the project today as you will be in the future.

If you start now, as opposed to closer to the project’s deadline, you will be just as afraid, or possibly even less since there is no pressure yelling at you to finish. You will want to run just as bad. But you’ll have time to ask for help, and most importantly, to work at your own pace and have the chance to review your work.

There are plenty of techniques and mental tricks you could play in order to overcome procrastination, but that will be discussed in a future article. For now, consider the root of the “problem” discussed here, and understand you are your only limitation. □



## Physicians’ Work-Life Reconciliation

BY COLLIN PAYNE (OMS-II)

After one year of medical school, and years of observing health care professionals inside and outside the hospital, I have come to a conclusion: The newer generations of physicians are no longer married to their work.

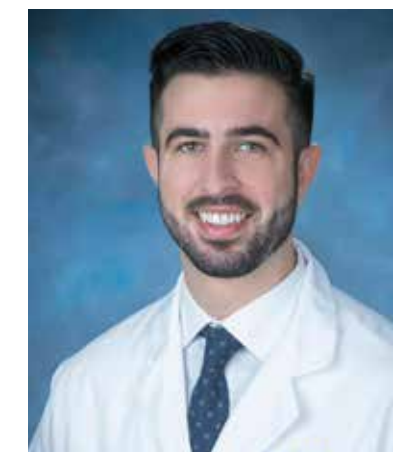
It is my belief that our parents and grandparents entered a medical profession that demanded complete and unconditional commitment to the medical field. They would live, work, and breathe medicine, see their kids and spouses when they could, but didn’t ever leave the profession hanging. While arguably admirable, notice how the word patient was not included. The old age of medicine demanded commitment to medicine, but that does not necessarily include the patient.

The old age of medicine took all emotional energy from physicians. While they still prevailed in providing optimal medical care, they arrived home with nothing left to give. The results of this monopoly on labor include a physician suicide risk rate that is five to seven times higher than the general population, and an 80 percent self-reported rate of burnout.<sup>1</sup> I don’t think anybody, most notably the patient, wants those who lead the health care team to endure this life.

Fast-forward to present day. Millennials are now becoming attending physicians, and Generation Z is entering medical school. These two generations prioritize work-life balance more than any generation before. Because of this, there is going to be a wave of physicians seeking competitive contracts that prioritize and boost this benefit.

In fact, recent data show that work-life balance is the most important factor for new physicians choosing their first jobs,<sup>4</sup> with 92 percent of millennial physicians agreeing that it is important to strike a balance between work, family, and personal responsibilities.<sup>3</sup> While it’s clear that most people who have entered this profession did not do it to try and obtain a perfect work-life balance, it is not revolutionary to seek a more balanced life. No physician will ever expect to “have it easy,” but there is going to be competition to find hospitals that can tilt the scale toward the physicians’ favor.

Change takes time, and as the United States is facing a physician shortage with an upper limit of 124,000 physicians short by 2034,<sup>2</sup> work-life balance is at even greater



risk. As this labor shortage clashes with the next generation of physicians entering the market with new and evolving priorities and demands, multiple outcomes and questions will need to be answered.

How will Congress address the labor shortage? How will the hospital systems respond to these new contract requests and demands? While there is no doubt in my mind that patient outcomes will remain the focus of every physician, there is a lot to think about with these large social and economic forces colliding. Most importantly, will the focus of our government and health care systems remain on the patient, or will they begin to realize the importance of the mental health and well-being of this country’s physicians? □

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## Planning Two Wedding Ceremonies During Medical School

BY HEATHER SPRENGEL (OMS-II)

As a student ambassador, I have had many incoming students ask what medical school is like. “How is the environment?” “How many hours a day do you study?” “What are the exams like?”

When I started medical school a year ago, I asked those same questions. I don’t think I really knew what to expect until I got here. Along with starting medical school, I had also been engaged for more than a year, but the wedding had been put on hold—thanks, COVID!

After some difficult decision-making, we thought getting married at the end of the first year of school was a good option. I was now starting medical school and preparing to get married. I didn’t know what to expect or how difficult trying to do both at the same time would be.

Fast-forward to mid-fall semester, when I was balancing first-year medical student life and trying to choose a wedding date. This was one of the hardest parts, because COVID, the schedule, and so many factors could easily change and interfere with a date where many people are coming together—bridal party, wedding guests, florist, church, reception/venue, hair/makeup.

After some consideration, we chose a date after the Fourth of July, hopeful that the summer semester classes would be completed by then. The next obstacle I tackled was balancing second semester systems classes while calling vendors, figuring out things that needed to be ordered, and trying to get the groomsmen to get fitted for their suits.

One thing that was on my mind for almost every exam was the upcoming wedding. “Work hard, Heather. Keep studying, Heather. You’ve got this. You’ve got a wedding planned for July and hopefully a honeymoon after.” The nerves definitely set in with each exam.

As the wedding inched closer, the tests got harder, and the to-do list seemed never-ending. But I had been looking forward to the wedding for so long. I can honestly say the month of June was the hardest. One week, we had three back-to-back days of exams. I leaned very hard on my fiancé, mom, family, and friends.

The only way I got everything done was with the help of some amazing people. My medical school partner in crime, Paige, kept me sane. She let me cry, let me vent,



and joined me at the beach to relax between tough exams. Now here I am, writing this as I sit in the airport waiting to fly home for the wedding festivities. And the next time you see me, I will be student doctor Heather Paul.

Check out the accompanying pictures of our Indian and American ceremonies. My husband is Indian, so we had two separate ceremonies. Although planning two ceremonies was hard, it was a blast. The moral of my story? Lean on your loved ones for support during medical school and everything will work out. I promise! □





## It's a Lot

BY KAROLINA A. LEWCZUK (OMS-I)

"It's a lot."

This was the most common way I described the experience of the first year of medical school to my friends back home. I probably should've at least written A LOT, even though I don't think this main form of literary emphasis would actually suffice. Because how do you adequately verbalize the most intense and demanding experience of your life—an experience with no prior expectations, one of no previous knowledge, something unable to prepare for?

Of course, one wouldn't expect any less from the journey into medical education. The reputation the first year has earned itself cannot be totally made up. Yet, what this past year had demanded was so multidimensional that not only did it spill into the realm of physical exhaustion, but it also managed to creep into the deepest recesses of my psyche, where it expressed itself through emotions I didn't think I'd ever have.

When I opened my eyes on Thanksgiving morning, I broke into tears. Several days before Thanksgiving, I'd hoped to be able to manage my schoolwork enough to make the 30-minute drive to Miami to enjoy a holiday dinner with my friends. As I woke up, I knew this would be impossible without seriously jeopardizing passing my Monday exams.

These are the hardest moments. To sacrifice participation in basic life activities can easily slip into feelings of deep regret and resentment. I cried because I felt powerless. The

autonomy to make my adult life decisions was gone. No matter how hard I tried to manage my reality, a sacrifice had to be made. I questioned this lifelong path I chose. What if the sacrifice was not going to be worth it?

And so I sat down and studied. Hundreds upon hundreds of PowerPoint slides, digging into the scientific logic with countless scientific terms and concepts, Google search tabs for cross reference springing up like mushrooms after a rainy day. Day after day, morning and night, trying to memorize, understand, and connect the copious amounts of information.

The amount is seemingly never-ending, and time is always running out. "I can't do this anymore," I think as the ensuing self-doubt began to creep in. At this point, I stopped caring about my grades and success, only to feel hopeless again.

Maybe it is me who didn't inquire enough about what to expect in the first year of medical school. As a nontraditional student, my classroom days were years behind me. My life had been lived on my own terms and pace, with no deadlines to meet.

I don't know if this is how medical school is supposed to be. I bet the question of "How much sacrifice is fair?" will resurface in my mind again, but there is no turning back now. Quitting is not an option. For it is in these moments where feeling powerless and hopeless become the foundation of expanding the reality of what I think I am capable of. □



**These are the hardest moments. To sacrifice participation in basic life activities can easily slip into feelings of deep regret and resentment. I cried because I felt powerless. The autonomy to make my adult life decisions was gone.**

## Things From Medical School I'll Teach My Child

BY CODY SELLERS, M.S. (OMS-III)

### Hard Work and Perseverance Always Outpace Natural Gifting

As the youngest of six children, there was always competition. Whether it was sports or getting to the kitchen first for dinner, I knew I would have to be prepared for a fight.

Naturally, as the youngest, this set me up for a lot of failure. I have a brother who could beat me in chess any day of the week. My sister was captain of the debate team and could talk circles around people until their heads hurt. I was never someone who naturally excelled in a classical educational environment. However, the lesson of perseverance and hard work has proven itself time and time again.

Life is full of disappointments—low exam scores, sports losses, and relationship woes. There were many times I could have hung up my stethoscope in the last three years. I am glad I chose to put my head down and persevere.

### Thoughts Become Plans, Become Actions, Become Habits, Become Character

Surviving medical school is a challenge in itself, but thriving is even more of a challenge. One of the secrets is developing good habits. Medicine, like life, is a long-term type of game.

What I do today matters—not just for tomorrow, but for 10 days, 10 weeks, and 10 years in the future. Reflections on the past 10 years of my

life have proven to me the reality of this saying. While many of our day-to-day thoughts are spontaneous, a good portion are forced thoughts that have an intentional focus. As a result, our actions follow and solidify us into the people we will become.

In fact, neuroscience has shown that our brains are built on this principle. The reticular activating system and the mesolimbic dopaminergic pathway are functions built to focus on goals and give reward. Just as neural pathways solidify, so do our behavioral and thought patterns. What results long-term is character, which is one of the most important aspects of a physician.

### Time Is Your Most Valuable Resource

This is probably the most valuable lesson I have learned in the recent span of my life. I now live it almost to a fault. I hate wasting time. Ultimately, time is the most finite of resources. Like a mist, it appears only for a moment and is soon lost forever. This is why I value my time more than anything, and so should you.

A mentor once told me to "never just do nothing." Even in rest, be intentional. This especially rings true in an educational program that requires a strict schedule where free time is few and far between. We live in an age of technology where everything is vying for our attention. It is up to us to take hold of it and decide what it is worth. □



**Time is your most valuable resource. This is probably the most valuable lesson I have learned in the recent span of my life. I now live it almost to a fault.**



## Pause in the Moment

BY DYLAN PIETRANTONI, M.S. (OMS-II)

“Time flies.” “Don’t blink.”  
“It’ll be here before you know it.”

We all recognize how quickly time passes. Time doesn’t discriminate based on one’s occupation, social status, gender, or anything in between. However, although we notice moments once they are behind us, we rarely appreciate them while we are experiencing them.

From the perspective of a rising second-year medical student, it is difficult to quantify the immensity we have learned in one year. From the basics of anatomy to the complexities of immunology, we trudged through the foundational courses with 20+ hours of lectures most weeks.

I caught myself many times falling into a drift, losing track of time to another lecture, flashcard, exam review, study session, etc. Now, reflecting on this past year, we have grades to represent our classes, connections with our classmates and faculty members, and blips of memories from an entire year that passed so quickly.

However, the beauty of this whole process might be better appreciated when absorbing the present and less when reflecting on the past. We are extremely fortunate to have these opportunities in medical education as we learn the foundations to provide health services in our communities one day. It would be a shame to forget that for extensions of time and to not embrace it until after our four years of school are over.

I believe we can, and should, cherish these flashes in real time. Evidence supports positive

associations between practicing gratitude and psychological and physical health.<sup>1</sup> Some forms of gratitude interventions include journaling, reflection, and prayer. The benefits of gratitude practice are convincing enough to give any one of the methods a try.<sup>2</sup> Anecdotally, I have felt noticeable, positive changes in my mood, outlook, energy, and relationships when I routinely practice it.

Whether you are a fellow medical student or living out a different journey, you probably agree that days

seem to blaze past us, especially in today’s frenzied world. Time will continue to go on this way, but we can embrace small moments with intentional interventions, such as through consistent gratitude practice.

This is an encouragement and a challenge to grab a pencil and notebook, sit silently, engage in prayer, or whatever form you choose. Let’s find a way to pause in the moments before they are gone. Doing so may change our own lives and those of the people around us for the better. □



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2. Jackowska, M, Brown, J, Ronaldson, A, Steptoe A: The impact of a brief gratitude intervention on subjective well-being, biology, and sleep. *J Health Psychol* 2016; 21:2207–2217. 10.1177/1359105315572455.



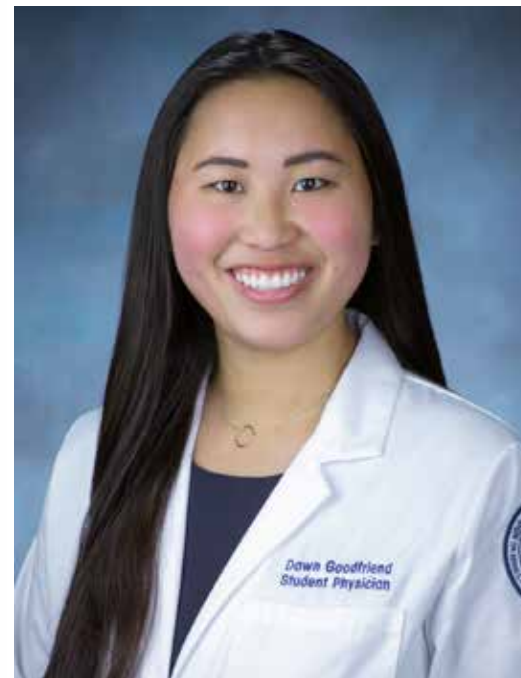
## Thoughts

BY AJA ERSKINE (OMS-II)

Our mind is like a river. All day long, thoughts flood through, one after the other.

We are but the mere observer of this stream that passes by. Observe the good thoughts that float by the surface and fish those out. Meditate on them. Thoughts that make you happy, strong, more hopeful, bring peace to your body.

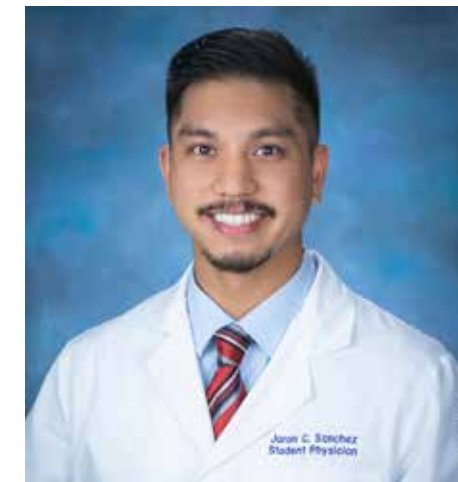
When you notice a negative or dark thought that appears on the surface of your river, decide to not fish that out and simply let that thought float on by.



## I Can't Hear You

BY DAWN GOODFRIEND (OMS-III)

Do you have the link?  
I can't hear you  
Is your sound on?  
I'm sorry.  
Can you repeat that?  
Please speak up  
Can you share your screen?  
Do you see the slides?  
Please mute yourself.  
Please unmute yourself.  
I should have watched this on 2x speed.  
Does that make sense?  
Your audio cut out  
Can you repeat that?  
Your video froze  
Any questions?  
The exam is next Tuesday.  
It's 50 percent of your grade.  
Thank you!  
Thank you!  
Thank you!



## M(Eye) Calling

BY JARON C. SANCHEZ (OMS-II)

The eyes are the windows to one's soul,  
and mine—  
are beautiful stained-glass windows  
covered with dust.

Wiped down and uncovered,  
beyond the pseudo phakic lens  
is a stethoscope and white coat  
unsullied with crisp folds  
idled at the center of the chamber.

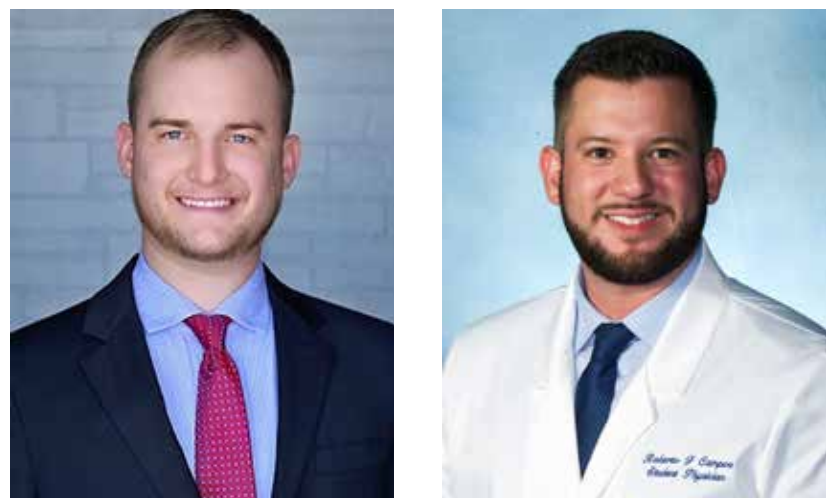
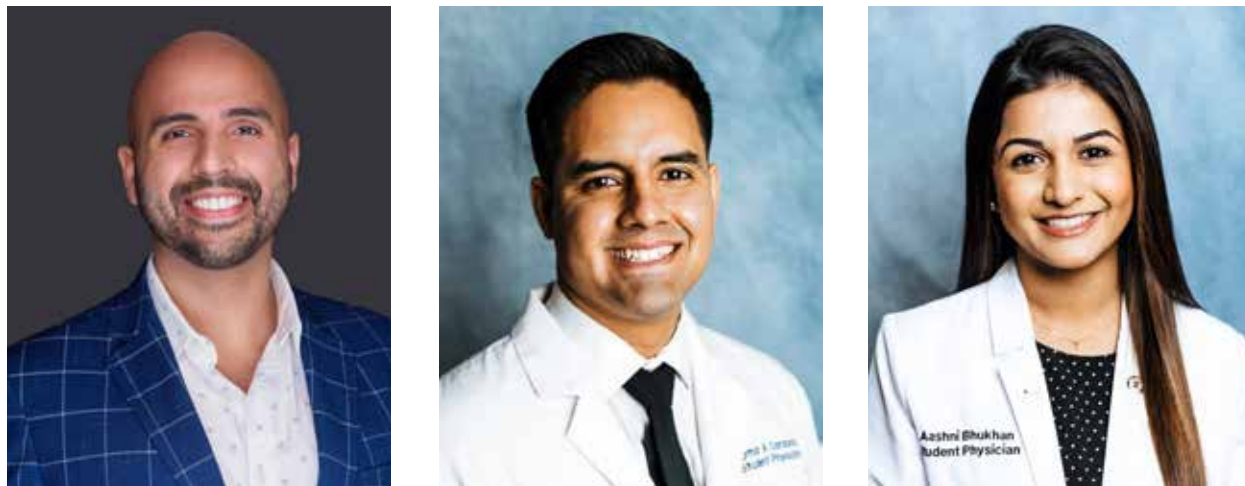
As I stare with curiosity and silence,  
a soft ringing echoes  
disseminating through the layers  
reaching my ears.

It pulses through my veins,  
potentiates down my spine,  
and assembles in my eyes.

Accommodation follows  
as a phone appears in my hand,  
ringing and ringing...

An iris of opportunity,  
as unique as my fingerprint,  
unfolds as I answer with confident hesitation.

My vision once blurred  
under the pressures of time and self  
begin to transcend with crystal clarity  
as I look forward through my beautiful stained-glass windows.

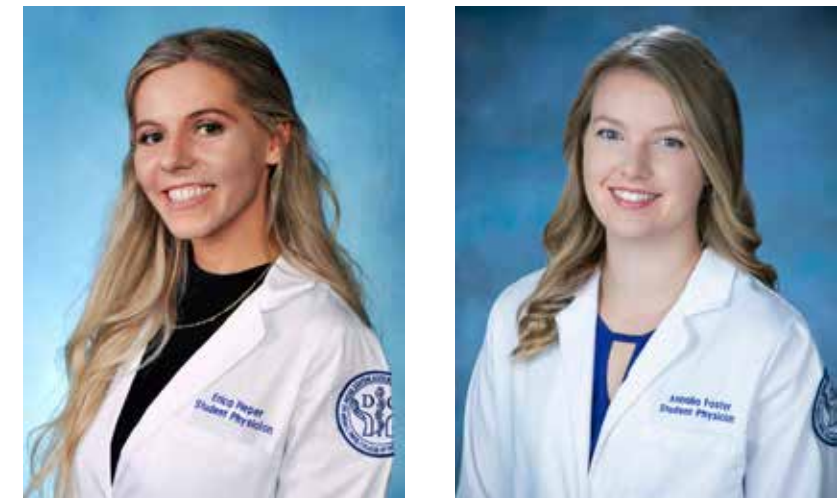


Top row, left to right: Assad Ali, Omar A. Cardona, Aashni Bhukhan  
Bottom row, left to right: Timothy Crowe, Roberto F. Campos

Third-year student **Assad Ali**, M.S., served as coauthor of the book chapter “Pituitary Adenomas: Classification, Clinical Evaluation, and Management” that was published in *Skull Base Surgery*. Ali also had four posters accepted for presentation at the Cleveland Clinic Scientific Week, including two he served as first author on. The posters are titled: “EGFR Amplification vs. Recurrence of Deep Venous Thrombosis Recurrence in IDH Wild Type Patients with Glioblastoma;” “Novel Enhanced Recovery After Surgery Protocol in Normal Pressure Hydrocephalus Patients Undergoing Ventriculoperitoneal Shunt Procedures;” “Safety of Craniotomy for Brain Tumor Resection in Octogenarians—Brain Tumor Resection in Octogenarians—a Matched Cohort Analysis;” and “Cavernous Sinus Pathologies: A Report of a Nine-Year Case Series—a Single Institute Experience.”

Third-year students **Omar A. Cardona** and **Aashni Bhukhan** earned the first-place prize for their poster presentation “The Impact of Racial Discrimination and Disparities on the Medical Treatment of African American Women: A Scoping Review” at the Southern Medical Association’s Physicians in Training Leadership Conference on February 12. They coauthored the poster with fellow third-year students **Anusha Bukhari**, **Anish Iyer**, and **Praveen Prabhu**.

Fourth-year students **Timothy Crowe** and **Roberto F. Campos** served as coauthors of the article “Suspicion Is Key: Diagnosing Elusive Cytoplasmic Antineutrophil Cytoplasmic Antibody (c-ANCA)-Positive Vasculitis,” which was published in the *Cureus Journal of Medical Science*.

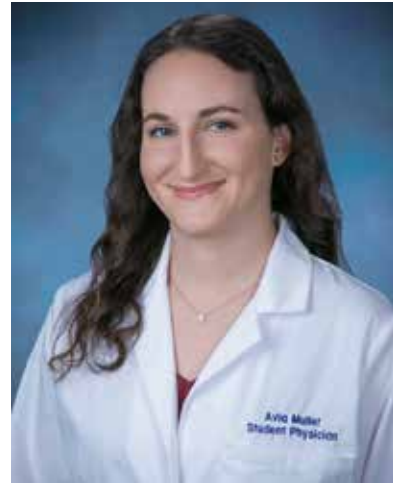
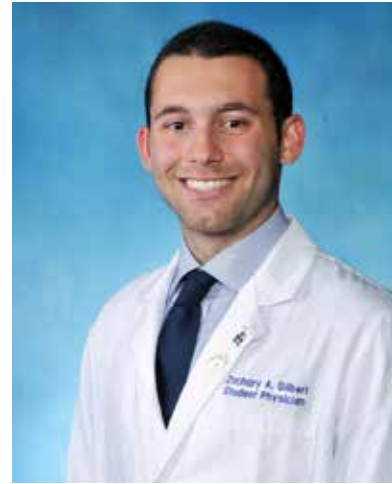


Top row, left to right: Parker Devino, Zubiya Syed, Adi Eylon  
Bottom row, left to right: Erica Pieper, Annalia Foster

Second-year students **Parker Devino** and **Zubiya Syed** received the Florida Osteopathic Medical Association Student Awards during the organization’s annual convention held February 25–27 in Fort Lauderdale, Florida. The awards are based on criteria such as possessing leadership skills, showcasing political activity, and displaying significant interest in the osteopathic profession.

Second-year student **Adi Eylon** and third-year student **Erica Pieper** served as coauthors of the abstract “A Review of Current Tau Targeting Therapies in the Treatment of Neurodegenerative Diseases.” The abstract was presented at the Florida Osteopathic Medical Association Virtual Annual Convention held February 4–6. The abstract highlights the emerging therapies for tauopathies disorders, such as Alzheimer’s disease, characterized by the accumulation of abnormal tau protein in the brain.

Third-year student **Annalia Foster** was selected as the Student Researcher of the Year at the Tampa Bay Regional Campus. Foster, who serves as president of the Student Osteopathic Association for Research and Tampa Bay’s COSGP research liaison, began her research odyssey working with stems cells while she was an undergraduate student. As a KPCOM student, she conducts research with International Health Initiatives and the VA Tampa Healthcare System on various topics in cardiology. Additionally, she established the first student-run Journal Club at the Tampa Bay Regional Campus, participated in six poster presentations, and submitted an article to the *Journal of Emergency Medicine*.

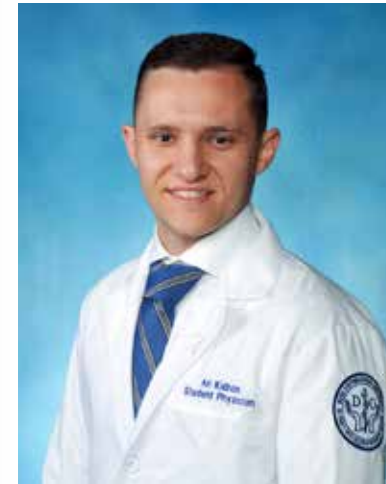


Top row, left to right: Zachary Gilbert, Avia Muller  
Bottom row, left to right: Jillian Leibowitz, Dylan Irvine

Third-year student **Zachary Gilbert**, second-year student **Avia Muller**, and fourth-year student **Jillian Leibowitz** coauthored the article “Osteoporosis Prevention and Treatment: The Risk of Comorbid Cardiovascular Events in Postmenopausal Women,” which was published on April 13 in the *Cureus Journal of Medical Science*.

Third-year student **Dylan Irvine** served as first author of three published articles, including “Perioperative Considerations of Cannabis Use on Anesthesia Administration,” which was published in the June issue of the *Anesthesia Patient Safety Foundation Newsletter*. The other two were

titled “Gendered Associations Between e-Cigarette use, Cigarette Smoking, Physical Activity, and Sedentary Behavior in a Sample of Canadian Adolescents,” which was published in *Dialogues in Health* on July 11, and “Doctors of Osteopathic Medicine (D.O.) and Their Potential Impact on Canadian Rural Health Care,” which was published in the *International Journal of Osteopathic Medicine* on July 16.



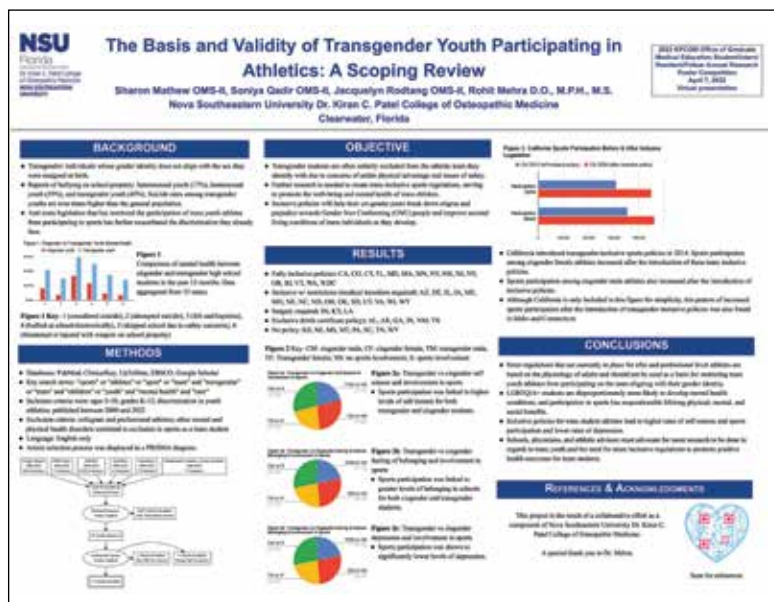
Top row, left to right: Ariel Kidron, Hiep Nguyen, Jenna Knafo  
Bottom row, left to right: Emily Rodriguez, Sarah Lambros, Jillian Leibowitz

Third-year students **Ariel Kidron**, **Hiep Nguyen**, and **Jack Bayer** coauthored the article “Salvage of Chronic Therapy Resistant Bilateral Charcot Foot Osteoarthropathy with Signs of Osteomyelitis,” which was accepted for publication in the *Journal of Orthopaedic Surgery*.

Third-year students **Jenna Knafo** and **Emily Rodriguez Ortega** coauthored the abstract and poster “The Potential Link Between Type Two Diabetes Mellitus and Alzheimer’s Disease—A Scoping Review,” which was published on April 11 in the *Cureus Journal of Medical Science*.

Third-year student **Sarah Lambros**, a predoctoral osteopathic principles and practice fellow, earned fourth-place honors and a \$500 prize in the A. Hollis Wolf Case Presentation Competition held during the annual American Academy of Osteopathy Convocation on March 23–27 in Orlando, Florida.

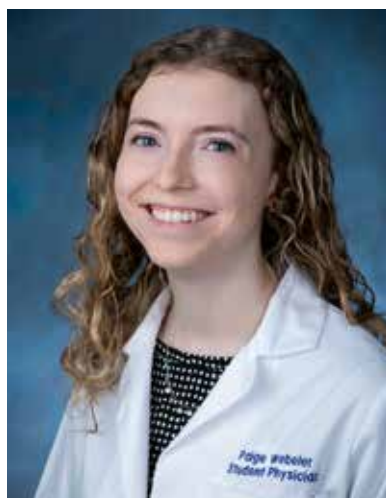
Fourth-year student **Jillian Leibowitz** coauthored the article “The Visual Consequences of Virtual School: Acute Eye Symptoms in Healthy Children,” which was published on January 12 in the *Journal of the American Association for Pediatric Ophthalmology and Strabismus*. The research study focused on the pediatric population that was enrolled in virtual school during the COVID-19 pandemic.



Second-year students **Sharon Mathew**, **Soniya Qadir**, and **Jacquelyn Rodtang** coauthored the abstract “The Basis and Validity of Transgender Youth Participation in Athletics: A Scoping Review,” which was presented at the Medical Student Pride Alliance Research Conference on April 9. The abstract (pictured above) aims to investigate the harmful narrative used by lawmakers to promote anti-trans legislation regarding trans children and their ability to participate in sports.

Third year students **Reema Patel** and **Paige Webeler** coauthored the article “Peripheral Thromboembolism Formation in a Case of Takotsubo Cardiomyopathy,” which was published in the *Cureus Journal of Medical Science* on April 12.

Fourth-year student **Gehan “Gigi” Pendlebury** served as first author of two peer-reviewed articles: “Aggressive Cutaneous Squamous Cell Carcinoma Following Treatment for Graft-Versus-Host Disease: A Case Report and Review of Risk Factors,” which was published online at *PubMed*, and “Advocacy for Change: An Osteopathic Review of Traumatic Brain Injury Among Combat Veterans,” which was published in the *Cureus Journal of Medical Science*. She also made a virtual presentation of her case study “Aggressive Cutaneous Squamous Cell Carcinoma Following Treatment for Graft-Versus-Host Disease: A Case Report and Review of Risk Factors” at the 2022 Global Summit on Skin Care and Cosmetology. Additionally, she served as first author of a novel literature review titled “The Impact of COVID-19 Pandemic on Dermatological Conditions: A Novel, Comprehensive Review.” Her literature review is the first published, broad-spectrum examination that analyzes a range of dermatological manifestations related to the COVID-19 pandemic according to four domains: infection, vaccinations, personal protective equipment, and psychosocial factors.



Top to bottom row: Reema Patel, Paige Webeler, Gehan “Gigi” Pendlebury



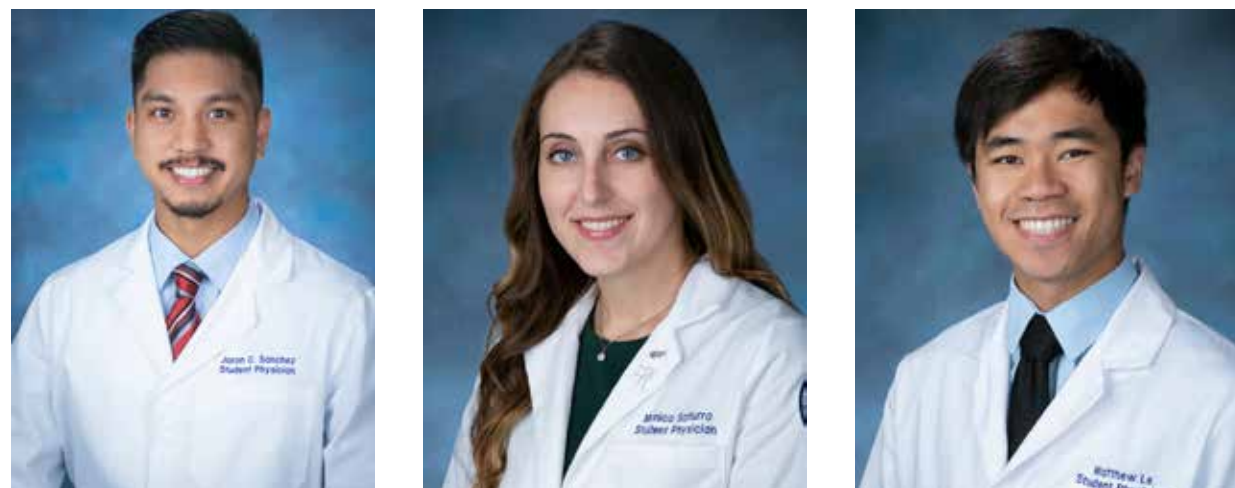
Top row, left to right: Rachel Pray, Zehra Rizvi, Mariam Fatima  
Bottom row, left to right: Wesley Roach, Anvit Reddy, Gabriela Ryan

Second-year student **Rachel Pray** received the Student Junior Officer of the Year Award in recognition of her outstanding service and dedication at the Student Association of Military Osteopathic Physicians and Surgeons conference held March 3–6 in San Antonio, Texas. She also presented two posters at the conference’s research symposium.

Second-year student **Zehra Rizvi** presented her poster “Stressful Impact of COVID-19 Among College Students in 2020” at NSU’s Interprofessional Education Day 2022 event.

Fourth-year students **Mariam Fatima**, **Wesley Roach**, and **Anvit Reddy** coauthored the article “Methicillin-Resistant Staphylococcus Aureus Bacteremia of Indeterminate Primary Source: A Case Report and Review of Pain Management During Hospital Course,” which was published on June 7 in the *Cureus Journal of Medical Science*.

First-year student **Gabriela Ryan**, M.A., earned second-place honors in the student presenter competition at the 15th Annual Southeastern Student Wilderness Medicine Conference hosted by Virginia Tech Carillon and Wake Forest University on March 11–12. Her presentation “Cerebrum Ad Astra: Sending the Human Brain to the Stars” focused on the neurophysiology of space flight by analyzing neuroimaging findings from NASA’s NeuroLab studies.



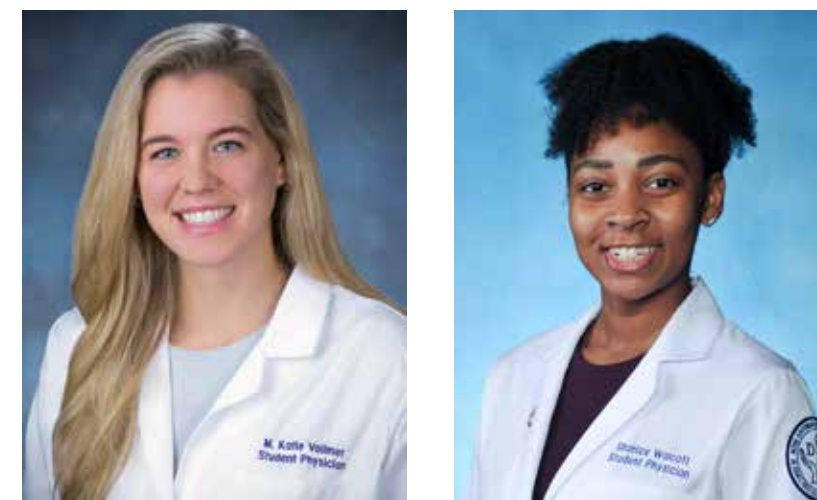
Top row, left to right: Jaron C. Sanchez, Monica Sciturre, Matthew Le  
Bottom row, left to right: Trevor Smith, Aneil Tawakalzada

First-year student **Jaron C. Sanchez** served as second author of the manuscript “Aqueous Proteins Help Predict the Response of Patients with Neovascular Age-Related Macular Degeneration to Anti-VEGF Therapy,” which was published as a clinical medicine paper in *The Journal of Clinical Investigation*. He also coauthored “ANGPTL4 Influences the Therapeutic Response of Neovascular Age-Related Macular Degeneration Patients by Promoting Choroidal Neovascularization,” which was published in *JCI Insight*.

Third-year students **Monica Sciturre** and **Matthew Le** coauthored the article “Exercise-Induced Urticaria: A Rare Case Report,” which was published on March 11 in the *Cureus Journal of Medical Science*.

Third-year student **Trevor Smith**, M.S., served as first author of the article “Early Clinical Results Following Repair of Gluteal Tendon Tears,” which was accepted for publication in the *Journal of Surgical Orthopaedic Advances*.

Third-year student **Aneil Tawakalzada** and second-year student **Raneem Maqsood** coauthored the article “Do Magnetic Fields Have a Place in Treating Vascular Conditions?” in the *Cureus Journal of Medical Science*. Tawakalzada, who was named KPCOM Student D.O. of the Year by his peers in 2022, was also a nominee for the overall Student of the Year accolade at Nova Southeastern University’s annual Student Life Achievement Awards in April.

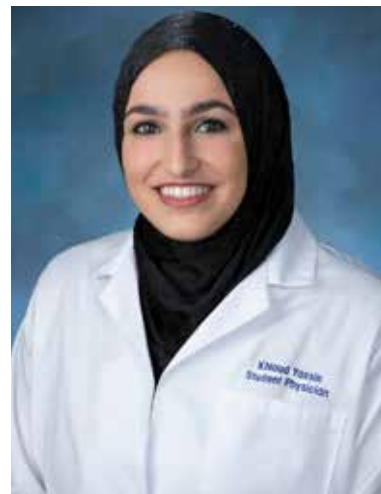


Top row, left to right: Raneem Maqsood, Janelle Torres, John J. Tacconi  
Bottom row, left to right: Mary Vollmer, Shanice Walcott

Fourth-year student **Janelle Torres** and third-year student **John J. Tacconi** were appointed to the Florida Chapter of the American Academy of Pediatrics Medical Student Committee. Torres and Tacconi serve as co-chairs of the committee. This marks the second consecutive year that KPCOM students have served as committee co-chairs. Torres also served as co-chair in 2021–2022.

First-year student **Mary Vollmer**, in collaboration with the National Institute of Neurological Disorders and Stroke, coauthored the manuscript “Voluntary Motor Command Release Coincides with Restricted Sensorimotor Beta Rhythm Phases,” which was published in the June issue of the *Journal of Neuroscience*.

Third-year student **Shanice Walcott** was the recipient of a \$10,000 ElevateMeD, Inc. 2022–2023 Scholars Program scholarship for the second consecutive year. The ElevateMeD Scholars Program is a multifaceted program designed to develop the next generation of physician leaders from Black, Latinx, and Native American backgrounds. In addition to the financial award, Walcott will receive physician mentorship, access to peer network support, leadership development opportunities, and financial management education.

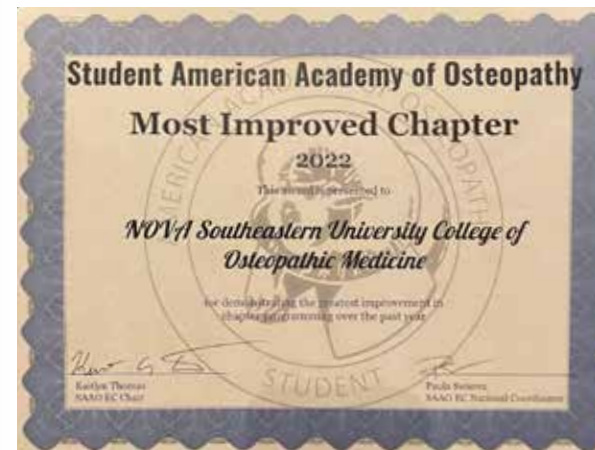


Top row, left to right: Halford Warlick, Khloud Yassin  
Bottom: Mariah Zakharia

First-year student **Halford Warlick** coauthored the manuscript “Olanzapine/Samidorphane: A New Option for the Treatment of Adults with Schizophrenia or Bipolar I Disorder,” which was published in the *Journal of Pharmacy Technology*.

Third-year student **Khloud Yassin**, a predoctoral osteopathic principles and practice fellow, earned third-place honors in the Louisa Burns Osteopathic Research Committee Research Poster Presentation in the case studies category. The poster competition was held during the annual American Academy of Osteopathy Convocation on March 23–27 in Orlando, Florida.

Third-year student **Mariah Zakharia** received the Platinum Award for accruing the most TOUCH (Translating Osteopathic Understanding into Community Health) hours at the Tampa Bay Regional Campus during the past academic year. Platinum recognition is awarded to the student at each college of osteopathic medicine with the highest number of approved TOUCH hours.



## Students Present at Osteopathic Convocation

Seven KPCOM students had their abstracts accepted for presentation at the 2022 Louisa Burns Osteopathic Research Committee Research Poster Presentation held at the American Academy of Osteopathy/American Osteopathic Academy of Sports Medicine Convocation on March 25 in Orlando, Florida. During the convocation, the KPCOM’s Student American Academy of Osteopathy chapter won the Most Improved Chapter Award “for demonstrating the greatest improvement in chapter programming over the past year.”

**Dominique Cameron** (OMS-III): “An Osteopathic Approach to Chronic Pelvic Pain”

**Marianne Cortes** (OMS-III): “An Uncommon Case of Common Peroneal Nerve Paresthesia: The Effect of Osteopathic Manipulative Treatment on Ganglion Cyst Induced Common Peroneal Nerve Paresthesia”

**Sarah Lambros** (OMS-III): “Out of Place: An Osteopathic Approach to Recurrent Shoulder Dislocations in an Ehlers Danlos Patient”

**Manda Mainville** (OMS-III): “Managing Muscle Rigidity: An Osteopathic Approach to the Treatment of Stiff Person Syndrome”

**Nishma Shah** (OMS-III): “Establishing OMT As a Key Treatment Modality in Injury Rehabilitation: Teres Major Tear”

**David Tuyn** (OMS-III): “Uncovering Trigger Points Masked by Lumbar Radiculopathy”

**Khloud Yassin** (OMS-III): “Osteopathic Manipulative Treatment for Refractory Gastroesophageal Reflux Disease (GERD)”



## Tampa Bay Students Raise Funds for Child Cancer Research

The St. Baldrick’s Foundation, which is the largest nongovernmental child cancer research foundation in the United States, aims to bridge the gap between funds needed to drive research on childhood cancer and funds currently available. As a result, students from the Student Osteopathic Surgery Association KPCOM chapter, Student Osteopathic Medical Oncology Club, and the Pediatrics Club at the Tampa Bay Regional Campus held an inaugural event on April 2 to raise money for the foundation by donating hair for children in need.

Student physicians Lisa Cochran, Nina Futch, Mariah Hildebrand, Kimberly Klugen, and Annelies Vanderveen cut their hair, while Dillon Armstrong, Paige Bonner, Travis Brauer, Dyllan Epstein, Vaibhav Gandhi, Kristen Garcia, Juan Gonzales, Nick Guest, Allie Heineman, Donna Herber, Joe Paquette, Justin Reidy, Evan Sarmiento, Kristina Smith, and Michael Strayhorn shaved their heads for a total of more than 80 inches of hair donated by the students. In addition to hair donations, the students raised \$13,396 for the foundation and will continue to fundraise for the remainder of the year.



## KPCOM Students Shine at FOMA Poster Competition

During the 119th Annual Florida Osteopathic Medical Association Convention, held virtually February 3–5, the KPCOM and its affiliated postgraduate programs were well represented at the association's Twelfth Annual Student/Intern/Resident/Fellow Research Poster Competition.

The NSU-KPCOM judges were Gary D. Cravens M.D., M.S.; Annette Fornos, M.D., IFMCP; Sahar Sarrami Amini, D.O.; Khavir A. Sharief, D.O., M.B.A.; Elizabeth Fernandez, D.O., M.S.; Anna Potter, Ph.D.; Mayur S. Parmar, Ph.D., M.S., B.Pharm.; Deepesh Khanna, Ph.D., M.B.B.S., M.P.H., M.B.A., M.S., CPH; and Christina Brown-Wujick, Ph.D., M.Ed., M.A. The NSU Dr. Kiran C. Patel College of Allopathic Medicine judges were Amanda Chase, Ph.D.; Samiksha Prasad, Ph.D.; Patricia C. Rose, Ph.D., R.Ph., M.S.; and Algevis Wrench, Ph.D. Janet Hamstra, Ed.D., M.S., associate dean of graduate medical education and clinical education development, served as the competition's head judge.

Entrants submitted abstracts that were judged during December 2021 as part of the acceptance process. Accepted entrants produced posters and made poster presentations, which were judged on the day of the event. Prizes were awarded in two categories: Osteopathic Intern/Resident/Fellow Research and 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 practices of Osteopathic Medicine. The winner of this award received \$250.

Following are the KPCOM-affiliated poster winners in their respective categories.

**NSU Florida**  
Clinical and Functional Outcomes After Reverse Total Shoulder Arthroplasty with Associated Latissimus Dorsi Transfer: A Systematic Review  
Ashini Patel, M.B.A., Joshua Stephens, D.O., Arjun Reddy, OMS-III, Jake X. Checketts, D.O., Jared Scott, D.O., Landon Stallings, D.O., Kiran C. Patel College of Osteopathic Medicine, NSU

**INTRODUCTION**  
Reverse Total Shoulder arthroplasty (RTSA) and the understanding of the indications for latissimus dorsi transfer, has gained in popularity. Thus, it is necessary to characterize the current state of the literature regarding clinical outcomes for this procedure. The purpose of this study is to evaluate the findings of all relevant publications assessing the outcomes of RTSA with associated latissimus dorsi transfer.

**METHODS**  
The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) checklist items were adhered to for this systematic review and meta-analysis.  
Inclusion criteria:  
- any study that contained functional outcome scores for postoperative range of motion  
- publications both postoperative and retrospective for patients undergoing a RTSA with latissimus dorsi transfer  
The aim is to provide the most up-to-date literature regarding the acute and chronic complications and their dorsi transfer.

**RESULTS**  
12 studies assessing complications from shoulders that had RTSA with latissimus dorsi transfer  
- Total sample of 217 shoulders  
- Most common complication: neuropraxia and postoperative fractures (4.1%)  
- Revision rate was found to be 11.3%.

**CONCLUSIONS**  
This systematic review found that revision RTSA with a latissimus dorsi transfer has a high overall complication and re-intervention rates, specifically for factors and infection. There were improved function outcome scores and is demonstrated to be better for patients with combined loss of active elevation and external rotation. Finally, we found that the highest incident cases were most commonly infection and nerve neuropraxia.

### STUDENT RESEARCH—Second Place

“Clinical and Functional Outcomes After Reverse Total Shoulder Arthroplasty with Associated Latissimus Dorsi Transfer: A Systematic Review”

**Ashini Patel, M.B.A. (OMS-III)**

**Joshua Stephens (OMS-III)**

**Arjun Reddy (OMS-III)**

**Jake X. Checketts, D.O.**

**Jared Scott, D.O.**

**Landon Stallings, D.O.**

*Dr. Kiran C. Patel College of Osteopathic Medicine*

**NSU Florida**  
Subclavian-Carotid Double Steal Syndrome  
Victoria E. Coutin, OMS-III, Krisha Gupta, OMS-III, Uma Gudur, M.D.  
Affiliation: Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine, AdventHealth Ocala

**INTRODUCTION**  
Although rare, subclavian steal syndrome (SSS) is a hemodynamic condition that occurs when the vertebral and/or basilar arteries are retrogradely perfused due to a stenosis or occlusion of the subclavian artery proximal to the vertebral and/or basilar arteries. The subclavian steal syndrome is a hemodynamic condition that occurs when the vertebral and/or basilar arteries are retrogradely perfused due to a stenosis or occlusion of the subclavian artery proximal to the vertebral and/or basilar arteries. The subclavian steal syndrome is a hemodynamic condition that occurs when the vertebral and/or basilar arteries are retrogradely perfused due to a stenosis or occlusion of the subclavian artery proximal to the vertebral and/or basilar arteries.

**CASE DESCRIPTION**  
A 65-year-old male presented with a 3-month history of progressive weakness and numbness in his right arm and hand. He had a long-standing history of hypertension and hyperlipidemia. He had a recent diagnosis of subclavian stenosis. He was treated with medical therapy but his symptoms persisted. He underwent a surgical revascularization procedure, which resulted in complete resolution of his symptoms.

**DISCUSSION**  
Subclavian steal syndrome is a hemodynamic condition that occurs when the vertebral and/or basilar arteries are retrogradely perfused due to a stenosis or occlusion of the subclavian artery proximal to the vertebral and/or basilar arteries. The subclavian steal syndrome is a hemodynamic condition that occurs when the vertebral and/or basilar arteries are retrogradely perfused due to a stenosis or occlusion of the subclavian artery proximal to the vertebral and/or basilar arteries.

**CONCLUSION**  
Subclavian steal syndrome is a hemodynamic condition that occurs when the vertebral and/or basilar arteries are retrogradely perfused due to a stenosis or occlusion of the subclavian artery proximal to the vertebral and/or basilar arteries. The subclavian steal syndrome is a hemodynamic condition that occurs when the vertebral and/or basilar arteries are retrogradely perfused due to a stenosis or occlusion of the subclavian artery proximal to the vertebral and/or basilar arteries.

### STUDENT RESEARCH—Third Place

“Subclavian-Carotid Double Steal Syndrome”

**Victoria Coutin (OMS-III)**

**Krishna Gupta (OMS-III)**

**Uma Gudur, M.D.**

*Dr. Kiran C. Patel College of Osteopathic Medicine*

**A Case Study Supporting the Novel Digenic or Oligogenic Inheritance Pattern Theory For Idiopathic Hypogonadotropic Hypogonadism**  
Divya Pandya, D.O., Michael Blackard, D.O., Shin Chan Ho, M.D., Miguel Ihosvani, M.D.

**INTRODUCTION**  
Idiopathic hypogonadotropic hypogonadism (IHH) is a rare endocrine disorder characterized by low levels of gonadotropin-releasing hormone (GnRH) and gonadotropins (LH and FSH) with normal or elevated levels of prolactin. The pathogenesis of IHH is unclear, but it is thought to be a form of primary hypogonadism. The novel digenic or oligogenic inheritance pattern theory for IHH suggests that IHH is caused by mutations in two different genes, one of which is located on the X chromosome and the other on an autosome.

**CLINICAL & RADIOLOGIC IMAGES**  
Figure 1. MRI Sella with and without contrast of the pituitary gland showing a small, well-circumscribed, enhancing pituitary mass, consistent with a pituitary adenoma. The mass is located in the anterior pituitary gland and is approximately 1.5 cm in diameter. The mass is well-circumscribed and has a homogeneous enhancement pattern. The surrounding pituitary gland is normal in size and signal intensity. The optic chiasm is not displaced. The cavernous sinuses are normal. The sellar and parasellar structures are normal.

**CONCLUSION**  
The findings of this case study support the novel digenic or oligogenic inheritance pattern theory for IHH. The patient's clinical and radiologic findings are consistent with IHH. The patient's family history and genetic testing results support the theory that IHH is caused by mutations in two different genes, one of which is located on the X chromosome and the other on an autosome.

**CASE PRESENTATION**  
A 25-year-old male presented with a 2-year history of progressive weakness and fatigue. He had a long-standing history of hypogonadism. He was treated with testosterone replacement therapy but his symptoms persisted. He underwent a genetic testing panel, which revealed mutations in two different genes, one of which is located on the X chromosome and the other on an autosome.

**DISCUSSION**  
The findings of this case study support the novel digenic or oligogenic inheritance pattern theory for IHH. The patient's clinical and radiologic findings are consistent with IHH. The patient's family history and genetic testing results support the theory that IHH is caused by mutations in two different genes, one of which is located on the X chromosome and the other on an autosome.

### RESIDENT RESEARCH—First Place

“A Case Study Supporting the Novel Digenic or Oligogenic Inheritance Pattern Theory for Idiopathic Hypogonadotropic Hypogonadism”

**Divya Pandya, D.O. (PGY2)**

**Michael Blackard, D.O.**

**Shin Chan Ho, M.D. (PGY2)**

**Miguel Ihosvani, M.D.**

*Broward Health Medical Center Internal Medicine Residency Program*

**A Life-Threatening Case of Thrombotic Thrombocytopenic Purpura in a Patient with Sickle Cell Disease**  
Peach Suppramai, D.O., Rebecca Bedoya, M.D., Keresa Edwards, D.O., Rebecca Cherner, D.O.  
Broward Health Medical Center Family Medicine Residency Program

**INTRODUCTION**  
Thrombotic thrombocytopenic purpura (TTP) is a thrombotic microangiopathy characterized by microangiopathic hemolytic anemia, thrombocytopenia, and organ dysfunction. The pathogenesis of TTP is unclear, but it is thought to be a form of thrombotic microangiopathy. The novel digenic or oligogenic inheritance pattern theory for TTP suggests that TTP is caused by mutations in two different genes, one of which is located on the X chromosome and the other on an autosome.

**CASE PRESENTATION**  
A 45-year-old male presented with a 2-week history of progressive weakness and fatigue. He had a long-standing history of sickle cell disease. He was treated with medical therapy but his symptoms persisted. He underwent a genetic testing panel, which revealed mutations in two different genes, one of which is located on the X chromosome and the other on an autosome.

**DISCUSSION**  
The findings of this case study support the novel digenic or oligogenic inheritance pattern theory for TTP. The patient's clinical and radiologic findings are consistent with TTP. The patient's family history and genetic testing results support the theory that TTP is caused by mutations in two different genes, one of which is located on the X chromosome and the other on an autosome.

### RESIDENT RESEARCH—Second Place

“A Life-Threatening Case of Thrombotic Thrombocytopenic Purpura in a Patient with Sickle Cell Disease”

**Peach Suppramai, D.O. (PGY2)**

**Rebecca Bedoya, M.D. (PGY1)**

**Keresa Edwards, D.O. (PGY3)**

**Rebecca Cherner, D.O.**

*Broward Health Medical Center Family Medicine Residency Program*

**Effects of Canary Seed on Granuloma Annulare: A Case Series**  
Lily Park, D.O., Claudia Green, M.D., Sergey Arutyunyan, D.O., Gabriella Vasile, D.O., Eduardo Weiss, M.D., FAAD  
Larkin Community Hospital, Larkin, FL; Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine, Fort Lauderdale, FL; Florida International University - Herbert Wertheim College of Medicine

**INTRODUCTION**  
Granuloma annulare (GA) is a typically benign self-limited granulomatous disorder characterized by multiple smooth annular erythematous or violaceous papules coalescing into plaques that can involve any area on the skin. The pathogenesis of GA is unclear, but it is thought to be a form of granulomatous disease. The novel digenic or oligogenic inheritance pattern theory for GA suggests that GA is caused by mutations in two different genes, one of which is located on the X chromosome and the other on an autosome.

**CASE DESCRIPTION**  
A 30-year-old female presented with a 2-year history of progressive weakness and fatigue. She had a long-standing history of granuloma annulare. She was treated with medical therapy but her symptoms persisted. She underwent a genetic testing panel, which revealed mutations in two different genes, one of which is located on the X chromosome and the other on an autosome.

**DISCUSSION**  
The findings of this case study support the novel digenic or oligogenic inheritance pattern theory for GA. The patient's clinical and radiologic findings are consistent with GA. The patient's family history and genetic testing results support the theory that GA is caused by mutations in two different genes, one of which is located on the X chromosome and the other on an autosome.

### RESIDENT RESEARCH—Third Place

“Effects of Canary Seed on Granuloma Annulare: A Case Series”

**Lily Park, D.O. (PGY2)**

**Claudia Green (OMS-III)**

**Sergey Arutyunyan, D.O. (PGY5)**

**Gabriella Vasile, D.O. (PGY5)**

**Eduardo Weiss, M.D., FAAD**

*Larkin Community Hospital Dermatology Residency Program*

## Excellence Honored at Virtual Research Poster Competition

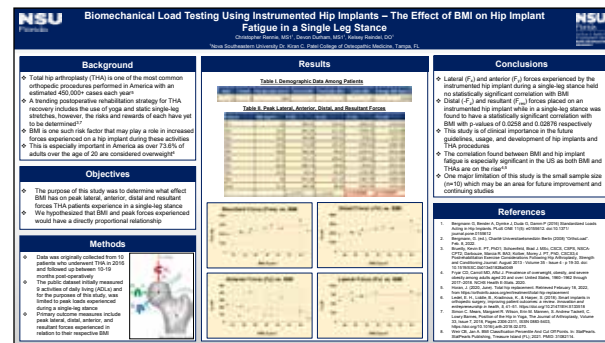
BY JANET HAMSTRA, ED.D., ASSOCIATE DEAN OF GRADUATE MEDICAL EDUCATION AND CLINICAL EDUCATION DEVELOPMENT

On April 7, the KPCOM Office of Graduate Medical Education held its 13th Annual Scientific Research Poster Competition. The inaugural competition was held in 2010 under the auspices of the Consortium for Excellence in Medical Education—Osteopathic Postgraduate Training Institute.

This was the second year we held the competition during a worldwide pandemic, meaning we again harnessed the power of Zoom and held the competition virtually. Approximately 180 posters were presented and judged by six teams of judges in six separate Zoom rooms. Many others were able to log in and watch the presentations. An advantage to this format was that students and residents not geographically close to the NSU Fort Lauderdale/Davie Campus could still fully participate.

All posters were judged based on the format and completeness of abstract, the overall poster appearance, and the entrants' 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 entrants. 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.

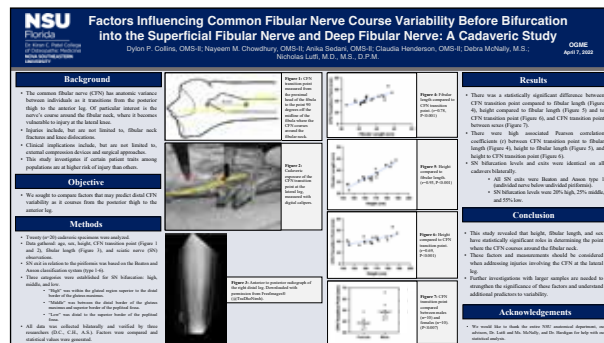
Cash prizes of \$500, \$250, and \$100 were awarded to the first-, second-, and third-place winners in each category.



### EXPERIMENTAL RESEARCH—First Place

“Biomechanical Load Testing Using Instrumented Hip Implants—The Effect of BMI on Hip Implant Fatigue in a Single Leg Stance”

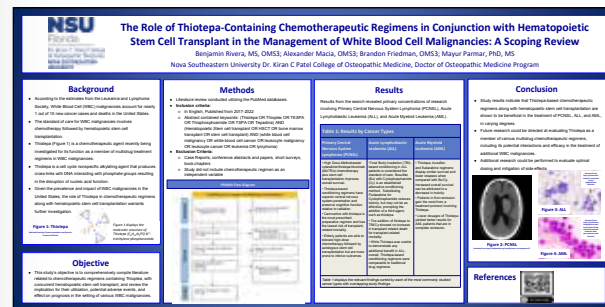
**Christopher Rennie (OMS-I)**  
**Devon Durham (OMS-I)**  
**Kelsey Reindel, D.O.**  
*Dr. Kiran C Patel College of Osteopathic Medicine*



### EXPERIMENTAL RESEARCH—Second Place

“Factors Influencing Common Fibular Nerve Course Variability Before Bifurcation into the Superficial Fibular Nerve and Deep Fibular Nerve: A Cadaveric Study”

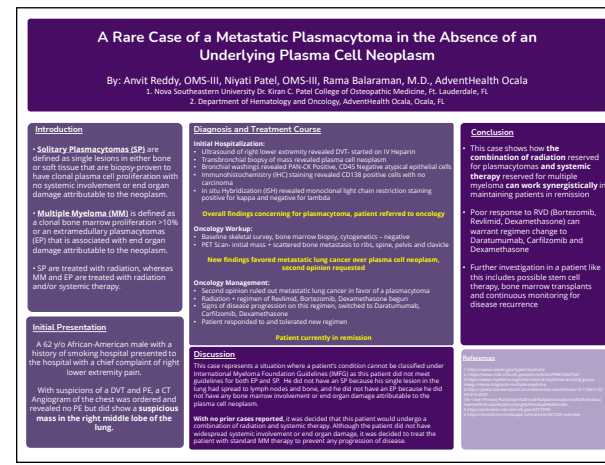
**Dylan P. Collins (OMS-II)**  
**Nayeem M. Chowdhury (OMS-II)**  
**Anika Sedani (OMS-II)**  
**Claudia Henderson (OMS-II)**  
**Debra McNally, M.S.**  
**Nicholas Lutfi, M.D., D.P.M., M.S.**  
*Dr. Kiran C Patel College of Osteopathic Medicine*



### EXPERIMENTAL RESEARCH—Third Place

“The Role of Thiotepa-Containing Chemotherapeutic Regimens in Conjunction with Hematopoietic Stem Cell Transplant in the Management of White Blood Cell Malignancies: A Scoping Review”

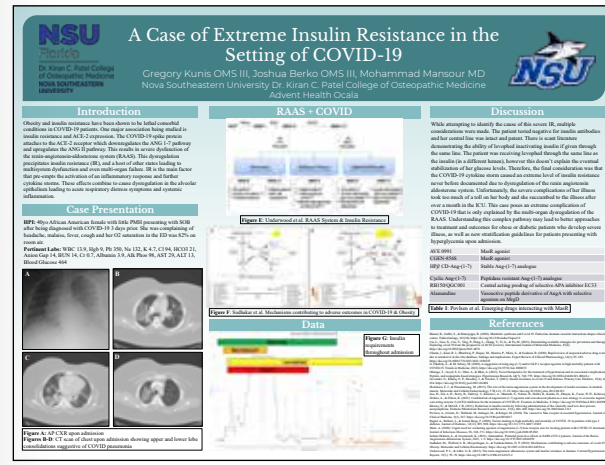
**Benjamin Rivera, M.S. (OMS-III)**  
**Alexander Macia (OMS-III)**  
**Brandon Friedman (OMS-III)**  
**Mayur Parmar, Ph.D., M.S.**  
*Dr. Kiran C Patel College of Osteopathic Medicine*



### CASE STUDY—First Place

“A Rare Case of Metastatic Plasmacytoma in the Absence of Underlying Plasma Cell Neoplasm”

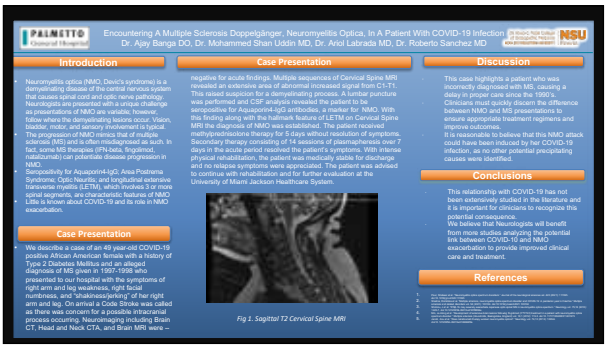
**Anvrit Reddy (OMS-III)**  
**Niyati Patel (OMS-III)**  
**Rama Balaraman, M.D.**  
*Dr. Kiran C Patel College of Osteopathic Medicine*



### CASE STUDY—Second Place

“A Case of Extreme Insulin Resistance in the Setting of COVID-19”

**Gregory Kunis, M.S. (OMS-III)**  
**Joshua Berko (OMS-III)**  
**Mohammad Mansour, M.D.**  
*Dr. Kiran C Patel College of Osteopathic Medicine*



### CASE STUDY—Third Place

“Encountering a Multiple Sclerosis Doppelgänger, Neuromyelitis Optica, in a Patient with COVID-19 Infection”

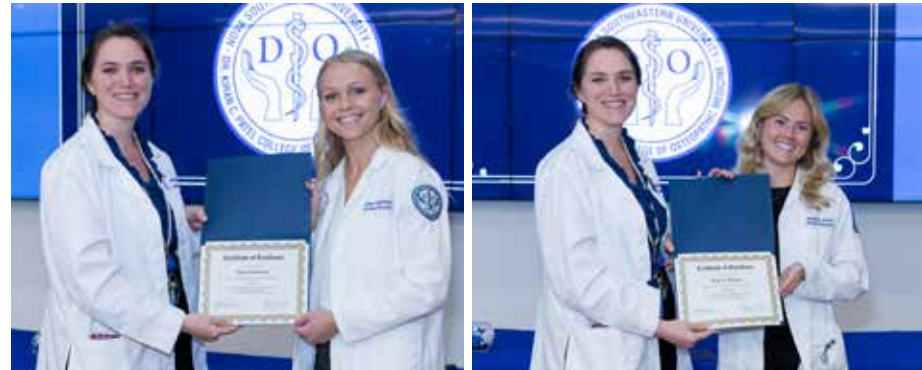
**Ajay Singh Banga, D.O. (PGY1)**  
**Mohammed Shan Uddin, M.D. (PGY3)**  
**Ariol Labrada, M.D.**  
**Roberto Sanchez, M.D.**  
*Dr. Kiran C Patel College of Osteopathic Medicine*

Many thanks to the knowledgeable and hard-working KPCOM and Dr. Kiran C. Patel College of Allopathic Medicine judges who scored abstracts, posters, and presentations throughout the day and judged a new poster every seven minutes. They were Christina Brown-Wujick, Ph.D.; Andrea Charvet, Ph.D.; Amanda Chase, Ph.D.; Gary Cravens, M.D., M.S.; Sherla Cruz de Benoit, Ed.D., M.A.Ed.; Elizabeth Fernandez, D.O.; Randall Gregg, Ph.D.; Kenneth Johnson, D.O.; Jennifer Keil, M.S.H.; Deepesh Khanna, Ph.D., M.B.B.S., M.P.H., M.B.A., M.S., C.P.H.; Rohit Mehra, D.O., M.P.H., M.S.; Hoang Nguyen, R.Ph., M.D., Ph.D.; Lori Pantaleo, Ph.D.; Mayur Parmar, Ph.D., M.S., B.Pharm.; Anna Potter, Ph.D., M.S., B.Pharm.; Michelle Ramam, Ph.D., M.B.A.; Suzanne Riskin, M.D.; Jeanette Rodriguez, D.O.; Patricia C Rose, Ph.D., M.S., R.Ph.; Khavir A. Sharieff, D.O., M.B.A.; Jill Wallace-Ross, D.O., M.S.; Holly Waters, D.O., M.M.E.L.; and Algevis Wrench, Ph.D.

Finally, special thanks to the KPCOM Office of Graduate Medical Education, which worked to put the competition together, and to the Office of Clinical Education staff members who assisted the graduate medical education staff in the six Zoom rooms during the competition.

## First- and Second-Year Tampa Bay Students Earn Recognition

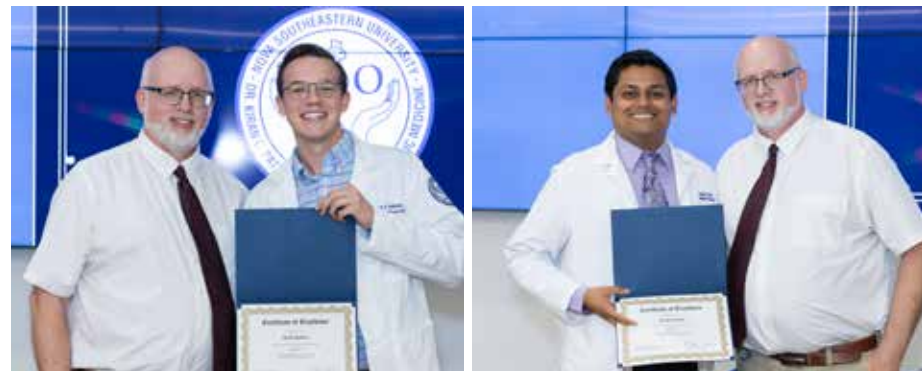
On April 4, the KPCOM hosted its First- and Second-Year Student Awards ceremony at the Tampa Bay Regional Campus. The recipients were honored in areas such as research, academic excellence, and community service.



**Osteopathic Medicine General Scholarship**  
Tatem Fredrickson (OMS-I) and Madison Mellquist (OMS-I)



**Jeffrey Grove Scholarship**  
Saajan Patel (OMS-I)



**Kenneth Burnell Student Research Award**  
Massah Bassie (OMS-II), Caitlin Drakeley (OMS-II),  
Noah Holmes (OMS-II), and Rushi Lavani (OMS-II)



**David B. Levine, D.O.  
Endowed Scholarship Award**  
Zubiya Syed (OMS-II)



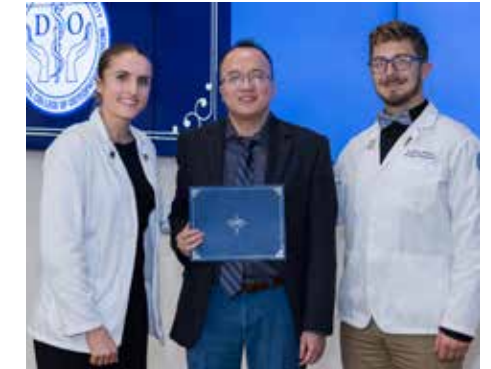
**Judy Morris, M.D.  
Endowed Memorial Fund**  
Brittany Derynda (OMS-III)



**Beth and Joel L. Rush, D.O.  
Endowed Charter Scholarship Fund**  
Marjorie Viteritti (OMS-I)



**Bradley I. Silverman, D.O. Award**  
Omar Altabbakh (OMS-II)



**Golden Apple Winner**  
Hoang Nguyen, M.D., Ph.D.

### 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.



Massah Bassie



Donna Herber



Jennifer Jost



Andrew Clifford



Rachel Pray



Janeta Yancheva



Maria Ticsa



Charles Harvey and  
Jeremy Paporozzi

## First- and Second-Year Fort Lauderdale/Davie Students Honored for Excellence

On April 14, the KPCOM hosted its First- and Second-Year Student Awards ceremony at the Fort Lauderdale/Davie Campus. The recipients were honored in areas such as research, academic excellence, and community service.



**Matthew Terry, D.O.**  
**Endowed Scholarship Award**  
 Kawther Elsour (OMS-II)  
 and Gabriela Llerena (OMS-I)



**Ron Chenail Family**  
**Changing Lives Scholarship**  
 Sara Ochoa



**Brown Family**  
**Changing Lives Scholarship**  
 Eileen Joseph



**Bradley I. Silverman**  
**Scholarship Award**  
 Alexander Ting (OMS-III)  
 and Carel Toro (OMS-I)



**Robert Klein**  
**Memorial Scholarship**  
 Mallory Kazaleh (OMS-II)



**Beth and Joel L. Rush, D.O.**  
**Endowed Charter**  
**Scholarship Fund**  
 Karina Wang (OMS-I)



**Jeffrey Grove Scholarship**  
 Bhavya Thuremella (OMS-I)



**Quell Bridge the Gap Award**  
 Samantha Erdmann,  
 Elvan Okaygun, Alexandra  
 Psoma, Kimberly Reid,  
 and Maria Toral



**Family Therapy**  
**Adult Learner Award**  
 Xin Quan



**David B. Levine D.O.**  
**Endowed Scholarship Award**  
 Matthew Tayem (OMS-II)



**Osteopathic Medicine**  
**General Scholarship**  
 Cody Convery (OMS-I) and  
 Carly Snytte (OMS-I)



**Morton Morris, D.O., J.D.**  
**Osteopathic Medicine**  
**Public Health Scholarship**  
 Maha Ighanifard (OMS-II)



**Rose Bender**  
**Cancer Research Award**  
 Trevor Fuhrman (OMS-II)



**Randy Katz, D.O.**  
**Changing Lives Scholarship**  
 Adi Eylon (OMS-II)



**Shauntae and Kaudel**  
**Roberts Changing**  
**Lives Scholarship**  
 Jordana Borges (OMS-II)



**G. Nehrenz Changing**  
**Lives Scholarship**  
 Lexie Leon (OMS-I)



**Kesselman Family**  
**Changing Lives Scholarship**  
 Joel Nash (OMS-I)



**Garrett Bivens**  
**Changing Lives**  
 Sophia Mirkin (OMS-I)

**EFPAME East Florida Physician Alliance**  
 Sarin Itty (OMS-III)

**Schreier Family Changing Lives Scholarship**  
 Mohamadhusni Zarli (OMS-II)

**Chase Honorary Anesthesiology Scholarship**  
 Quincy Saint-Hilaire (OMS-I)

**Golden Apple Winner**  
 Robin J. Jacobs, Ph.D., M.S.W., M.S., M.P.H.



### 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.

- Maya Barrant** (Anderson)
- Leonardo Sosa Cotrina** (Burns)
- Michael Huzior** (Klein)
- Andrea Escalante** (Lippman)
- Coral Laney** (Silvagni)
- Heather McKelvey** (Silverman)
- Charmaine Seguro** (Still)
- Andy Aleman Espino** (Terry)
- Ricardo Soubelet** (Turner)
- Elham Shams** (Zafonte)



# GRADUATION 2022 AND SENIOR AWARDS

During the KPCOM Commencement Ceremony held May 13 at NSU's Rick Case Arena at the Don Taft University Center, a number of degrees were conferred in a range of programmatic areas. Additionally, a variety of awards were presented to class of 2022 graduates during the KPCOM Senior Awards ceremony held May 12 in the Steele Auditorium.

During the graduation ceremony, 226 Doctor of Osteopathic Medicine, 47 Master of Science in Couple and Family Therapy, 47 Bachelor of Science in Public Health, 21 Master of Science in Health Informatics, 20 Master of Public Health, 17 Master of Science in Nutrition, 12 Master of Science in Medical Education, 9 Master of Science in Disaster and Emergency Management, 6 Doctor of Philosophy in Couple and Family Therapy, 6 Bachelor of Science in Nutrition, and 5 Doctor of Marriage and Family Therapy degrees were conferred.

- CHANCELLOR'S AWARD (OSTEOPATHIC MEDICINE)**  
Brooke Alexander, D.O.
- DEAN'S AWARD (OSTEOPATHIC MEDICINE)**  
Jeffrey Shogan, D.O.
- RESEARCH AWARD (OSTEOPATHIC MEDICINE)**  
Jillian Leibowitz, D.O.
- GOLDEN APPLE AWARD (OSTEOPATHIC MEDICINE)**  
Caitlin Arbos, M.S.
- CHANCELLOR'S AWARD (MASTER OF PUBLIC HEALTH)**  
Rennae Anderson, M.P.H.
- DEAN'S AWARD (MASTER OF PUBLIC HEALTH)**  
Iska Stoddart
- RESEARCH AWARD (MASTER OF PUBLIC HEALTH)**  
Brenda Puwol, M.P.H.
- SERVICE AWARD (MASTER OF PUBLIC HEALTH)**  
Anita Goorachan, M.P.H.
- GOLDEN APPLE AWARD (MASTER OF PUBLIC HEALTH)**  
Maria F. Montoya, Ph.D., M.P.H.
- CHANCELLOR'S AWARD (HEALTH INFORMATICS)**  
Adia Celestine, M.S.
- DEAN'S AWARD (HEALTH INFORMATICS)**  
Darian Daniel, M.S.
- RESEARCH AWARD (HEALTH INFORMATICS)**  
Jean Dominique Morancy, M.S.
- SERVICE AWARD (HEALTH INFORMATICS)**  
Nina Ricci, M.S.
- GOLDEN APPLE AWARD (HEALTH INFORMATICS)**  
Arif M. Rana, Ph.D., Ed.S., M.S., M.P.H., M.A.
- CHANCELLOR'S AWARD (DISASTER AND EMERGENCY MANAGEMENT)**  
Jerri Leann Clairday, M.S.
- DEAN'S AWARD (DISASTER AND EMERGENCY MANAGEMENT)**  
Jillian Montague, M.S.
- SERVICE AWARD (DISASTER AND EMERGENCY MANAGEMENT)**  
Danielle Arias, M.S.
- GOLDEN APPLE AWARD (DISASTER AND EMERGENCY MANAGEMENT)**  
Kelley L. Davis, Ph.D.
- CHANCELLOR'S AWARD (MEDICAL EDUCATION)**  
Christian Hietanen, M.S.
- DEAN'S AWARD (MEDICAL EDUCATION)**  
Gregory Kunis, M.S.
- GOLDEN APPLE AWARD (MEDICAL EDUCATION)**  
Mary Ann Butler-Pearson, Ed.D.

**GRADUATION 2022**  
AND SENIOR AWARDS



**OUTSTANDING STUDENT DIETITIAN AWARD (NUTRITION PROGRAM)**  
Cassandra Wagner, M.S.

**CHANCELLOR'S AWARD (NUTRITION PROGRAM)**  
Stephanie Fonseca, M.S.

**DEAN'S AWARD (NUTRITION PROGRAM)**  
Yendi Caraballo Lopez, M.S.

**RESEARCH AWARD (NUTRITION PROGRAM)**  
Gabriela Ruiz Barnecett, M.S.  
Sylvia Lillquist-Rodriguez, M.S.

**GOLDEN APPLE AWARD (NUTRITION PROGRAM)**  
Nadine Mikati, Ph.D., RDN, LDN

**CHANCELLOR'S AWARD (COUPLE AND FAMILY THERAPY MASTER'S)**  
Zakiya Becca, M.S.

**DEAN'S AWARD (COUPLE AND FAMILY THERAPY MASTER'S)**  
Marianne Jimenez, M.S.

**CHANCELLOR'S AWARD (COUPLE AND FAMILY THERAPY DOCTORATE)**  
Debbie Manigat, D.M.F.T.

**DEAN'S AWARD (COUPLE AND FAMILY THERAPY DOCTORATE)**  
Claire Loucka, Ph.D.

**GOLDEN APPLE AWARD (COUPLE AND FAMILY THERAPY)**  
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**A. ALVIN GREBER, D.O., CARDIOLOGY AWARD**  
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**GRADUATION 2022  
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