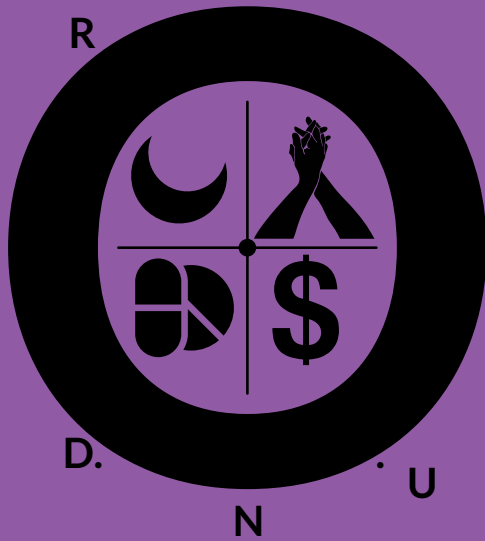


Dr. Kiran C. Patel College of Osteopathic Medicine

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

Happy New Year, NSU-KPCOM!

We hope everyone had a relaxing break and spent much-needed quality time with family and friends. We are looking forward to welcoming 2022 and wishing everyone a wonderful year ahead.

Looking back at 2021, we must admit that the past year was challenging, to say the least, but we made it. The year was full of ups and downs, including postponed white coat ceremonies, canceled campus events, and ongoing changes in the community as the pandemic continued to cause disruption to our lives.

Nonetheless, we made it our mission to stay strong, driven, and resilient while enjoying our once-in-a-lifetime opportunity of being medical students. Although we did not anticipate studying virtually and being separated from our classmates and faculty members for almost two years, we have learned to stay close and support each other on a long-distance basis.

In an unexpected way, we think this has brought our class closer as we all deal with the same challenges together. Early morning Zoom classes, long family phone calls on the weekends, and nightly FaceTime calls from friends have been our way of adapting to the new reality.

In this edition, Sumaiya Haider (OMS-II) shares an inspiring personal journey that started at the dinner table years ago. Sonia Kapoor (OMS-II), Ashley Hackworth (OMS-II), Jing Huang (OMS-II), and Mario Jacome (OMS-II) reflect on Americans' way of eating and how it varies between different states. Gigi Pendlebury (OMS-III) reminds us about self-care with her beautiful poem. This publication contains so many noteworthy pieces that range from personal stories to motivating poems, as well as exciting news about KPCOM student achievements.

We realize this has been a difficult path to follow—studying the art of medicine amid a worldwide pandemic. However, we encourage everyone to take the opportunity of New Year's resolutions to make a promise to yourselves to take better care of your mental health. As goal-oriented individuals, many of us get so focused on achieving our goals that we sometimes put our own mental and physical well-being on the back burner.

We need to realize that restful breaks are vital for our health, quality time with family and friends is crucial for our happiness, enjoying hobbies is essential for a joyful mood, and eating a well-balanced diet is so important for our body. As future physicians, we must take care of ourselves so we can take care of others.

We wish you a successful and prosperous year filled with laughter, adventures, and good health.

With love,

Alena and Zehra



Dinnertime Conversations

BY SUMAIYA HAIDER (OMS-II)

“His stomach was hard, bulging, and I remembered seeing an Anki card on it, so I said ascites—and I was right,” said my brother as he regaled us with a look of triumph. At every dinner, it seems he has something new and exciting to share from his days as a fourth-year medical student.

My father often joins him, sharing his own patient stories or asking questions and hypotheticals my brother strives to answer. The medical jargon flies over my head, the words forming a language only the two of them share. I pick at my food as I nod along, pretending to understand. “Someday,” I think to myself, “maybe I will.”

My gap year was unplanned; the days an endless cycle of scribing, reading, and sleeping plagued by the occasional migraine. In between long hours of slumber and pages of lives that weren’t my own, I couldn’t help but question how this came to be.

Although I’m not quite a type A personality, I was meticulous in my scheduling. I had all my undergraduate education laid out before classes even began, but as the old adage goes, one cannot expect the unexpected.

A diagnosis the summer of junior year put a halt to my plans, and a consequent surgery my senior year pushed them—and my mental health—to the gutter. It was evident I was struggling. Even my parents—individuals of a culture known for their disbelief in mental health—expressed concern over my well-being.

I began medicating at their behest, but still felt lost. My acceptance to NSU was a shock to the senses, and what felt like my first breath of air after sinking for so long. It wasn’t the answer to all my prayers, but it was, quite literally, a lifeline. With the support of my family and new friends, I was able to stay afloat.

A semester passes, and I fly home for winter break. As we settle down for dinner, I barely sip my water before my father queries, “Which bacteria can be found in leftovers?” Immediately, a hastily drawn image of Sirius Black holding a bowl of rice comes to my mind, the words “B. Cereus” scrawled beneath—a mnemonic I had made during my microbiology course.

“Staph?” my brother replies, to which my father shakes his head in dismissal. “Bacillus cereus,” I answer offhandedly, not wanting to appear eager. My father nods. “Damn, did Samia just out-doctor you,” my older sister quips, poking fun at my now-resident brother. And that was it. A moment I had envisioned time and again, so anticlimactic and lasting mere seconds, giving me a sense of peace I didn’t realize I was searching for.

This newfound proficiency brought me to a place in my life I couldn’t fathom a year ago—a place I never thought I’d reach. In the midst of my epiphany, my younger brother begged us to change the topic to something nonmedical related, garnering our laughs as we returned to our regular dinnertime conversation. □

From the Slums of Manila

BY CHARMAINE KUE SEGURO, M.S. (OMS-II)

Growing up, a career in medicine had never occurred to me as a serious possibility. I was born in a small district in Manila, Philippines. I recall wrapping my shoes in plastic bags to avoid the splattering of mud in the streets and crossing a narrow bridge nestled in between years of built-up waste to get to school.

My parents’ unwavering support kept me motivated and focused on attending school. They continue to remind me even today that the best investment one can make is with his or her education. When my family and I immigrated to the United States, I became the first to graduate from high school and college simultaneously.

In 2006, I was selected by open competition to attend Middle College High School in California, which afforded me the opportunity to earn my high school diploma along with my Associate of Science in Math and Science. In 2017, I found myself shaking the hands of my committee members on stage as a newly minted Master of Science in Sports Nutrition graduate from Florida State University. It was during my intensive studies on human anatomy and physiology that I realized I wanted to devote my career to the diagnosis and treatment of diseases and serve underprivileged communities like those resembling my family’s roots.

After completing my master’s degree, I returned to the Bay Area, where I worked as a medical scribe at Alta Bates Summit in Oakland, California. I quickly found a mentor in a physician who has been pivotal in developing my interest in the field of medicine. This firsthand exposure to real-world patient-practitioner

dynamics has primed me for what it means to provide excellent, high-quality, and compassionate care.

During office visits, I always found the unique backstory of each patient intriguing and learned that those backstories tended to be critical in identifying the best course of treatment. I found that the job of the provider is not only to diagnose and treat diseases, but also to discover the person behind the chart, because—more often than not—the two were inherently intertwined.

Excellent medical care is a personal journey that is always led by the patient and guided by the practitioner. This valuable lesson is one I intend to always apply throughout my career.

I want to be part of something greater than myself, and I believe I can unite both my personal and professional goals as a physician. Although I hail from the slums of Manila, my success thus far lets me know I am worthy and capable of changing my life and making a difference for others—a power that, as a young child, I didn’t believe was conceivable.

As a physician, I hope to educate members of disadvantaged communities and focus on total body wellness to create favorable outcomes. Perhaps, one day, I will return to the Philippines (e.g., Doctors Without Borders) to volunteer my medical services in a community I know needs it most. □



Health and Hygiene Take Center Stage

BY STEPHANIE GOMEZ TABORDA (OMS-II) AND ANDREA ESCALANTE (OMS-II)

“See you guys next Friday, right?” said Daniel, a student with autism, as we left the room after finishing our first health and hygiene class at Seagull Alternative High School in Fort Lauderdale, Florida. It was at that moment we realized we had something special on our hands with WASSH, which stands for Ways to Achieve Sustainable Health and Hygiene.

It took weeks of planning, email correspondence, schedule alignment, and objective matching between our lecture objectives and interactive activities, but our first class was a wild success. Preventative medicine is the answer to avoiding many diseases. What better way to solve an issue than from its root cause?

It’s built on two core principles—the importance of living a healthy lifestyle and offering ways to emphasize hygiene, nutrition, food safety, etc., to vulnerable populations. But

why did we specifically choose to work with students with disabilities? Our first experience with this population came from working as summer camp counselors for a nonprofit organization called On My Own.

The students’ energy and eagerness to learn were unlike that of any other population we had worked with. It was incredibly inspiring to have contributed to their experience, which left us determined to work with them again.

Patients with disabilities have had a long, documented history of discrimination and exclusion, ranging from legislation to differences in health outcomes (Krahn et al., 2015). Among various definitions of health disparities, the differences are linked to environmental, social, economic, and educational factors that could be avoided.

Across many literature sources, this is mainly due to a physician’s misconceptions about the life of a disabled patient. This is why we chose to kick off our project with two elements that relate to our future as physicians—emphasizing the importance of health and hygiene and teaching future physicians, like ourselves, how to best interact with this patient population.

Daniel’s excitement about seeing us again the next week didn’t only validate this initiative’s meaning to us, but also to the students. Over the course of nine classes this semester, we saw these students make progress on making better food choices, meal prepping, food safety, and living an overall healthier lifestyle.

We saw how the students kept their folders organized to easily reference what they had learned in previous classes. They even shared their learning and activities on their social media platforms.

As we continue to share our knowledge on health and hygiene next semester with this student population, we hope to bridge the knowledge gap for the students we work with and be an example to current and future physicians by showing the impact they can have on all vulnerable population’s lives by taking the time to educate them. □

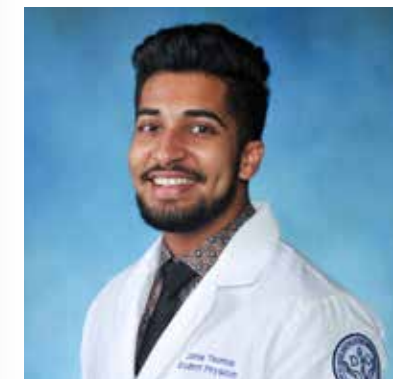
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The Revision of Health Care Through Telemedicine

BY JAMIE THOMAS (OMS-III)



Although the movement had already started, the COVID-19 pandemic brought telehealth to the forefront of modern-day health care. With vaccinations, social distancing, and quarantining as the most widely accepted ways of curbing the spread of the virus, pushing people to find alternatives to in-person visits became necessary. Due to its highly contagious nature, the virus has forcibly changed the norm of medical care to a hybrid online and in-person format.

Because it’s a more convenient approach to seeing patients, telehealth has helped broaden medicine. It is a valuable channel to help observe, diagnose, treat, and counsel patients in circumstances where in-person care is not possible, or when telehealth is more suitable or economical.

Especially in rural health care, advances in telehealth provide quick and accessible health care to those who are burdened with a struggle to receive medical care. Patient satisfaction has also improved due to time saved from driving to receive health care or sitting in waiting rooms, as patients can now talk to their providers at scheduled times in the comfort of their homes.

Patients frequently feel more comfortable at home, which helps them reveal their vulnerabilities and medical issues, while simultaneously reducing their exposure to potential illnesses other patients may have. With private insurers beginning to support the use of telehealth, such as expanding eligible services, waiving cost sharing, and providing monitoring devices to patients, along with increased federal funding, telehealth will continue to progress and become more widely accepted.

As long as providers have input into its development, receive administrative support, and the technology’s reliability and ease of use improve, telehealth can be truly integrated into our health care system as a fundamental means to advancing medicine. However, as

telehealth continues to persist through the decline of COVID-19, providers are limited in the scope of care they can provide, as hands-on treatments are not plausible. Telehealth also burdens certain patients, as they may not have access to Internet devices, inhibiting them from participating in this form of health care delivery.

Myriad improvements will be needed to efficiently use telehealth to its full potential. Major gaps still exist in the current model, as there is a lack of rules and regulations for utilizing telehealth, increased risks with data privacy and security, lack of telehealth infrastructure, and no definite vision for the use of telehealth after COVID-19 wanes.

While these limitations exist, especially at the beginning of the pandemic when medical revenue drastically decreased due to the plunge in patient volume, COVID-19 has driven health care organizations to rapidly adopt, enrich, and develop their telehealth services. With novel research continuously published regarding telehealth, it is becoming evident that this modality of care will only demand more attention moving forward. □

Human Trafficking: How to Identify and Help Victims

BY PRACHI SINGH (OMS-IV)



January is National Slavery and Human Trafficking Prevention Month. Primary care physicians are usually the first health care professionals to encounter victims of human trafficking, and office visits are often the only time victims leave their oppressive environment. Hence, it is important that as physicians-in-training, we are able to identify and evaluate victims of human trafficking and connect them to the appropriate resources while ensuring their safety and confidentiality.

What Is Human Trafficking?

Human trafficking is defined as “the use of force, fraud, or coercion to obtain some type of labor or

commercial sex act.”¹ Human trafficking is divided into three components—“the act (what is done), the means (how it’s done), and the purpose (why is it done).”²

Furthermore, human trafficking does not require that an individual be moved, as victims can be trafficked in their homes, communities, and cities. Human trafficking is a global issue that disproportionately affects children and females and can leave long-lasting emotional, psychological, and physical traumas in affected individuals.²

How Can You Identify a Victim of Human Trafficking?

Many victims are hesitant to self-identify due to various factors, such as the fear of retaliation by their oppressors, feelings of hopelessness and shame, and distrust of authorities. Some warning signs that warrant further investigation are³

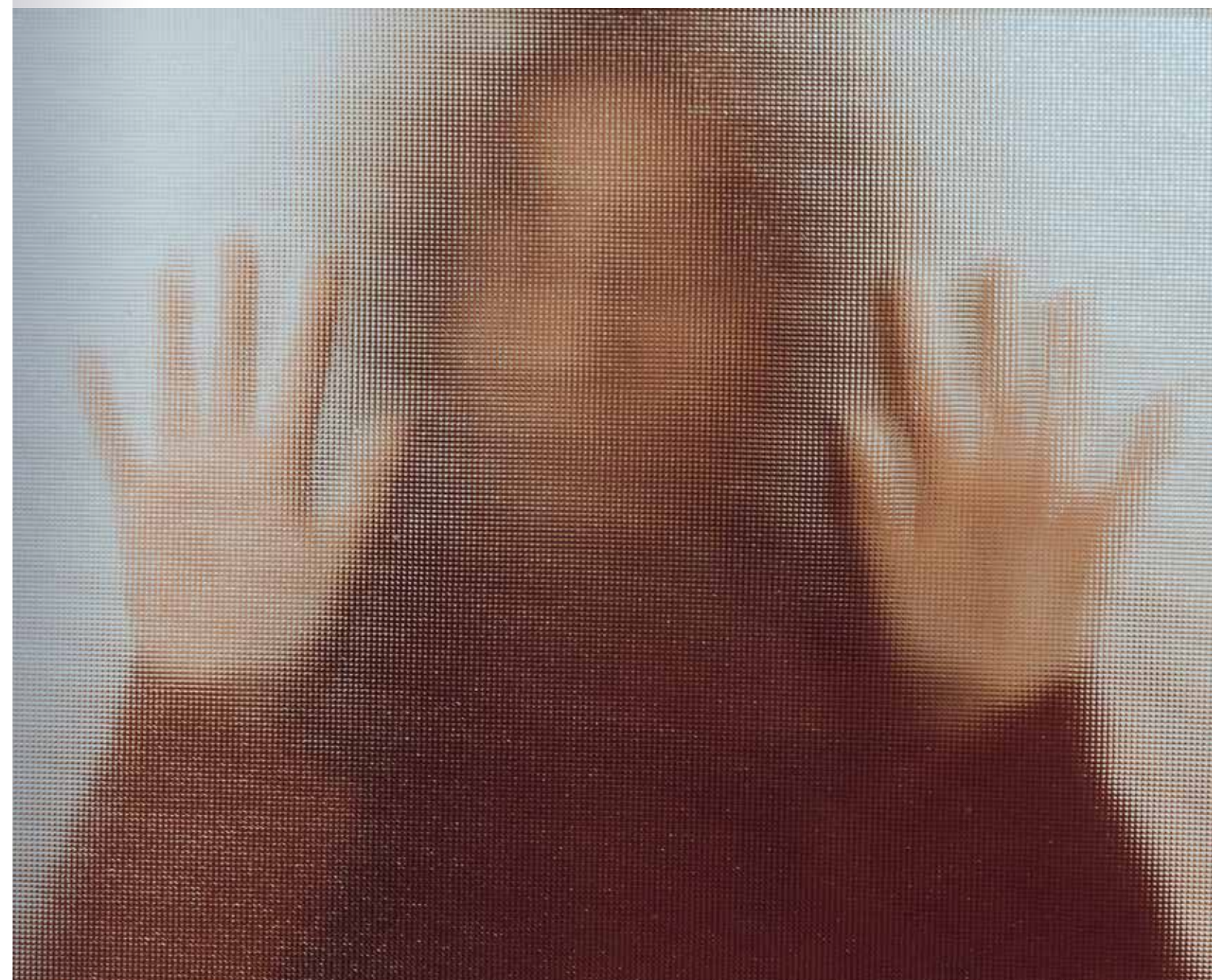
- late presentation for illness or injury
- discrepancy between verbal history and physical findings
- sudden or dramatic change in behavior (e.g., minor stops attending school)
- signs of being controlled (does not carry identification, someone else speaks for them)

- shows signs of physical/sexual abuse, neglect, and torture
- fearful or nervous behavior or avoids eye contact
- multiple sexual partners and/or recurrent or untreated sexually transmitted diseases

What Can We As Medical Students Do?

If you suspect someone is being trafficked, ask to speak with the patient alone. When interacting with the patient, ensure his or her privacy and interact with the patient in an honest and nonjudgmental manner. Moreover, determine the safety risk that could result from asking the patient sensitive questions.³

When speaking with the patient, bring in a social worker or advocate whenever possible. If the conversation determines that the patient is a victim of human trafficking, call the National Human Trafficking Resource Center (NHTRC) hotline at 1-888-373-7888, which is a 24/7, confidential hotline. The NHTRC can assist with the assessment, determine perceived danger, and provide the next steps. If the patient is in danger, law enforcement may need to be involved. □



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ADDITIONAL RESOURCES

National Human Trafficking Hotline: humantraffickinghotline.org
 Polaris Project: polarisproject.org
 Blue Campaign: dhs.gov/blue-campaign
 Services for Victims of Human Trafficking: acf.hhs.gov/sites/default/files/orr/trafficking-services_0.pdf
 Caring for Trafficked Person: Guidance for Health Providers: publications.iom.int/system/files/pdf/ct_handbook.pdf
 Coalition Against Trafficking in Women (CATW): catwinternational.org

Why Is America So Unhealthy? How Do Other Countries Do It Differently?

BY SONIA KAPOOR (OMS-II), ASHLEY HACKWORTH (OMS-II), JING HUANG (OMS-II), AND MARIO JACOME (OMS-II)

Why is America, a world leader in many fields, struggling with nutrition disparities and high obesity rates? To discuss this issue, four medical students delve into their personal relationships with nutrition growing up in the United States and discuss how other countries approach health differently.



ASHLEY HACKWORTH
Hometown: Wentzville, Missouri

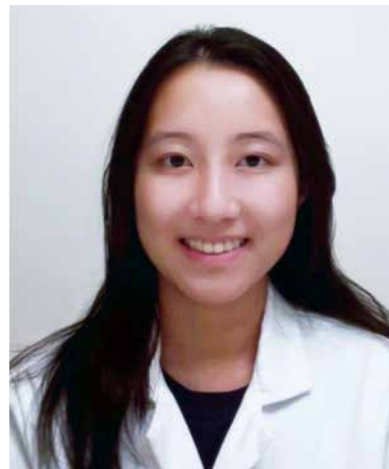
Otis Spunkmeyer chocolate chip cookies. Three for one dollar. For six years, they laid next to the pin pad where I would punch in my lunch number before checkout. Like a last-second decision to give into your guiltiest pleasure, it was too easy to throw them in at the last moment.

Fast-forward five years. I'm down a YouTube rabbit hole of traveler bloggers. Up pops an American living in Paris explaining what lunch looks like in French schools. "One hour and three chef-prepared courses"—that's what lunch consists of for schoolkids in Paris. Lunch is an opportunity to educate kids about nutrition, including how to eat a balanced meal,

appreciate natural flavors, and recognize fullness.

Skip forward another five years, and I'm on a road trip in Greece. I visit the nearest town for lunch. There is no McDonald's, Burger King, or any fast food at all. My choices are Greek salads with local tomatoes, fresh-caught fish, and yogurt with locally sourced honey. It's a dream.

However, when I'm back in the United States, craving the fresh Greek salad I thrived on, it's nowhere to be found. I miss the food from Greece, but more so, I miss how accessible the fresh food from Greece was. The United States remains unhealthy due to poor nutrition education in primary school and a culture centered around fast food.



JING HUANG
Hometown: Queens, New York

Not only are the food options different in the United States compared to other countries, so is the mindset toward mealtime. In the United States, we're always on the run, and food has become a second thought. We want it fast, and we want it on the go.

That doesn't seem to be the case in East Asian countries. Sitting down and enjoying your meal is very important. In fact, in Japan, they don't believe in walking and eating. Having a family meal seems to be the norm—and for good reason. Research has shown that eating while watching TV or performing other tasks leads to reduced sensitivity to fullness cues, which ultimately leads to overeating.¹

The idea of mindful eating is prevalent in European countries as well. In France, meals are a way for families and colleagues to bond and get to know each other better.³ This is unfortunately not translated into the U.S. workforce, where lunchtime norms consist of office workers eating their meals at their desk.

Food is such an integral part of each individual. Food is fuel, but it's also what brings people together. It

seems as though the battle with obesity in the United States is not only about food options, but also mealtime etiquette. We feel that for the United States to become a healthier nation, fresh food availability is important. However, so is the mindset we have about eating. Normalizing sit-down meals will not only help with our waistline, but also help us build stronger connections with others.



SONIA KAPOOR
Hometown: Milpitas, California

I grew up in a multigenerational household that allowed me to spend a significant amount of time with my grandparents. One way we always bonded was through food, whether that was grocery shopping, learning how to peel carrots, or planting mint in the garden.

However, what truly changed my perception of food as medicine and an agent of socialization was my grandpa's diabetes diagnosis. When I was old enough to understand, it made sense why he skipped sweets and replaced rice with vegetables. It motivated me to cook healthier or bake sugar-free desserts, as I did not want my grandpa to feel left out.

Fast-forward to the summer of 2017. I was performing blood glucose tests on a gentleman at a health screening event. His blood sugar popped up as 324 mg/dl. I wish I could say he was the first and last person I encountered who was unaware of his condition. Yet, repeated exposures forced me to face the harsh reality of disparities in access to primary health care and nutrition.

It was no longer a surprise to me that my grandpa had an easier time managing his diabetes, because he spoke English and had the ability to afford and access educational and medical resources. Today, I often find myself wondering if my grandpa had lived in Sweden, which focuses on preventive medicine, would he have received the education he needed to prevent his diabetes?

MARIO JACOME
Hometown: Hollywood, Florida

Dietitian visits, yo-yo diets, and weight stigma. These are all things I

experienced early in life that sparked my interest in nutrition. I earned my B.S. in Nutrition Science, and with slightly more nutrition knowledge than the average person, it was still extremely hard adopting a healthier lifestyle in an obesogenic country.

In 2013, the American Medical Association finally identified obesity as an actual disease.² However, even now, people are told to eat less, restrict certain foods, and move more. Seems easy, right? Unfortunately, this tends to overlook cultural influences.

While working at an endocrinology clinic, one patient shared he was told to completely avoid flour tortillas and replace them with whole wheat bread. While it is a healthier substitution, it's not necessarily realistic, since tortillas are a versatile staple for many Hispanic countries.

Obesity is on the rise in our country because of the dramatic shift from consumption of traditional cultural foods to more refined, convenient foods. Fast is not always better when it comes to taking care of our health.

For that reason, food is a powerful tool in helping curtail further progression of the obesity crisis. It is imperative that, as future physicians, we are educated in nutrition so we are better equipped to develop individualized nutrition plans that promote compliance to a healthier lifestyle. □

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Stop the Toxicity

BY HAILEY SCHWAB (OMS-II)



Toxic chemicals are masked behind creative marketing strategies in everyday beauty, hygiene, and cleaning products. It's imperative that the public becomes aware of these chemicals and starts to take a deeper look at the ingredients they are exposed to and ingesting on a daily basis.

The cosmetic and beauty industry is prosperous, and millennials are at the core of this trend. It's vitally important that future generations understand the negative impact these toxic chemicals are having in order to impede the long-term consequences that may come.

From the moisturizers we use on our skin to the candles we burn in our homes, there are thousands of toxic chemicals concealed within these products. It is estimated that only 10 percent of the 10,500 chemicals in personal-care products have been evaluated for safety by the U.S. Food and Drug Administration.¹ The variety of toxins found in such products have been shown to disrupt many fundamental processes in our body. These are known as endocrine-disrupting chemicals (EDCs).

The most ubiquitous EDCs in personal-care products include bisphenols, parabens, phthalates, and benzophenones.² These chemicals exert harmful effects because

their chemical structures are similar to our hormones.³ These substances mimic the actions of our hormones; however, they act as dysfunctional hormones, causing dysregulation and chaos.

Bisphenol molecules have a chemical structure that is similar to estrogen. As a result, they may influence hormonal regulation and the activity of estrogen receptors. Bisphenols may also negatively influence oocyte maturation, spermatogenesis, and the development of the reproductive system.³ Other EDCs have been linked to an increased incidence of fertility problems, early puberty, pregnancy-length disorders, polycystic ovarian syndrome, endometriosis, and many other reproductive health abnormalities.^{3, 4, 5, 6}

What is most concerning is a study that analyzed current human exposure to three common bisphenols by measuring urine samples in a randomized U.S. population. BPA, BPS, and BPF were detected in 95.7, 89.4, and 66.5 percent of selected urine samples, respectively.⁷ This means that the majority of Americans are exposed to these toxins and have detectable levels inside their bodies.

Sadly, studies show that many people do not know of the harmful endocrine disrupters present in nearly all of the products they use on a daily basis.¹ Educating the population about EDCs is the first step toward reducing current and future exposure.

Now that I've explained all this alarming information about the products that may be in your home at this very moment, let's discuss how you can begin the process of detoxing. First, identify your current toxic exposures and eliminate them. Second, read the ingredients and do not buy products that have EDCs.

Third, support the body's own natural methods for biotransformation by eating more fiber and promoting glutathione production in your body. Lastly, take vitamin C to increase excretion of toxins.

You are in charge of your health. Invest in it. Do the research, and only use substances that are well-sourced, pure, and beneficial to you. □



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Smiles a Day Keep a Doctor Away

BY RIYA KUMAR (OMS-I)

My hand trembled as Jordan firmly squeezed it and made her way across the long tightrope course. Her entire body weight began relying on my forearm to keep balance.

“I am doing it; I am doing it!” she screamed. Out of breath, I replied, “Great job, Jordan!” My arm was in a complete twist. However, Jordan’s excitement kept my endorphins high enough to dismiss the stinging pain.

We were buzzing as she ran for her last steps across the rope course. Finishing her final step, we jumped for joy and rolled around in the grass, releasing every ounce of our excitement. Neither cancer, Down syndrome, nor heart conditions defined Jordan or any of the other 14-year-old girls in my cabin. They embraced them and thrived.

Camp Boggy Creek is a medically sound place for children with serious illnesses to enjoy a week of fun and laughter through fishing, horseback riding, swimming, etc., without having their illnesses consume their day-to-day lives. As a camp counselor, it was a privilege to create a comfortable environment for kids with similar diseases to come together and not feel alone in their journey.

After getting the girls ready for bed, we gathered in the center of the cabin for our daily late-night cabin talk. Each of us shared personal anecdotes; some made us laugh, while others made us cry. I learned about Jordan’s dream of becoming a performer, Emily’s passion for reading, as well as each of their deepest insecurities and greatest achievements.

The girls slowly began to deeply trust and look up to each of us counselors. Through camp, I realized the power of healing others not only comes from medicine, but also from providing unconditional love and support. Having a positive mindset throughout the day truly impacted many of our campers’ physical well-being.

Osteopathic medicine emphasizes the triad between the mind, body, and spirit and the importance of cultivating positive relationships and mindsets to better overall health. Through camp, I have especially appreciated this ideology.

Camp Boggy Creek separates each week with a different illness, such as asthma, cancer, and heart problems, and welcomes thousands of campers ranging in age from 7 to 16 to attend. The experience is absolutely life-changing for everyone involved, and I cannot wait to go back. □



Osteopathic medicine emphasizes the triad between the mind, body, and spirit and the importance of cultivating positive relationships and mindsets to better overall health.



Socioeconomics in Medicine

The Side of Health Care We Never Learn in School

BY BOURANN HUSAINY (OMS-III)



The didactic years of medical school are an exercise in unadulterated optimism. For most complaints, we have a lab test, a medication, a procedure, a “something” to bring patients one step closer to a better life.

Alternatively, the clerkship years are an exercise in realism. With each complaint comes a patient with no health insurance, limited access to transportation, or an advanced medical issue that has been unaddressed for years. While working at a community clinic for patients living below 200 percent of the poverty line, I learned that practicing good medicine is more than actively listening and formulating a plan; it is also about getting creative and being resourceful in ways a lecture could never teach.

I particularly remember one patient, a young woman with a breast mass who required further evaluation via mammogram and ultrasound. Three months later, the patient returned without having done either and tearfully explained that she could not afford the imaging. She further explained that she could

not afford to fill the birth-control prescription to treat her painful menstrual cycles.

I notified my attending, who told me we needed to get creative by utilizing the Internet to contact local pharmacies and imaging centers to see what we could do to help alleviate the financial burden. After a half hour of Internet searches and calls, we found a place that did both sets of imaging for free on one day of the week, and a pharmacy near her house that, with a coupon, would lower the cost enough that our patient could afford her medication, as well as increase the number of refills to avoid costing her another visit to the clinic.

Upon hearing this news, our patient began to tear up again, but this time out of relief. The impending financial burden that was preventing her from accessing basic health care was finally gone.

This patient was far from an anomaly in this clinic. Each day, we worked hard to make sure we were always optimizing the tests, imaging, and medications to provide patients with the clearest answers to their health concerns at the lowest cost. Preventing any undue financial distress was of the utmost importance.

Sometimes, we couldn’t get all the tests we wanted and had to stick to the basics if our patients were to receive any care at all. While this made providing high-quality care challenging at times, I learned how crucial it is to be intentional with our

orders and prescriptions to avoid frivolous charges.

My experience in that clinic taught me about an additional facet of medicine I never learned in the classroom, but is all too relevant to the practice of medicine. In an ideal world, we would have unlimited access to all medicine has to offer us—all of the tests, medications, and procedures we know can make real differences in the lives of our patients. However, in reality, we must be both flexible and innovative in making health care accessible to all. □

In an ideal world, we would have unlimited access to all medicine has to offer us—all of the tests, medications, and procedures we know can make real differences in the lives of our patients. However, in reality, we must be both flexible and innovative in making health care accessible to all.

I'm Not a Doctor—Yet

BY SIYA KHANNA, M.SC. (OMS-II)

“Uber for Siya?” I asked.

“Yes,” she said. “How are you?”

“Good” I responded. “And you?”

It started off like any conversation you would have with one of your Uber drivers. This woman was fairly young, beautiful, and incredibly sweet. We talked about everything, from her day to her family, and even her beauty routine. The conversation was pleasant until a certain question came along.

“So, what do you do?” And here it was. The moment I dreaded, yet welcomed, at the same time.

“I am a medical student,” I replied.

“But I’m only in my second…” Before I could finish my sentence, her eyes immediately lit up and her tone changed.

Senior students warned of the medically related questions that would inevitably arrive from family and friends. I was told to navigate carefully and refer them to a professional.

“You’re a doctor? That’s exciting,” she smiled.

“Well, I’m not a doctor yet,” I said.

She looked at me with such hope, I almost felt guilty. I thought to myself, can I really be of help to this person?

“What kind of doctor are you?” she inquired. She mentioned she was pregnant and diabetic and asked if I knew of anything that could help her.

The gears in my head started turning. “How far along are you?” I asked. “When was your last visit to the OB/GYN?” “What medications are you on?” I thought back to the Women’s Health course I had taken earlier that semester, trying hard to dust off the cobwebs that clouded my knowledge of recommendations and treatments.

As I sat there listening to her, it dawned upon me that entering medicine also meant being entrusted with a stranger’s thoughts, feelings, and things most personal to him or her. In a moment, this woman opened up to me, sharing intimate details about her world. It was at this moment I realized I would leave this conversation knowing more about her than someone else would. This realization is not one I would take for granted.

There is an unsettling stage between learning to help people, but not being able to. That is where I find myself now. I am a second-year medical student. That gives me some credit, right? Not quite.

As medical students, we are learning a plethora of information every day; however, we are still at that early stage where we are only learning to connect the dots. I have realized that the learning never stops, and that I have barely scratched the surface of what I need to know. In all honesty, I have a lifetime to go.

How do they do it—all the physicians who came before me? How do they know so much and make it look effortless? There are times I believe I could devote my whole life to learning medicine, and it may still never be enough.

Despite the lengthy journey ahead, I am incredibly humbled to be in this position of learning and excited for what is to come. □



Coping with Loss During a Hospice Rotation

BY MARIAM FATIMA (OMS-III)

“Check her pulse, Mariam.”

I unlaced my fingers from my grandmother’s, made a silent prayer she was still with us, but there was nothing. Slowly, everything started to become real: the stroke; the coma that came afterward; the hospice nurses who stood by our family as we watched my grandmother in pain for the last two days of her life; the agonizing moments where we’d watch her breath rise and fall while holding our own, hoping it wasn’t the last.

When she finally did pass, a thunderstorm of emotions rained—loss, guilt, fear, relief that her pain was over, and anger that we couldn’t do more. The grieving process, however, was cut short by the reality of getting back to studying for boards, so I did what any stressed medical student would do in that situation: I pushed all emotions back and tried moving forward.

The next two weeks were a whirlwind, moving into a new apartment in a new city, continuing to study for boards, and getting my A game together to start rotations on the right foot. I wanted to make this next year the best one possible, so I was determined to be bright and optimistic.

Another harsh reality stopped me in my tracks, however, when I realized my psychiatry rotation was really a palliative care rotation at a hospice. The first day on this rotation



Every patient reminded me of my grandmother, every family reminded me of my own, and every sigh of relief when they saw their loved one still alive reminded me of my own. I was reliving her loss all over again, every day.

started with ICU grand rounds, discussing end-of-life care for patients, signing do-not-resuscitate orders, speaking with the families about the transition to a dying stage, pain management, and how our hospice team would assist.

Finally, when I thought the day could not get any worse, it was time for us to visit hospice. With the scent of death fresh in my mind, I gathered every bit of strength I possibly could and walked in with a false confidence I had never rallied before. As one can imagine, this façade did not last very long.

As soon as I walked into the first patient room, tears welled in my eyes and the sniffles started under my mask. Every patient reminded me of my grandmother, every family reminded me of my own, and every sigh of relief when they saw their loved one still alive reminded me of my own. I was reliving her loss all over again, every day.

Seeing death every day opened my eyes to something I had never experienced before; the realization that death is just as much a part of life as birth. Just as we do not understand what came before conception, we do not understand all that follows after death.

Oftentimes in medicine, we highlight what we can do in the in-between in life, so much so that we forget the transition to death itself, which is also a huge part of life. The rotation provided me with the practice of normalizing death and how to care for people in this transition period. It also taught me how to cope with my own loss—concluding my long-awaited grieving process. □

Moving Somewhere New by Yourself

BY NANDITA KAKAR (OMS-III)

I slowly made my way off the airplane after experiencing an emotional roller-coaster of sadness from leaving Florida, but also excitement to experience a new place. I started following the signs to baggage claim and quickly realized this was a very small airport with only one direction to walk in. I was a bit confused but proceeded to find my luggage.

After I collected my things, I made my way outside and pulled out my phone to call an Uber driver, only to see the message “Uber is not available here yet.” This baffled me, but I held back my anxiety and just looked for another way to get to my hotel. After almost two hours, I eventually made it to my destination; however, the long, winding roads on the drive there confirmed this was going to be quite the adjustment from the city life I was used to.

Relocating to Illinois for my third-year clinical rotations was very unexpected, but it changed my life in many ways. It didn’t take long for me to realize that adaptability is a permanent attribute of health care. Every patient is different, and health care professionals are constantly molding into what each patient needs.

Clinical rotations give students the chance to apply the knowledge they have learned into real-life medical situations and challenge us in ways we had never imagined. I started forming indispensable preceptor=student relationships



Sudden change put me in a vulnerable position, but the warmth and friendliness of the Midwest made me realize you can make any place feel like home.

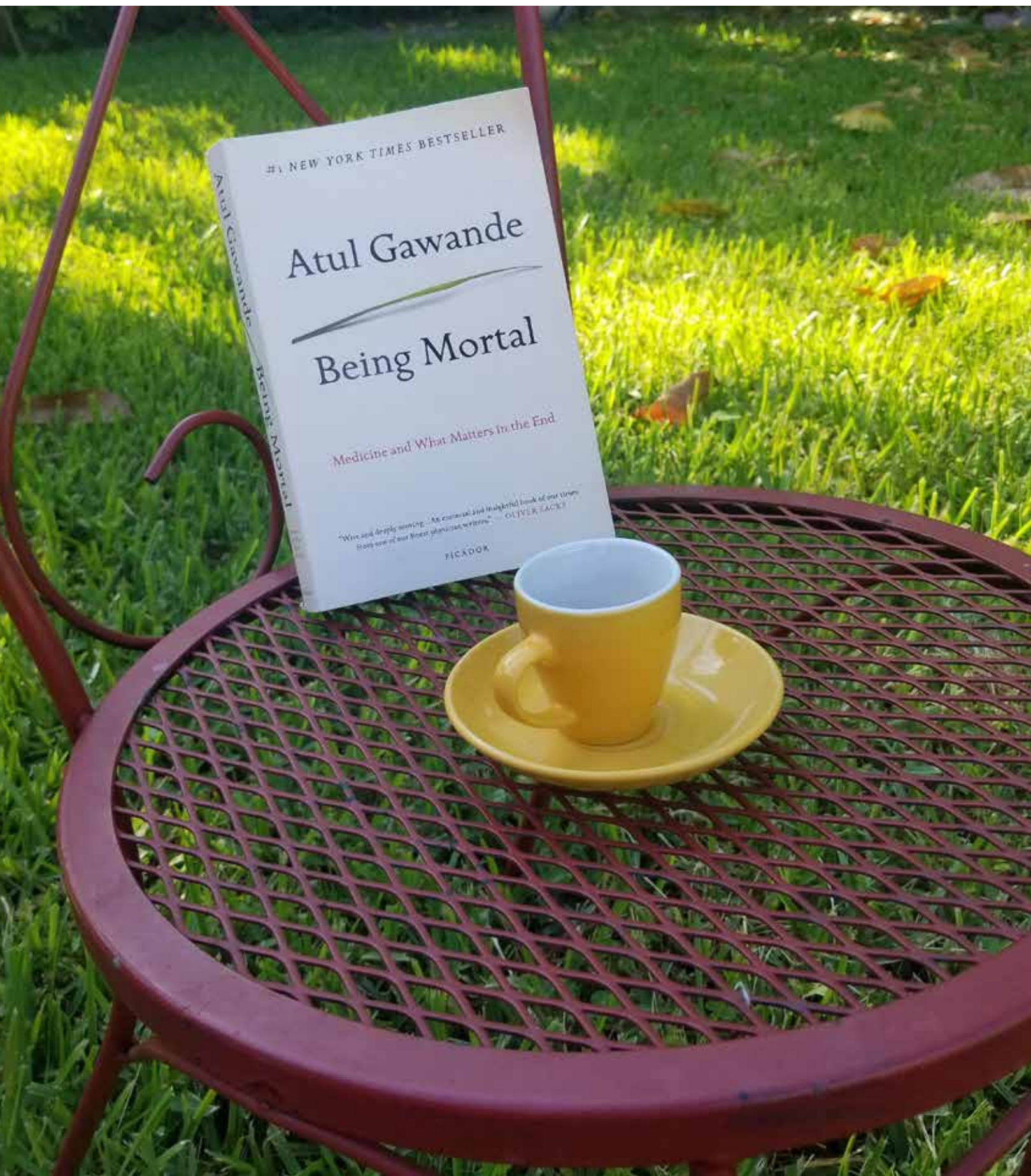
quickly and rediscovered, as well as reinvented, my passion for medicine.

Sudden change put me in a vulnerable position, but the warmth and friendliness of the Midwest made me realize you can make any place feel like home. Patient interactions can be so moving and meaningful to both parties, and the patients provided me with a plethora of tips and advice to enjoy the local area.

I have always lived on the East Coast amidst the hustle and bustle of city life, so the slower-paced lifestyle seemed boring at first. But then I started to see the same patients during different rotations. We had started addressing each

other by our first names, and I was involved in many aspects of their health care. I would describe the physicians I’ve worked with here as medical companions rather than medical service providers.

I have self-reflected on my experiences thus far, and I believe my self-responsibility and independence have increased exponentially in the past six months. I used to find change very uncomfortable, but it didn’t take me long to realize that it is all about perspective. The path to accomplishing your dreams is fickle, but I think I am prepared to keep traveling down this path, as I am the most authentic version of myself I have ever been. □



Reflections on Mortality and End of Life

BY GABRIELLA NICHOLLE ORTA, B.S.N. (OMS-1)

It is 9:00 a.m., and I find myself sipping Cuban coffee and staring up at my grandma's loaded mango tree. The mangos from this tree will be ready in a few months. Growing up, I ate from this tree every season. This tree keeps the memory of my great-grandfather alive. We called him "Papi-viejo." He died when I was three.

I don't remember when he started using oxygen and ended up in the hospital. To me, it all happened quickly. My mom tells me he was diagnosed with lung cancer at a late stage and did not receive any aggressive treatment. I am not sure who was at the bedside when he passed, but my last memory of him was at the funeral.

Little did I know at three years of age that I would see a lot more death than the average person. As a nurse, I have comforted family members as they grieved their loved ones or made end-of-life decisions. It has been especially difficult to watch a patient pass away without any family support.

About a year ago, I was chatting with my 86-year-old patient, whose husband had recently passed away. As her eyes watered, she told me they had been together 70 years. I often wonder, how will my patients be remembered? Did they have a good life? Did I honor their last wishes?

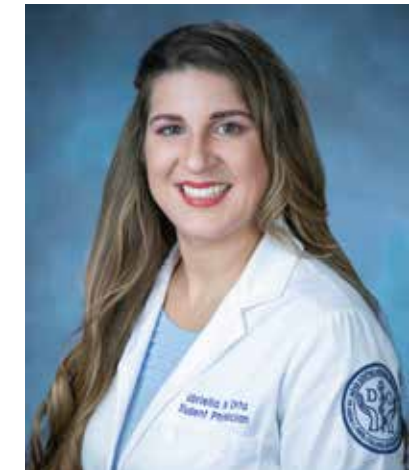
As a nurse, and now a student physician, I know death is a part of the cycle, but it doesn't feel natural. Nothing in nursing

school or medical school can truly prepare you for this reality. As health care providers, we go into the medical field hoping to save lives and bring relief to the chronically and terminally ill.

As a result, the subject of death is often neglected. Prior to my two-day hospice rotation in nursing school, I was introduced to the movie *Wit* starring Emma Thomson. It opened my eyes to the horrors many patients face as they near end of life: loss of dignity, loss of self-determination, and physical/spiritual suffering. Not even a century ago, most people died at home surrounded by family and the familiar.

Today, most people die in hospitals surrounded by unfamiliar faces, beeping monitors, and bare, white walls. Some undergo CPR or other traumatic interventions as a last attempt to prolong life, but in many cases, they only prolong suffering. This is not the way most would choose to breathe their last breath if they had a say. But as health care providers and loved ones, we often have a hard time holding these hard conversations. I urge my fellow health care providers to not shy away. It may be uncomfortable, but it is our duty.

Now, back to the mango tree. Papi-viejo planted a mango seed nearly 30 years ago shortly after his arrival from Cuba. We keep his memory alive every time we gather together as a family, play dominoes, and eat mangoes from his tree. □



As a nurse, and now a student physician, I know death is a part of the cycle, but it doesn't feel natural. Nothing in nursing school or medical school can truly prepare you for this reality.

A New Meaning to Saving Lives

BY MARIAM DAR (OMS-II)

“How can you still be in school at your age?” asked a nine-year-old girl, full of curiosity. I explained to her that I was studying to become a doctor, and her eyes widened, as she did not know there was a possibility of school after high school.

She is one of the many amazing girls I have had the pleasure of working with through Girls Inc., an after-school program dedicated to empowering young girls to grow into bold women. The majority of these girls come from low-income communities. Over the past year, my role as a volunteer has been to serve as a role model in every capacity possible for these girls in order to break the pattern that children raised in an area of concentrated disadvantage will repeat this cycle.

I simply offered her a listening ear, and as the weeks went by, she started to smile more. She just needed someone to understand what she was going through, and I felt privileged to be a part of her journey. She is bright, full of laughter, talented at volleyball, and has a zest for learning and reading. I never could have imagined she came from such a background, and it made me want to make a bigger impact.

Through Girls Inc., my passion for inspiring youth has transformed into a dedication to break the pattern of wealth inequality in higher education. I try my best to serve as a positive role model for the girls, whether that is by telling them about different career paths,

holding current event discussions, reading them books, or just offering advice. I love how the girls are unapologetically themselves and accepting of guidance.

I find myself advocating for these girls. Many have been dismissed by adults in the past, so I greatly enjoy being able to appease their concerns that they will be taken care of. Girls Inc. is my biweekly reminder that medicine is so much more than just studying. It is dedicating your time and investing in others' lives. It is making a difference and possibly saving a life in more than just one way.

It is inspiring children to take care of themselves because you care

about them. It is encouraging them to do the right thing and educating them to make healthy, safe choices. This, to me, is our responsibility as physicians one day. □



Synesthesia and Me

BY VIRGINIA FERNANDEZ (OMS-III)

If I told you that Mondays are light violet, sevens are orange, and threes are yellow, you would probably think I have gone crazy. But then I would ask, have you heard of synesthesia? Not many people know what synesthesia is, or what it's like to live with it.

Synesthesia is a neurological condition where stimulating one sensory or cognitive pathway leads to the involuntary and automatic stimulation of another sensory or cognitive pathway. In layman's terms, some people will see colors and shapes as they listen to music or, like me, they can see numbers and letters in colors.

I always thought everyone else was like me, but when I was younger, I had no idea what synesthesia was or that I had it. I discovered it while reading a children's book called *A Mango Shaped Space*, which details the story of a young girl who also sees numbers and letters in color and learns that she has synesthesia and how to embrace it.

This led me down a rabbit hole of googling, and I learned that there are many forms of synesthesia. Some people experience chromesthesia, which is seeing colors or shapes when hearing sounds, while others experience a very rare form called mirror-touch synesthesia, where individuals can feel the same sensations as someone else.

Grapheme-color synesthesia is the most prevalent and most studied. It is believed that these individuals experience a cross-wiring that occurs between areas of the brain referred to as the color and number centers, both located in the temporal lobe and called the fusiform gyrus, which is responsible for object and face recognition. Studies suggest an increase in gray matter in this brain region and demonstrate that synesthesia is more prevalent in women and may also run in families.

How does synesthesia help in medical school? Because I can see numbers and letters in colors, it is easier for me to remember

biochemical pathways and topics such as microbiology, immunology, anatomy, pharmacology, etc. It has to do with the different colors that are assigned to each number and letter.

People ask me if I assign the colors myself, which I do not. For instance, when I look at the number 2, I can't see any other color but green, no matter if I try to change it. The sequence of colors is what really makes a difference in whether I will enjoy or hate a song, like a type of food, remember something for life, or not be able to remember it very well.

For example, 24598 is much easier to recall than 44488 due to the variation in colors. In a way, my decisions and abilities are dictated by color sequences, which sounds crazy, but that's just the way it is.

At the end of the day, being a synesthete is just part of who I am. Some people will understand it, while others will still be confused or intrigued by it. But I am grateful every day for all the color it adds to my life. □

Lessons Learned from the Road

BY SARAH LYNCH (OMS-I) AND JONATHAN BYRNE (OMS-I)

From the day we started dating, medical school was always the goal for us. We aspired to work with patients, serve our communities, and learn everything we could about the human body. But becoming physicians wasn't our only goal. Three months before starting medical school, we decided to live out another one of our dreams: to travel.

With some money we had saved, we quit our jobs, spent weeks building a home in the back of our jeep, and set off for an adventure that would eventually shape how we approached the daunting but rewarding journey of medical school. Below are the lessons we learned living out of our car.

Don't compare yourself to others.

For years, we followed a whole community of "van lifers" on social media, many of whom spent thousands of dollars building out their vans with cozy beds, kitchens, and even bathrooms. When building our own home on wheels, we tried to emulate others, but we quickly learned that our jeep and small budget didn't quite fit the mold.

We had to let go of comparisons and build a home unique to us. At NSU, we've also learned that we can't compare ourselves to others. All our classmates are incredibly talented, and it's easy to feel impostor syndrome. But just like building out our car, we are learning how to be inspired by others while appreciating our own talents.

Plan, but be flexible.

While living out of the jeep, we had to plan for every single thing in our lives—how long we had until we ran out of water, where to safely sleep at night, how much electricity we had left to call our parents. Day in and day out, we had to be extremely organized to make sure we could survive. This strict schedule allowed us to transition into creating a plan in medical school—outlining exactly how many lectures to get through, how many flashcards



to do, where to find practice problems, and more. We've learned to keep ourselves accountable, while also being flexible to adapt when needed.

Learn from setbacks.

We had two attempted break-ins while sleeping in our car. It was terrifying to feel so vulnerable, but we also realized that any adventure worth pursuing will have times that you question if it really is right for you. Medical school comes with its own setbacks, whether it is the seemingly impossible amount of content to learn, or the first exam that really knocks you down. Facing challenges didn't change our desire to travel, just like it doesn't change our passion for learning medicine. We just have to take it one day at a time and learn from failure.

We never thought living out of a car for a few months would have such an impact on the way we approach our life in medical school, but looking back, it makes sense. Both experiences require creativity, risk-taking, and commitment—and they have been more rewarding than we ever expected. □



The Etch-A-Sketch of Life

How to Learn From Your Mistakes

BY ASHLEY HACKWORTH (OMS-II)

I had a love-hate relationship with Etch-A-Sketches growing up. As a child, I remember sitting in the sky-blue lobby of my pediatrician's office. On the table in front of me laid a stack of books, some blocks, and always, an Etch-A-Sketch.

It had an unmistakable bright-cherry-red frame, dull-gray background, and two white, rounded crinkle knobs. As the knobs twisted, a pinpoint magnet would move in the background, dragging along with it bits of aluminum powder that produced a pencil-like line.

I was never too ambitious with my drawing choice. Mostly, I would sketch houses. A simple image, but one that in its simplicity laid the opportunity to draw it to perfection. I'd move the right knob for a vertical line, left for a horizontal, and both inward in perfect synchronicity for a diagonal line.

However, the one function the toy lacked—the thing that always frustrated me as a child—was that once a singular line was laid, there was no way to go back. If you accidentally turned the knob a little to the left, intending to go right, you could not get rid of the mistake no matter how tiny it was. The only thing left to do was to shake the magnetic granules in the background until the entire image disappeared, and then, start over.

Little did I know as a child how pungent a life lesson that Etch-A-Sketch would teach me about adulthood. We have a singular name for it now—failure. It doesn't matter



if you have considered yourself to have failed 10 times or 100. It is the one thing no one is immune to. But the question is, what will you do about it when it happens?

I've come to realize the first step to failure is to accept that you cannot go back. There are no "what ifs" in failure, only "what is." No matter how hard you wish things were different, the only way to move forward is to accept that you cannot change what has already happened.

The second step is to understand what you did wrong and take responsibility for it. In failure, we have to assess what is truly out of our control, and what is truly in our control. Only in doing so can we understand what we did wrong and how to change it moving forward.

Next, give yourself grace. Recognize that despite understanding what you did wrong, it doesn't mean you are immune to making mistakes. They are a natural part of life. The same way a person with a healthy immune system can show symptoms of a cold is the same way the most seemingly perfect human is apt to make a mistake.

The last step requires you to use failure as an opportunity to be better than you have ever been before. Take the "Etch-A-Sketch" of life in your hands, shake it vigorously until you have wiped the slate clean, and this time, instead of drawing just another house, draw a mansion. □

To Be One with Nature

BY SNEH PAREKH, M.S. (OMS-II)

The difficulties associated with the year 2020 cannot be understated. It seemed our lives had reached a sudden standstill due to the inherent fear of the COVID-19 virus. Additionally, starting medical school during this pandemic brought its own unique set of challenges.

Throughout my first year of medical school, I constantly felt as if I was acclimatizing and adjusting to the fast pace of medical school, and there was no slowing down. The days and months flew by in the blink of an eye, staring at the little boxes on Zoom. During that time, the personal challenges were further compounded with the loss of a family member.

This past summer, following the conclusion of our first year of medical school, I set out on a trip to hike and explore Great Smoky Mountains National Park. It was a place I had wanted to visit for many years, and my plans finally came to fruition.

There's something so special about taking time off to detach and immerse yourself in nature. It has a way of healing and refreshing. There's a heightened sensory experience and beauty to it that is unrivaled. It was a breath of fresh air, both literally and figuratively, to finally be able to step outside again, engaging in one of my favorite hobbies.

A few hours into one of my hikes, as I sat down with the cliffs of Alum Cave shielding me from the blistering sun, life finally seemed to slow

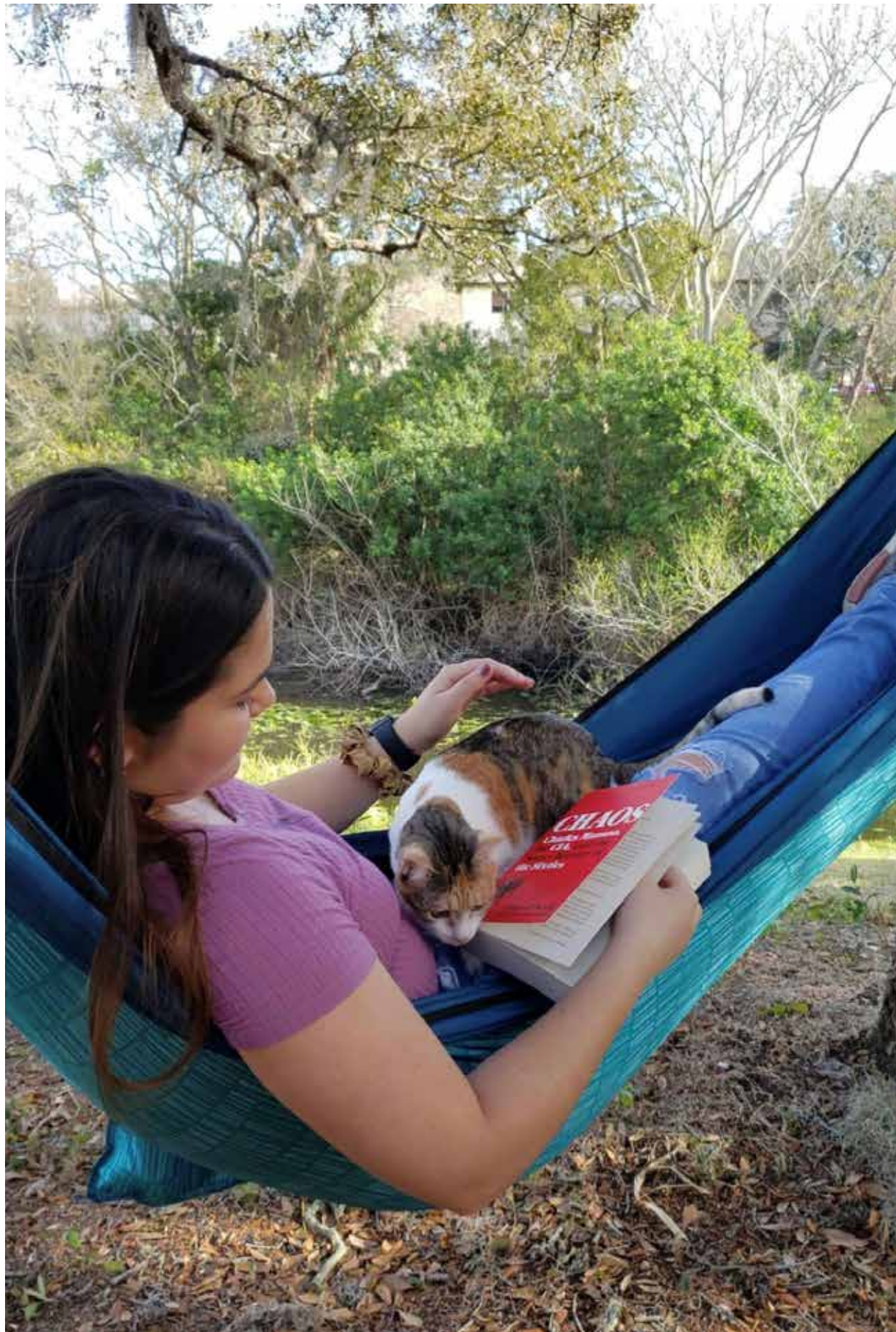


down, and I had the opportunity to reflect on the happenings of the past year. I gained a sense of appreciation for everything I had overcome throughout the year.

As I breathed in the crisp mountain air, I felt gratitude for the personal growth the past year provided. Finally, as the clear skies turned into a relentless downpour,

the experience provided perhaps the most important realization of the trip.

Life comes at you fast, and things can change in an instant. It is ultimately up to us on how we choose to slow things down and live in the moment. And in that moment, I felt at ease knowing the past was behind me. I was exactly where I wanted to be. □



How to Be More Than Just a Medical Student

BY MARIA TICSA, M.S. (OMS-II)

We do not sit in our position without being involved in what feels like a million different things. Our classmates are former student-athletes, talented musicians, avid travelers, and more. This vast array of hobbies and gifts makes us unique, but most of us lose our sparkle once we put on our white coats.

Studying is an obsession that can swiftly consume and control many medical students. The fear of being inadequate in a scholarly sense pushes many to neglect themselves. It removes our sense of option or freedom. How do we stay human? Where do we fit in this time to our tabulated schedule?

So, what is the answer? The key is to understand that throughout this process, even if you are the most productive student, there will always be something for you to complete. In that case, take that one hour a day to sit on your balcony to drink some coffee or read a book, reach out to friends or family, or pick up that instrument that has been collecting dust in the corner.

Without a doubt, it is easier said than done, especially the week before an exam or before a major deadline. Making ourselves a priority is all about the practice of it. Just like with learning a new subject, it is essential to repeat and make a pattern. It will never be perfect, but in order to flourish during clinicals or residency, it's what is needed.

We can be the kindest to ourselves once we overcome the innate response to be the meanest first. As we have been told many times, this is the most amount of free time we will have, even if it is hard to imagine. We are privileged to be able to dedicate our time to studying. Yet, we should always remember that well-rounded doctors are not just in the clinic or in the operating room, but rather how we live our lives in entirety.

It feels as if there is always time to begin caring for ourselves tomorrow, though time is never definite. If this needs to serve as a warning, permission, or words of concern to start today—let this be what you need to start. You have come so far for yourself, and you deserve to celebrate it and thrive.

Physician suicide is not a taboo. Physicians often suffer in silence. They have worked so hard for this position in life and forget that they themselves are patients. I know it is often a funny remark that doctors are the worst patients, but it should be just that.

Just as we will soon teach our patients the importance of physical and mental health, we should do the same. Find your happiness. Find your well-being. You are a human who has hobbies, likes, and dislikes. You are more than just a medical student. □

Studying is an obsession that can swiftly consume and control many medical students. The fear of being inadequate in a scholarly sense pushes many to neglect themselves. It removes our sense of option or freedom.

The Power of Sleep

BY DEVON DURHAM (OMS-I)

A half a millennium later, and Shakespeare’s words still hold true—“Sleep, the main course in life’s feast, and the most nourishing.”

Sleep is often overlooked as a medical professional, underappreciated, and most often takes the back seat during years of training for students. It has been said that humans spend one-third of their lives with their eyes closed—probably a lot less for anyone in the medical field.

The importance of sleep has been well-documented in literature and been proven to be a key to a healthy, happy life. Why is it that, as medical students, we understand this but still find a way to forget how important a good night’s sleep is?

I suppose it is the endless amount of material that is required to be memorized in such a short time. Or perhaps it’s a phenomenon known as sleep procrastination, where the lack of leisure time is spent at the cost of sleep because of such a busy day schedule. Whatever the case may be, it does not discount the importance of seven to nine hours of quality shut-eye a night.

I remember when my two-year-old son Liam was born, I thought I would never have a restful night again. He would wake up every one to three hours needing to be

fed, changed, or suffering from colic. On the rare occasion he did sleep for more than three hours in a row, I would wake up to make sure he was still alive.

After a few weeks of this, bedtime was no longer a pleasant nightly routine that reset my mind, but a dreaded continuation of the day. After a few months of this, my cognition declined, and I regularly forgot minor details throughout the day, like where my keys were placed or conversations I had earlier in the day.

Fast-forward two years, and Liam is finally, as they say, “sleeping like a baby.” Recently, he began pointing to his face around bedtime to indicate the autonomous sensory meridian response videos we watch before bed. These videos have become popular and seem to calm and relax the mind to prepare for bed. It’s funny that at the age of two, Liam naturally understands the importance of a nightly routine.

In addition to keeping a routine, nicotine, caffeine, and alcohol should be limited, a calming environment should be created, daytime naps should be limited, include physical activity into your day, eat a healthy diet, and contact your doctor if you think there are further underlying concerns. □



The Art of Adaptability

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

A few weeks from completing our second semester of “online” medical school. One hour into a two-hour hour exam that was being taken at home due to the pandemic. Deep in concentration.

Suddenly, the piercing sound of the fire alarm fills our ears and sends a shock down our spines. We both quickly come to the conclusion that the message that was supposed to be relayed from our leasing office to the maintenance team, pushing our alarm inspection back a day, was never received.

Now, dealing with the compound effect of the stress of the exam and the anxiety being caused by the blaring fire alarm, we attempt to maintain focus. With time quickly running down and many questions remaining, we both start to panic that all our studying and hard work would be for nothing, and we were reminded of the difficulties associated with attending medical school during a pandemic.

We both soon realized that the alarm would continue, as each unit in the building had to be inspected. We took a few breaths, calmed down, and locked into the task at hand. When we were finished, we realized we achieved much more than just completing another test. We demonstrated our ability to adapt, overcome adversity, and maintain focus and concentration during high-stress situations. These are critical skills to possess and continue to develop as future physicians.

Medical students are no strangers to exhaustion, high stress levels, and difficulty concentrating. As the

semesters progress, and we prepare for a transition away from our didactic and into our clinical years, we strive to demonstrate our adaptability. Our classes themselves require adaptability to be successful. Adapting to the volume of the workload, new systems and different professors, feelings of always being behind, and constantly thinking the knowledge you possess is not enough.

However, life in medical school beyond classwork also requires the ability to adapt. Learning how to balance a healthy lifestyle was a challenging task at first. It is easy to feel like you are obligated to prioritize studying over all else. We had to learn to overcome a heavy workload to make time for friends and family, our physical and mental health, and hobbies.

Over the last few semesters, we have learned that while these breaks may mean less time studying, they allow us to be more efficient during the time we spend devoted to schoolwork. Working more efficiently means working less hours, freeing up the time to overcome new challenges as they arise.

Adaptability is a skill that certainly cannot be developed overnight and may be impossible to master. However, working on this ability every day leads to modest improvements that accumulate substantially over time. Being cognizant of the power of adaptability allows us to develop as current students and future physicians and allows us to maintain focus mid-exam when the alarm starts ringing. □



Adaptability is a skill that certainly cannot be developed overnight and may be impossible to master. However, working on this ability every day leads to modest improvements that accumulate substantially over time.

Finding Peace in Chaos

BY GRANT PATTERSON (OMS-II)



I wouldn't trade my experiences in medical school for anything. I am the happiest I have ever been. I have found a healthy balance between school and wellness, and my family relationships are at an all-time high.

When I received my acceptance letter to medical school, I was beyond excited. I couldn't wait to move across the country, live in a warm place, and start learning how to be a doctor. I thought it was going to be hard, but I had no idea my life would change the way it did. Once school started, things began to pick up rapidly, and I had the tiniest glimpse of what I had just gotten myself into.

People don't understand how rigorous medical school really is unless they are in it or have been through it. My family and friends are excited I'm going to be a doctor, and they joke about me being able to refill their prescriptions and assume I can live a regular life in addition to being a student.

The truth is, I have felt extremely overwhelmed at times. I never know when I have free time until the moment I have it. The urge to compare myself to my classmates is unreal.

Every exam score or grade that gets posted seems to determine my future as a doctor. It is so easy to get caught up in the chaos and to forget why I even wanted this in the first place.

Medical students are merely embarking on a life dedicated to the service of others. It's ironic that we have such a hard time asking for help ourselves, but we certainly need it. Having a good support system in place has never been so important to me. I am grateful for my friends and family who get me through whatever difficult times I find myself up against.

I can't even begin to imagine how different my experience in school could have been without them. They remind me who I am and who I can become. They help me to realize that my grades don't matter as long as I tried my best and learned as much as I could. They listen to all my experiences, both the good and the bad, and remind me I am not alone.

I wouldn't trade my experiences in medical school for anything. I am the happiest I have ever been. I have found a healthy balance between school and wellness, and my family relationships are at an all-time high. I can't believe how much I have accomplished, but I could not have done it alone.

If anyone is struggling through medical school, my advice is to find someone you can talk to. Maybe they can't understand exactly what you're going through or relate to your experiences perfectly, but a listening ear can make all the difference. Sometimes, all you need is a little validation and encouragement to find the peace in the chaos around you. □

From 5 to 50 Minutes Finding Peace in What You Can't Control

BY LAURA GORENSHTEIN (OMS-III)

My medical journey started simply. The five-minute commutes to classes were quick and allowed me to remain focused on my goal, while also giving me the luxury of a safe haven I could easily retreat to if needed. This became my routine and gave me a sense of control in my medical journey.

As I progressed to my clinical years, however, these small journeys evolved. They were no longer the quick breaks I had become accustomed to, but instead, turned into long treks and impeded my focus. I found myself frustrated sitting in stagnant traffic on I-95 for hours each day, confused on the best approach to handle my situation.

To me, these were wasted hours I could no longer utilize to study or exercise, and I found myself slipping behind the curve. I would spend the

drives to and from rotations actively thinking about all the things I could be doing had I not been stuck in traffic. However, as my days in traffic continued to unfold, I found myself looking forward to these moments for a sense of peace.

The sense of control I had built over the first two years had now dissolved, but I was strangely okay with it. These long commutes now became breaks for me where I could slip away from the medical world and relax. I was able to call my parents, listen to interesting podcasts, or just sit alone with my thoughts—all things I certainly did not have the time for once I got home and could get to work.

While those initial five-minute commutes gave me control and structure, these longer commutes have given me a sense of peace and



reflection. Although many things in life cannot be changed, our mindset can impact what comes of these situations. Our minds are our most powerful tool, and if we can learn to create positives out of negatives, we can create the best life for ourselves despite what life throws at us. □



The Cost of Seeking Help in Medicine

BY DAWN GOODFRIEND (OMS-II)

To say medical school is stressful is an understatement. The grueling process to get into medical school takes years of hard work, and a bright-eyed first-year student might believe his or her hard-fought battle is almost over.

However, medical students can tell you that the competition, expectations, and stress only increase exponentially as they traverse the cutthroat, yet exhilarating, learning process of becoming a physician.

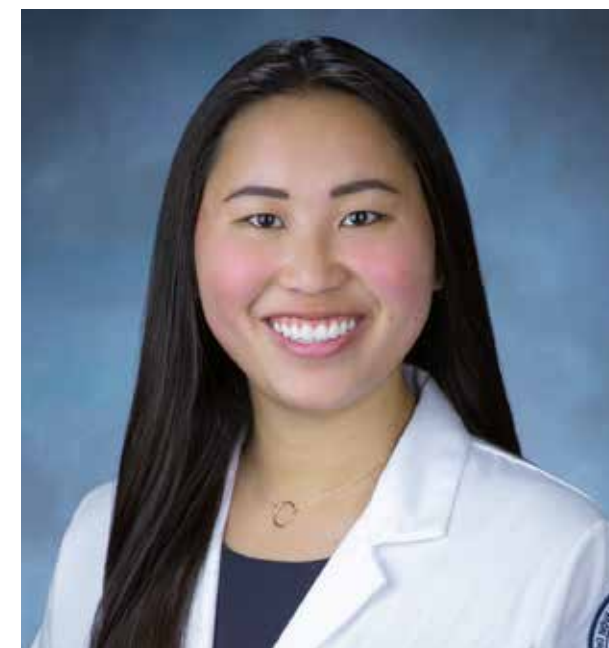
Underlying this laborious achievement is everyday life. To quote John Lennon, "Life is what happens to you while you're busy making other plans." Life does not stop because of medical school. Life, death, celebration, harrowing news, and the mundanity of figuring out what to eat each night underlie all student's lives as they move through medical school.

Students often turn to advisers, mentors, and peers for advice on how to navigate the challenging school-life balance. Yet, there is a disconnect between students who reach out for professional help and those who only express their woes to close confidants. Students understand that even the slightest blemish on their records could feasibly damage their chances of obtaining one of the coveted residency spots for which so many students are relentlessly vying.

One would be hard-pressed to find a medical student who has not uttered, "If I just make it through this" or "It'll be okay once (fill in the blank) is done." This survival mentality is a breeding ground for mental, physical, and emotional health decline, physician burnout, and the deferred process of seeking professional help.

Even before medical school, it's not uncommon to hear of premedical advisers counseling students against seeking accommodations, medications, therapy, or professional support, because these may harm their chances of getting into medical school. While many medical schools offer support systems and guidance for students, many students are deterred by the stigma and fear of utilizing these services. The belief that obtaining licensure is more difficult once utilizing these resources is often echoed amongst students and physicians.

Every student experiences self-doubt and fatigue, since the sheer volume of information is enough to overwhelm even the brightest minds. However, when students experience significant losses, miss out on celebrations, or receive life-changing diagnoses, they are expected to



As a society, we need to place more emphasis on reducing the stigma around prioritizing our health. We can shift the narrative from seeking aid for mental health as a sign of weakness to a sign of strength, self-reflection, maturity, and wisdom.

compartmentalize and carry on stoically, since that is the demeanor expected of these future physicians.

Reducing the fear and stigma of seeking help for students in premedical, medical school, and residency are even more crucial now as we learn to coexist with COVID-19. The obvious and understandable increase in mental health crises that has been observed over the last two years cannot go overlooked. If the pandemic taught us anything, it is the value of our health, family, and community.

As a society, we need to place more emphasis on reducing the stigma around prioritizing our health. We can shift the narrative from seeking aid for mental health as a sign of weakness to a sign of strength, self-reflection, maturity, and wisdom. □

It Never Gets Better

BY MATTHEW LE (OMS-III)

***It* will not necessarily be better or worse today than it was yesterday, and why should that matter? Why would you ever place so much concern over something you may never have any control over?**

Clickbait title aside, from the time I entered medical school to now, there's a common question I've heard more often than not: "Does it ever get better?" There have been other variations/statements tossed around here and there, such as "It only gets worse from here on," "This is as good as it gets," and so on.

Regardless of how the topic is brought up, I always find myself having a visceral reaction to the way *It* is addressed—*It* being a whole plethora of things that cannot be summed up in a simple sentence. Whether *It* be the work, the stress, the anxiety, and whatever else can cause worry, the way we center a conversation around how the changes *It* supposedly goes through in relationship to our growth is what grinds my gears.

If we keep relying on *It* to become better, we confine ourselves to this waiting game in which we just survive as long as possible and run the clock in anticipation that everything will be better. Another way to express this idea we run into on a daily basis is to "have a nice day." Although it's a common sentiment, it ends up reinforcing this idea that whatever happens is what's going to affect our mood as a whole.

So then, with each time we go to bed, we develop this dependence on hoping for the next day to be better than the last and continue this odd cycle of hoping that the universe is kind to us in the very near future. To be quite blunt with what I'm trying to say, because there's no other way of saying it, why should the universe care to be kinder?

It will not necessarily be better or worse today than it was yesterday, and why should that matter? Why would you ever place so much concern over something you may never have any control over?

The things you have control over are yourself and your personal growth in the face of *It*. It doesn't matter if *It* gets better, so long as you get better. And that has always been the case, although that message is not often promoted.

We often look back at previous academic struggles and think, "Man, it was so much easier back then compared to



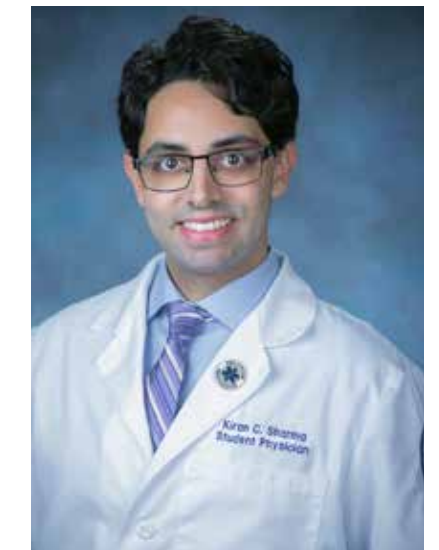
now," but truth be told, the content or concepts changed since the last time you saw it. You simply became better at that particular thing, so it only seems easy in retrospect. So, why don't we ever use that same logic and apply it to the present and future to remind ourselves we will be better with time and effort?

Granted, there are more unknown variables whenever we mention the future, so that begs the question: "How will I know I'll be well enough to face *It* when the time comes?"

You won't. All we can do through struggling is to place the same faith we had in "*It* gets better" and redirect it into "I'll be better" for whatever the situation calls for. And coming full circle to the day I entered medical school, I think that it's an unsung blessing going through intense training to recognize that, with time, you develop the skills and awareness necessary to be prepared for *It*. □

The Power of Friendship

BY KIRAN SHARMA (OMS-II)



The power of friendship certainly makes medical school even more worthwhile and enjoyable. For me, it has nurtured a sense of collaboration that will be imperative in the real world.

Medical school is known for fostering competition and independence. In my opinion, however, I find the field of medicine to also depend on friendship and collaboration.

It is such an honor to learn about eons worth of customs and to care for individuals. We have a common goal. We will get to help people for a living. How great is that? I know for a fact that I could never do it alone, and I certainly do not want to. I love and care for all of my friends in my class, and I am so glad we are all working together.

Following my first semester of medical school, I ended up meeting some of the kindest souls in the world. We were all in the same boat, and I felt as if COVID-19 brought us together. Although the majority of our interactions were over Zoom, I felt it was

more of an opportune time to bond rather than be distant.

My study methods were originally independent, and I would either make outlines or verbalize notes to myself. Following the first semester, I could tell my enjoyment of studying alone was starting to fade. I had a passion to teach others and meet more students in my class.

Enter the get-togethers at my apartment. I would have some students stop by my place, and we would rearrange the position of TVs and tables to create a more open setting for studying safely. Some of my friends would invite their buddies over, and I would meet them and become close to them as well. I won't forget the day we discovered some delicious frozen wings at Publix, and we would treat ourselves every time we completed a

study session—especially for our Cardiology course.

As time passed, the study group grew increasingly larger. We are currently eight strong. We bestowed our group with the name The Council. To me, my friends are like family, as we tend to interact outside of class and relax after exams. Whether it is us grabbing a nice bite of Korean barbecue to laughing our butts off during stressful exam studying, I am so lucky to have met them all.

The power of friendship certainly makes medical school even more worthwhile and enjoyable. For me, it has nurtured a sense of collaboration that will be imperative in the real world.

Thank you to all of those I have met and who I have yet to meet. We will achieve our goals of becoming physicians, together. □

A Warm Welcome

BY ZEHRA KHOJA (OMS-II) AND ZEHRA RIZVI (OMS-II)

Most of us can say we've never had to wonder where home is. Most of us can say that when we look around, we recognize where we are. Most of us can say that we haven't seen war outside of our windows. But for thousands of Afghan refugees arriving in the United States since August 2021, they can't say the same.

On August 14, days after the United States pulled our troops out of Afghanistan, the Taliban seized the capital and the largest city in Afghanistan—Kabul. Kabul's gorgeous mountain ranges provided a stunning, but striking, contrast to the fear many of its people felt the following week.

In the past year, more than 600,000 Afghans have fled their country, and there is an estimate of at least 80,000 who were resettled in the United States by October. So, while many of us can't imagine the fear and the grief of losing our homes, years of hard work, and the only land we've known as home, we can try to share their sorrow and help them build their new lives here.

As future physicians whose goals are the well-being of all our patients, wherever and however they come to us, we, as the Executive SGA Board, decided to hold a clothing drive in an effort to help do what we can in easing this painful transition for the refugees. While it may seem trivial in the face of what these people have survived, we hoped it might make one less thing to worry about in what must be a staggering move.

Our monthlong drive in September was met with an overwhelming response from the students, as well as the faculty members, and reminded us again of the warm hearts we have here. We received a literal mountain of clothing, which the Executive SGA Board, along with some wonderful student volunteers, sorted into 32 large boxes between the two campuses.

Our Fort Lauderdale/Davie Campus was able to donate these locally to Afghan refugees arriving in Miami via Florida Community Changemakers and Who is Hussain Miami, which distributed the donations directly to refugees. This drive was part of the larger Med Students Supporting Afghan Refugees Initiative, which was done in collaboration with all SGA

student leaders across both campuses and raised an incredible \$11,200.

We (the Zehras) want to thank everyone who participated in the clothing drive. While this project was directed by us with the help of Aja Erskine at the Fort Lauderdale/Davie Campus and by Nadia Azara and our counterparts at the Tampa Bay Regional Campus, we and the Executive SGA Board could not have made this a success without the enthusiastic support of everyone who donated.

This was an initiative very close to our hearts, and it was incredible to have students reach out to us and get involved, while also having other organizations from NSU donate. We hope we get to see the results of our students' advocacy and love for people repeatedly. □



The Smokeless Stove Journey

BY KARINA MOREIRA (OMS-I)



There are many things we take for granted. Breathing is one of them.

I realized this when I visited Guatemala in 2019 for a family friend's nonprofit organization called The Doppenbergs in Guatemala. It was the first time I ever left the United States and was exposed to such different living conditions than I was used to. Families living in the village of El Salitrillo had open firewood stoves within their homes for heat and cooking, and I didn't realize what an impact these conditions had on their respiratory health until I volunteered at The Doppenbergs' clinic.

Twice a year, this nonprofit provides free health care services to individuals in El Salitrillo and other neighboring villages, and every year, the statistics related to respiratory illnesses are alarming. When I

visited, I saw so many parents and children come in for breathing issues—usually having soot in their noses and ears from the open firewood stoves.

The Doppenbergs not only focused on providing health care to these individuals, but also decided to provide preventative care by fundraising and donating smokeless stoves to the families who came in with respiratory illnesses due to these open firewood stoves. Seeing firsthand how this affected the families' health made me realize I wanted to do more.

This led me to start The Smokeless Stove Fundraiser. I wasn't exactly sure how to get started, but once I joined the Underserved Medicine Club, I knew it was a great place to start. I was able to talk to the club's board members and bring the Doppenbergs to one of our general meetings to inform the members of their service and of their smokeless stove project.

Once the fundraiser idea was introduced, I had to work on all the small details—with major help along the way, of course—such as making flyers every week, figuring out the

best way to spread the word about the fundraiser, and deciding what other clubs to collaborate with. Once everything started coming together, I was able to launch the monthlong fundraiser.

Working with the Doppenbergs, we agreed that whatever we were able to fundraise, we would be grateful for, because it would help at least one family. Since I was a first-year student who didn't know many people, we weren't planning on the fundraiser to gain much attention. We were so wrong.

At the end of the month, we were able to raise more than \$700 toward the smokeless stoves, helping more than three families in need. My first fundraiser was a success with the help of so many clubs, students, friends, and families who participated and donated.

This fundraiser not only helped families in need, but helped me adjust to my first year at medical school by having me meet so many people and making incredible friends along the way. The Smokeless Stove Fundraiser made a difference in several families lives, as well as mine. □



The Silent Load

BY GIGI PENDLEBURY (OMS-III)

There's a silent load in medicine
It ebbs and flows
Years and years of hard work
Full of highs and lows

The sacrifices come in so many forms
Being pulled away from family and my home
Missed moments, special events, always feeling torn

Yet you must keep moving—
more to learn, more to juggle
The mental load builds and builds
It often seems there's just no time to struggle

“This too shall pass,” they all say
My doubts creep in and I question,
Are these feelings appropriate, every day?

The burnout hits when it was supposed to be getting
exciting and fun
Out of the classrooms and into the hospitals
And somehow, I just want to be done

Back home with my baby
and soaking every moment
Cherishing every word, every hug
There's a deeper pain within—it all feels stolen

It's the melancholic joy of seeing fellow mamas move
onto baby #2
While you're out and off to the ICU

How beautiful, baby #3
And I start to wonder if that could ever be me

Family support may fail—more than once
Many say, “Don't expect them to get it.”
Perhaps there is strength and courage
to be found in these moments, if you let it

Through this silent load, we must find our voice
We have an inner strength, look within and dig deep
Stay empowered and strong—it's all a choice

So, for now I will take a deep breath and dig deep
“You can do this Gigi,” I'll say, again and again
I'll rejuvenate, protect my peace, and of course,
get more sleep

I pray one day I'll look back
on a life beautifully designed
Full of sacrifices and a love for medicine
A space where I truly shined



SOAP Note Haiku

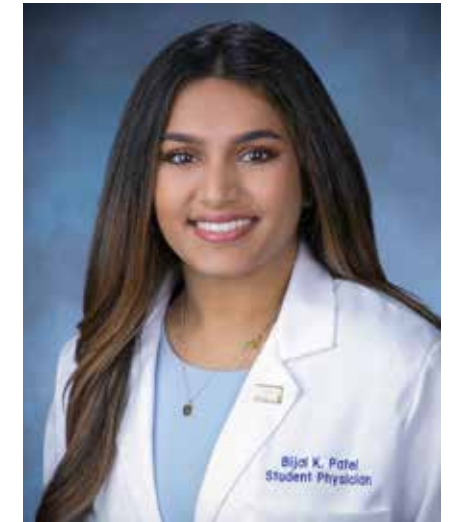
BY AAKANGSHA JAIN (OMS-III)

Neck pain, hot, confused
Need a lumbar puncture STAT
Encephalitis

She

BY BIJAL PATEL (OMS-II)

She,
there's no name,
no face,
just a shadow of a thought that creeps out of the dark
when things finally seem to be going “good,”
whatever that even means.
She's a temptress,
a seducer,
her siren song trying to pull you back to keep her company.
you fight.
you're stronger than before,
she won't get to you.
no!
She pulls.
you resist.
She lets up.
you're surprised.
She hooks her claws into you before you grasp what's happening.
She whispers with her cold chilling breath
and the flood gates open.
everything you bottled up rushes out,
it doesn't stop.
It pours like a never-ending stream,
it's only a matter of time
before you get caught in the rapids
and lose control.
minutes pass,
it doesn't stop.
you look to see if there's someone to save you,
there's no one.
no one,
your deepest fears come alive
as the waves come crashing down
while you struggle to gasp for air.
seconds pass before you're submerged,
no matter how hard you try, you can't surface.
you're under.
feelings of helplessness and panic
drown reason and logic,
it is the end of it all.
there is no one.
you're alone.
but wait...



the light is getting brighter,
the water is getting warmer,
you feel a hand around yours swiftly
pulling you onto land.
you look around,
its serene,
like nothing happened.
She lied...

She lied.

(“She” is a poem that dives into what a moment of anxiety might feel like, so convey the message to those who might have difficulty understanding what someone means when they say they are anxious, and relate to those who have anxiety with no way of explaining it to others.)



Top row, left to right: Assad Ali and Landen Burstiner
Bottom row, left to right: Brittany Derynda and Lohitha Guntupalli

Third-year student **Assad Ali**, M.S., in collaboration with the Cleveland Clinic: Rose Ella Burkhardt Brain Tumor & Neuro-Oncology Center, coauthored the manuscript “Impact of KRAS Mutations Status on the Efficacy of Immunotherapy in Lung Cancer Brain Metastases.” The research was published in *Scientific Reports*, which was listed as the sixth most-cited journal in the world in 2020.

Fourth-year student **Landen Burstiner** received a first-place student research poster award for his project “Medication Usage in African American Inflammatory Bowel Disease (IBD) Patients” during the American Osteopathic Association’s OMED21 virtual conference held October 22–24.

Third-year student **Brittany Derynda** coauthored the review article “MR-Guided Radiation Therapy for Oligometastatic Malignancies,” which was published in the September issue of *Applied Radiation Oncology*.

Second-year student **Lohitha Guntupalli** was inducted into Omega Beta Iota, the National Osteopathic Political Advocacy Honor Society. Members are selected based on academic excellence, leadership, and excellence in political advocacy/involvement. Guntupalli was selected due to her membership in various organizations, grassroots political activism, and participation in political events at the national level.

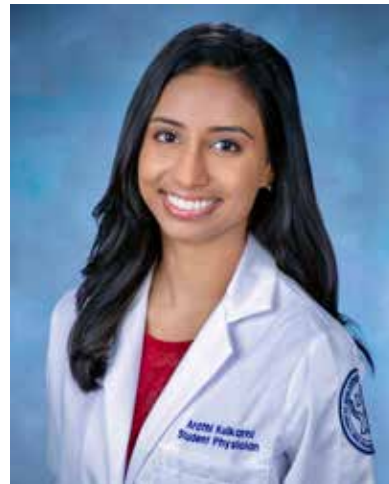


Top row, left to right: Amy L. Hobday and Dylan Irvine
Bottom: Aakangsha Jain

Third-year student **Amy L. Hobday** served as primary author of the article “The Link Between Diabetes Mellitus and Tau Hyperphosphorylation: Implications for Risk of Alzheimer’s Disease,” which was published in the *Cureus Journal of Medical Sciences*.

Second-year student **Dylan Irvine** served as first author of the manuscript “Longitudinal Associations Between e-Cigarette Use, Cigarette Smoking, Physical Activity, and Recreational Screen Time in Canadian Adolescents,” which was published in *Nicotine & Tobacco Research* and indexed in PubMed. He also coauthored the article “Anesthesia Pain and Safety Considerations in Cancer Patients,” which was accepted for publication online and in print by the Anesthesia Patient Safety Foundation newsletter. Additionally, he presented his projects, “Longitudinal Associations Between e-Cigarette Use, Cigarette Smoking, Physical Activity, and Screen Time Among Canadian Adolescents” and “Gendered Associations Between e-Cigarette Use, Cigarette Smoking, Physical Activity, and Sedentary Behavior Among Canadian Adolescents” at the virtual 8th annual International Society for Physical Activity and Health Congress on October 14.

Third-year students **Aakangsha Jain** (lead author) and Assad Ali (coauthor) had their manuscript “Percutaneous Balloon Compression Technique Using Intraoperative Contrast DynaCT for the Treatment of Trigeminal Neuralgia: Initial Experience” published in *Neurosurgical Review*. The study was conducted alongside neurosurgeons and neuro-endovascular interventionalists at Cleveland Clinic Weston.

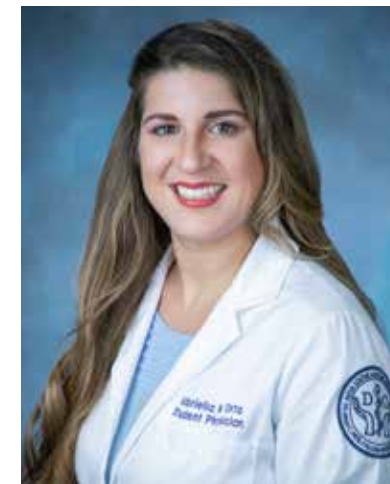


Top row, left to right: Arathi Kulkarni and Shuchi Patel
Bottom row, left to right: Elias Makhoul and Jason Marcus

Second-year student **Arathi Kulkarni** and third-year student **Shuchi Patel** coauthored the article “Current Pharmacological Approaches and Potential Future Therapies for Celiac Disease, which was published in the *European Journal of Pharmacology*. Kulkarni also served as first author of the abstract “Current Pharmacological Approaches and Potential Future Therapies for Celiac Disease (CeD),” which was presented at the Florida Osteopathic Medical Association Virtual Annual Convention held February 4–6, 2022. The abstract highlights the preclinical research and clinical trials being conducted and specifies the mechanism of emerging pharmacological therapies for CeD.

Third-year student **Elias Makhoul** and Suzanne Riskin, M.D., assistant professor of internal medicine, coauthored the chapter “Scribblez ’n Scrubz” in the book *Teach Medical Science with a Sense of Humor: Why (and How to) Be a Funnier and More Effective Medical Science Educator and Laugh All the Way to Your Classroom (Vol. 1)*. The chapter contains originally drawn cartoons that are accompanied by commentaries that allow the reader to become aware of the real experiences students encounter while completing medical school. It is available for purchase on Amazon at bit.ly/medical-humor-1.

First-year student **Jason Marcus** presented his project “Preventing a Spinal Fusion on a 39-Year-Old, Lumbar Decompression and Basivertebral Nerve Ablation: A Case Study” at the Fifth Annual Mayo Clinic Multidisciplinary Spine Care Conference in Amelia Island, Florida, on November 13.

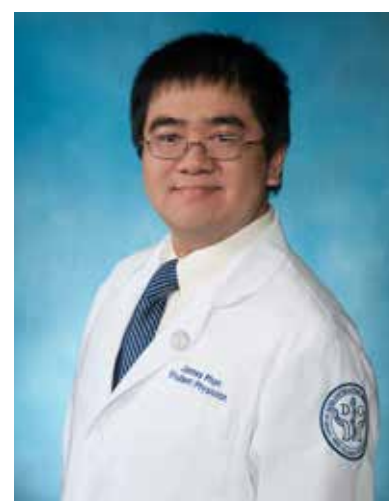
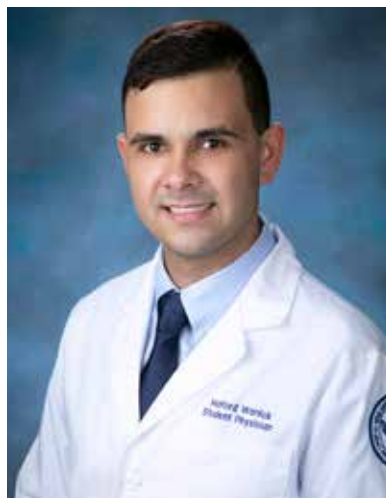


Top row, left to right: Gabriella Orta and Mara Seat
Bottom row, left to right: Elham Shams and Sabrina Bonnice

First-year student **Gabriella Orta** was awarded the 2021 Student Osteopathic Medical Association (SOMA) New Member Scholarship sponsored by the Advocates of the American Osteopathic Association. Award recipients are selected based on new SOMA membership (2020–2021 academic year) and their potential leadership skills within the osteopathic medicine field.

Third year student **Mara Seat** coauthored the case report “A Case of Obstructing Candida Glabrata Bladder Mucus Treated with Intravesicular Amphotericin-B,” which was published in the October issue of the *International Journal of Innovative Research in Medical Science*. She also coauthored the abstract and poster “Confounding Factors That Can Be Attributed to the Rise and Fall of COVID-19 Incidences Within Florida Counties,” which was presented at the Southern Medical Association’s Physician in Training Leadership Conference at Tulane University in New Orleans, Louisiana. She coauthored the projects with fellow third-year students **Alana Barclay, Julia Nordhausen, Balawal Qaiser, Benjamin Rivera, Aveen Salar, Christopher Schwab, and Samantha Sostorecz**.

Second-year students **Elham Shams** and **Sabrina Bonnice** coauthored the article “Diuretic Resistance Associated with Heart Failure,” which was published on January 18 in the *Cureus Journal of Medical Science*.



Top row, left to right: Halford Warlick, Megan Young, and Riley Marotta
Bottom row, left to right: Isaac Lee and James Phan

First-year student **Halford Warlick** served as first author of the abstract “Application of Gabapentinoids and Innovative Compounds for BZD Dependence: The Glutaminergic Model,” which he coauthored with second-year students **Stefanie Filoramo**, **Ryan Knipe**, and **Rudresh Patel**. The abstract was presented at the Florida Osteopathic Medical Association Virtual Annual Convention held February 4–6. The abstract emphasizes the importance of clinician awareness of chronic benzodiazepine use and ways to taper patients off these medications effectively with gabapentinoids and alternative compounds.

Third-year students **Megan Young**, M.S.; **Riley Marotta**, M.S.; **Isaac Lee**, M.S.; and **James Phan** coauthored the manuscript “Differences in Attitudes of Frontline Clinicians, Health Care Workers, and Nonhealthcare Workers Toward COVID-19 Safety Protocols” in the *Cureus Journal of Medical Science* in January.



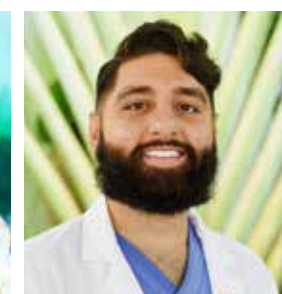
Jain, Torres Receive Recognition at AOF Honors Gala

On October 22, third-year students Aakangsha Jain and Janelle N. Torres received significant recognition at the American Osteopathic Foundation’s Virtual Honors Gala.

Torres was one of five recipients of a \$10,000 William G. Anderson, D.O., Minority Scholarship, which honors minority medical students who are working to eliminate health care disparities and enhance patient-centered care for all. Torres said her background as the first-generation daughter of minority immigrants instilled in her a “commitment to giving back to others through service.” Her KPCOM leadership roles include serving as president of the Pediatrics Club, executive secretary of the Hispanic Osteopathic Medical Student Association, and executive secretary of the Students for a National Health Program club.



Jain received the Presidential Memorial Leadership Award, which honors osteopathic medical students who are making strides toward becoming top student leaders by motivating people and organizations to move from where they are to where they need to be. Jain’s KPCOM leadership activities include serving as treasurer of the Student Government Association and national liaison officer for the Student Osteopathic Surgical Association. She previously served as president of the KPCOM’s Sigma Sigma Phi chapter.



Ahamed, Tawakalzada Named KPCOM Student D.O.s of the Year

Third-year students Nadia Ahamed and Aneil Tawakalzada were named Student D.O. of the Year at their respective campuses. Ahamed was her peer’s choice at the Tampa Bay Regional Campus, while Tawakalzada was the selectee at the Fort Lauderdale/Davie Campus.

Ahamed and Tawakalzada will now represent the KPCOM in the national Student D.O. of the Year competition and have the opportunity to vie for the national award at the American Association of Colleges of Osteopathic Medicine’s annual conference taking place April 27–29 in Denver, Colorado. The national Student D.O. of the Year award honors and recognizes an osteopathic medical student who is committed to the principles of leadership, community service, dedication, and professionalism.



Kunis Earns KPCOM Student Researcher of the Year Honor

Third-year student Gregory Kunis, who served as an osteopathic principles and practice fellow, was selected as the Student Researcher of the Year at the Fort Lauderdale/Davie Campus. He currently serves as a peer review intern for the Osteopathic Family Physician Journal.

Kunis, who previously showcased his research abilities by working as a student researcher at the Cleveland Clinic in its Department of Orthopedics, has given two oral presentations in the past year and is slated to present another at the Southern Medical Association’s Physicians-in-Training Leadership Conference at Tulane University in February.

He has been published 16 times and presented 26 posters during his time as a KPCOM student. His extraordinary academic achievements and dedication to sharing his knowledge about the advancement of medicine helped earn him this prestigious honor.

Because of his win, Kunis had his award application submitted to the Council of Osteopathic Student Government Presidents’ (COSGP) National Student Researcher of the Year competition. The COSGP is the official national leadership council of the American Association of Colleges of Osteopathic Medicine and is the only organization that represents all osteopathic medical students.

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