



STETHOS



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Cleveland Clinic Lerner College of Medicine
of Case Western Reserve University

2017





Reflections

Nemat Sharaf | Class of 2018



Issue No 7
2017

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Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

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Front Cover Artwork

Doc?

Julian deBacker | Class of 2017

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Nature, Nurture, Growth and Development – Iteration of life and iteration of our profession

James B. Young, M.D.

Professor of Medicine & Executive Dean
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This, the 7th annual edition of the Cleveland Clinic Lerner College of Medicine medical humanities journal, has a theme of life's iterations – both of its very core of existence and, more narrowly, our profession of healthcare. As has become tradition, this issue is again one of teamwork. First, the squad of talented editors (our students) and second, an eclectic amalgamation of classmates, faculty, local authors, and artists. Each brings a unique focus and perspective to life and, in particular, the healthcare profession. They add the beauty of our humanities to the experiences we've had and impressions they've made.

I thought of my first read of this latest *STETHOS* edition while driving to, and then again from, the Clinic one recent day. Coming in early and well before sunrise I was racing through the back streets of Shaker Heights where I often see scampering deer snacking in on manicured gardens before the commute traffic begins in earnest. There was a big Mama with her very young fawn ambling obliviously across the street. There

was no buck. It was the cycle of life right there in the button upped suburban neighborhood. Then later, on my way home in the early evening with clear blue sky overhead and while waiting at the intersection of Shaker Boulevard and Warrensville Heights road (which was beset with bad traffic) I saw her and the fawn again. This time Mamma was cautiously teaching her child and student to hesitantly cross the road with traffic madly swerving about. They made it. And thus the cycle and seasons of life and nature, nurture, growth and development play out. So it is here at the Clinic and Lerner College of Medicine and in our profession. Many here have pondered this cycle of life, and that seems the purpose of *STETHOS* the 7th. It reminds me of Brunt Norton and East Coker, two of T.S. Eliot's better poems appearing in *Four Quartets* which was published in 1943. Poems written during World War II. They are a bit melancholic but have themes of faith, the meaning of time passing, and the cycle of life. *Burnt Norton* opens with the lines –

“Time present and time past
Are both perhaps present in
time future,
And time future contained in
the past.”

And *East Coker* starting with –

“In my beginning is my end.
In succession
Houses rise and fall, crumble,
are extended,
Are removed, destroyed, restored,
or in their place
Is an open field, or a factory, or a
by-pass.
... (and then ending)
In the end is my beginning.”

And so, from another Eliot favorite, *The Love Song of J. Alfred Prufrock* –

“Let us go then, you and I,
When the evening is spread
out against the sky
Like a patient etherized upon a
table;
...

Oh, do not ask, ‘What is it?’
Let us go and make our visit.”

Let us go then you and me to
watch and partake in this cycle of
life while privileged to be on the
stage of our profession. *Stethos*
the 7th will help us understand
that honor.

INTRODUCTION Editor's

Welcome to the seventh issue of *Stethos*, the medical humanities journal of the Cleveland Clinic Lerner College of Medicine.

We hope you enjoy this year's curation of pieces. During our first editors' meeting this year, we discussed the idea of developing a theme for the issue. After brainstorming, we chose Nature and Nurture: Growth and Development, which complements the reflective practice encouraged at the Cleveland Clinic Lerner College of Medicine (CCLCM), and allows us to showcase the journey that each person undergoes throughout medical training and practice. The experiences and reflections presented in this year's issue are from people at various points throughout their training and from various fields, but there are similarities throughout all of them. Many students reflected on the role of the medical student, feelings of helplessness, and gratitude as they grow throughout medical school, while faculty offered wisdom and perspective of the sort that only comes with time and experience.

For our student and non-student readers alike, we are excited to present a snapshot of our culture to you in one of our feature pieces. This work is a collection of student submissions, which capture the essence of CCLCM. By describing the intangible with metaphors and similes, we hope to represent the feeling of learning in our unique environment and have fun in the process. This year's "A Different View" sections features work by Dave Lucas, a Cleveland-based poet whose work in this issue reflects on life and suffering while weaving in the influence of Greek mythology.

Thank you to our wonderful contributors and readers both. We hope you enjoy this issue of *Stethos* and look forward to reviewing next year's wonderful submissions.

Best regards,
The Editors

6'6", 380 pounds, fists the size of (something very similar to but definitely not the cliched comparator) hamhocks. In the 90s they taught linemen to hit with straight arms and locked shoulders, because physics wins games and pain, after all, is glory. What was left after those four years of championship? About 8% of a labrum, and a complete inability to raise the elbow above the shoulder.

Later, kids came. Daddy's still a big man, still 6'6", still a robust test for car suspension springs everywhere. He's had his shoulders cut into, dug out, tacked back together over and over. Track marks on the shoulder joints: hydrocortisone junkie. Can't lift a damn thing. Now the kids are strong enough to hang around his neck and jump up on his back. Missed that stage when you throw babies up in the air, but no big deal --- comes around only one time anyway, and the kids won't remember.

Robust --- there's that word again. From Olympian strength, setting records in the gym that took a decade to fall (I remember, because I was there for both

events), to excruciating pain trying to set the bread on top of the fridge. That there leans toward the right of the virile-to-castrated spectrum.

There's much more to a man than physical strength, as everybody knows. But loss of viable moving power, stopping just short of paralysis, does more than hinder shopping for top-rack cereal. It is a false delusion that Archimedes' Lever will move itself, regardless of how ingenious the design. Sarcopenia, they now say, is the number one cause of disability and loss of quality of life in the elderly. But in a 35-year old? With how many decades ahead? How long a prolonged feeling of uselessness, of bitter nostalgia, of frustration and hope and frustration again?

I watched most of this from afar. I gloated, a bit. I got out of that game long before it could ruin me, traded it for music and photography and mathematics and anarchy. I pitied, a bit. This dude, who could once move mountains (and not by the power of faith alone), sometimes needs me to move a couch. I recoiled, a bit. I studied his

injury, his decrepitude, this grotesque combination of mass and weakness, and vowed to not let it take me too. I probably overshared some of the things I found. I was probably one of those know-it-all bastards who think they have panaceal tricks you haven't heard of just because they have college degrees. Hate those guys. Now that I am older, wiser, and just on the brink of breaking the fourth wall in an essay, I can also see that he is wading through the wreckage like Skywalker fending off a dianoga on his way out of the trash compactor. Life is a continual sloughing off of the self, whether we're mystically inclined or not, and incessant self-(re)creation. What should I do next time I see him? "How the hell are ya?" If the shoulders come up, ask "What else? Tell me more." (he won't know it's a cliché). And then listen. Because I have been watching from afar, and guessing, but I don't have a damn idea how he actually feels.

She has come for a scheduled medication refill, but mentions that she still has plenty left. It has been harder to remember to take them since the passing of her late husband. Caring for him anchored her activities, and she recalls that she only remembered her own pills because she remembered his.

Untethered now, she drifts easily into memory during our conversation. A smile appears on her face, a glimpse of submerged life. There is no one left to talk to. Some friends have moved away, lost touch, others have passed or have been forgotten.

Drifting through days that stretch into long nights, she moves about her house like a ghost, accompanied by the low buzz and distant glare of the evening news. She prefers to watch birds pass through her garden, but even they visit more rarely now. I think that soon she will fold into herself and dissolve.

Her previously controlled hypertension is slightly up now, but she has no complaints. I wonder briefly if there might be an ICD-10 code for social isolation. For loneliness? I want to reengage her. Can I make her a Facebook account and try to track

down some of the players in her memories? Could she volunteer somewhere? Join a church group? I have never seen dementia in a patient, but I do not think she is confused. I think that her mind has been released from reality by the absence of relationships that once gave it meaning, and these old friends now beckon only from her inner world.

The refill that she does not need yet is sent to the pharmacy. When she rises to leave, I have the feeling that we have forgotten something important, but there does not seem to be anything left to say.



Merced River, Yosemite

“We’ll still fly back a few times a year for checkups.”

“Good. You’d scare the shit out of some poor PCP in Sonoma.”

“Exactly.

You know, my life changed when I came here.

It was the first time I felt like a prize, like the docs actually wanted to see me. Before, they would get pissed and pass me off before I started cutting into profits.

He, on the other hand, finally looked at me as a whole person, not just a weird case that was going to take up two patient slots.

I mean, I get it, I’m a zebra.

But zebras are people too.

Don’t forget that, ok?”

“Deal.”

Laugh it off Francis May | Class of 2021

(Patient info has been altered)

A medical student is a student-doctor. A student-doctor is not a doctor. I am a medical student. “Hello Doctor,” the patient says. I already know his name, and his age and what medications he takes and what his vital signs were when he arrived at the clinic today. I know he had a cancer that has gone into remission, and that he is here with his female friend of many years. She is seated, but stands and releases one hand’s grip on her thick manila folder, doubtless containing my patient’s medical records, to shake my hand. She smiles.

“I am a medical student,” I begin to say, looking at her and my patient. I gesture towards my preceptor, the doctor, walking into the room behind me, and I explain my role; that I am here to learn, that I am here to listen to their concerns.

My patient is advanced in years. His sleeves are a bit short, and the hands that stick out from them are thick.

With his large ears and his calm blue-eyed stare he seems somehow boy-like. I know that he is not here for hypertension or for a prostate exam. He does not remember why he is here. I begin to ask him how he feels, but he smiles and says he is healthy and happy. I see that his friend is not smiling.

I have questions I’m here to practice asking. Where does it hurt? Does anything make it better? Or worse? But my patient doesn’t have any answers, and his friend is looking impatient. When did this start? But he still has no answers, and insists he is fine. My preceptor begins to ask questions directly to my patient’s friend. She seems relieved, and I feel the same relief. The doctor is here. I ask my patient to move to the examination table, and sit close to him. While I perform the physical exam, behind me my preceptor is discussing options with my patient’s friend. She starts to cry, but she thanks my preceptor over and over. She apologizes over and over.

While I check his pulses, listen to his heart, my patient is telling me stories about his life. He describes the sound of bombs going off above his head in Japan, how you felt them as much as heard them. He tells me of the night his first child was born, and how terrible the storm was that night, how he drank so much coffee in the waiting room that he didn’t sleep for that night, or for the next night and day.

“I’ve seen a lot,” he says, “and I’ve been very lucky to see so much in my life.” He laughs, and it’s not the laugh of someone who has forgotten what he’s laughing about. Later that night, my friends and I are telling stories and laughing together at dinner. A story ends in another round of laughter, and suddenly I think of my patient’s friend, her hands shaking as she sorted through her folder. I think of my patient’s laugh. I think of how I could do nothing for either of them. I laugh more deeply, and I try to laugh for them.

Sonnet Anesthesia

Chinedu Anyaeji | Class of 2017

Open your eyes from that deep, deep darkness
Memories are gone like Anastasia
Stare and say goodbye to that sick illness
Why don't you smile, oh bad anesthesia

Tell! what was it like while you were under?
What dreams did you see? oh how I wonder
That look of daze, see! it can't be normal
These doctors how they sound so informal

We roll, roll, roll you to Recovery
we wait, wait as you regain your affect
you heal, heal your mind from this surgery
and me still frightened of that drug's effect
But there was that chap who after being hit
Opened his eyes and said, "that's some good shit!"



Main Avenue Bridge

Datta Sudarshana | Class of 2019



There was once a machine,
One of pure magic,
T'was always clean,
never the site of messes, tragic.

Forged by the Hammer of Thor,
Made for his father, Odin,
This machine made coffee and more,
To his son, eternally beholden.

Elixirs this machine delivered,
The source of all Odin's strength,
As he battled and endeavored,
Many a time and at great a length.

Alas, Odin's son, Loki,
Jealous of his brother's feat,
Sought to destroy this machine godly,
The forging he could not repeat.
He beat the machine with all his might,
Alas it would not break,
The machine he could not smite.
A more evil plan he would undertake.
For you see this machine would eliminate,
All grounds and waste,
But Loki and his heart full of hate,
Saw to it that the grounds of coffee would now accumulate with haste.

Odin, while a master of battle and sword,
Could not figure how to empty the grounds,
Dejected and beaten, he spoke the word,
"Allow CCLCM to have this machine, with all of its glory and sounds"

So now, my friends, you see,
That from the hand of the gods,
This machine has been entrusted to thee,
For our intelligence, Odin applauds.

Let us enjoy its genius,
And fill it with coffee beans, pounds,
As we study things of artery and venous,
But for the god's sake, EMPTY THE GROUNDS.

What Could I Do?

Kaitlin Keenan | Class of 2020

When we met, you were in a hospital bed. You smiled when my resident asked if I, the student shadowing, could accompany him. I learned about your history, the details of which are not the highlight of this story. But let's put it this way, cancer, of the variety that was likely to kill you. I remember feeling like I was an intruder. Your family smiled at me, shook my hand like I was going to help. In reality, I was in my junior year of college and another 5 years away from knowing enough to understand the plan of medical care. What could I do for you? I returned your smiles and handshakes, directing my gaze to the resident so that no one would address me personally. Although I was meeting you for the first time that week, you and the resident had known each other for a while now. You had already decided how to navigate your diagnosis, that all that could be done would be done. There was no concept of what should be done. After we left and finished rounding, the resident filled me in on a family meeting that had taken place last week. You and your loved ones had talked with the whole team about options.

There is a way in which doctors often present OPTIONS as if they are all the same. In an effort to stay detached, to stay objective, we often present all the options that are medically appropriate, as if they are holistically appropriate as well. Especially when we start

thinking about mortality. It is hard to know that someone might die. It is harder still to know that that they will, and soon. The resident explained to me that this is your inevitability, your cancer is not responding to therapy and the team has exhausted the medical options. I learned that your family did not want to meet with the palliative care team. You all wanted to keep fighting, no one was ready to give up. The plan was made for the maximum effort to sustain life. The tubes, the wires, the machines were attached. The staff were informed of your wishes. When we saw you the next day, you were doing worse. Your family told us of the difficulties of the night, trouble breathing, increased pain. They asked us for a miracle. What could I do? I had no miracles to offer. I had seen death before, but not dying. Dying was different. There was a frantic energy in the room—a desperation, a hardening of resolve. You would not give up. You would not succumb. The enemy was death and you would fight the good fight. The resident asked again if you would like to speak with the palliative care team. I thought I saw you hesitate, perhaps I want to believe I did. But your family jumped in, ready to take up arms in the war on dying. They would hope. Pray. Maybe you would get better.

There was strain on everyone's faces the next morning. The night

had been difficult. You kept your eyes closed while we were in the room. Your family asked questions. Were you in pain? Were you suffering? Would your suffering improve? What were the options? The resident explained your prognosis and finally you spoke. You asked to see the palliative care team. While we waited for them to arrive, you started to deteriorate. We heard the alarms go off, and I followed the resident as he rushed to your bedside. Chaotic rushing of people, trying to find a way to stop your pacemaker, trying to find the palliative care team, trying to keep the family calm. And what could I do? I felt like an intruder, witnessing an intimate moment yet contributing nothing. I looked from you to the resident to your family and I knew what to do. I stepped closer and gently placed a hand on your sister's arm. And with that, I was a participant, no longer the intrusive observer. She placed her hand over mine and held it tight as we watched your life end. As the tears started, she turned and pulled me into an embrace. Again, I wondered, what could I do? I had no past experience to draw on, no formal training, no resident to query. So I stayed, I rubbed her back and waited until I felt her move away. She smiled, wiping away her tears and whispered, "thank you."

A 47-Year-Old Project, Finally Completed

Susan M. Staugaitis, MD, PhD

One of the most annoying things about my oncology visits is being asked what I do for fun. This was a hard question to answer when I was healthy and working full time. I have always derived joy from my occupation as a physician-scientist. I never would have worked as hard if I didn't. I have lots of other interests and avocations, but to most other people these seem like work also.

Answering this question hasn't gotten any easier now that I have a glioblastoma, a highly aggressive brain tumor. It has been 19 months since my diagnosis*, and I haven't worked since. Depending upon how you interpret the Kaplan-Meier curves, I have either just crossed from the left to the right-hand side of the median for overall survival or I will do so within the next few months, and since these curves were generated in 2006, who knows if the median has shifted further to the right. I have acquired treatment-associated disabilities that are more apparent to me than others. They impair my ability to process sensory input, to actively listen, and to express myself, both verbally and in writing, but with the exception of driving, which I no longer do because of fatigue, I am functioning independently.

So one might think that at this point, I would be luxuriating in leisure, looking for ways to fill my time.

But somehow my hours spent in the horizontal position still outnumber the ones I am upright. Managing my care, attending to basic activities of daily living, and evacuating my work office occupy virtually all of my waking hours. When I am incapable of doing any of the above, but I am still awake, I am left with my thoughts and imagination. Many of

my thoughts reflect upon the events of my life, including things that have given me joy in the past and what I am capable of deriving joy from now with my current disabilities.

I have always liked to plan. I love designing and starting new projects. I have a hard time finishing them, but I get a great sense of accomplishment when I finally do, even when it is far too late for any meaningful external recognition for my efforts.

My habit of planning and starting projects began in preadolescence when my mother sent me to an arts and crafts club run by a lady on my block. The club ended around 1967, but it exposed me to a creative outlet that has been a resource for me all of my life.

It was the summer of 1969. I was 12 years old, but precocious. I wanted to go to Woodstock but wasn't old enough, so instead I decided to construct a midi-length embroidered burlap hippie vest. I already knew how to sew garments, so I bought a pattern and fabric. (Mine might be the only hippie vest ever made that has darts.) I designed a scene to embroider using scraps of wool left over from previous crochet and knitting projects.

This part got done pretty quickly. The outside of the vest looked great, but I didn't like the unfinished appearance of the inside, so I had to figure out a way to line it (with unbleached muslin, of course). This took more time and innovation than I anticipated, so it was still unfinished in 1974 when I left Newark, NJ, to move to Los Angeles. Times had changed, and I didn't see any opportunity to wear it. It definitely did not fit in with the clothes worn by the sorority girls who

lived on Greek Row of the University of Southern California, which was one-half block from the university-owned apartment house in which I was placed. The only burlap in sight covered the heels of the Espadrille shoes that every one of these girls had in every color of the rainbow.

So the vest lived in a variety of boxes that were moved in and out of multiple apartments in southern California and Manhattan. At some point, I finished the hems and put it back in the box, thinking that one day when I needed a Halloween costume I would have one.

In 1998, the vest moved with me to a house in Cleveland Heights, Ohio. Like many old couples, we were content to live separate lives together. That was until about two weeks ago. I was reminded of the vest when a friend came into town to give a presentation in honor of another mutual friend. She was going to stay over with me later that night, but her afternoon was to be spent with other friends at the Rock and Roll Hall of Fame and Museum. There is a lot of vintage clothing on display in the Rock Hall, so this must have prompted my memory of the vest. It occurred to me that the interior of my home is pretty much a craft museum of works by me and others, so why not add to the collection on display? Suddenly, I knew exactly where the vest belonged. It was time to finish this project!

At the back of my house there is a family room that has a sliding glass door looking out on to a deck and foliage-filled backyards beyond. When I moved in, the interior of this room was an eyesore complete with dark paneling on the walls and a ceiling that could not be easily painted.



Only a complete renovation could improve it, and I did this a few years later. I put a lot of my own tastes and preferences into the interior design. The room became a direct connection between the interior of my home and the natural beauty outside, and it has been my favorite room ever since. The feeling I get when I'm in this room is more important to me now that I am homebound most of the time.

The only remaining unpleasantness is a large cabinet I purchased at a garage sale over five years ago. It was intended to be a temporary solution for storage of garden equipment and supplies until I was able to commis-

sion the construction of a custom cabinet for the same purpose. It is not a bad looking cabinet. The front has nicely paneled doors, but the right sidewall, which is next to the sliding glass door and the view outside, was in need of some kind of decoration. Then the light bulb over my head turned on. Why not put the vest on a hanger and suspend it from the side of the cabinet? All I needed to do was attach two buttons and a lash cord to the front of the vest so it would hang properly and steam out the wrinkles acquired from all of the years in boxes. This was completed within a week.

The vest is now on display. I can view it and the outside from every seat in the room. The sight gives me joy. So do the events in my life that I re-live every time I look at the vest. Most importantly, I get joy from the sense of accomplishment from having finished a project that predated my cancer by so many years. If life with cancer is a journey, small accomplishments like these are the destinations along the way that provide the respite needed to move on.

*As of March 2017, I am 29 months post diagnosis.

“You should go—it’s 7 pm,” said my resident, peeking his head in through the pale, pink curtain that was draped for privacy. Although the drape prevented curious onlookers from taking in the scene, nothing could drown out the chaotic bustle of an emergency or hide the 20 pairs of shoes frantically dancing around the room.

“l-l-l-l-l-ma-ma-ma-ma-ma-ma-s-s-s-scared-d-d-d.”

She didn’t have to say it. I could feel it. Her eyes darted back and forth, conveying the thoughts she could not express, her fear as palpable as her pulse. I held the only hand she could feel; the other hand lay heavy and motionless on the bed. The sea-foam teal of her acrylic nails stood in striking contrast to the white walls that surrounded her and illuminated her chocolate-colored face, which was glistening with tears. She was young. Too young for a stroke. Much too young for a second stroke.

Amid the confusion, I could hear the neurologist yelling commands at her. “Can you lift your right arm? How about your right leg?” Nothing. Tears began to well up in her eyes. “It’s okay,” the neurologist said in a soothing tone. “Can you lift

your left arm? Good. How about your left leg? Good.” He nodded at her in approval, but this only accentuated the contrast between her two halves and triggered the release of her tears. In a flurry, he left the room and returned with a bag of freshly mixed tPA, ready for hanging.

The medication infusion began and, with a blink of an eye, the room was near empty, the surrounding silence broken up by the occasional machine beep. I looked around, seeing only the patient and the new ER nurse. The nurse turned to me with a panicked look in her eyes and said, “I’ve never done this before—administered tPA.” I reassured her that we would figure it out together and get help if needed. With a deep breath, we began our work of doing neurological exams every 5 minutes. I examined while she documented. We developed a routine and worked in perfect harmony.

A phone rang and I snapped back to reality. With her eyes, the patient motioned towards her purse. I hurriedly sifted through it and handed her the phone just in time for her to answer.

“He-l-l-l-l-l-l-l-l-l-l-o.” I could faintly hear a woman’s voice on the other end.

“Cle-cle-cle-cle-cle-v-v-v-v-land-d-d Cl-cl-cl-in-in-in-inic.” She repeated it again before she resigned and handed me the phone. It was her sister. She told me the patient had a son in grade school at home and that she was going to the house to get him and bring him to the ER. She had no idea what was happening with her sister and had called on a whim. I hung up the phone and picked up where I left off.

My resident peeked his head back in and asked with a look of concern, “Hey, can you come here?” I stepped out, assuring the patient that I would be back. “Okay, you’re out of the room. Now go home,” he said with authority, “It’s past 8.” Seeing my expression, he softened. “That was very sweet of you, but you can’t do this for everyone, you know.” He was trying to protect me, to prepare me for the responsibilities of being a physician and having many patients to care for at once. But I knew. I knew that today I could.

With her sister and son on the way and transfer orders to the neurology floor in place, I said goodbye to the patient, grabbed my belongings, and stepped outside into the warm, still, summer night, processing my thoughts as I made my way back to my car.

Commencement

Richard Prayson, MD, MEd

The following was delivered at the 2016 CCLCM graduation ceremony:

To quote Maya Angelou, “This is a wonderful day. I’ve never seen this one before.”

We live in a healthcare world which is in a hurry, a world of competing interests – money, technology, marketing, innovation, competition, research, power, prestige, all presumably focused around patient care. These interests are not intrinsically good or bad but they make for a complicated landscape, distract at times and can cause us to lose sight of what should reside at the center of what we do as physicians. It is a world that tends to overlook, dismiss, and even disparage the significance of gratitude, since it implies dependency and indebtedness. I would like to focus for a few moments on what lies at the center of all this, this unusual relationship we have with our patients. And although some may argue with my next assertion, I believe, if we could distill this relationship down to an essence, I’d go with gratitude. The great Roman orator Cicero considered gratefulness not only to be the greatest of virtues but the parent of all other virtues. Gratitude is showing appreciation, being thankful. It implies humility, an acknowledgement that none of us can be who we are or where we are in life without the contributions of others. It dictates that goodness can come to us, independent of our actions and even despite ourselves. It fosters a sense of interconnectedness.

It is the link between giving and receiving, which is at the core of being human and at the core of the doctor-patient relationship. It is, in sociologist George Simmel's words,

the moral memory of mankind. There are 3 aspects to this so-called virtue we call gratitude that I wish to briefly expound upon, in light of where you are at this moment and where you are headed.

First, there is the aspect of giving or expressing it. We were all raised to acknowledge that giving or expressing gratitude is the proper thing to do. Graduations often serve as occasions for the demonstration of this, a time to pause at a transition point to show appreciation to those who supported us, helped us, guided us, put up with some of our less than endearing moments and qualities, and shared in our successes and failures. This room is filled with those to whom you are grateful. Gratefulness is meant to be shared. It’s a social activity. Silent gratitude doesn’t mean much to anyone. So at this point, I ask you, the class of 2016, to stand and publically acknowledge those who have helped to make this day possible.

I ask you to now consider for a moment the patients whom you have encountered these past several years and those who you will encounter going forward in your career. They too are and will be deserving of your gratitude, even though this may not seem always so obvious to you. Each patient, each moment with a patient, is a potential gift- an opportunity, a chance to listen, to learn, to react, to do something, however great or seemingly small it might be. Our experiences and reflections on those experiences form us, as you have hopefully learned from the portfolios. Don’t rush through life and miss out on these

opportunities. One of the most wonderful physicians I know is my wife and I will undoubtedly embarrass her for a moment now to make a point. I have had the occasion to watch her interact with her geriatric patients. She takes the time, makes the effort to get to know them, to see them as partners, recognizing the potential power differential, their vulnerabilities and hers, their worries, confusions, uncertainties and hers, their shared humanity. She practices the art of sitting and listening. I have seen her kneel down on the floor in front of a wheelchair so she can look someone in their eyes, acknowledging that each person has a story behind those eyes, one that you may never fully understand or appreciate but you have a shot at getting a glimpse of it, if you try. In the words of William James a physician and psychologist, the deepest craving of human nature is the need to be appreciated. Being in the moment when you are with your patients or their families is a form of gratitude and generosity and appreciation. If you are truly grateful, you will act out of a sense of completeness or fulfillment and will be willing to share, you will enjoy the differences in others and will respect; and you will not be fearful of what others may think or say and will persevere.

A second aspect of gratitude is the acceptance of it from others. Admittedly, this is the one I struggle with the most. We are often in such a hurry to reach our destinations that we forget to appreciate the journey and the goodness and kindness of others we meet along the way.

Graciously allowing others to show their appreciation, including our patients, is important. Sometimes, these moments can be forecasted and anticipated but honestly, the best ones are those that are totally unexpected and unscripted. This reminds me of a patient I took care of as a 3rd year student. I was on the medicine clerkship. Mrs. K was one of the patients I had admitted. In her early 70s, she had an unusual bleeding problem. Back in those days, medical students were tasked with drawing blood. As one of my patients, one with an unknown hematologic issue, I had to draw her blood twice and sometimes three times a day for some test or other. Every time I walked into the room, about half way down the hall and to the left, it would take fifteen to twenty minutes to calm her down, explain why I had to take more blood and create another bruise and then hope and pray I didn't miss the vein. She'd make a wailing noise every time the needle went in as if I was fatally wounding her and perhaps from her perspective I was. Then there was at least another fifteen to twenty minutes debriefing on how she hated needles, they were awful and did I really have to draw so much blood, there were already so many bruises and if I kept doing this there wouldn't be any blood left to draw. She was in the hospital for a couple of weeks. I don't recall we ever really settled on what she had but her presenting symptoms had improved and she was able to go home. About two weeks after she was discharged, she came by the front desk on the floor, midafternoon with a small brown bag. She asked if I were around. She had a wonderful smile

on her face as I came out from the back room. My bruises are better she proudly announced. I have been working on something for you since I went home that I want you to have. I had never had a patient give me a gift before. I was sort of embarrassed. The nurses and ward secretary thought this was cute. Not knowing what to expect, I opened the bag and pulled these out. Red in the face and self-conscious, I didn't know quite what to say other than thank you, thinking, very sweet but there was no way I was ever going to be seen in public wearing these. I was foolish in the moment not fully appreciating the gratitude and the magnitude of its intention; that came only much later with time. I obviously still have them; they mean something to me. I have only tried them on once. No one other than my wife has seen them before tonight. Their significance I can't begin to fully express but they serve as a reminder that appreciation and gratitude comes under many guises and often in the most unassuming or unexpected ways. Work on recognizing it and embracing it when you can.

The third aspect of gratitude which I want to briefly touch upon is the hardest to put into words; it is the "feeling" or "living it" aspect. This represents an internalization such that it becomes part of who you are and how others perceive you. In its purest form, it has no sense of dependency or attachment. It's a grace or graciousness.

It bolsters our ability to live in the moment and appreciate it, aware that every moment is a gift. It is not necessarily always about being happy. Happiness does not always

make us grateful. Gratefulness, though, will always make us happy. It can provide a centeredness to our lives and give purpose to what we do. In a time when burnout rates among physicians are at an all-time high, we need to keep centered and remember what is important in life – those we love, our friends and those who come to us for our help. Even when we exhaust our ability to help our patients via the tools of medicine, the drugs, the instruments, the technology, we are always still left with our most powerful instrument, ourselves, and our willingness to be there in the moment, to connect and listen, to hold a hand, to empathize as a fellow human being. It is perhaps the most difficult instrument to master and we will spend our lifetimes trying to do so, but it is well worth the effort and the time and the emotions that come with striving to do so. It's what distinguishes the good from the great physician. Paraphrasing Dr. Rachel Remen, "In the end, wisdom, perhaps, lies not in the constant struggle to bring the sacred and what's meaningful into our daily life, but in the recognition that life is committed and whole and despite appearances, we are always on sacred ground."

It has been a privilege and honor to have worked with each of you these past years and for that I am truly grateful. I sincerely believe each of you has the capacity to be great, in the true sense of the word, so please do so.

Be well. Take care. And yes, this is a wonderful day. You've never seen this one before.



Lily Mountain

Lauren Banaszak | Class of 2017

My Mentor Scott Galey | Class of 2017

My mentor in school had been tried and true,
A pick-me-up for any students feeling blue.
He was strong, he was smart, he was kind,
A presence and shine that remains forever hard
to find.

His tutelage began on the first morn' of school,
His appearance immediately the epitome
of cool.

Adored he was by students and staff alike,
His appearance, the fancy of any lady
would strike.

He guided us through lessons of cells
and histology,
His presence, an everlasting reminder of the
wonders of biology.
Veritably he taught and veritably he guided,
The minds of the young that he stood be-sided.

Alas, all good things must eventually come to
an end,
Violently someone hacked down my teacher
and friend.

Those who knew him and his talents now
sadly ask,
Where, oh where, has our hero gone? Rest in
peace, Dr. Prayson's mustache.....



A Love Letter to the Seniors

Kathleen Franco, MD

Dear Junior Colleagues, soon to be Physicians,

As the song goes, “the good and the bad, the happy, the sad.....”

The good (no- it’s really great), is that you are getting ready to fly east, west, north, and south to amazing medical centers where you will save patients’ lives. But it is bad that we won’t see your smile in the hallway or hear you laughing in class. It is happy, and it makes us (and your parents) very proud, that you live and breathe our guiding principles of “patients first” and professionalism. You know how to play as a team and get the job

done. We could not ask for more. It is sad that you won’t drop by our office as often as you did in the past, just to catch up or ask for a bit of advice. You will always be welcome.

On the way home in the car yesterday, I pondered whether the faculty who taught my medical school class felt sad or just relieved at our graduation. I could imagine some of them would’ve like to nudge us out the door with a little kick on the backside. Others might have felt that loss year after year, just as I do.

Every spring, it feels like a little piece of my heart leaves with the graduating class. This year is no different from the others. Whether you are far away or here in Cleveland, please remember that you are loved. Drop us an email or give us a call. Although we have given you wings to fly, always remember your roots are here in Cleveland.

Very fondly,
Kathleen Franco, MD



Lake Tenaya, Yosemite

Wenda Ye | Class of 2020

An Ode to CCLCM Class of 2017

Composed by Julian deBacker, Class of 2017

Arranged by Scott Galey, Class of 2017; Jordan Gales, Class of 2017; Taylor Aiken, Class of 2017; Adeeb Derakhshan, Class of 2017; Lauren Banaszak, Class of 2017

The following was delivered at the 2017 CCLCM graduation ceremony

Our time at Lerner started with
mastering the cell,
Biochemical pathways and
proteins, we knew them all well.
Reading Lippincott and Lodish, our
eyes would strain,
We generate ATP through the
Electron Transport Chain.
Zygoty is determined by the
alleles of a gene,
On the first day of school one of
our classmates hugged the dean.

Year one we learned how the
human body functions,
From the heart pumping blood to
epithelial cell tight junctions.
Dissections and lessons with the
author of Gray's.
We will miss Chinedu's laugh
thundering through the hallways.
During FCM we learned "First, do
no harm"
I often caught Taylor sleeping
through ARM.

Second year we covered pathology
and disease,
HTN, diabetes, osteoarthritis of
the knees.
We diagnosed ATN by casts:
brown and muddy.
I'm starting to think I will never
meet my upper year buddy.
Board review books and Q banks-
our attention would roam.
For reflective practise: Should I
have *not* gone with the poem?

During Clerkship we developed our
clinical skills,
Like holding retractors, delivering
babies, and googling pills.
Coming into pre-round early hours
of the mourn,
Figuring out precautions Droplet
vs airborne
To treat epistaxis, pack the nares
till its clotted.
Manage all your patients with vanc,
zosyn and dilaudid.

In 4th year we moved from the
bedside to the bench,
Our research requirements, this
year did quench.
Of confounding variables and
biases we had to beware,
Our productivity was high, unless
that's a type 1 error?
Endless experiments and patient
charts- a data rollercoaster.
After 2000 hours of research you
get to stand next to your poster.

5th year electives, applications and
interviews for residency,
Another airport, another futon,
another air bnb.
The anticipation of finding out
where we would be matched
And displace our lives and the lives
of those attached.
All that unstructured time- we felt
like fish out of water.
A week after match day Matt Greer
had a daughter.

The city of Cleveland, with its rust
and true grit,
Dodging stalled cars and potholes
up East 55th.
Taking long hikes along the metro
parks' paths,
Forgiving Lebron when he came
back to the Cavs.
Evenings by the lake, watching the
setting sun's glow
Driving to clinic through 2 feet
of snow.

Our tiny school with the really
long name,
No tests or grades, but we worked
hard all the same.
Supported by a faculty who helped
us in so many ways.
An admin and support staff who
worked tirelessly without praise.
The beauty that is this school may
be hard to comprehend,
and like this poem, and all great
things, our time here must come to
an end.



Doing the Right Thing Kathleen Franco, MD

How to know when you are doing the right thing in the right place at the right time of your life

Almost 30 years ago, I was fortunate to attend a conference entitled “Human Dimensions in Medical Education,” originally developed by psychologist Carl Rogers. As a then-junior faculty member, I was intrigued by the title, and anxious to add to my teaching skills. Although the conference lasted only 4 ½ days, I could write a book about the friends I made, the mentorship we received, and the stories of our journeys over nearly 3 decades. I don’t know what happened to all of them, but I do know about many in my small discussion group. At least 4 went on to become department chairs, one became Dean of a medical school and a chief medical officer, another became CEO and president of a large health system, and me. (I may have been the underachiever of that group.) We had people who had worked in Native American reservations, the West, and Alaska; we had professors of medicine who had written books of poetry, and we had an ordained minister who started a medical school bioethics department. Working in small groups and ably led by a skilled facilitator, we carefully examined ourselves, our values, and our motives. The process taught us to know and commit to the most important values of our lives. We cried, we laughed, and we shared deeply personal thoughts about how we got there and where we

wanted to go. We were frequently reminded that “You only have one life, so make it count.”

Individually, we spoke about what would happen if we continued down one path versus another. What were our core values? What motivated us to teach and practice medicine? It was an eye-opening experience for all. Some made particularly dramatic changes in their lives and careers, but all the participants grew from the experience and renewed their commitments to teaching, patients, and family. We were tasked with clarifying what was important to us as individuals, and what was needed to live according to those values. All participants felt they became better listeners, and gained an enhanced ability to communicate and empathize with patients and colleagues.

What did I learn about myself? I learned that I value people who care about the shared mission ahead of themselves. When I saw someone working hard and encouraging others, I was energized. If our leader had these qualities, I could get behind them with every bit of energy I possessed. If my leader had integrity, worked hard and put the shared mission before the self, I was doing the right thing in the right place at the right time. When did I need to move? If the mission was not the shared vision,

if integrity was absent, if the leader placed more value on personal status than on the team, or expected others to do more work than he or she was willing to do. These were the times I had to make tough decisions. I do believe with every fiber of my being that medicine is a team sport; life is a team sport. You are either all-in, or you’re not getting the best life or the best of the great opportunities that a life in medicine offers.

By the end of the conference, I had learned what was important to me, and I gained the courage to make important changes in my life. If I live a long life, will those same values matter to me? A reminder within the group was “Will it matter when we are 200 years old?” When you understood what was in the balance, it was much easier to answer yes or no. So do I now call that leadership training? If look at the outcomes of our small group, I can’t argue with that. At the same time, it wasn’t our goal; it really was putting the human dimensions back into our careers, ourselves, our families, and our teams. Yes, I believe that this conference taught us how to be “all in,” and the responsibility to share that with others. It taught me to live fully in the precious movements we have with students, patients, and family.



Lake Erie

Wenda Ye | Class of 2020

Dave Lucas is the author of *Weather* (Georgia, 2011), which received the 2012 Ohioana Book Award for Poetry. Named by Rita Dove as one of thirteen “young poets to watch,” he has also received a “Discovery/*The Nation* Prize and a Cleveland Arts Prize. He teaches at Case Western Reserve University and lives in Cleveland, where he was born and raised.

“About Suffering—”

It's never Icarus. It's not that grand gesture of feather, wax and atmosphere in flux, it's less than that, it's lesser than—. It doesn't happen in pentameter:
suffering, failure, agonies in gardens,
but in the sideways-speak of bureaucrats
whose words, like these, disguise what they intend.
Under soft, fluorescent suns of waiting rooms,
physicians' consultations, where the lungs
on the light box are spread out like wings,
all this illumination just to show
the dark spots slowly blotting out our names.
Sadder than tragedy, and silly, these cuts
that bleed you dry. I mean you. You know
as well as I—Icarus is not for us.
He flies and falls, that's all. He doesn't joke
to hide his fear, or seem ashamed, or wound
lovers with rusted, jagged-edged words.
He never sulks in tristesse after sex.
He's young and proud. He likes the sound of his own voice.
Of course the world must break
and scatter him among the falling birds.
It's never him. His father, Daedalus—
he's our muse, bent to an unforgiving craft
in someone else's labyrinth, the dark
exile in which he sets himself to work:
letting the candles gutter so the wax
spills, seals vane and down at quill and shaft,
working longer into the thankless night.
He has worked feathers into these wings for years.
He has slim hope, at best, that they will hold.
Come daybreak they will stand outside the gate
and test the wind. For once he will be bold. At last
he sleeps,
in fits and half-dreamed fears that love, and work, and life
are passing vapor, and all the wings he's made he's made
of paper.

(First appeared in The Threepenny Review.)

If Not Aeneas

I descended into the underworld again
in my dream and there for the umpteenth time
stood my father in a plaid button-down shirt
and khakis a freshly-lit pipe a wreath of smoke
around him whiffs of aftershave it was nothing
like death or suppose I should say it was nothing
like life with all its waste and junk the cells
rigged with their own end flesh irradiated
dissected and stitched instead he was himself
more himself maybe than he ever was in life
I wanted to speak to him and say come back
come back but my voice was drowning in itself
I knew he could not come with me not without
being changed I must have known this even
in my sleep in our dreams when we descend
into ourselves and beyond ourselves we who
descend and return too have been changed
Aeneas returned to found Rome although
all he wanted was to hold his father again
I have founded nothing I have found nothing
I am reaching out to grasp it in my arms

(First appeared in The Virginia Quarterly Review.)

The Three Christs of Ypsilanti

I've known a Christ or two myself, all fishes
loaves and threaded thorns and dying for
the sins of mankind.
I've known a few. Do you find it so hard
to believe? Don't you remember the old
days when the gods would walk among us
as traveling strangers, or just show up for
supper, or bear us on their backs across the
windswept sands of dreams? Or else who
is that ghost in our midst? Jesus Christ,
I think I know that name. Poor bastard,
come to save the world, cast out every
demon but God himself. Find me a soul
that doesn't need saved—then I'll say no
more messiahs, thanks. Then let that cup
pass from these lips, change frankincense
for Thorazine: take this, all of you, and
swallow it.

(First appeared in At Length.)

Love Poem for an Apocalypse

I wish I'd met you after everything had burned,
after the markets crash and global sea levels rise.
The forests scorched. The grasslands trespassed.
My love, it is a whole life's work to disappear—
ask the god with his head in the wolf's mouth or
the serpent intent on swallowing all the earth.
Ask the senate subcommittee for market solutions
for late capitalism and early onset dementia.
You and a bird flu could make me believe in fate.
I think we might be happy in the end, in the dark
of a hollow tree, a seed bank or blast-proof bunker,
if only you would sing the song I love, you know
the one about our precious eschatology, the one
I always ask to hear to lull me back to sleep.

(First appeared in Resistance, Rebellion, Life: 50 Poems Now [Knopf, 2017.]

A Sad Vignette

Albert Feeny | Class of 2020

Strangers crowd your room
Shy faces peer at your bed
And ask you why you're here
As if you could tell them

About your yellowed eyes
Your bruised, once powerful hands
Glued to the hospital sheets
As if they're near the end

You ask me why
I wish that I could find a way
To tell you you'll be fine

A man I'd never met
Said a cancer in you had spread
Months, not years, a sad vignette
I hope I'll never forget

You'd said you'd be right here
And hoped you helped us learn
But you might disappear
A point of no return

You asked me why
I wish that I could find a way
To tell you you'll be fine
To think that I could ever try
To hold your hope in your tired eyes

A Regular Day

Shadi Ahmadmehrabi | Class of 2021

I asked the patient to take me through a regular day for her, to practice the new social history taking skills I had just been taught. It seemed like a nosy request at the time...but much of our learning so far had been focused on becoming professionally nosy.

She took me through the painstakingly long days she has without her husband, who passed away two years ago. A mosaic of diseases leave her unable to work; her sons have left her alone in a home too big to manage by herself but too small to contain the grief her husband left for her. Her grief spilled into the sterile patient room through subtle drops in her perky tone and slightly-too-long glances at the ceiling. She told me she spends all day watching television and going to doctor's appointments. I asked her what type of doctors she is seeing, wincing in anticipation of anger over not knowing her chart. She listed off her doctors' names and specialties and concluded with "but none of them can cure me—I know what my real problem is." I asked her what she meant and she quickly responded, "they can't fix a broken heart." She told me she stopped taking her medications and just wants to be reunited with her husband. She told me it's worst at night, when she climbs into the bed she shared with her husband for 53 years and feels the cold sheets engulfing her frail body. I thought of my own grandmother, whose husband passed years ago. I thought of how I never asked her to take me through her typical day. I felt a knot in my stomach and I started to sweat even more than usual, wiping my hands on my white coat, which suddenly felt much bigger on me.

Glorify the Broken

Lynn Daboul | Class of 2021

The girl sits on the rusted swing set
Digging her toes into the dusty soil
Breathing in the stale air that begs for water,
something, anything!—
While swimming through memories
Cocooned in her own apathy.

In the space between her sigh and her tears,
A butterfly's wings flutter for the last time,
And a heart loses its beat.

She had a dream,
But nobody cared, nobody wanted to listen.
They told her that to live,
Her soul must be as porous as stone.
But misery can carve its way through stone
And force it to crumble, to shatter precisely
Down the crevasses that once bound it,
Once sealed it.

An inner gloom
Leaks out from her core,
Like a whisper of air blistering an ice sculpture,
Breaking the mold.
She gasps.
She feels... alive again.
But she does not have enough water to quench
Her thirst for life, only a little moisture
To sprinkle her bone-dry shell.
Just enough water to keep her from slipping
Into that apathy again.

A father wanders, arms outstretched,
In a desert land, wondering where it all
Went wrong. The rays of heat blind the grains
Of sand, lulling them into a numb dormancy.
But internal light can also be blinding,
And the father, his vision seized by feelings,
Is darkened with remorse and bitter grief.
The soft sand offers no relief,
As he drops to his knees and tries to remember
What it felt like to cry.

Broken shards of pottery
Are swept up by a weary broom
Which has forgotten why it even bothers
To sweep. In its dull monotony, it sees
A disarrayed art in the jagged edges

Broken away from clay.
But to glorify the broken? To celebrate
The ugly? No. The broom clears
Its head of the disturbing thoughts,
And continues sweeping.

Only the mirror on the wall
Watches the somber scenes,
Sees the grief bouncing off the glass
And reflecting—and morphing—
Into something else.
The girl, tortured by the mold
She had been squeezed into,
And the father, obsessed with his failure
Have been broken with precision.
The air is thick with the aroma of regrets
And consequences.

Only the mirror captures
The reflection of the girl and her father
Slowly mending the rough edges of their own hearts.
The introspection seeping into the cracks
Like Kintsugi.

A cool breeze stirs the stagnant air.
A solitary raincloud emerges on the horizon.

'Nothing' Matters Renato Samala, MD

Nick was a young man in his 20s who suffered from ALL (acute lymphocytic leukemia). Not only did his ultimate line of chemotherapy fail to deliver any positive results, it brought him to his death bed. As my fellow and I witnessed him struggle, we asked Nick what in dying he was most afraid of. His single-word answer bore a myriad of meaning. His voice feeble and blanketed with dread, Nick replied, "Nothingness." Nothingness. Did he mean the finality of death, the end, no more family and loved ones, no more video games that he so cherished? Was he afraid of the void, the unknown, being alone perhaps after breathing his last?

A few days after Nick died, we attended to Carol, a lovely lady in her 60s who, despite losing her fight against ovarian cancer, had scarcely lost her verve and vibrance. We asked Carol what she was most afraid of. With a broad grin she answered, "Nothing." Nothing. She looked forward to death, for it was her

vehicle to get to heaven, and heaven meant reuniting with her parents. After a month in the hospital, many ups and downs, and bouts of family conflicts, Carol died in peace, and headed straight, I'm certain, to her mom and dad's warm embrace.

Nothingness versus nothing. Nick and Carol were poles apart. Was it the age difference that accounted for their disparate responses—a man who had the world in front of him versus a woman who had seen most of it? Did religion, or the lack of it, have a hand in shaping their insights? I could have simply dismissed these contrasting encounters as a mere case of "different folks, different strokes," but the experience stirred musings on my own mortality. It helped me ponder the meaning in everything, value everyone, and cherish every time.

First Year

Perry Dinardo | Class of 2021

When a child sees herself in a mirror, she reaches out to her reflection,
To greet herself as if a new friend.
We reach into page after page, book after book
and find ourselves in a hall of mirrors
where the strange becomes familiar and
the familiar, strange--
and nothing is quite how you imagined--
and everything begs to be seen--
and the coins we throw into wishing wells fall so far
that we barely hear them splash.

The story unfolded in layers. A man, middle-aged, agitated, and accompanied by two women of similar age, sat waiting in the exam room. His right lower leg looked swollen and angry, with unnatural tinges of brown, red, and green creeping upward from his foot. A walker stood in the corner. Hesitantly, the trio nodded in greeting as the medical assistant entered the room. They seemed pleased to see me and quickly asked if I could speak Cantonese. What followed was a clumsy exchange as we attempted to communicate in halting, elementary Mandarin, with me trying my best to translate the MA's questions and to comprehend the patient's accented replies. Despite my limited vocabulary, the patient and his companions were very eager to share information with me, unasked for, because of their relief at finally encountering someone who could at least somewhat understand them.

"How did your leg get like this? At a farm, chasing what?? Oh, a goose."

"He was at a farm, chasing a goose," I told the MA. "He fell while climbing a fence or something. It happened almost a week ago."

She looked alarmed as she recorded the patient's responses in EPIC. "I've never seen a leg that color before," she commented as we left the room. "Why didn't he go to the ER when he hurt it?" After a more thorough search on EPIC, she discovered that the

patient had indeed been to the Metro Emergency Department and had apparently omitted this detail while relating his story to us.

I stepped back into the exam room to confirm the tale. "They put it in a cast? You cut the cast off? Why?! They didn't give you any medications or instructions?" I repeated the responses to make sure I hadn't misheard. Apparently, the man had decided to cut off the cast because his foot felt swollen and uncomfortable, and he'd been walking on it during the past few days. The pain and swelling was making it difficult to bend or move his right leg, which is why he'd come to the clinic. When I went to report these new details to the MA, she told me she'd discovered yet another narrative twist: the patient was scheduled for surgery at Metro tomorrow!

Confronted with this fact, the patient admitted that he'd had some sort of surgery evaluation scheduled for the next day, but that he'd decided not to go because he didn't think it was necessary. I strongly encouraged going and attempted to explain that, based on the note from the Metro ED, he had a fracture that needed surgical repair. It was a huge relief when the physician, a native of China, entered the room in the middle of the discussion.

Unveiled by the physician's fluent Mandarin, a whole new dimension opened up. The patient had visited a traditional Chinese medicine practitioner who hadn't said anything about surgery. He'd been

given a brownish ointment to put on his leg to speed the healing, which I supposed contributed to but couldn't totally account for its unnatural coloring. He didn't want surgery, just some painkiller and anti-inflammatory drugs. The leg would heal on its own. Quietly, the man's companions explained that they believed he was scared, but he remained firm in his denial.

The physician launched into a brilliant display of patient-centered interviewing, acknowledging the man's fears—who wouldn't be scared of entrusting their pain to strangers who didn't speak their language?—and meticulously explained the likely consequences of skipping surgery: infection, permanent damage to the surrounding soft tissues and vessels, chronic pain, improper healing. For twenty long minutes, she used Google images of calcaneus fractures, analogies, and her most persuasive voice to try to help the patient understand his injury and the importance of surgery. My heart initially filled with hope, because surely no one could resist such an elegantly worded plea, but sank as the patient kept shaking his head. Seemingly unperturbed, the physician stated that she respected his choice and wanted to work with him. The patient reiterated that in China, you'd just get an anti-inflammatory shot and then it was all good. Just let the leg heal slowly on its own. Sighing, the doctor placed a gentle hand on the patient's shoulder and then kneeled to examine the swollen foot. "All right," she conceded. "Let me write a doctor's

note to excuse you from work and get you a soft ankle wrap and the medicines you wanted.”

Back in the office, the physician called the clinic’s supervising medical officer and learned that if the patient didn’t get the surgery soon, his bones wouldn’t knit together anymore and he’d probably experience pain with every step for the rest of his life. She decided to fight again, though it was 5:30pm, the clinic’s normal closing time. “If some white guy I didn’t know suddenly told me I needed surgery, I’d be suspicious too,” she told the patient, begging him to just go to the surgery appointment and ask for the surgeon to explain why the procedure was necessary. He shook his head, and the physician changed tack as she realized that the surgery probably got cancelled anyway as the patient had missed the anesthesia consultation he’d had scheduled that day. “At least go see the podiatrist they’ve scheduled for you? Please? And just think about the surgery, can you promise me that?” A reluctant nod. “Look, I see your other leg is shorter than the hurt one, so you probably had trouble walking before, right? This new injury certainly won’t make it any easier to walk. What implications will this have for your job, which involves standing? I’ve seen fractures before, and you’re right, surgery isn’t needed 100% of the time. But the calcaneus is a weight-bearing bone, and the pieces of yours are twisted and out of line and won’t heal properly unless you get surgery.” She reiterated his options, including variations to

try to accommodate his need for more time to process. He could get surgery the next day, or reschedule and get surgery in the near future, or go without surgery at all. While she pleaded with the patient, I was kept busy by the patient’s companions, who expressed their resigned acceptance to me. I was glad to have my mind too focused on carrying on the dialogue in Mandarin to dwell very much on the path down which the patient was heading.

As the encounter reached its denouement, which felt like a supremely dissatisfying response to the physician’s heartfelt entreaty, a nurse bound the patient’s ankle with a soft bandage and ice pack and sent him home with tramadol, NSAIDs, and extra ice packs. The trio was very apologetic for taking up so much time, and as he stumbled out on his walker, the man repeatedly thanked the doctor for all of her concern. It was 6pm. After they left, the physician directed the front desk to call in the morning to reschedule the patient’s surgery and claim that he hadn’t understood when his appointments were. Then she slumped in her chair, describing to me in frustrated tones how many of her patients had stopped taking warfarin, digoxin, and other medications because they didn’t believe in Western medicine. My brain, finally freed of its burden of processing in another language, began to envision the man’s likely future. A lifetime of limping and pain that we had the power to avert. A life-changing decision based on distrust, fear, and... denial? I couldn’t fathom how

such an exemplary display of empathy and patience had failed, and my respect for the physician skyrocketed as I realized how much effort she’d spent on what she probably expected to be a doomed mission from the beginning. I felt angry and conflicted because how could that man just throw away his future like that, when the doctor had poured so much of herself into trying to convince him otherwise? Ultimately, the patient has the final say, but what can we do when the decision runs counter to everything we believe to be best for the patient?

Dispirited, I trudged down the stairs to head to my car. On the way, I passed by the patient and his two companions, who were waiting for a ride. They apologized again and asked if they’d caused me to stay late, to which I mumbled something about being a medical student with no set hours. The man was noticeably more relaxed and waved goodbye to me with a smile that lightened my frustration just a fraction. Another layer unfolded in my increasing awareness of future medical challenges: it will sometimes be harder for us to accept a patient’s choice than it is for the patient to make that choice. Yet in the end, we will accept, and wave, and smile back to let the patient know we’re always on his side.

The Journey

Karen Ellen Fink, RN, BSN, HNB-BC, LMT, CLL

You...invited me in
Here, we sit...together
To start a journey...together

Of course, I have my knowledge, my tools, my techniques
I carry them with me, always
I do not lead with these
Instead...

We sit, we are here, we are present...together
I offer support, respect for you as your own healer...
Me, a healing presence, another being on the path

We connect...
Sometimes talking, sometimes silent,
Sometimes happy, sometimes sad,
Sometimes grateful, sometimes angry,
Sometimes believing, sometimes denying,
Sometimes in faith and sometimes in despair

We bond...
And through this bond
We grow and make meaning of tears and fears,
Of blessings, the fragility of life, gains and losses

I was summoned to care for you by your caregivers
To help you, to perhaps fix you, to make it better
Perhaps, in ways not yet known
The referral does not define our relationship
It is just the invitation into your room, your space, your life
Instead, our connection offers us a chance
To enter this dance of healing and travel...together
To learn, to grow, to heal...together
You are my teacher and I am yours, as we walk this path
...together

It is so easy to break down into our roles, our parts and
pieces
To be defined by others, by the system, by expectations
But...how much better
That we are whole, we are whole, we are whole...together

For the Living

Karen Ellen Fink, RN, BSN, HNB-BC, LMT, CLL

I am gone...

My body...
Empty of soul, of the breath of life
My soul is free
From pain, suffering, angst

I hover over my body...
Viewing my life as it was
Now I am light
I am, I am, I am

In a different form...
I am with you
In spirit, not in substance
Comfort, light, ethereal presence

You miss me, cry, suffer...
That will ebb, that will flow
Don't hold to my earthly presence
Remember me fondly
Allow me to go, fly, be

Reminisce...
Times of sweetness, times of pain, times between
All have mattered
Time brought us near and brought us far
The best times were times between
When we just were

How do you describe something you cannot see, cannot touch, cannot hear? Understanding the culture, values and other nontangibles of an organization is challenging as an outsider. There are many ways to approach this difficulty, and one such idea comes from Gareth Morgan and organizational theory. The idea is simple: choose a metaphor that describes the organization. It can be an animal, a plant, or even a song. By eliciting a metaphor from people within an organization, an outsider can start to understand what is valued in a particular place. We asked our students to describe the Cleveland Clinic Lerner College of Medicine using a metaphor, and the results are in.

CCLCM as:

An animal: Kangaroo

Brittany Goldstein, CCLCM | Class of 2020

Because CCLCM faculty and students take ownership of each other and CCLCM supports its students, letting us hop out on our own for personal exploration but also being there for us when we need to hop back in.



A dandelion.

Chan Mi Lee, CCLCM | Class of 2021

To me, CCLCM is a dandelion.
It blossoms in bright yellow, as one flower
But if you look carefully, it consists of many dozen florets
A bouquet of flowers, as one
When it ripens individual seeds parachute out
To start a new colony, like our graduating 5th years
The flower is so familiar, like the CCF logo everywhere
But it never boasts; only grows, expands, and blossoms
And every part of it is medicinal
Leaves as diuretics, flowers antioxidant
Roots detoxifier, a "liver tonic"
Used as herbals, salads, and teas
Even flower drink to fight fatigue
Just like every individual at CCLCM
Has a role in improving patient care
And fostering the next generation of doctors
Rich in knowledge like the chuck of vitamins in dandelions.
Just like it grows into a proud rosette
We, too, grow as one entity,
nurtured by the roots and stem of our teachers
To blossom in the spring, ripen in the summer
And start our own little dandelion shoot
From root to stem to flower
In a different spot on Mother Earth.



A beehive.

Mimi Luo, CCLCM | Class of 2020

Cleveland Clinic has many buzzing parts, and everyone performs expertly in their roles. The patient is akin to the queen bee; and the honey of this organization is the product of our scientific investigations and innovations that benefit those both within and outside of our organization.



A platypus.

Elizabeth Shay, CCLCM | Class of 2020

CCLCM is a platypus; an animal that lays eggs and yet feeds its young milk. This anomaly of nature straddles the boundaries between reptiles, mammals, and birds. It is so unusual that descriptions and specimens brought from Australia to Europe were initially met with skepticism. CCLCM straddles the boundary between a four-year medical school and an MD/Ph.D. program. We have no tests or grades, and our entire school has fewer students than the number of students in other medical school classes.
We are platypuses. Unique animal. Unique school.



A giant piping hot platter of lasagna.

Caroline Franke, CCLCM | Class of 2020

CCLCM is a giant piping hot platter of lasagna: so many different ingredients and components neatly layered into one. The flavors meld together into a warm and inviting dish that reminds you of a large Italian family.



Bungee jumping.

Alexander Chaitoff, CCLCM | Class of 2019

Going to CCLCM is like going bungee jumping - here it is easy to take the leap and dive into the most ambitious project because even if you're nervous, you know you will always have support.



Snowglobe.

Jessica Zhang, CCLCM | Class of 2020



Snowglobe: reflective white walls, of snowflakes shaken upside down, breaking glass, and falling beautifully into place.

Warm floating lights.

Stephen Raithe, CCLCM | Class of 2018

The warm floating lights are the feature



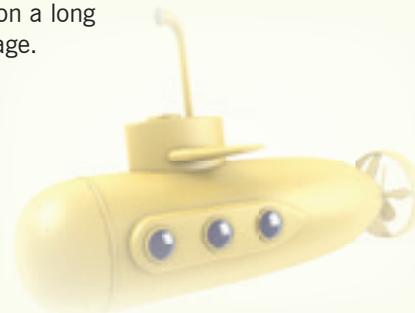
of the exhibit. The mirrors are prominent as well of course—after all, the room at the Hirshhorn Museum is called Infinity Mirror Room – but the mirrors are almost a secondary part of the exhibit. They are of instrumental importance, there in order to reflect the silent glow of the LED lights. Other materials are hidden in the room for structural reasons: plastic, wood, metal, rubber. It is the LED lights that are most arresting as they endlessly reflect in the mirrors, forming millions of luminescent foci. As I walk into the exhibit, the air around the lights seems lazy, quiet, and still. I try to sort which lights are from the LEDs and which are reflections. I try to map the web of brightness. A few of the other museum-goers are snapping selfies, the flash from their cameras momentarily contributing to the immersive kaleidoscope in this hall of mirrors.

It strikes me that I'm looking at the first moments of coming to medical school. And maybe I'm seeing my nostalgia for it as well.

“Yellow Submarine”.

Kaitlin Keenan, CCLCM | Class of 2020

“Yellow Submarine” by the Beatles. It's a unique song for a unique school. We learn in a small, close knit environment much like the inside of a submarine on a long underwater voyage.





The Broken-Hearted Tree Root

Lynn Daboul | Class of 2021

Meet my Friends, By the Shaker Lakes.

Chan Mi Lee | Class of 2021

There is this spot on Shaker Lakes where I like to go and talk to my non-human friends. I chat about pretty much everything, and they've taught me how to be a good listener. Maybe it's time to introduce some of them to you. One of them goes way, way back in time. We met on TV almost 20 years ago, through the magical box where anything was possible. I told my mom after watching Matilda, for example, that I was going to read lots of books and start moving objects with my eyes. After watching Laputa: Castle in the Sky, I dreamed of flying with that powerful green stone and controlling stone robots. After watching Fly Away Home, I dreamed of being Amy and going from New Zealand to Ontario, Canada, and collecting Canadian goose eggs. Canadian geese, to me, are long and wide creatures who know how to show respect, by flying in a respectful triangle. They are modest in color, but flamboyant in the feather arrangement. They fly long distances like I have, and make seagull-like noises that remind me of the sea. Moreover, they remind me of some of my most cherished childhood memories. The moment when the newly hatched goslings imprinted on Amy, I imprinted on the Canadian geese. The mesmerizing scenes of Amy sleeping and eating and walking with goslings got me to do the same with my pet chicken. Thanks to Amy, my chicken could fly off the bicycle handle when I took him for rides on my bike. But the chicken was not an ugly gosling and never transformed into a goose. He ended up being sold to my apartment security guard, not

flying with me down south to beat the winter. I was a sad Amy, with geese following me around only in imagination. But unbeknownst to my parents or me at the time, exactly 10 years later, I would really be flying from New Zealand to Ontario, Canada. I remember standing outside my apartment balcony in Toronto, thinking "wow I'm in Canada," as I watched a flock of Canadian geese loudly honking by. "Welcome, welcome, welcome...," I bet they were bellowing, in their rusty pipe organ voice. They were everywhere: in parking lots, parks, schools, shopping centers. And unlike the unfriendly white New Zealand geese who would hiss like orange-beaked snakes, these beautiful creatures would only waddle past, as if saying "oh man" at me looking at their messy left-overs. I was no longer a 7-year-old wanting to steal their eggs, but I was delighted to see the real bird, with black head and white patches, slender neck and plump belly. If I followed them to Canada, it feels like they've followed me to

Cleveland. They stand tall and graceful, standing out from the little quacking ducks in the lake. Or sometimes they swim around slowly on the water and peck at the seaweed beneath. They are always there, and I watch them from the bridge, saying "hello." I tell them how free they look, how pretty they look, and how magical they are to me, to bring me here from Korea to New Zealand to Canada and now, Cleveland, Ohio. I came here alone, but they are a piece of my unchanging self, a moving morph of memories. They listen and stare back, as if they know it and understand it all, of what I've gone through. Harry Potter used an owl and Noah used a pigeon, but I fly a magnificent Canadian goose in my mind to send messages up North. To my mom and dad and friends, my previous mentors and colleagues. In my all-possible world, I sometimes send a Canadian goose to my 7-year-old self too, to let her know that dreams do come true.



By the time the elderly “Ms. Smith” was wheeled into the emergency room, she hadn’t had a meaningful heartbeat in nearly 15 minutes and required a ventilator to breathe. Her clothes were ripped from her unconscious body, and the previously concealed smell of feces spilled out of her diaper and filled the air. As her ventricular fibrillation continued, she was hooked up to a machine aptly nicknamed the “thumper”—a rudimentary machine built on 1920s technology but costing 21st century dollars—capable of automating the chest compression process. With each thumper compression, Ms. Smith’s chest was severely deformed but then recoiled back into position with a surprising rubber-like bounce.

After multiple boluses of epinephrine and the start of a norepinephrine drip, Ms. Smith somehow regained a weak pulse. The wide complex tachycardia was anything but ideal, but the lull it created did allow for the feces to be wiped from the patient’s legs and for a blood gas to be drawn.

The patient’s arterial blood had a pH of 6.91—bicarb bolus and drip were both administered. Twenty minutes later, after chest x-ray, an external pacer was placed on the patient and set to 100 bpm. At first, her chest twitched with each electric shock, but she soon began to pace herself at 120 bpm, rending the machine but a safety-net. Repeat arterial blood gas showed a slightly improving pH—up to 7.01. The MICU team arrived in the emergency room and agreed the patient would need to be transferred to their care while she was still stable.

The thumper was taken off the patient’s chest, revealing a deeply reddened area. A small price to pay, I was told, for perfusion. Bags of pressors were hung. The pacer

machine was loaded on the patient’s hospital bed. She was finally covered in the world’s worst blankets, which I have learned are a staple of hospital comfort. At the last minute, the emergency room doctor arrived and instructed a nurse, the medic, and me to take the patient to get a head CT before transferring her to a MICU team in the J building.

On the way to the CT scanner, the formerly tense atmosphere seemed to have broken as coworkers joked with one another. As the patient’s limp body was clumsily loaded onto the CT scanner, I noticed that the pacer’s rhythm readout seemed different than it had been in the emergency room. The heart rate had also dropped to 69 bpm, which seemed counterintuitive to me, given she was to be paced at 100 bpm. I casually mentioned the perceived disparity in function, not sure I understood what it meant myself, but was assured that the readout was probably similar to what it had been in the emergency room. I tried to take comfort in everybody’s improved moods.

It was only a matter of minutes before Ms. Smith’s body was again clumsily rolled back onto her hospital bed and the three of us, two by foot and one by bed, were off for the MICU. We walked out through the first set of double doors into the emergency room hallway. Out through a second set of doors, up the elevator to the second floor. I tried to be helpful by guiding the front of the patient’s bed but was gently scolded by the medic and nurse. As if it were the most pressing issue being faced at the moment, I was informed that the pressure of my resting hand made it more difficult to steer.

We exited the elevator, crossed one skyway and then another. At what seems like the hospital’s crossroads, the conjoining hallway between the

mighty L, G, H, and, J buildings, the medic suddenly shouted. He stopped rolling the hospital bed. Old-fashioned chest compressions began. He called out, but in the heavily trafficked corridor there was no need—physicians of every background were yelling down to the G10 desks for a code to be called before my hands had even started their best thumper impression on Ms. Smith’s already-traumatized chest.

Ms. Smith’s journey to the MICU was delayed by a trip to the closer NICU. Following 45 minutes of what felt like a well-choreographed dance between physicians, nurses, pharmacists, and others, Ms. Smith remained pulseless.

Despite herculean efforts, she was pronounced dead.

Over just a couple of hours, I had gained knowledge of heart rhythms, pressors, CPR, ventilator settings, interpreting blood gases, transporting patients, and even speaking up within the medical team. I am undeniably more prepared to be a physician after such an experience. I suppose for that reason, multiple individuals commented on just how great a case it was for me.

But I am always sobered knowing this was somebody’s worst day. If not the patient’s, then the patient’s family’s. Somebody who used to kiss her husband goodnight every night is gone. Somebody who used to read her granddaughter stories is gone. Somebody who loved and laughed and cried and contributed and consumed is gone. An entire being is no more.

Her worst day will make me a better physician, but it hardly seems a proper trade.

My great case, that worst day.



Edgewater State Park

Datta Sudarshana | Class of 2019

The Days Ahead

K M Walker, MD

There will be days ahead when patients bring you their most prized and flawed possessions - their broken bodies, their flagging spirits, their waning hope. They will wonder - Can I get back to my loved ones, my life, my dreams? Will you help me? Do you care? You won't have all the answers though you've read a forest of papers, a mountain of books. You will not cure all their ills, though you will have memorized every step in the surgical dance. That's OK, you are not alone on this journey - you will learn, you will grow, you will try again tomorrow.

There will be days when questions will rain down on you like perpetual hail. You won't see a bathroom for seven, eight, nine hours. When you finally do, your pager, zone phone, cell phone and Vocera will gather in a pack and come find you. Just smile and say, "How can I help?"

There will be days when a patient's story will break your heart. You will heal her by listening to her words, as much as by pinning her bones. She will be lucky that you were the one who cared about her, while you cared for her.

There will be days when your floor will hold all your clothes, your fridge will hold only former food, your bank account will hold nothing. You will go to work anyway. It will all work out, I promise you.

Your team, with its kaleidoscope of faces, will fill you up with endless carbs, will crack you up with dark humor, will hold you up when you can't stand. Handle them gently. Their armor looks tough, but their hearts are spun from beautiful,

breakable glass. It's why they care for patients too.

There will be days when you won't remember the last name of your last patient, the last place you parked your car, the last time you went to a movie. When you leave the hospital on those days - drive carefully. You are the brightest star in our constellation and we need you to last.

There will be days when you will do everything right and no one will say thank you. You will be OK.

There will be days when you will do everything wrong and a child will smile at you. That will make it OK.

There will be days when you are empty. You will have given everything you have and so much more. On those days, nourish your body (Venti iced mochas and Diet Cokes don't count). On those days, feed your soul - pet a dog, get lost in art or nature, share a good bottle of wine/whiskey/water with a true friend.

There will be days when you will see humanity at her cruelest, harshest, most shameful worst.

There will be days when you will see her at her bravest, kindest, most selfless best, sometimes on the same day. She can teach you either way. Choose wisely.

There will be days when your body is beyond exhaustion, your brain is beyond coherent thought, your patience is lost in the rear view mirror. It is OK to say you need five minutes. It is OK to say, "This sucks" to your team, your friends, your family. It is not OK to lose your cool with a patient, a nurse, a student. Especially since you are the coolest.

There will be days ahead, I am sorry to say, when you will hurt someone. You are the most perfect of imperfect humans, but even you cannot skip this part. You will hurt someone who trusted you to make them better, to stop their pain, to keep them among the living.

The stories of these patients will haunt your days and nights and be tattooed on your soul. That man or woman or child might not forgive you, but you will have to forgive yourself. When you look at your mistakes, be honest but not brutal.

On those days you will wish you could put down the heavy, heavy yoke that comes with picking up a stethoscope and a scalpel. You will wish your life could be easier. You will wonder if you should have chosen to be a doctor. You will find yourself back in that bathroom, sitting on the floor, frustration and sadness pouring from your eyes. On those days - call me. We will get through those days together.

Then there will be days when a patient shakes your hand and says, "You changed my life. I don't know how to thank you." Your head will know he didn't need to, your heart will know he already has.

There will be time, later, for all of these days.

For today, breathe and be grateful. You are a doctor.



Colorado

Lauren Banaszak | Class of 2019



Visit Stethos online at: <http://www.clevelandclinic.org/cclcm/stethos.htm>