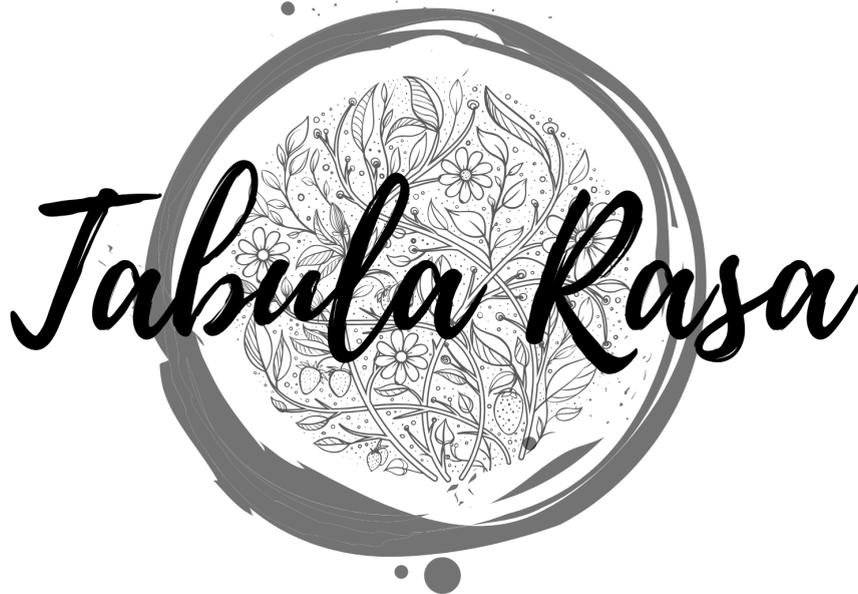


# TABULA RASA



Vanderbilt University  
School of Medicine

Volume XV  
2022-2023



*Tabula Rasa*, Latin for “blank slate,” is Vanderbilt University School of Medicine’s journal of medical humanities. *Tabula Rasa* is dedicated to the idea that the media of pixels, paint, pen, and paper lend individuals the means with which to explore the nature of humanity and enhance their medical experience. The journal is published annually and invites submissions of original poetry, essays, short stories, interviews, artwork, and photography from medical students, residents, faculty, alumni, patients, and members of the greater Nashville community.

## A Note from the Editors:

As masking mandates loosen and COVID-19 cases fall, this year has offered us a glimpse of post-pandemic life. We find a new sense of normalcy in seeing each other's wide uncovered smiles or in feeling a warm handshake rather than an elbow bump. We seek inspiration in traveling for the first time in a while or in the reliable beauty of a familiar park.

In other ways, this year is like the ones that came before. We continue to grapple with themes of illness, family, how best to heal others and ourselves, personal and community identities, and the microscopic and the macroscopic in science and medicine. Yet, amidst the frenzy, we keep calm through connection to one another, to ourselves, to the natural and modern world, and to the tangible and intangible aspects of daily life.

We are so excited to present this year's edition of Tabula Rasa, forged by a wonderful team of editors who also happen to be artists, writers, photographers, and physicians in training. We are ever so grateful to the Vanderbilt medical community for sharing such moving pieces, through which we can reflect, mourn, and celebrate the happenings of the past year.

Sincerely,

The image shows two handwritten signatures in black ink. The signature on the left is 'Tina Chai' and the signature on the right is 'Hannah Chew'. Both are written in a cursive, flowing style.

Tina Chai, Hannah Chew  
Tabula Rasa Editors in Chief 2022-2023

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*With special thanks to Amy Fleming, MD, Ann Price, MD, the Vanderbilt Medical School Alumni Association, and the Vanderbilt Medical School Administration for their continued and dedicated support of the medical humanities.*

The works published in this journal were selected by medical students at Vanderbilt University based on artistic and literary merit. They do not necessarily reflect the views of Vanderbilt University or Vanderbilt University Medical Center.

To contact the editorial staff or submit creative work, email [postcallanthology@gmail.com](mailto:postcallanthology@gmail.com).



**VANDERBILT**  
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## **COVER ART:**

*Touch* ★  
by Lauren Sullivan

## ★ EDITOR'S PICKS ★

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Learning to Yield a Scalpel

Harrison Thomas

Touch

Lauren Sullivan

### **Poetry**

The Whispers of Skin

Rachel Goodman

### **Prose**

Idy Sobe (Go Your Own Way)

Lance Johnson

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# Hometown

Savannah Hardcastle



## **Savannah Hardcastle**

*is a second-year medical student at VUSM. Growing up at the foot of the Wasatch mountain range in Utah, she developed a passion for exploring nature through trail running and hiking. More recently she has come to find joy in painting landscape pieces that are representative of some of her favorite places and most cherished memories.*

# Idý Sobe (Go Your Own Way)

Lance Johnson

I wish I could have been closer to my son. Our relationship has never been bad. I adore my son—for all he's grown I can still see my little preemie baby behind his eyes. I always say he was God's gift. I remember when I could just about hold God's gift in the cup of my hand. I can go on about how wonderful he is, but it embarrasses him. I suppose he isn't here to shush me. I only wish I had his father's way with him; I think he's always been his father's boy. Sometimes I can't tell which is which, they're so close. The day our son was born was the first time I ever saw my husband cry. Over forty years married I have seen the man cry twice. Usually, he is always laughing loud enough to crack a boulder.

But we had been trying for so long—I was forty when our son was born. I got pregnant the instant we stopped really trying, stopped praying. That's just how it goes with everything, I guess. It was just as well our son couldn't wait to pop out. My mother said he was premature because we were too impatient for him to be born, and I think she's right. All three of us, we couldn't wait any longer. But when I saw my husband hold that baby boy for the first time, that was when I first saw him cry. I cried just looking at it, seeing the two of them together. This big man I had known for most of my life, with his heavy, sausage-fingered hands and shoulders that threatened to splinter a door frame, looked down at our beautiful boy as if he had been his father for a hundred thousand lifetimes.

It comforted me. I knew I made the right choice. My parents never did. They never liked my husband. My father called him a provincial, a hick you'd say, too friendly. Not a serious man from Kyiv, a lawyer or something who keeps a good house and wears sharp clothes. Funny doesn't pay for heat, not where we lived outside Kharkiv. Honestly, I wondered about it sometimes. I was so young when I got married. I admit I've forgotten why I chose him in the beginning. I mean, I never stopped loving my husband for a second, but when you're forty with nothing to show for it, no real career and no kids, you wonder. I never wondered after I saw him hold that baby. That boy is everything to my husband. Most days you couldn't pry them apart. Now it has been nine days since we last knew where our son was.

Today you could hold up an old photograph of my husband next to my son and you'd say they're identical, which is just as well. I've always hated my nose. Better he takes after his father. They sound the same; that's the eeriest thing. Same voice, same laugh that rattles windows. The way they talk too, both of them, the way the words go up and down, it's always the same so I never know who's calling me from across the house. They're not totally the same, though. My husband is an idiot. I love him, but I know he's an idiot and he does too. I laugh sometimes—you know when I was young, he promised me the whole world. He probably still thinks he'll give it all to me and he's just still working on it. But I don't think he truly cared about anything besides me before our son was born. Never finished school, never finishes anything. When my parents used to mock him, they'd puff out their chests and put on an accent like some illiterate

peasant farmer. I'm sure they would complain that my son sounds so similar. But my boy is brilliant. Star of every one of his classes and teachers have always loved him. He's big now, too. Big as his father used to be, enough to play sports, but since he was so small when he was younger, he never took interest. And he was always sensitive, not like his father. Or at least he wasn't afraid to show it. He would cry and wasn't ashamed of it.

I still remember the morning he came into the kitchen in his pajamas and told me he wanted to be a doctor. He wasn't even a teenager yet. He gave his father all the credit for that, too, but I was used to it by then. When he was a little boy, his father used to cast these little spells at him. Not really, I mean my husband didn't really believe in magic. But he grew up with old provincial folk in his family who believed in zogovor [заговор] like you and I believe in rain. I guess more people around here would call it zamovlyannya [замовляння]. It's this kind of "commanding" or "conjuring" where people would whisper words or sing them, and the words are supposed to become reality. It's granny folk wisdom from the country. My husband rattled off little zogovor incantations whenever our son was sick or afraid of some shadow or who-knows-what. I think he did it because it was what he grew up with, probably hearing some wrinkly relative whisper at devils when he was a shivering child. If our son was frightened or weeping, my husband would hold our scrawny boy in his tree-trunk arms, rocking gently, and whisper, "Idý sobe, de voron kósti ne zanose." [іди собі де ворон кості не заносе, "Go your own way, there where the raven does not bring the bones."] It's an old sort of speech. That's part of what makes it magic. Or he

would just repeat, “Idý sobe, idý sobe, idý sobe,” [Іди собі, “Go your own way”] over and over. Maybe he would wave his hands over our son’s sore throat or tap a knuckle on the scary closet. I know the words were supposed to be directed at the bad thing—the sickness or the monster or whatever it was. “Idý sobe!” But that isn’t how he said it. Not like “shoo!” I can’t say it the way my husband does. I think after so many generations the words didn’t have meaning anymore the way regular words do. They became just an ancient, familiar sound that said, “There there, do not fret, everything will be peace.” He whispered it in this low, soothing rumble that was the only time he ever talked quietly. It was like his breath was saying, “Safe, safe, safe.”

Our beautiful boy wanted to become a doctor to take care of sick people like his father took care of him. He wanted to comfort people like that. He has a kind heart. Except he isn’t an old-world hick like his father. He learned fluent English so he could study in the U.K. someday and heal people for real instead of mumbling spells. Of course, I was always proud. His father, too. As a parent, it makes you feel smug when people ask your child, “What do you want to be when you grow up?” and your kid says something like that. He always said it in this serious way, not like how children normally talk. I guess we never realized how serious he was. Both of us, my husband and I, used to brag about our future doctor, even if it seemed like just dreams. We knew it was possible, but it was so far away. My husband stopped bragging about it so much when we started to realize he could really do it. He could really leave. I was still so proud. I want what’s best for my boy; that’s what I care about. My husband does, too, in the

end, but he's too attached. He would just shut up all quiet like a clam whenever our son brought up his future, just nodding along and half-smiling. We knew our boy—our young man—would miss us, too. But he has a purpose. You can see it in the way he carries himself, in his brow and in the way he walks. He knows God made him for something more than he could find at home among provincial people.

He was just getting old enough to leave when the tanks surrounded the country. For so long they were just poised there, the mouths of their guns slaving at the border, and every day we were surer and surer that nothing would happen. Things like that don't happen anymore. It was all a spectacle. We remembered Crimea, but still we were sure it wouldn't happen to the whole country. It was too big to imagine. Then they cut the leashes and the invasion began—this war that is about petrol, or denazification, or a bunch of old rich dogs barking about something that has nothing to do with my beautiful boy, God's gift. I wouldn't tell this to most people, but I think about what would happen if we gave up. Some nights I wish that I'll wake up and they'll have let the hungry tanks roll in, if it means the killing ends. But then that seems stupid. There's no knowing what would happen to the soldiers even then. There's no knowing if old people like me would ever see their children again. My husband says sometimes that he wishes he had stayed, but it wouldn't have made a difference.

We knew we had to leave. Staying where we lived meant dying, that's it. I doubt our house is still there. We knew our boy couldn't leave. None of the young men

are allowed out. He is old and sturdy enough now they could strap a rifle to him. His father was too old and not the ruddy oak I married when I was a girl. So, we left. That was the only other time I saw my husband cry. No, actually I heard him cry across the wall, but I saw him red-eyed and bent afterward. I know my husband is taller than me, but I remember looking down at him as we both quivered in our dim bedroom. He shuffled in after talking with our son for about an hour the night before we left. Our luggage was in the corner of our bedroom, two gray suitcases containing everything we would own in the coming months. We were planning to get up early to join the line where young men with rifles would wave us toward Poland. That night, I knew my two inseparable men would need a moment to themselves, so after I kissed my son, I slipped into the other bedroom and let them talk. I heard the crying and at first, I guessed it must have been my son. Slowly, the sobs died away and turned into the quiet rumble of two twin voices taking turns. I could hardly recognize my husband afterward, all brokenhearted and blank and pale and small. I can remember what I heard in the last moments before he came to bed, the last thing either of them said that night. Right before my husband slumped into our room, as I listened to the two men talk beyond the wall, I heard the old words whispered over and over in that soothing, swaying way, up and down, “Idý sobe, idý sobe, idý sobe....” I don’t know whose voice it was.



**Lance Johnson** *is probably some kind of student or something, but reports vary. It is reasonably certain, though, that he writes things sometimes, and those things are believed to be about true events.*

# The Powerhouse of the Cell

Tyler Pfister



# Untitled

Tyler Pfister



***Tyler Pfister** is a former Vanderbilt medical student who started doing photography through the medical photography elective. His hobby also includes bringing the microscopic world to life for others to enjoy. He hopes to bring this talent to the University of Oklahoma next year as he begins his ophthalmology residency.*

# The Whispers of Skin<sup>★</sup>

Rachel Goodman

In a quiet room with muted light,  
Where life and death meet in silent fight,  
A family gathers with a heavy heart,  
Another victim of melanoma's dark art.

Cancer, an injustice of humanity,  
It ravages and conquers so free.  
Its cells grow unchecked, uncontrolled,  
And with each passing day, its devastations unfold.

It began with a routine exam, or so it seemed,  
The doctor's touch, gentle and esteemed.  
A spot without pigment, could have been ignored,  
Yet its borders unbalanced, it warned.

The results came back, without delay,  
Confirming what the skin had to say.  
A warning of something deeper, the metastases roared,  
The true extent was yet to be explored.

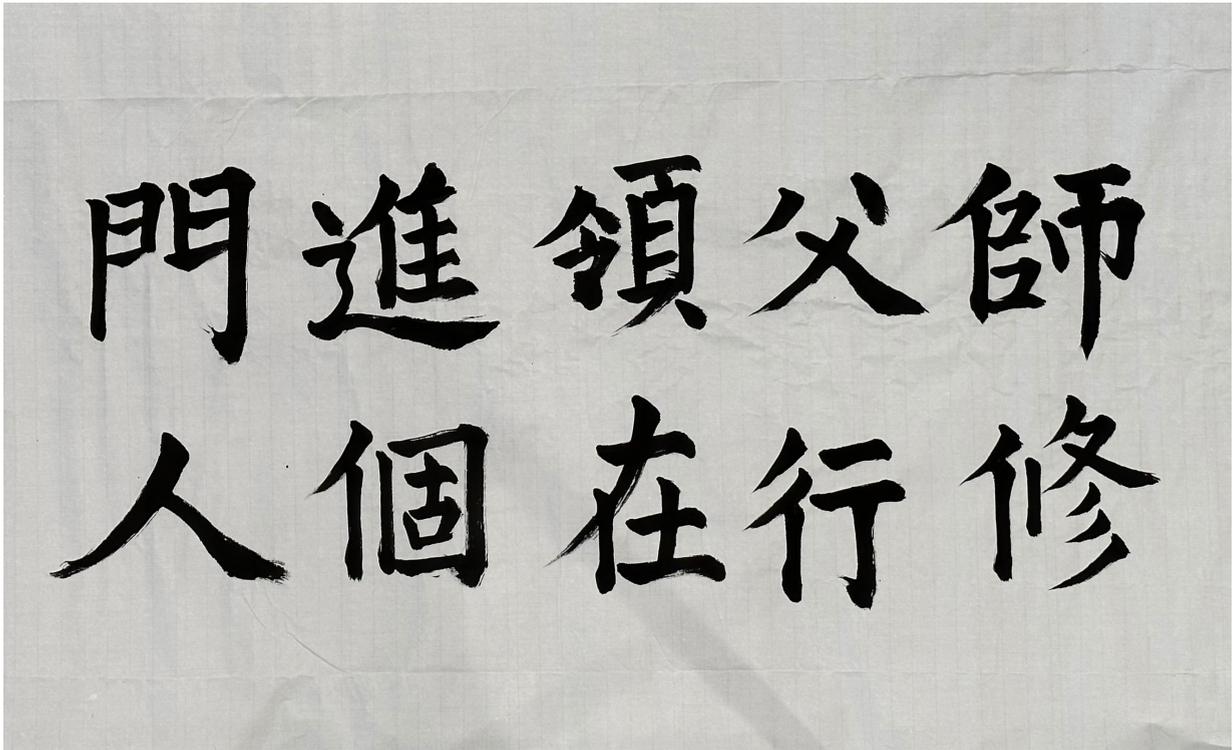
When skin speaks, it reveals its message clear,  
It whispers of what lies beneath, honest and sincere.  
A window to our body's health, we must heed its quiet call,  
A silent messenger with meaning, conveying it all.



**Rachel Goodman** is a SCRIPS Research Scholar and rising 4th-year medical student at Vanderbilt pursuing a career in oncodermatology. From South Florida, she studied Neuroscience as an undergraduate at Vanderbilt before pursuing an MBA. Outside her studies, she enjoys creating and selling mixed media artwork, travel, and all things food-related.

# Step 1

Sean Luong



This is a work of Chinese calligraphy, written in regular script with Traditional characters (as opposed to Simplified characters used in Mainland China). It is read from right to left.

The mandarin pinyin is read as “shī fu lǐng jìn mén , xiū xíng zài gè rén”

It roughly translates to, “the master leads you to the door, the rest is up to you.”

I chose this proverb because I feel like it is an apt message for us to think about as we move through our medical training and beyond. Our world-class faculty are teaching us illness scripts, radiological findings, physical exam maneuvers, medication dosing, how to present, how to interact, but that is only the tip of the iceberg, and there is still so much more to being a good physician than that. We can only be taught so much. It behooves us to build on what we learn in medical school and truly be lifelong learners for the sake of our patients.

Chinese calligraphy is an ancient art form that dates as far back as 2000 BCE. It is both a system of writing and an art with which the brush, ink, paper, and inkstone are all important elements known as the “Four Treasures of the Study”. The process begins with introducing a small amount of water into the well portion of the inkstone. Next, you take the inkstick and grind it on the inkstone until you achieve your desired darkness and consistency in the well. At that point, you can begin writing. While the final product may appear simple, there is much effort that goes into the final product, often with many attempts discarded in frustration. As one can imagine, the quality of each of the four treasures has a lot of influence on the piece, but so does the calligrapher’s experience as well as unintended effects that may either contribute or detract from the desired result. The viscosity and darkness of the ink, how well the ink stays on the paper, how much the ink runs on the paper or spreads via capillary action, the quality of the paper and how much it wrinkles, how wet you make the brush, how quickly the brush dries and begins to leave fraying marks in your character strokes, all of these significantly impact how aesthetically pleasing

the artwork is. Of course, even if these things go in the calligrapher's favor, it is entirely possible that they make a single stroke or even hold the brush down too long and cause the entire piece to unravel. Unlike Bob Ross paintings, there are no happy little accidents. While beauty is in the eye of the beholder and art will always be subjective, modern Chinese calligraphy has traditions and rules that must be followed for the work to be considered legitimate. It boils down to whether the piece is written correctly, whether the characters or phrase are written with meaning and appropriate context (it often reflects the calligrapher's education in other topics), and whether it is ultimately aesthetically pleasing. The last part is a gestalt that includes balance within and between characters, their relative sizes, characters with fewer strokes should occupy the same amount of space as characters with more strokes, the negative space should be balanced with the positive space; there are an infinite number of components that can be listed, and maybe most are not necessarily at the forefront of a viewer's mind, but when something is off, you can tell. All of this can seem like a lot and maybe stressful, but I find that the entire process is very meditative and therapeutic. Even if I get to the last character, happy with how it's going but I fumble at the goal line and have to restart, it is all a part of the journey. When I finally do achieve what I want, I feel immense satisfaction and calmness.



**Sean Luong** *was born and raised in San Francisco by a Chinese and Vietnamese refugee family. His family always prioritized assimilating into their new country, so practicing Chinese calligraphy is his way of staying connected to and honoring his heritage.*

# Meet Me in the Middle

Marjorie Butler

Meet me in the middle of the future and the past,  
Living in a troubled present without letting time pass.

Violence plagues the streets in the battle for our safety.  
Pack a prayer for lunch, the schools been facing shooters lately.  
*I don't wanna cock my glock, but if I need to I will.*  
The whole hood's strapped to bang, so it's kill or be killed.  
"Hands where I can see them, or I'll throw you in a cage!"  
We keep order in the present by propagating the shackles of slaves.

Meet me in the middle of black and white.  
Catch me in the mixed of a color-coded life.

Divided by race and polarized by our likes,  
*Aren't we all fruit fallen from the same tree of life?*  
Bipartisan leaders but damning bisexual men,  
No one owns their uterus, and it's blue versus red.  
Speak up or remain silent, either way it's gone hurt.  
I'm trying to break generational curses in a generation that's cursed.

Meet me in the middle of what's right and what's wrong,  
Where each drummer marches to the beat of his own song.

In the field of existence between harmony and opposition,  
Plant each seed with care and cede a little self-interest.  
Forgive the rotten soil of our past and water life with compassion.  
Each flower will blossom and each with its own fashion.  
Some short, some tall, some big, some small, a few of them might even slump  
over or fall,  
But together the beauty of the garden is more precious than any one from them  
all.

Meet me in the middle of fact and fiction.  
Accepting what I don't know is where I found true wisdom.

*Who am I to judge the footsteps I haven't stepped in?*  
I know less than I don't know, so I honor each perspective.  
From each home of the spectrum, humanity is nonetheless connected.  
*Why force beliefs on others? Is it too much to respect them?*  
Solutions stand up but fall as martyrs to the problem.  
*How much more must we rise for change to be an option?*

Meet me in the middle of curiosity and memorization,  
Here I hold tightly to the singularity of my imagination.

Some days I fall in line. Sometimes I tempt creation.  
*If we all stay the same, where we gonna find innovation?*  
Learning to fail with humility, but surely not failing to learn.

In the field of existence between harmony and opposition,  
I'm shaking off my losses, getting ready for our turn.  
Savor the things that work, and don't forget the taste of whatever doesn't.  
When we get in the kitchen, let's cook hot and fresh out the oven.

Meet me in the middle of the process and the outcome.  
The people make this journey, there's no sparkle without 'em.

Give up the destination and trust the why for direction.  
Wander but always stop to appreciate the people that life's blessed with.  
Reflect in solitude; take a pause to find peace and clarity.  
That's where I found who I am in stillness and those connected to my being.  
If you're looking, catch me somewhere between who I was and who I wish to be.  
I promised not to sell my soul. I'm authentic within my dreams.

Meet me in the middle of losses and wins.  
To struggle beautifully is both our greatest challenge and greatest gift.

In loving memory with an aching heart, here I exist as a broken piece of art.  
I lost my brother to drugs, one hell of a start. Then I buried my partner along with  
my empty heart.  
From the void of rock bottom, I found meaning in our fragile fate.  
I wrestled with my fears. Then I danced in the rain with my faith.  
I had to lose myself in darkness just to discover my light.  
Living in pure gratitude is what brought me back to life.

Meet me in the middle of strength and weakness.  
Vulnerability is powerful, if you hone your heart to see it.

Being our best means we also accept our worst.  
I faced the me in the mirror and the demons that lurked.  
Own each truth and accept each fault too.  
When free of insecurities, we live true to our who.  
Each day I'm reminded: anything is possible; nothing is sure.  
*If I die today, how will I be remembered? What mark do I want to endure?*

Meet me in the middle of the isle, where each day I say, "I do."  
I'm married to hope in the present and committed to gratitude.

What about you? Will you trust me with your truth?  
Maybe we can meet in the middle? You can teach me a thing or two.

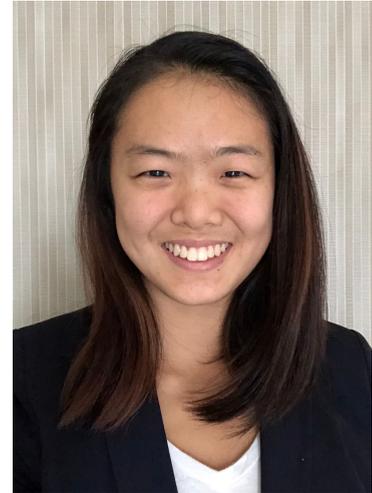
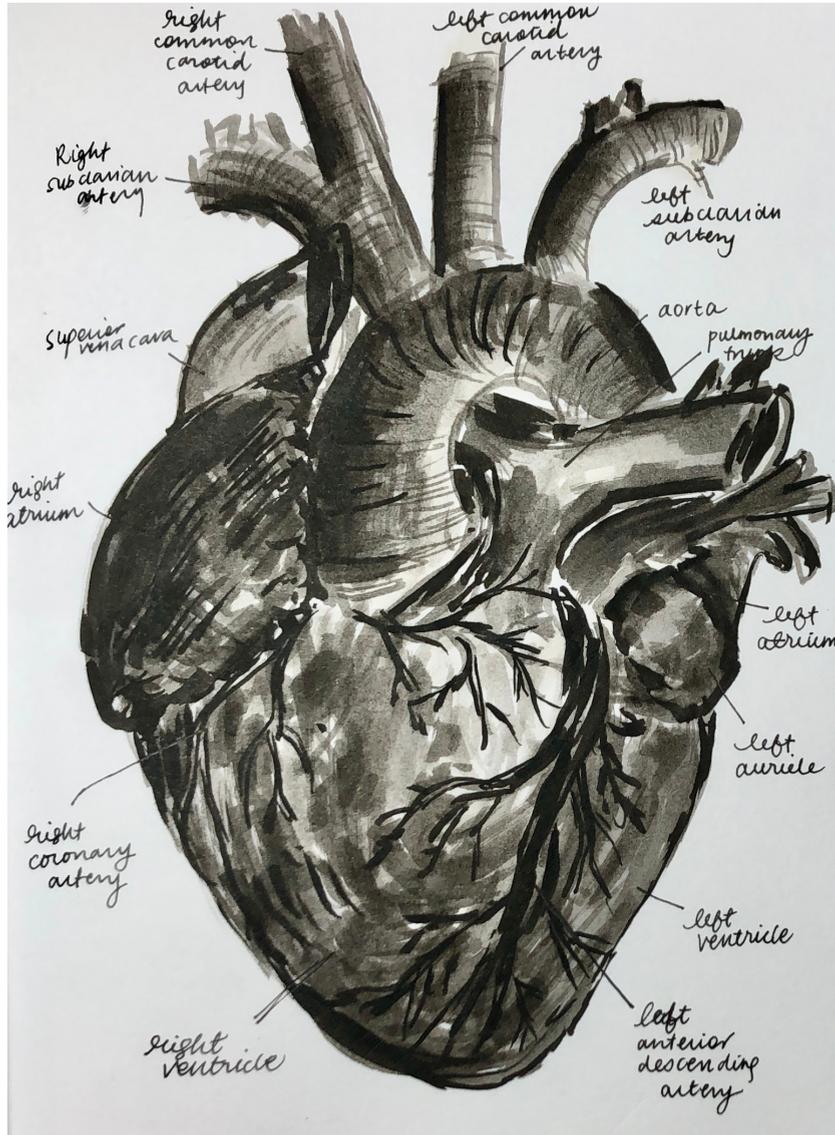
Blurring the lines between will and fate,  
Let's take the pen and color life with the grace we create.  
Set aside our beliefs and the routes that we take,  
Together our efforts can create a more unified place.  
I want to listen to others. I want to learn from your ways.  
Let's meet in the middle of our differences and we'll become the change.



**Marjorie Butler** *is a medical student who recently began writing. She is a former professional basketball player who enjoys athletics and fellowship. She is interested in discovering opportunities to build trust within healthcare communities.*

# Ink Heart

Lily Gao



**Lily Gao** is a first year medical student from Knoxville, TN. In her free time, she enjoys hiking, playing guitar, and dabbling in drawing and painting.

# From the outside, the hospital next to the library

Lily Gao



# Little Waitings

Michael Libre

Is it sometimes in the little waitings  
the moments when, breathless, wondrous  
sitting like a child upon the highest tree branch,  
straddling legs over the sides,  
eyes to the sky and then down into the thicket below  
we await the answers of our austere machines,  
whether those fickle atoms, and ions, and molecules,  
have followed the gentle nudges of our arcane interventions  
or—if they shall not  
will we soon gently hold the hand of another  
and shuffle away quietly somber,  
with the sea foam of glass eyes,  
the only sign of swirling currents  
soon swept away, like a beach wave  
with a knock on the next door

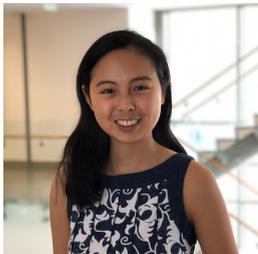


**Mike Libre** is a 2nd year Vanderbilt medical student. His professional interests include medical humanities, health economics, and improving care for patients with rare diseases.

# The Balance

Grace Xu

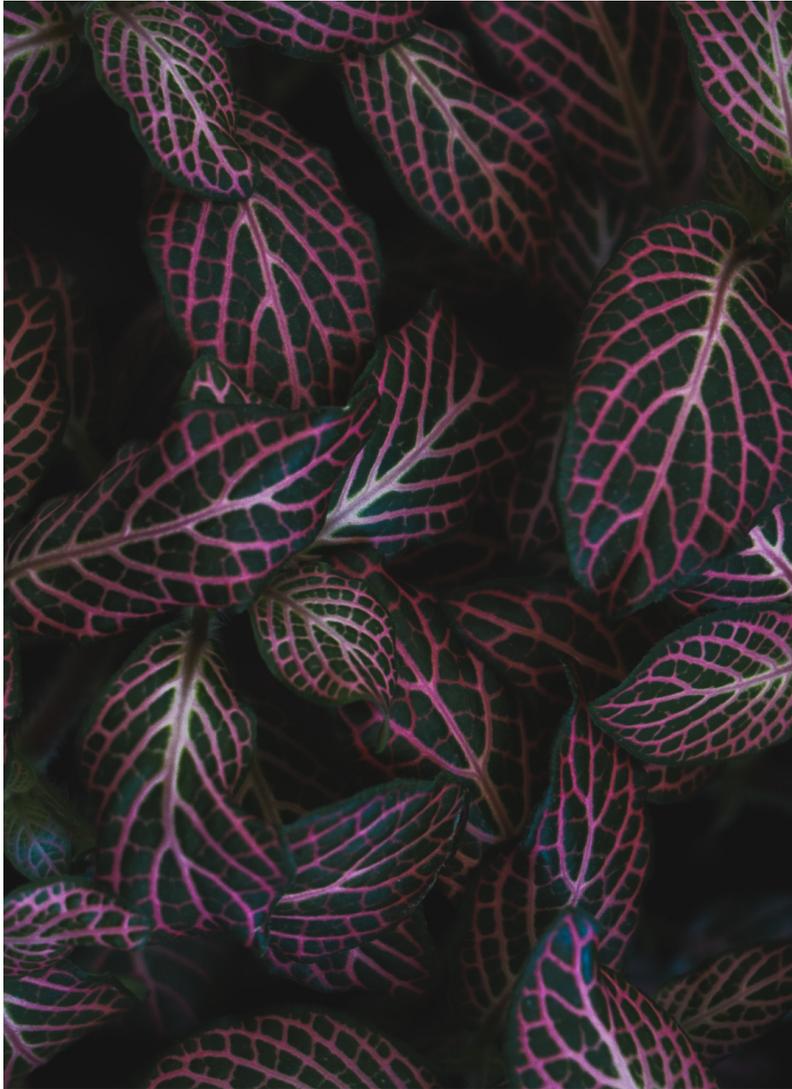
There is a tenuous place  
between life and death,  
tethered by lines and tubes.  
At some point in the illness,  
a loved one cannot  
benefit from more treatment,  
so the decision is made  
to have a peaceful death.  
Ten people in a pallid room,  
eyes glistening as they state  
“it’s hard to see him like this.”  
In the years prior, he was  
a beloved art teacher and  
the best family jokester.  
The ventilator is weaned,  
and he draws his last breaths,  
thus tilting the balance.



**Grace Xu** is a second-year medical student at VUSM. She grew up in Atlanta, GA and graduated from Emory University with a degree in biology. In her free time, she enjoys running and writing.

# Veins

Shravi Lam



**Shravi Lam** is a 3rd year medical student from Austin, Texas. In the ten years since first picking up a point-and-shoot camera, Shravi has found great joy in photography, and hopes that her photos will inspire viewers to appreciate the beauty that surrounds them in everyday life.

# Stonehenge

Shravi Lam





# Beneath a Dawn Redwood

David Kitchel

A man works  
In a medical center  
Made of many buildings,  
Filled with patients, staff and doctors.

All day they navigate  
Long corridors, cross thresholds,  
And pass through noisy rooms  
Bright with blue-white light.

Yet inside himself, he is unable to move  
From where he sits  
Beneath a Dawn Redwood,  
In the falling rain  
With Tu Fu.



**David Kitchel** is an Instructional Technologist with the Office of Education Design and Informatics at Vanderbilt University School of Medicine. His poetry has appeared sporadically in small magazines and online since 1991, most recently in *The Galway Review*, *Banshee*, *Pine Mountain Sand & Gravel* and *Blue Heron Review*.

# Following in Her Footsteps

Lealani Mae Y. Acosta



**Dr. Lealani Mae (Leah) Acosta** is an Associate Professor of Neurology specializing in neurodegenerative memory disorders. Her range of publications reflects varied interests, including peer-reviewed research articles, medical fiber arts, and creative writing, both prose and poetry, which have appeared in publications such as *JAMA*, *JAMA Neurology*, and *Neurology*.

# Doctor By Day, Dishwasher by Night

Lealani Mae Y. Acosta

*Abstract: Putting down the stethoscope and picking up the kitchen sponge, the physician experiences a range of outcomes, both tangible and intangible, in the roles of doctor and dishwasher.*

Whether it's been a good or bad day, when it's done, I come home, take off my proverbial doctor's hat, and put on the hat of a wife and mother. This includes doing the dishes at the kitchen sink.

I never really enjoyed doing the dishes, but after getting married and having two children, cleaning up after three additional people makes for a wearisome task. Rejected peas and odious bread crusts are sponged off of plates and devoured by the garbage disposal. I methodically rinse, group, and stack the dishes to ease loading them into the dishwasher. There is a right way to load the dishwasher, and it's not my husband's, so I insist on performing this task. I derive satisfaction from leaving the kitchen cleaned and knowing we'll have the kids' favorite sippy cups cleaned for the next meal, to avoid a future meltdown.

At the end of a hard day, the last thing I want to do is clean the kitchen or do the dishes. Clinic probably ran long, which it usually does: a combination of patients coming late or taking longer than the allotted time to untangle a complicated presentation. I primarily see patients with cognitive impairment, who often forget about appointments or insist they don't need to be seen, so such visits

can be challenging. After clinic is done, I tackle charting, since most of my time during the appointment is spent attending to the patient. Between responding to patient messages and returning phone calls, the stream of tasks demanding my time seems endless as I try to wrap up enough to get home.

Challenges vary depending on the clinic. It could be the severely demented, anosognosic patient who still insists he can drive and argues about getting his license back, without any memory of the accident that totaled his car. I've had to discuss concerns about elder neglect or abuse and urge family members to contact adult protective services. Sometimes I'll be on two phones at once: cradling a clinic landline connected to the nursing supervisor of an assisted living facility while speaking to the patient's adult child on my mobile, negotiating how best to manage the behavioral outbursts of a patient with Alzheimer's and paranoia.

Once I've addressed all the pressing clinical issues, I hurry to the car for the drive home. Pre-pandemic, I may have spent 40-plus minutes in bumper-to-bumper traffic, cursing the idiots who weren't driving safely in the rain that caused the accident that doubled my commute home. I'm tired. I'm hungry. If I haven't made my usual huge pot of soup over the previous weekend that I systematically eat over the next week, a habit I cultivated long before "meal prep" was a "thing," I will have to scrounge something to feed myself. If I'm lucky, I'll make it to the kids' dinner; if I'm late, I hope for a kiss before bedtime.

When I get home, I fall into the usual routine. Spooning iron-fortified oatmeal mixed with applesauce and tempting raisins into my toddler's mouth. Drying the kids off after the bath. Reading a bedtime story to my two-year-old and trying to eke a prolonged snuggle out of her, as she lately has been preferring to immediately curl up in bed, rather than rocking and singing. Giving my 5-year-old a kiss as my husband puts him down. My husband and I give each other a brief rundown of the day as he preps snacks for the kids for tomorrow and I start amassing the dirty plates. Sometimes we have more time to share, but at others we're all business getting our tasks complete.

As I stand at the kitchen sink, I fall into the rhythm of methodically rinsing and stacking the dishes. The glass Pyrex that contained the cold pizza I'd hurriedly wolfed down walking to clinic. The animated cat bowl that my son has deemed one of his favorites. I always have to scrub my husband's dinner plate extra hard because he's a shredded cheese fanatic.

Completing a familiar, simple task can be satisfying after a day when I query whether I've accomplished much of anything. Even after a full day of clinic and research patients, the piles of paperwork barricading my desktop computer and the unending messages via the electronic medical record portal gnaw at me. After all, career dissatisfaction, which includes lacking a sense of accomplishment, is an identified component of burnout.<sup>1</sup>

We enter medicine knowing both the sacrifice and the rewards of a life spent improving the health of others, but gratification for our efforts can be elusive.

In my case, watching patients with neurodegenerative dementias decline over years, without being able to offer them a cure. On the inpatient side, we have patients who come to our academic medical center for an acute crisis, whom we stabilize enough to transfer from the hospital, but whom I never had the opportunity to follow up with again. Whatever happened to the patient with eventual quadriplegia from a delayed diagnosis of acute inflammatory demyelinating polyneuropathy, who got a tracheostomy and a bed in a long-term care facility after months of being in the ICU?

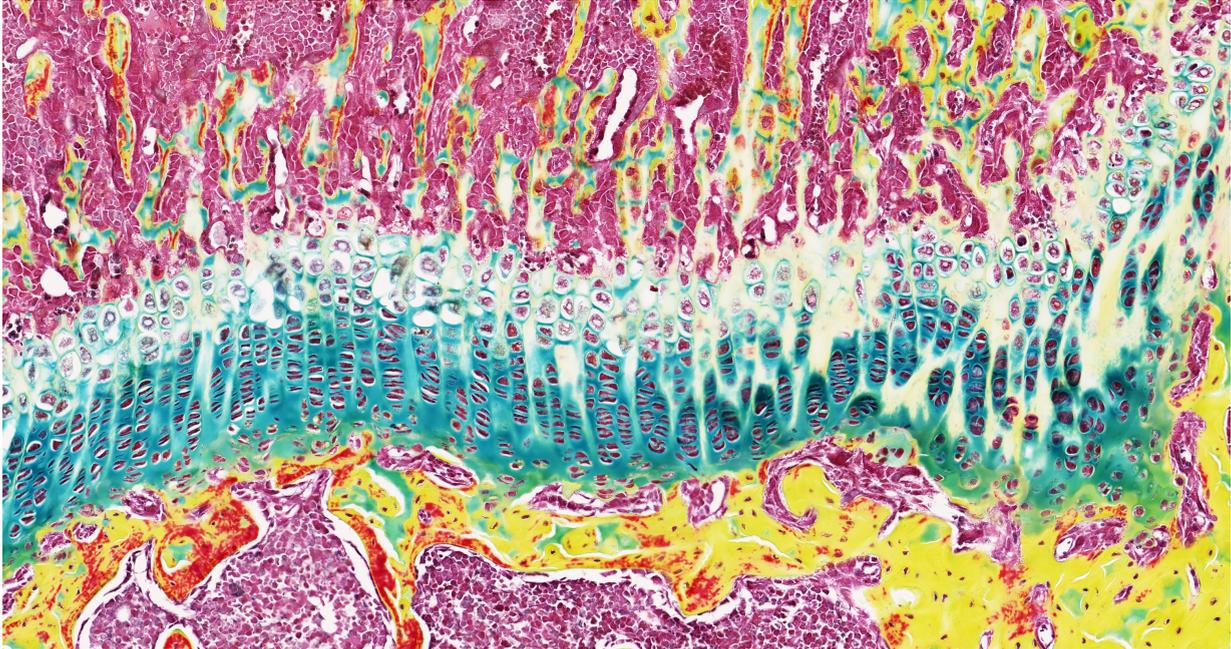
We can get the “win,” though perhaps not as often as we’d like. I’ve seen a patient with normal pressure hydrocephalus come to clinic in a wheelchair, follow the textbook improvement after a high-volume lumbar puncture, and jubilantly walk back into my office after a shunt. Though a more nuanced victory, I’ve cared for patients with advanced Alzheimer’s disease whose final wishes included being at home during their last days, rather than in a facility. Simple medication adjustments for their behavioral outbursts and improving sleep quality enabled them to do so. Far more often, though, our successes are less evident and tangible.

Which is why, at the end of a long day of practicing medicine, I often relish being able to do the dishes. As I complete this familiar, productive task, I simultaneously resolve some of the mental struggle of the difficult day.

1. Sigsbee B, Bernat JL. *Physician burnout: A neurologic crisis. Neurology.* 2014;83(24):2302-2306. doi:10.1212/WNL.0000000000001077

# Growth Plate Symphony: Nature's Marvel in Motion

Katherine Hadju & Rachel McKee



**Statement:** The microscopic orchestra that occurs within the physis is a fascinating component of skeletal development which showcases the intricate and dynamic nature of the human body's growth and maturation processes. Chondrocytes are specialized cells in the physis that secrete the extracellular matrix that makes up the structure of cartilage. They divide, differentiate, and communicate with one another through intricate signaling pathways. These cells respond to various physiological cues, such as hormone signals, mechanical forces, and growth factors, to ensure proper bone lengthening and shape. The cells of the physis are finely tuned to maintain a delicate balance between proliferation and differentiation, allowing bones to grow and mature in a coordinated manner. The Movat pentachrome staining technique offers a brilliant view of the physis. Resembling a vibrant, other-worldly landscape, the physis begins to reveal its tiny, cellular ensemble, giving us a glimpse into the remarkable process of skeletal growth, which lays the foundation within all of us for a healthy skeletal system.

**Description:** Microscopic image of Movat pentachrome staining of the distal femoral physis of a seven-week-old murine model.

# Loss that Brings Hope

Steven Bishay

There has been a lot taken from me, but much more given.

I was not sure what to expect when I entered the patient's room except for the heavy curtain of sadness. This was the common denominator in the ICU. Even if Hope managed to fight its way into the spotlight, eventually, the curtain of sadness descends.

The only information I was provided before entering was not what I wanted to hear: "He's not doing well. Overnight, his neuro exam decompensated, and a CT showed cerebral hemorrhage. They are waiting for you in the room."

This specific patient had been fighting leukemia for around 6 months. He was a family physician working for the state prison and had been previously healthy. His oncology team was pursuing bone marrow transplant and in the interim, had been treating him with chemotherapy. He was in and out of the hospital while receiving care. Given his immunosuppression, infection was the primary scare. In fact, he had just recovered from an ulcer that led to life threatening sepsis. To complicate matters, his diagnosis came at the height of the COVID pandemic. In the hospital, his family had limited time to see him. Even his wife had to fight tooth and nail with nursing staff to be given time with her husband.

What interested me most about this patient was his disposition. I spent a great deal of time with this family, and I had developed a special relationship to say the least. He and his wife met in Egypt where he was working as a primary care physician. She was a pharmacist. They were both deeply devoted Coptic Christians and served their community in Cairo.

In Egypt, the Coptic community has suffered on multiple fronts. Though the government is not outright antagonistic, there is a specter of discrimination that haunts the minority Christians of the country. Blood was shed in Egypt. Tensions seemed to boil down during European occupation of Egypt, but more recently, authoritarian oriented regimes have suppressed democracy and promoted anti-Christian rhetoric. Church bombings increased in frequency and walking in the streets was a risky endeavor for the outspoken Copt.

My patient and his new bride wanted to raise children with greater prospects, and they were willing to do whatever it took to accomplish this. He traveled to California where his sister was currently living and started the arduous journey of continuing his medical career. This required major hurdles for an international graduate: USMLE board exams and residency applications.

He first found employment as a caretaker for disabled individuals and worked in my uncle's gas station as a cashier. At night, he would study for board exams. After multiple failed tests, he finally passed and was able to start residency applications. The first time around, no program was willing to take on an aged

immigrant doctor. Finally, a small community hospital in southern California accepted him for training.

Listening to this man's story infused me with incredible inspiration. It's as if a gift was dropped in my lap, and as I unwrap it, there's a source of energy for me to tap into. When I compare my own upbringing, I feel as if barriers were preemptively removed from my path giving me a straight shot to my goals. How can I squander my opportunities when this man and others like him persevered through them?

When I enter his room, I feel the curtains closing. A Coptic priest stands in the corner as a sentry. The nurse is working at the IV. A sobbing woman is stretched on side of the bed, and the patient's sister comforts her. The patient himself is lying motionless, but I keep expecting him to smile and greet me as he always did. I couldn't hold back the tears. Being in this room was unlike any experience I had in medical school. Though I love hearing the experiences of those I care for, I can keep myself from being emotionally tied to them during tough times. This family, though, had given me a gift, and, in the process, we became bonded. My memories drift back to my experiences with this man: the hours we spent talking, the road trips we took together, the warm embraces. His dream for me was to join him in a career as a medical professional, and I won't soon forget his joy when I entered medical school. He and my mom showered me with love at every moment. He wasn't a patient I was caring for; he was a patient who had made sacrifices daily for my brother and me.

My father passed away towards the end of my first year of medical school and took so much with him. He was the cornerstone of our family, the rock that my mom leaned on and the foundation of support for me. With his loss though, we gained a role model of prayer, love, and discipline. He has left me with opportunities for a successful future and with the goal of imparting the same to my posterity.



**Steven Bishay** is a 3rd year Vanderbilt medical student hoping to practice as an interventional radiologist. He's committed to serving the Egyptian community at his Coptic Orthodox church and enjoys any opportunity to visit his fiancé in Arizona. Otherwise, he can be found jogging on streets and trails as a form of self-induced torture.

# Puzzling

Alison Swartz



**Alison Swartz** is a 3rd year medical student at VUSM and soon-to-be Vanderbilt medical scholars fellow interested in going into Emergency Medicine. She loves to paint and draw and enjoys taking classes at Sarratt Art Studio in her spare time. She likes to play board games on the weekends with her husband Brandon.

# Consult

Tina Chai

Hello / how are you  
Which is to say

Why are you here /  
what's wrong  
Which is to say

When did it start  
(the pain)  
Which is to say

Where does it hurt most /  
how much out of 10  
Which is to say

Anywhere else / anyone else  
Which is to say

Can I feel twice /  
softly then with more pressure  
Which is to say

Follow these instructions  
for more tests  
Which is to say

Here are more questions /  
less answers  
Which is to say

I don't know  
Which is to say

Let me help you  
Which is to say

I'm sorry  
Which is to say

Nice to meet you /  
see you in 3 months



**Tina Chai** is a second-year medical student at Vanderbilt. She is from Falls Church, Virginia and graduated from the University of Virginia with degrees in biochemistry and English. She enjoys writing, painting, singing, and being a plant mom.

# 3 Days of Primary Care

Melissa Dong

3 days to primary care burnout.

## **Day 1: 13 patients.**

Young mother from a house of health providers. Surrounded by tobacco farms. Allergic to everything and eager for more life. Hormones are unbalanced. Setting up her family. Motivated to set up her life of stability that requires constant change. Irritated by the world around her, even though she's set up so many protections. Cares for women's health. Ignoring signs from the universe? Released the sheep this morning. Unsettled mother who watches the Pioneer Woman. She used to watch it ironically but now it's her life. Now she craves that life. She has changed. But her allergies, her environment continues to say no, this is not what you desire. Her world is telling her to be that stay-at-home mom, but her years of schooling say no.

Old couple. Vibrant Filipino mother with 8 kids and a Southern White space rancher. A woman who fights for her life through every organ. A man who wears a white cowboy hat and a three-piece Canadian tuxedo and drinks alkaline water. A financial counselor who juggles the connected budgets of her internal health. A former technician who's desperate to preserve a peeling exterior. Meeting of opposites attract. They met at a dance in the 60s. She was visiting her friends. He was at his regular bar. He was smoking up a storm until he met

her. They wake up every morning together. He puts on a pot of tea before he goes to the gym for his upper body exercises. She wakes up later, sneaks in a piece of toast before drinking his tea and going for a jog. They come back together and eat the breakfast that he makes.

Obstinate and obese. Simple and single. Lives alone on a farm. Drinks a whiskey and coke. Smokes a pack a day. His favorite time of day. Doesn't own a computer. Mullet. Queer eye candidate. Lonely and depressed by toxic masculinity.

Anxious woman with panic attacks. Blunt cut shoulder length hair. A sick daughter who is unforgettable. Overshadowed by her own shadow.

Lonely woman living in the echoes of the gunshot suicides of her loved ones. Comforted by animals. Calls 211 for companionship.

Emerging adult in the silhouette of her mother. Bearing the pains of a trauma untouched.

Military man trying to get his life back. Reunited with the mother of his children. Lost 100 lbs. Quit smoking. Controlled his nightmares. Back in school. He did it. But it's slipping through his fingers again.

Pastor and his wife. In love for 60 years. He answers questions by looking at his

wife first. Wife wearing a necklace made of buttons, maybe made by her, maybe made by a grandchild. Happy except when the stabbing pains come back for his head. Sedates himself to sleep.

Straight shooter caretaker. Husband with TBI AND PTSD AND VET. 5 kids, all on birth control. A reactive life. Medicines have not done her well.

Stable home. Keto woman.

Aging artist clinging to the beauty of youth.

**Day 2: 14 patients.**

Young Southern gentleman. Raised on football and good manners.

Pre-school teacher who speaks but no one ever listens.

A young woman with nails so saccharine pink she's peeing sugar.

Peloton fiend who's "fair enough" to decline all vaccines.

Hunter retired, rear-ended, and wobbling toward peace. Taken advantage of.

Nervous nelly who feels like something else (hormones) is controlling her.

ADHD honey with self-described body positivity.

The Notebook come to life, facing polypharmacy and poor anecdotal neglect.

An assertive nurse with no body positivity.

A young mother with dip-dyed blue hair and her baby. Looking for treatment for the treatment of her depression.

A beleaguered internist who can't sleep.

An over drugged 90-year-old factory worker who just wants the conveyor belt to feel good.

An anxious model who can't sleep.

A traumatized HR manager who can't sleep.

**Day 3: 14 patients.**

A Titans fan who doesn't know why she's less of a Titans fan now.

A middle age yin and yang. Yin is sick and skeptical and wants off all his meds. Yang is eagerly waiting for the 6th booster.

A retired DCS officer who can't sleep.

A wife caregiver who can't sleep.

A young woman.

An old woman.

A man and his dog.

Man with the hat.

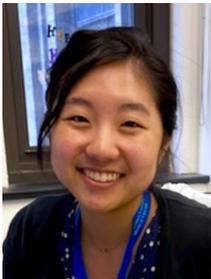
Man.

Woman.

Woman and her baby.

Woman.

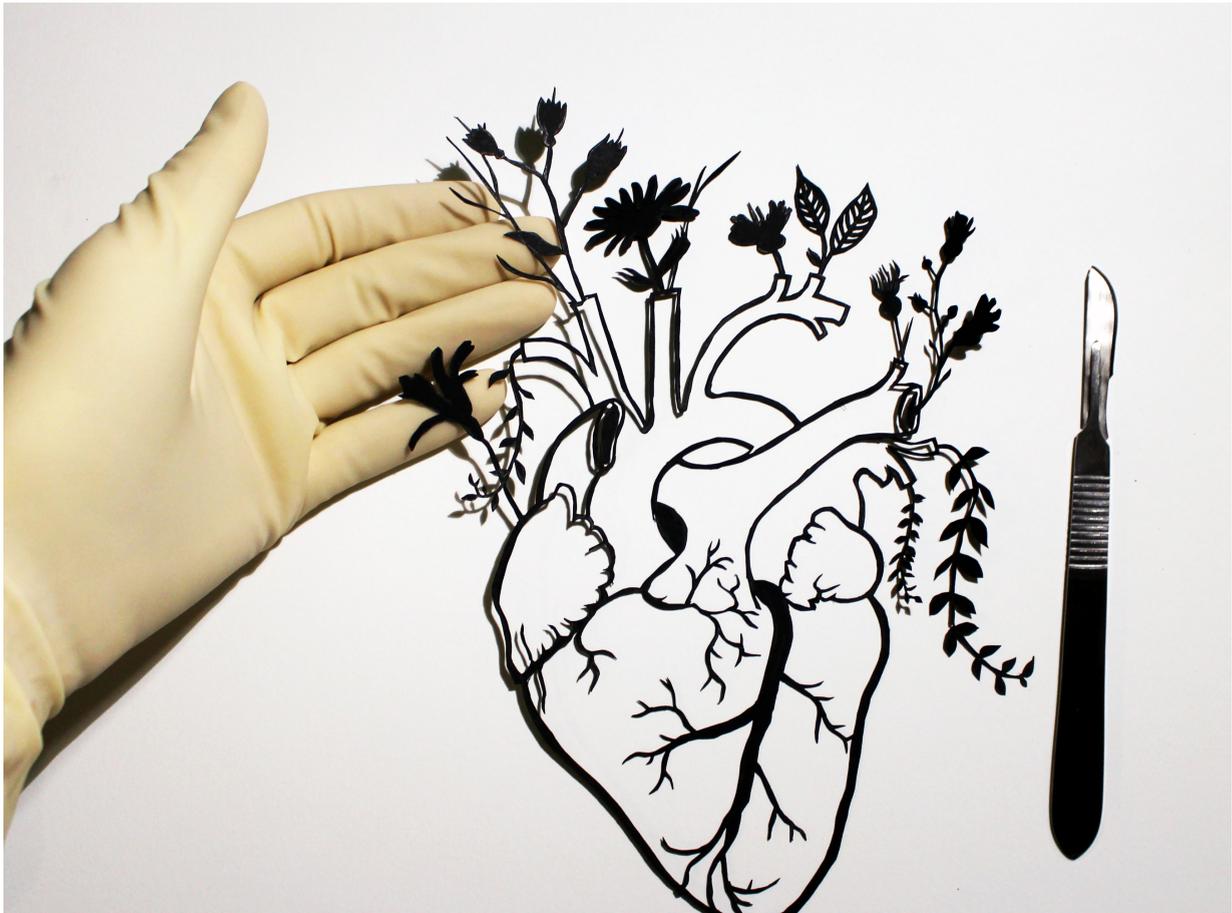
Man.



**Melissa Dong** is a 3rd medical student pursuing a career in combined medicine–psychiatry. Originally from New Jersey, she attended Tufts University where she studied psychology and film & media. She then studied at a monastery in China and later worked in NYC for 2 years before starting medical school.

# Learning to Yield a Scalpel★

Harrison Thomas



**Harrison Thomas** is from southern Illinois and attended Vanderbilt University for both his undergraduate and medical school studies. He enjoys working with a variety of artistic mediums ranging from ceramics to printmaking to drawing. Outside of his love for the visual arts, he also enjoys running and exploring Nashville.

# Time Shapes Change

Catherine Fuchs

Silhouette of rocks and sky, my eyes

Drawn billions of years to the west,

Ancestral Rockies where hogs have backs.

To find an unremarkable wrap so easily missed,

Born of opposites flashing

Explosions of color encircled long ago.

And to the east the Ozarks ancient thread of

Tiny bugs and talks of wonder in their crystal web,

Transformed by human curiosity.

And I ask, what is the ancient message there for all,

Vast differences of equal worth across this land

Can I be still enough to listen and to grow?

Time shapes change, change graces time.



**Catherine Fuchs** is a Professor of Psychiatry & Behavioral Sciences and Pediatrics who specializes in Child and Adolescent Psychiatry. She is a graduate of VUSM. Her hobbies are reading a wide range of books, hiking, and traveling. She finds poetry to be a way to learn new perspectives on the world and to convey her own questions and thoughts.

# Rainbow of Life

Catherine Fuchs

The colors caught my eye.

Six points, shades of red and brown, hint of yellow.  
Frayed, veins brittle, speckled white,  
royally bedded in the youth of ivy green,  
mingled with the crinkled shades of brown.



I almost stepped on it.

What path from bud to leaf to life sustaining mix which fell directly down  
or drifted as a random gust of wind, blending strangers, subtle and blazing  
and shifting as sun and shade intertwined.

Compost, mix of growth and decay.

Platter for fungi, gift of healthy soil, now food for bugs and growing plants.

My mind keeps shifting back to it, the picture snapped that cold December day.  
Image simple, colors complex. What message is in that leaf?

It seems our trees know what we so often miss- shared differences offer beauty  
of new life.

# Tightrope

Emma Richards

He tells me it's fine  
It doesn't matter  
All the words I said  
When I couldn't control myself  
And lost absolute touch

Do they know?  
How far has the gossip train gone?  
Every interaction  
Feels carefully picked apart and  
the words circulate in my head  
Crazy, Psycho, Bipolar  
Which one resonates most?

With them  
With myself

But, I am okay!  
I've made it home  
Peaceful and safe

Behind the curtains  
my diagnosis hides  
Waiting for the perfect time  
To remind me I am sick

I desire stability  
But my unquiet mind plagues me  
I will continue to walk  
A never-ending tightrope

I will find a way to balance



**Emma Richards** is a Nashville native. She spent the past year interning with Student's for Health Equity, a community outreach program located in the Vanderbilt School of Nursing. Emma will graduate with her Master's of Social Work from the University of Tennessee -Knoxville in May 2023.

# Reflections

Amy Fleming



**Amy Fleming** is the Senior Associate Dean for Medical Student Affairs and Alumni Affairs at Vanderbilt University School of Medicine. She has practiced Pediatric Medicine for over 20 years. She enjoys photography, quilting, painting and singing.

# Happy Health Clinic

Shane Carr

In the year 2423, Dr. Ashley Wisk realized she was regretful of the job she'd chosen. After completing her residency in internal medicine, followed by her fellowship in cardiology, second fellowship in electrophysiology, third fellowship in quantum cardiac arrhythmias, and a PhD in satellite imaging to detect those at risk for myocardial infarction, she couldn't shake the desire to be the good old fashioned "town doctor" she had heard about in her medical history classes. So, when she came across a position on her first job hunt to be the sole generalist physician of a new and quickly growing town, she contacted the recruiter without hesitation. And the pay was going to be \$800,000 per year? How could she pass that up when her medical school tuition cost more than that each year and, with the 15% interest, her total balance had only grown during her fellowships. She was so excited about the position that she glazed over the fact that the location of the position was a mining colony on a planet trillions of miles away.

Dr. Wisk was one year into her five-year contract with Happy Health Clinics. Between patients, she would find herself thinking back to all that she missed during her training in Boston: buying fresh avocados at the market, calling friends after work, having breathable air outside. While she often debated quitting and returning to Earth, her non-compete agreement with Happy Health specified she couldn't work for a competing firm within 10 light-years at the conclusion of her employment, which unfortunately included Earth as well as 99.7% of the colonized planets. Of course, if she left, who would take care of the poor patients trapped on this desolate rock with her? As much as she wanted to leave, she was the only physician in the solar system.

Her job wasn't all bad. As a prominent private equity firm, Happy Health had access to all the latest and greatest medical technology. Limb-regrowth chambers, 3D-printed medications, candida species trained to eat any kind of cancer, just to name a few. Even on this isolated planet, she felt far from being in a resource-limited environment.

7 am: time for her first patients of the morning. It was a VIP visit with Barron MacConkey, owner of one of the three large mining companies on the planet. Between his five lab-incubated kids, four rounds of heart transplants (kept in stock by a small, genetically altered pig farm), two bionic eyes that could see colors beyond our comprehension, and every single longevity medication money could buy, Mr. MacConkey's medical bills amounted to almost half the clinic's revenue. While he was always somewhat grating to deal with, it was no wonder Happy Health insisted he receive a two hour visit any day and any time of his desire.

“How have you been this last week Mr. MacConkey?” Dr. Wisk did her very best to muster some semblance of excitement. Barron MacConkey looked troubled. After a pause, he replied, “My hip hurts real bad doc, been this way the entire last day. My sweet son had to carry me all the way here from the shuttle. Quite embarrassing for me. Can you fix me up real quick?” His son was waiting right outside the room; Dr. Wisk had briefly mistaken him as MacConkey's bodyguard before she remembered 15 years ago she provided the boy genetic modification

treatments resulting in him becoming 8 foot 6 inches tall with an alligator jaw and gorilla arms. Cosmetic genetic enhancements were controversial, but they remained somewhat legal in the colonial planets, especially to those with the funds to pay for it. As for the hip, there were several options, though she knew which MacConkey would want. The Acetabulous™: titanium forged from the heat of a dwarf star mixed with bone harvested from resurrected mammoth DNA. “How long will the hip replacement surgery take?” inquired Barron MacConkey, sounding impatient. But before he could say another word, he realized his hip had already been replaced in an instant. “You’re as good as new, sir. Don’t jump too high now or you might float off this planet for good.” MacConkey senior and junior departed the clinic at last.

No time to rest, Dr. Wisk’s next patient walked into the room: a young woman named Harriet Douglas who happened to work on MacConkey’s organ transplant pig farm. “Ms. Douglas, it is so nice to see you again! Those pigs keeping out of trouble?” But Ms. Douglas didn’t look like her normal cheery self. “Dr. Wisk, recently I’ve had a bad headache and just can’t seem to see clearly. And two months ago, I had trouble moving my legs for a short time. It absolutely terrified me.” Of course, Dr. Wisk already knew the diagnosis. She knew the moment Ms. Douglas stepped into the clinic and the doorframe MRI scanned her in an instant, reporting the findings right to Dr. Wisk’s computer. “Ms. Douglas, what do you know about multiple sclerosis?” Dr. Wisk inquired, hoping to ease into the conversation.

After thoroughly breaking the news, Ms. Douglas eventually asked, “well can you cure me?” And luckily there was a cure for multiple sclerosis: burlizumab, a potent monoclonal antibody against IL-53. The medication’s potential made waves in the field of neurology in the landmark randomized simulation study done by Jordan et. al. in the late 2390s. Dr. Wisk still found herself astounded by these simulation studies, which only recently became commonplace.

Enormously costly to the NIH, the study simulated entire replicas of human civilization to test the effects of burlizumab versus the previously standard disease-modifying therapies like interferon beta or glatiramer in conjunction with steroids for acute exacerbations. The study simulated thousands of years of our civilization, with billions of humans living their lives: falling in love, going to work, becoming ill, growing old. While those simulated humans experienced consciousness and life no different than our own, the simulation began and ended within a fraction of a second. The end result was remarkable. While standard disease-modifying therapy and steroids could slow progression, the mean change in life expectancy compared to a healthy control was still -10.2 years (95% CI: -14.3, -8.1). On the other hand, burlizumab was associated with a change in lifespan compared to healthy controls of 0.0 (95% CI: 0.0, 0.0). It completely cured the disease.

“Ms. Douglas, let’s see about getting you burlizumab,” and Dr. Wisk sent the request to Ms. Douglas’ insurance company, Loving Arms Network. After a few moments, her computer notified her of LAN’s reply:

*Subject: Burlizumab authorization request*

*REQUEST DENIED: Burlizumab is not a preferred medication due to cost.  
With Sincerest Compassion,  
Your Loving Arms Network Team*

“Anyways Ms. Douglas, I sent you a prescription for interferon beta to your pharmacy, have a great rest of your morning.” With that, Ms. Douglas left the clinic, but not before the automated door frame attendant spit out a \$15,000 invoice for her. “For the MRI,” it stated.

Only one patient was left for the morning: an uninsured miner named Morris. Dr. Wisk was heartbroken by his situation every time he had an appointment. Morris had a myocardial infarction several years before Dr. Wisk arrived at the planet. Without any health services available, an inter-solar system ambulance was required to bring him back to Earth for stenting. Thankfully, he recovered with only minor cardiac deficits, however, the financial deficit was cataclysmic. The ambulance bill alone was 5.8 million USD, let alone the stenting cost, nursing staff, hospital lunches, and transport back home. Morris was hopelessly buried in debt. Today, Morris appeared thin and shared he had difficulty affording enough food to get by. Happy Health Clinic had thousands of crates full of hundreds of boxes of nutrition shakes, 40% of which were bought each month by MacConkey’s titan of a son. “Morris, the least I can do is give you a few boxes of nutrition shakes. I wish I could do more to help, I really do.” When Morris replied he could not pay, Dr. Wisk insisted the Clinic could spare a couple boxes for him

Morris smiled for the first time that visit and carried his boxes home. What a busy morning. But now, Dr. Wisk had a moment to catch her breath and check her email:

*Subject: Happy Health Clinic Physician Monthly Paystub*

*Dearest Dr. Ashley Wisk,*

*Thank you for another fantastic month taking care of our patients. Here is the breakdown of your monthly paystub:*

*Post-tax amount: \$44,000*

*Deductions:*

- *Missed target for number of patients seen: -\$5,000*
- *3 boxes of shakes for Morris: -\$4,000*
- *Clinic electricity and oxygen maintenance: -\$16,000*
- *Automated door frame attendant convenience fee: -\$7,000*
- *Happy Health Clinic Admin fee: -\$8,000*

*Final total: \$4,000*

*Keep up the great work!*

*Happy Health Clinic*



**Shane Carr** is a medicine intern at Vanderbilt University Medical Center and previous medical student at Vanderbilt University. He grew up in Phoenix, Arizona, and is a huge fan of science-fiction stories. In his free time, he also enjoys weight training, racquetball, chess, and painting.

# Anatomy of a Silent Teacher

Sunaya Krishnapura

To Our Silent Teachers:

We know all of you,  
And yet, we know nothing of *you*.

We have spent hours tracing the cruel kisses of time on your skin,  
All the while pondering how beautiful you must have been.

We have touched every bone, every muscle, every fiber of your being,  
But still, there is more of you we will never be seeing.

In the story of your cells, we hope to find just one clue.  
Opening you to find you- is there anything more taboo?

We have learned of the cuts that were made and the tubes that were tied,  
As we looked past the scars we knew were too big to hide.

We have marveled at the parallel of strength and fragility in your sinews,  
Humbled in knowing we share this same dichotomy within you.

You have given us a gift, deeper than words can convey-  
The temple of your body while the soul is away.

It is a bitter truth that we must face each day we hold the knife,  
That only in death could you touch us in life.

# The Cursed Bird:

## *A dedication to the Bird of Paradise*

Sunaya Krishnapura

My beautiful bird, why do you weep so?  
When the dawn breaks out, drops of dew roll down your cheeks.  
Your wings are a sun's orange; you have bits of blue.  
So why lovely bird, do you cry, why do you?

You watch the sky, trees, and fences,  
Admiring the birds with simple complexions.  
To their flights your eyes glue—  
I simply don't understand why you cry, why do you?

When the wind ruffles your wings, you try to fly,  
Yet your bird soul cannot rise.  
Before I thought, you were weeping about something absurd.  
Now, I realize, oh you poor cursed bird.



**Sunaya Krishnapura** is a second year medical student at Vanderbilt. Her family lives in the Bay Area, California, and she graduated from the University of California, Berkeley in 2020. She enjoys reading, exploring new restaurants, and watching movies in her free time.

# Bird of Paradise

Jean Mok



**Jean Mok** is an M2 at Vanderbilt School of Medicine from Valencia, California. He came to Vanderbilt after graduating from UCLA in Physiological Sciences. In his medical studies, he loves to see the intricate designs of human anatomy, and draw parallels with nature, art, and music – some of his other interests.

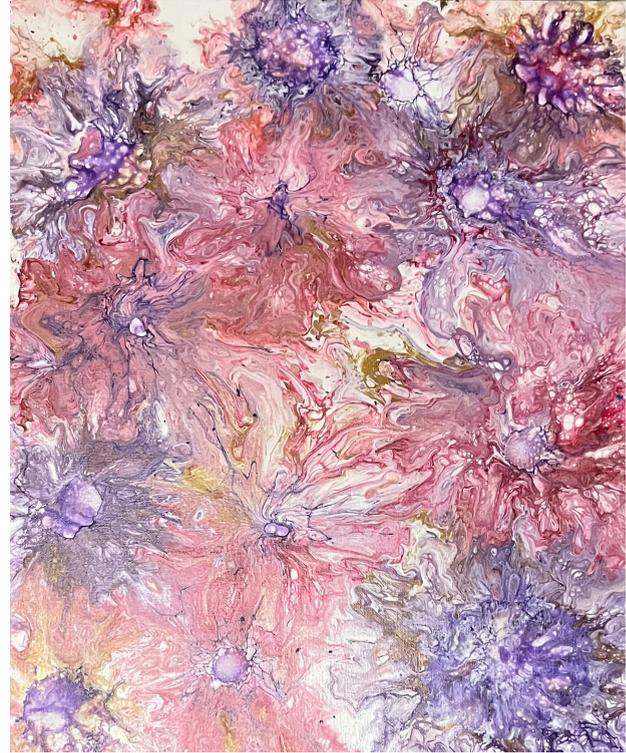
# Untitled

Kathleen Herrera



***Kathleen Herrera** is from the Northeast and moved to Tennessee 2 years ago. She has always loved creating something beautiful, whether it was a painting or making something special for a family member, it has and always will be her first love.*

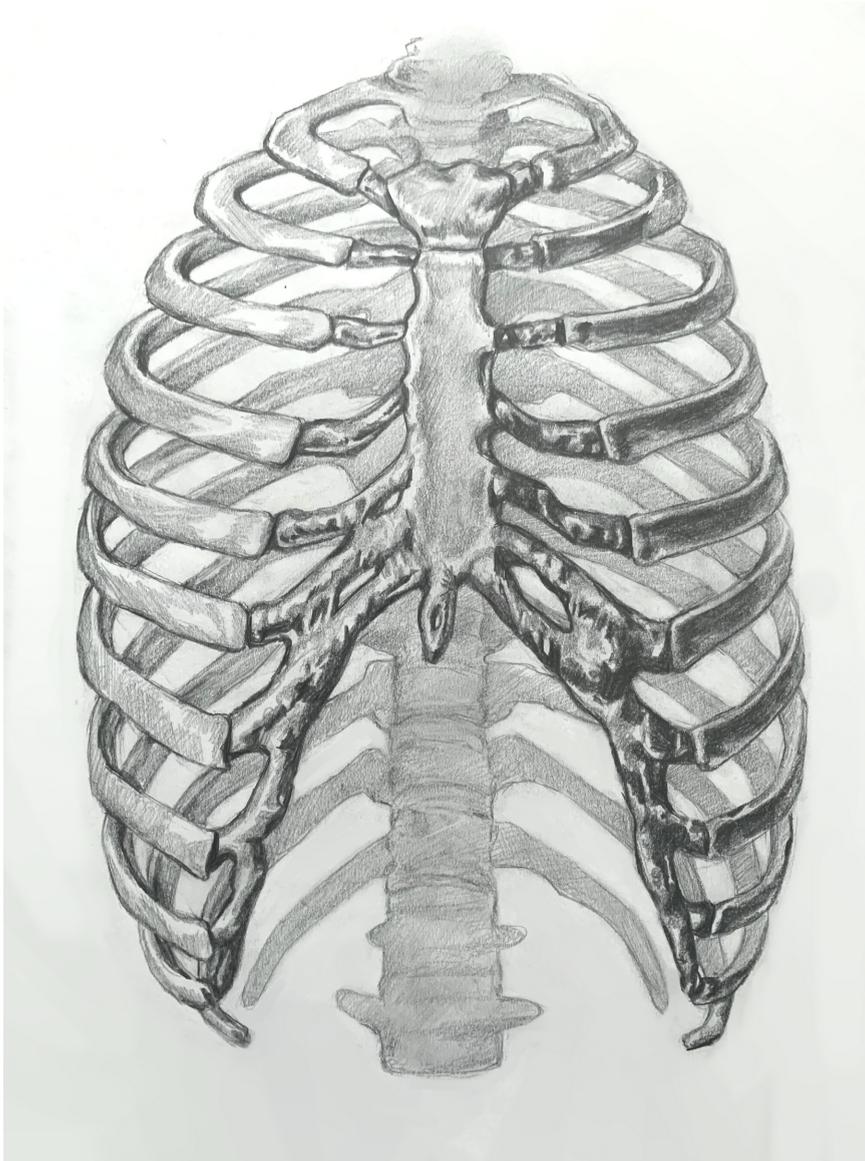
*Find Kathleen's art at [Okcreationstn](#) on Facebook.*



Kathleen Herrera is an exceptional artist whom we initially encountered through the Community Art Initiative pilot, a program that brings local artwork into patients' rooms at Vanderbilt Stallworth Rehabilitation Hospital. Within a few short days of this serendipitous meeting, Kathleen's artwork permeated the entire hospital, offering not only comfort and peace but also finding new homes among patients and providers alike. Kathleen's artistic creations perfectly encapsulate the very essence of the Community Art Initiative, and as the program expands, we aspire to incorporate works that can replicate her profound impact on the community.

# Rib Anatomy Master Study

Lauren Sullivan



## **Lauren Sullivan**

*is a rising 3rd-year medical student from St. Louis, MO who graduated from the University of Notre Dame before joining VUSM. She loves keeping up with visual art as a hobby since childhood, including designing recent Cadaver Ball posters and serving as a Tabula Rasa Art/Photography Editor previously*

