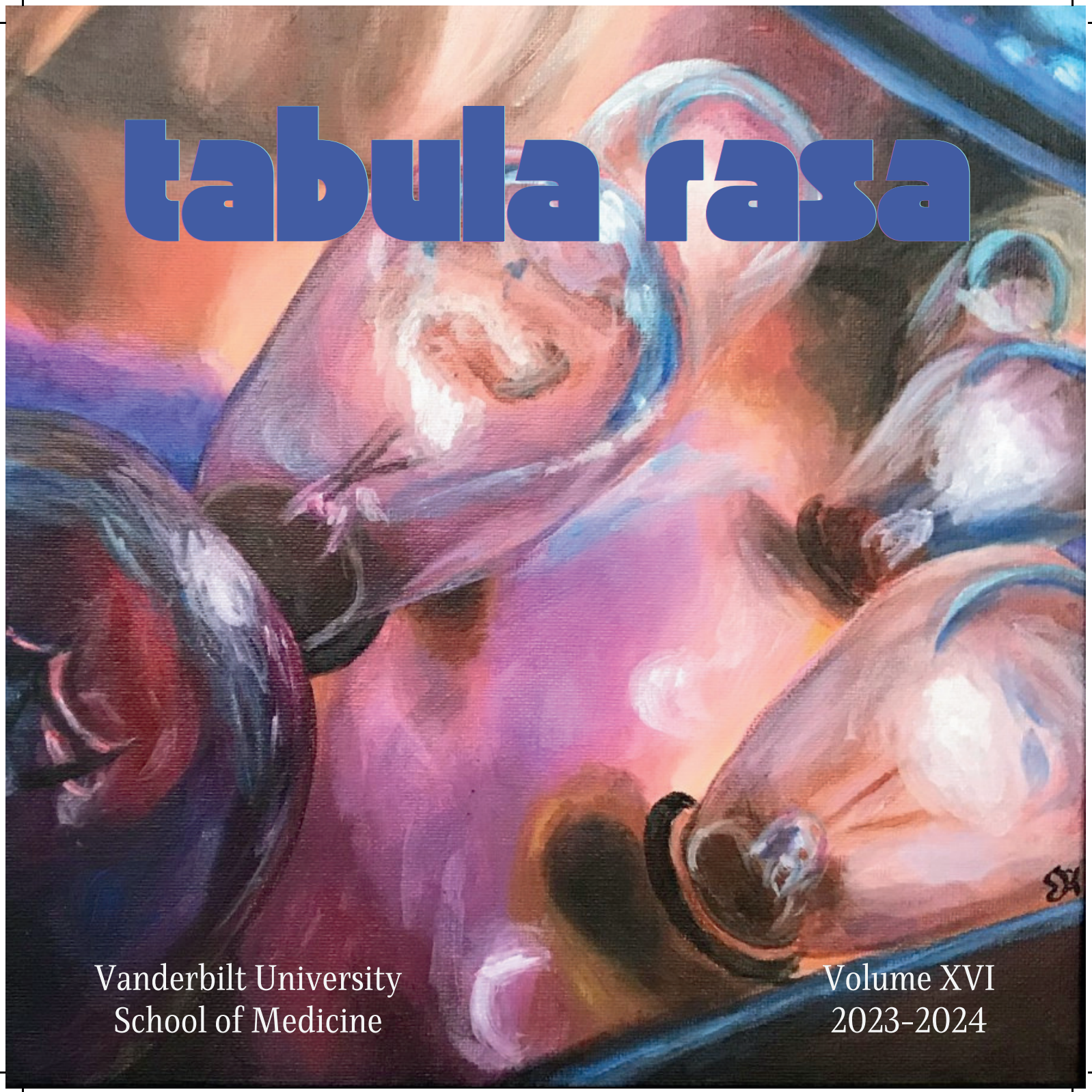
tabula rasa



Vanderbilt University
School of Medicine

Volume XVI
2023-2024

tabula rasa

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:

Leafing through the Tabula Rasa works this year, it is fascinating to see how diverse art can be. Laid out in the pages are stories of growth, reflections on patient journeys, and strokes of color forming flowers, organs, and living beings. These expressions of creativity change with each issue of the magazine, but they capture enduring themes of creativity, wonder, and reflectiveness.

Tabula Rasa represents a collective story by each of the artists and writers who have contributed to it. There is a wonderfully unifying power of art in times of constant change. And through sharing in these pieces, we hope you, the reader, can become part of this story as well.

We are honored to present the 2024 edition of Tabula Rasa, thanks to a dedicated team of editors and the artists who shared their inner emotions and talents with us. We are deeply grateful to carry on this tradition of sharing art made by our classmates, teachers, and fellow members of the VUMC community. We hope you find bits of joy, contemplation, and perhaps a glimpse of yourself in these pieces.

Sincerely,

Anne Chen & Caroline Castleman
Tabula Rasa Editors In Chief 2023-2024

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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.

Cover Art:
Lightbulbs
by Erica Hassoun

Editor's Picks

Art/Photography
Bony Grooves
Anne Chen

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Caley Lane

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MacKenzie Wyatt

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Marceline

Johnny Doran

Johnny Doran *is a 1st year medical student at VUSM from Omaha, Nebraska. He graduated from the University of Notre Dame where he majored in Neuroscience and minored in Studio Art. He loves live music, good coffee, and quality time with his friends and partner.*

MONUMENT

Edith Costanza

There will be no structure to proclaim my greatness in the world. Rather, when you scatter my ashes, I hope you remember: A hurt melted by tears we shed. A deliciously silly, out of control time of laughter. A helping hand provided in a time of need. An encouraging word spoken; A listening ear that heard without judgment and refrained from advice; A heart full of appreciation for the moment; A willingness to forgive; An intention to love; A difference of opinion, that when discussed, illumined; That would be enough.

Hawk's

Edith Costanza

I fell from a wing, detached, unmoored, unencumbered as I drifted to earth. Earthbound, land-locked, shuttled from place to place, shoved into this installation , lost to all my connections and my history.
Attached, I was free, soaring on the wind, feeling the wind ruffle my barbs. There was blood on my spine from rabbits and wild game, snow alighting for moments through early morning flights.
Wind and rain sang through my being and at night there was rest and the grooming of a hard beak massaging the oil into me and soothing the day's trials. But now I am untethered and alone dead to my purpose and to who I really am... a feather, part of a community, a system that is out there missing me.

Beaumont, Texas

Edith Costanza

I am from a hot as hell humid place of roughnecks and fishermen and light exploding off gulf water.
I am from cicadas singing and mockshu lunches.
I am from gumbo and etouffee and Bourbon Street blues and jazz.
I am from runaround family reunions where there was hard drinking, hard eating and hard loving.
I am from clouds high as mountains and light as feathers; ships floating on air.
I am from endless vistas and endless highways that hum at 80mph as I race their ribbons of asphalt.
I am from poor people who struggled to survive that I might have more material things and an easier "row to hoe."
I am from boring church services where not one sermon was worth thinking about later and left me bitter as chicory coffee.
I am from anxiety about other family members and bone deep dissatisfaction for unfulfilled dreams.

*Mockshu is a Cajun stewed corn dish.

A native of Beaumont, Texas, **Edith Costanza** *has made her home in Nashville, Tennessee since 1974. She earned her Master's degree from Vanderbilt University in Human Resource Development. Ms. Costanza lives life as a consultant, focusing on substance abuse and addiction, career outplacement, job development and diversity training. Follow her blogs: EdithCostanza.wordpress.com and EdithCostanza.tumblr.com*

Blossoms on Belmont

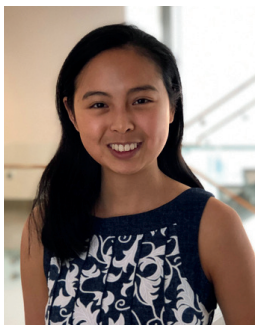
Caitlin Hughes

Caitlin Hughes *is an Assistant Professor of pediatric pathology in the Department of Pathology, Microbiology and Immunology. She is married and has two beautiful daughters. This painting hangs in her youngest's room.*

Procedure

Grace Xu

My vision is bound by pallid walls
while positioned on the hospital bed.
I hear susurrations that rise and fall,
and a glove straightens my lolling head.
Needles puncture pliant skin,
while I drift into a paralyzed rest,
free from the sensation of pain.
Finally, the glints of scalpels recede,
leaving a vestige of fresh sutures
over once crimson wound edges.



Grace Xu *is a third-year medical student. 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.*

A Moment in Passing

Lealani Mae Acosta

Post-call after a week of night float is not necessarily the best time to have a coherent conversation, but I ran into one of my attending mentors from intern year who I hadn't seen in a while, so I stopped to exchange pleasantries. I was close to finishing my neurology residency as a PGY4, so it was good to see her again. The early morning sun's rays fingered through the shadows of the expansive hallway where we met, somewhere between the coffee stand and the hospital cafeteria. The décor still reflected 1990s hues of teal and dark pink accenting the walls, with a teal carpet to match.

This attending taught a humanities class to the medical students. Recently, one student had shared an experience accompanying me when I had to pronounce somebody dead.

I was immediately taken back to that palliative care room on the top floor of the hospital, sunlight highlighting the specks of dust floating in the air. The patient rooms typically had a view of the outside and, being on the highest floor of the medical center, I could see the rolling green hills of the Blue Ridge in the distance. It was probably my PGY2 year, though I suppose it could have been intern year. I had pronounced patients dead enough times to not be able to remember exactly which one had happened during which year of training. But I remembered that moment.

The shrill cascading beeps of my pager alerted me to the nursing notification that the patient had likely passed. His death was expected; it was just a matter of when. I had the student with me and asked if he had ever pronounced somebody dead before. He had not, so we took the elevator up together. It was a slower than usual afternoon that day on call, so I knew we had plenty of time to complete the task.

I reflected on my own first time watching a patient being pronounced as a medical student. I still remember faces of the PGY2 and intern I had been working with that internal medicine rotation. I hoped my teaching to my current student would be imbued with the same degree of dignity and respect I had witnessed when I watched my upper-level residents.

I knocked as we entered the room, loudly calling the patient's name. Recognizing his personhood in calling him by name was important. I used his name throughout the exam, letting him know what I was doing. I assumed he was alive until I pronounced him otherwise. He was alone in the room, tucked in immaculately white sheets. He was an elderly man. I wish I recalled his hospitalization diagnosis. Such details have faded over more than a decade of time, patients, and life that I have experienced.

We pulled out our stethoscopes, placing them against his still-warm chest, and did not hear a heartbeat. I palpated for a pulse at the same time, motioning to the student to do the same. His abdomen and chest did not expand. Only the quiet breaths of the student and myself circulated the air.

I remembered the first time I had touched a dead body. My mother's best friend had died in her 30's from ovarian cancer. We attended her wake. My discomfort at the starched frilliness of my Sunday best dress was superseded by my five-year-old wonder that she still looked so alive. We knelt by her casket. I didn't know if I was allowed to do this, but I decided not to ask permission: I slowly reached out my fingers to touch her hand, clasping a rosary. Her skin felt smooth and cool, much like the beads.

I placed a hand on the smooth skin of his forehead, pressing my thumb against his supraorbital nerve, while my fingers rested atop his thinning pate. The first time I'd seen the residents pronounce a patient dead, they said this movement can appear comforting to family, if they are present. A reassuring hand placed tenderly against the scalp, at the same time surreptitiously evoking a noxious stimulus for a pain response. Negative. We opened his eyelids to check his pupils. Non-responsive. I had always wondered why movies highlighted that moment when somebody closes the eyelids of the deceased, or how still-living actors achieve the glassy eyed stare of a corpse. The old saying that the eyes are the window to the soul always felt more palpable to me when I declared somebody dead. Seeing a patient that I had taken care of, often spoken to and interacted with mere hours previously, now deceased, was disconcerting.

I talked the student through all the components we had performed. Our duty done, we turned to leave. I bid farewell to the patient, acknowledging to the student that it may seem strange to say good-bye when we just declared the patient dead. Who would we be saying this to? Yet it seemed just as strange to me not to say anything, so I always gave a final adieu.

The scent of ground coffee beans and the humdrum chatter of the morning crowd brought me back to the present moment. I nearly started to cry in my post-night-float state. I held it together long enough to thank the attending, drive home, then collapse into bed.

It's been roughly 15 years since that encounter, but I still think about it. The distinct features of the student and the patient have faded over the years, replaced my multiple other students and patients I've interacted with in the interim.

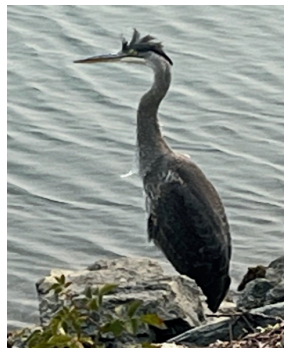
In medicine, we have many such encounters. A word of encouragement from the attending to the resident as she finishes a 24-hour shift. One reassuring hand placed on a sobbing patient's shoulder, while the other reaches for a box of tissues. Talking a medical student, anxious to please on his acting internship, through his first arterial line, palpating landmarks and positioning the wrist. The patient's spouse of fifty years who thanks the intern for doing everything he could to save her husband. The pearl of wisdom or sustaining seed of hope falls at the feet of the person needing it the most. Sometimes we are the giver; other times, the receiver. The practice of medicine and life is filled with such moments in passing.

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.*

The Great Blue

Catherine Fuchs

The heron carries sway, a landing place his space in time as he,
a visitor of the morning, speaks volumes through the power of his silence.
A rhythm of survival in the colors of the morning,
his smoky blue blurs rays of light
beneath the glittering waves of sun reflected sparkles.



The water creatures sense the shadow,
sinking to a depth in hopes he cannot see.
Briefly ignored by the stately bird on stick-like legs
His senses in communion with the world
Of wind and scattered sticks bounding the shore.

A tribute to the echoes of the past, the Great Blue
spreads his wings preserving space in time.
His features shift with grace, eyes seek a telescopic depth,
His neck a tool, attending to survival in the present,
A glimpse, a thread sustaining life and beauty.

Poiesis

Catherine Fuchs

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

Apostate

Peg Duthie

My faith is a smear of mildew on the floor
of the swimming pool I haven't freestyled across
since COVID's first wave hit us.
I never was one to swear I would die
if I didn't get my way, but I have been chewed
to pieces and back by loss—have wobbled
around as a soggy shamble of bones
while seeming fine enough to the world at large

for which I have scant patience to spare
now that most masks have been cast aside.
I gave up on my church
when it gave in to wish-infected
rationalizations—concluding that COVID
no longer was worth the cost of caution,
the marshmallow of now
worth respiratory roulette.

I witness friends struggle
to last each livelong day
or even a quarter of one,
robbed of strength and stamina
with no promise of repair
this side of tombs and lawns. So
I sing for God but am no one's canary—
miss me with your collections and cant.
A corpse can't scrub water out of its eyes
or peal new psalms from our city deserts.

A Brief History of 歌 [gē]

Peg Duthie

My friend is waxing wistful
over songs sung back in the 1980s
by pretty men who never got to relish
Instagram reels of their idol-worthy moves.
The Chinese word for song contains
the strokes for older brother.
The Chinese sound for song and brother
can smack a shoulder like a fond fraternal fist
or linger on the lips like a luscious kiss.
My friend contains ghosts. He howls at the moon
not when it's full but when it hides its face,
each new year not a bright blank check
but another turn at tunes that only he can hear.

Peg Duthie *is a senior program manager for the Department of Biostatistics. Her parents emigrated from Tainan, Taiwan. Three of her poems have previously been published in Tabula Rasa, and she occasionally blogs at zirconium.dreamwidth.org.*

Strong Belief

Shuka Park

強い信念 (read as “Tsuyoi Shinnen“) means “Strong Belief.“

In 5th grade, I spent hours practicing my Japanese calligraphy to write out this one phrase for an assignment for my Japanese school. My final product was nothing extraordinary, in fact, it was probably rather average-looking. However, looking back on this, I realize that its value grew with time. Seeing this hung in my house constantly reminded me that sometimes, you don’t need luck or talent. Sometimes, you just need perseverance and a strong belief.

Shuka Park *was born in Yokohama, Japan and grew up in Sacramento, California. He majored in psychology and molecular and cell biology at University of California, Berkeley and is currently a first-year medical student at Vanderbilt University School of Medicine studying to become a psychiatrist. He enjoys trying new things.*

The Pill Box

Tina Chai

sits atop
your stack of unread books:
Beloved,
The Refugees,
and The Bible.

Five capsules, one swallow
washed down by stale water,
a reminder
of today and the end
of yesterday.

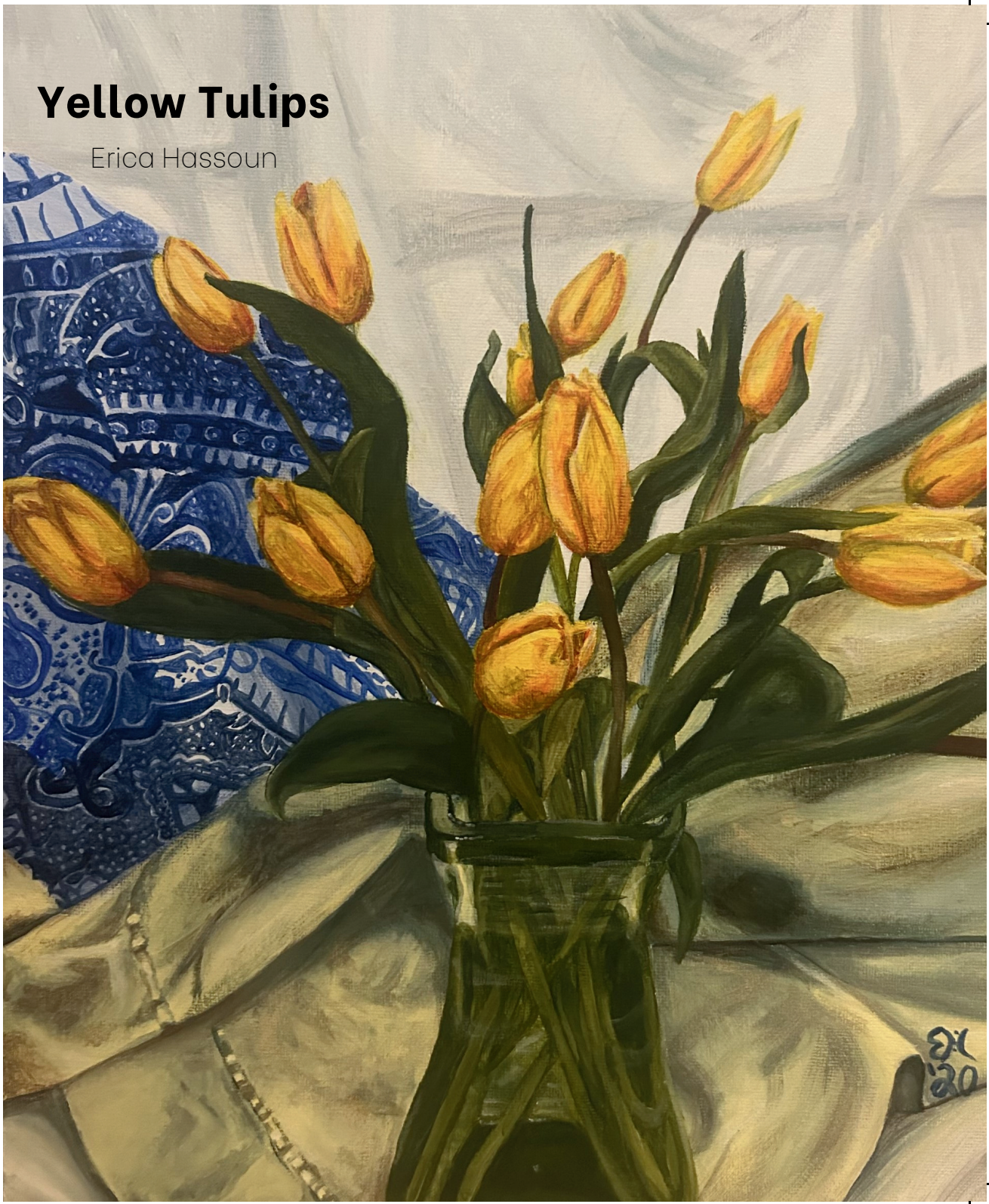
Mornings marked by ritualistic gulps,
until all sections gape in reverence:
six purified by room air, the seventh
peering ajar, awaiting its own sanctity–
to be stuffed with five more.

So it goes, gelatinous shells
catch at the throat
before falling, dissolving,
and performing a purpose
to forestall the inevitable.

Tina Chai *is a third-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.*

Yellow Tulips

Erica Hassoun



Erica Hassoun *is a second-year medical student. She grew up in Northern Kentucky and attended the University of Louisville before coming to VUSM. Her favorite art mediums are colored pencil and acrylic paint, and she recently discovered embroidery as well.*

Sufferthinker

Lance Johnson

Never last. Cigarette—last in the pack
Gripped so greedy by frostbite fingers
Ripped all speedy by indifferent winds
Into diffuse-unclutchable wisp-nothing.
Night, wait, lone. *This, too, is ash.*

Gasp-trembling emptiness of cardboard rows
Screams aching of a time when I gave smokes away
Without a thought. *All for naught.*
Popped careless from chalk-white ranks of unforeseeable end
To please every asker, taker, smoker, breather.

Warding the last light, the weak orange warmth,
I wonder why I was not so greedy a guard
Of our allowed hours
Until your last, wasted days.

Lance Johnson, *when approached for comment, tightened his grip around an empty coffee mug, spun toward us, shouted, "Who's askin'?" and spat on the floor. He then immediately turned to resume staring distantly out a window and grumbling something undiscernible.*

Note to Self

Atlee Witt

I'm not sure you'll believe what I'm about to tell you, but prepare yourself as best you can.

You, at 25 years old, will have a stroke. You'll be working out at the gym when out of the blue you'll be hit with a searing headache. Your boyfriend will joke "*thank goodness it's not an aneurysm*", to which you'll laugh along but still not be completely convinced. You'll stand, then tumble over, shocked and frankly baffled when you're unable to get up on your own. You'll watch fear saturate your boyfriend's normally calm features as he tries over and over again to get your right hand to squeeze his hand with no response. You'll be rushed to the hospital (you'll also think it's, like, totally embarrassing to sit on the gurney in front of everyone in the gym) before the chaos begins. You get called in as a CODE STROKE and swarmed with more people than you can count, IVs sticking out of every viable vein. Your mom will fly in from Denver later that day and you'll tell her you love her, your lips not quite working the way they should and it coming out as one slurred *Iluyouu*.

You'll be moved to the 6th Floor Neuro Unit, a place vaguely familiar to you after your rotations during 2nd year. One morning, you'll notice the subtle change in demeanor in your medical team, transitioning from "we don't know what's causing these symptoms" to "there's been a significant change in your MRI….". You'll be passed from Neurology to Neurosurgery to Vascular to Rheumatology and back again, hearing different explanations for the same sentiment that your

clinical picture has no one perfect explanation. You'll be labeled with phrases like *RCVS* and possible *Moya-Moya Disease*. You'll undergo more scans, more blood draws, a lumbar puncture, and an angiography, feeling hot contrast creep up your neck as they attempt to get a better view of your major blood vessels (you'll also have an allergic reaction to this contrast, but perhaps a story for another day). Later, you'll discover you've been having "silent" strokes all along, though this one was significant enough to impact your motor function. You'll spend many hours wondering how and why this occurred, though you'll feel *incredibly* lucky your deficits aren't more significant.

Even with all the "bad", there are still wonderfully "good" moments. Your medical team is phenomenal, treating every symptom seriously and communicating their findings and plan with ease. Your boyfriend and mom take shifts sleeping on the uncomfortable hospital chair next to your bed, holding your hand when things get scary. Your friends will show up again, and again, and again, bringing flowers and stuffed animals and even their own pillows for you to sleep on. They'll offer support, make you laugh, and find you the best chocolate ice-cream cup stored in the back of the 6th floor freezer. Your professors and lab mentor will be more than understanding, some even stopping by to visit your hospital room to check in on you.

Your time as a patient will leave its mark on you. In fact, you'll find the uncertainty of "what comes next" much more difficult to face once you leave the safety of VUMC. You'll be discharged from the hospital, perhaps moving a little more gently this time now that you're on Plavix and a handful of other

medications. You will wait anxiously for the three-month CT scan hopefully clearing you to exercise, travel, and resume a normal life. Every headache will turn your stomach upside down with fear that you're having another stroke, mentally plotting the fastest way to return to the ER. You'll notice your handwriting has changed, and you subconsciously tap your fingers to check if there's any slowing. You'll sneak glances at your reflection in mirrors, trying to ascertain if your smile has a particular droop to it. Perhaps most importantly, you now know the lessons you wish to take forward as a provider having been a patient yourself.

Dear Future Atlee (as an intern, or resident, or whatever),

If you can, try to order your lab tests where the patient only needs one (or two) sticks. You'll remember the nurses trying to find a vein on you at 3AM that hadn't been poked already, grumbling that the provider should have ordered everything together earlier that night.

Talk through each procedure with your patients and give them plenty of time for questions. Stop back in their room if necessary to see if they have any MORE questions. I know...this may be the last thing you want to do on a busy day, but you'll remember how much it meant to you and your family when you had the same questions and concerns.

Visual aids are GREAT! Show the patient their scans and walk them through your findings. You'll remember the recent VUSM-graduate-turned-resident taking the time to pull up your scans (unprompted) and showing you exactly where in your brain the stroke had occurred.

Your patient's medical journey does not end in the hospital. For many, this "first admission" is only the beginning. You'll remember the simultaneous relief, exhaustion, and apprehension you felt leaving the hospital, knowing this was just the start of a long path forward.

Show compassion. Show up for your patients. Be the provider the "medical student/patient" wants to be one day.

Your life in a few months may be very different, but I'm excited for you to come out on the other side. Keep going, keep your head up, and keep being you.

Lots of love,
Atlee

Atlee Witt *is a G1 MSTP from Denver, Colorado. She enjoys yoga, hiking, baking her way through New York Times recipes, and playing with her cat Fig. She's grateful for her health and the support she's had while at VUSM.*

Journey into Bwindi Impenetrable National Park

Chinonso Ani

Elephant Mother and Child at Queen Elizabeth National Park

Chinonso Ani

Young Giraffe

Chinonso Ani

Chinonso Ani *is a third year medical student at Vanderbilt interested in Diagnostic and Interventional Radiology. His interests include health equity, global health, and healthcare reimbursement. In addition to photography, he enjoys weightlifting, pottery, escape rooms, and playing (and winning) card games in his free time.*

The Empty Hand

Anne Clinton

I know I'm not going to die from this.

You are sitting up in your bed, the sun streaming through the windows and catching the glittering stones of your earrings. Most people who find themselves in the hospital with a new diagnosis of cancer don't bother with makeup, but you've brushed mascara on your eyelashes and put your hair up neatly in a clip like a knight putting on a helmet, like you're going to war.

I want you to be shocked, to tell me we're lying to you. I want you to cry. I want you to be angry with me, to rage against the injustice of the diagnosis. I want you to show me what you're thinking.

My feelings are ugly. This is your disease, and I am not entitled to your grief, your fear, or your anger. Even at this early point in my training, though, I am used to the rapid intimacy of the medical encounter. I am acutely aware of the responsibility. I prepared for this, I wrote out notes, the statistics for *triple negative stage IV breast cancer*, phrases like *high liver burden* and *visceral crisis*. My attending and I talked about what to say - how to set up the conversation, the best way to break the hard news, to support emotions. We didn't talk about what to do if you said the news wasn't bad.

You smile and let me talk, stumbling through explanations of all the things we can't offer.

What can we do? You don't want our help. I saw in your chart that both your grandmothers died of breast cancer, and I wonder if it hangs over your family like my great grandmother's death still hangs over mine, ugly and painful – a failure of medicine.

I don't want you to die. I want you to believe me, to get the chemo that might extend your life and the pain medications to help you enjoy it. I don't know how to cope with your response. I'm still trying to reach you, but the impenetrable barrier of your smile stands between us. You do not want my comfort, just as you do not want chemotherapy. I can imagine your reasons, but I cannot know them. I reach out a hand, cupped, sitting just at the edge of your bed. You do not place yours in it.

You seem more upset about this than I am.

Wild Vultures
[With apologies to Mary Oliver]

Anne Clinton

You do need to be good.
You need to kneel by the side of the road,
And crawl over a hundred miles of broken glass,
Repenting.
The wild ravening animal of your body might love what it loves;
But a vulture must also love roadkill.
You're stronger than the animal, surely?
The sun is glinting off the glass of your mind,
Baking a hundred miles of dying scrub-brush;
But you're stronger than the glass.
After all, didn't you crawl all over it?
Meanwhile, the vulture descends, circling
The worthless meat of your body,
Lazily croaking its triumph.

Anne E Clinton *is a third-year medical student at VUSM, originally from Denver, CO. She intends to specialize in palliative care, and uses writing to process her experiences both in and outside the hospital.*

Anna

Heezy Suh

Heezy Suh *is a first-year medical student at Vanderbilt. She is from San Diego, California and graduated from Johns Hopkins University with a degree in public health. She enjoys baking heart-shaped cakes, attending niche artsy events, and longboarding by the beach.*

Four Corners

Mia Clermont

At church, some say, “come as you are”.
I look at the hospital that way - a provisional home for the sick, the wanderers.
The place where you lay all your burdens down for someone else to carry.
Hope sometimes grows in the desolate four corners of rooms,
Showing up in the midst of moans, fostered by the flowing
tears of loved ones.
But, what about the others, the in-betweens? Those whose loved one’s tears have dried up.
The ones who gather and stay a while. Without another place to call home.
The ones whose four corners don’t have as much
hope.
Who is crying for them?

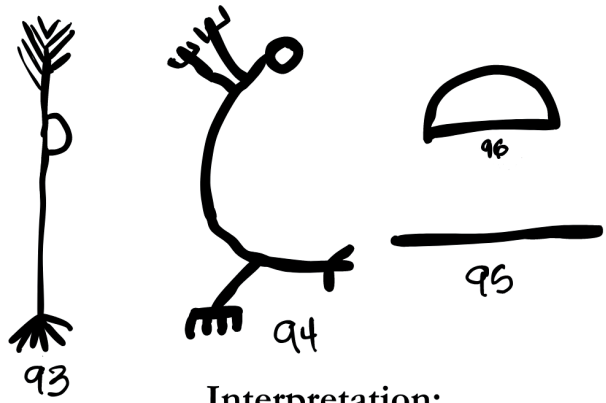
Mia Clermont, *is a first year Pre-Specialty student at the Vanderbilt University School of Nursing (VUSN). Prior to pursing her dream in medicine and an MSN in pediatric nursing, Mia wore many professional hats. She’s worked at the Vanderbilt University Career Center as an associate director, Deloitte as a recruiter and consultant, and even the Department of Defense. When she’s not busy studying, Mia enjoys spending time with her husband, 3-year-old daughter, and friends.*

Nsibidi

Bennie Damul

Nsibidi

Nsibidi is an ancient system of writing from the South eastern part of Nigeria



Interpretation:

93. A tree with a bees' nest that contains honey. The bees' nest is represented by the half circle on the right side of the tree.
94. A man tried to take the honey from the nest, but the bees stung him. This caused him to bend backward due to the pain of the stings.
95. The man then got a burning stick and set fire to the tree, and when the bees had been smoked out, he gathered the honey.
96. He put the honey in a calabash and took it home.

Reference

How the Tortoise Broke His Shell: African Folklore

Bennie Damul

Once upon a time in the animal kingdom, there was a famine, and all the animals in the kingdom starved except the birds.

When the tortoise noticed this, he decided to find out from the birds where they got their food, but the birds refused, telling the Tortoise he was too cunning and they didn't trust him.

The Tortoise continued to plead and promised not to play any tricks, so the birds agreed to tell him. They told him about a feast held high up in the heavens for anyone who could make it there.

The Tortoise thought about it and realized that it would be impossible for him to get to the heavens because he had no wings. However, an idea struck him; he said, "If only each of you would lend me a feather to attach to my body, I would also have wings to fly."

The birds agreed and each gave him a feather to attach to his body to form his own wings.

Before they left, the birds asked him to take a ceremonial name, one which he would be addressed by when he got to the heavens.

After thinking about it, the Tortoise said he should be called “Everyone of you,“ and so they left for the feast.

When they arrived, they were welcomed by the host of heaven and led to the table where a banquet was prepared. “This food is for everyone of you,“ said the host before leaving.

At that point, the Tortoise stepped forward and reminded them that his ceremonial name was “Everyone of you“ and, as such, the food belonged to him alone.

He then went ahead to eat the entire food. When he was done, his smooth shell shone brightly.
The birds were very angry with him and they all agreed to take back their feathers, leaving him with no wings.

The Tortoise, however, pleaded with one of the birds to take a message home for him. “Tell my wife to bring out the softest materials, the beds, and the pillows in my house and put them out under the heavens, so that I can land safely when I jump down.”

The bird agreed to take the message, but when he got to the house of the Tortoise, he changed the message. “Your husband has instructed that you bring out the strong and hard material in the house into the open,“ he said.

When the Tortoise saw his wife bringing out materials, he was assured he could land safely.

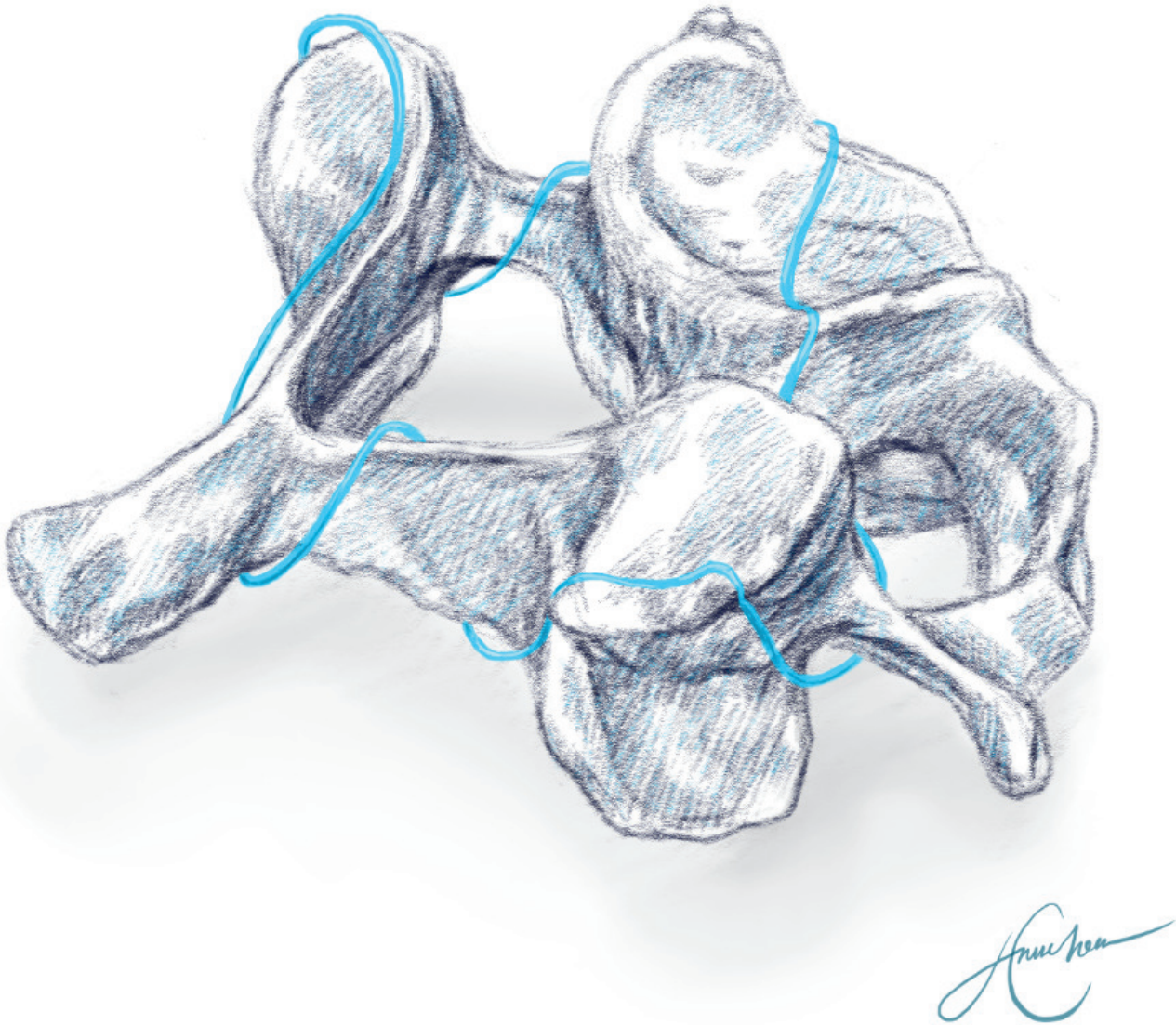
When she had finished, the Tortoise leaped from the heavens and crashed into the hard materials. His smooth shell shattered into several pieces.

It took the best healer in the land to put his shell together. Thus, until this day, the Tortoise has a broken shell as a reminder of what his greed cost him.

Benmun Damul *is a first-year MPH in Global Health student from Jos, Nigeria. She loves reading and taking naps in her hammock and is passionate about digitalizing and preserving folklore and traditionally oral African traditions.*

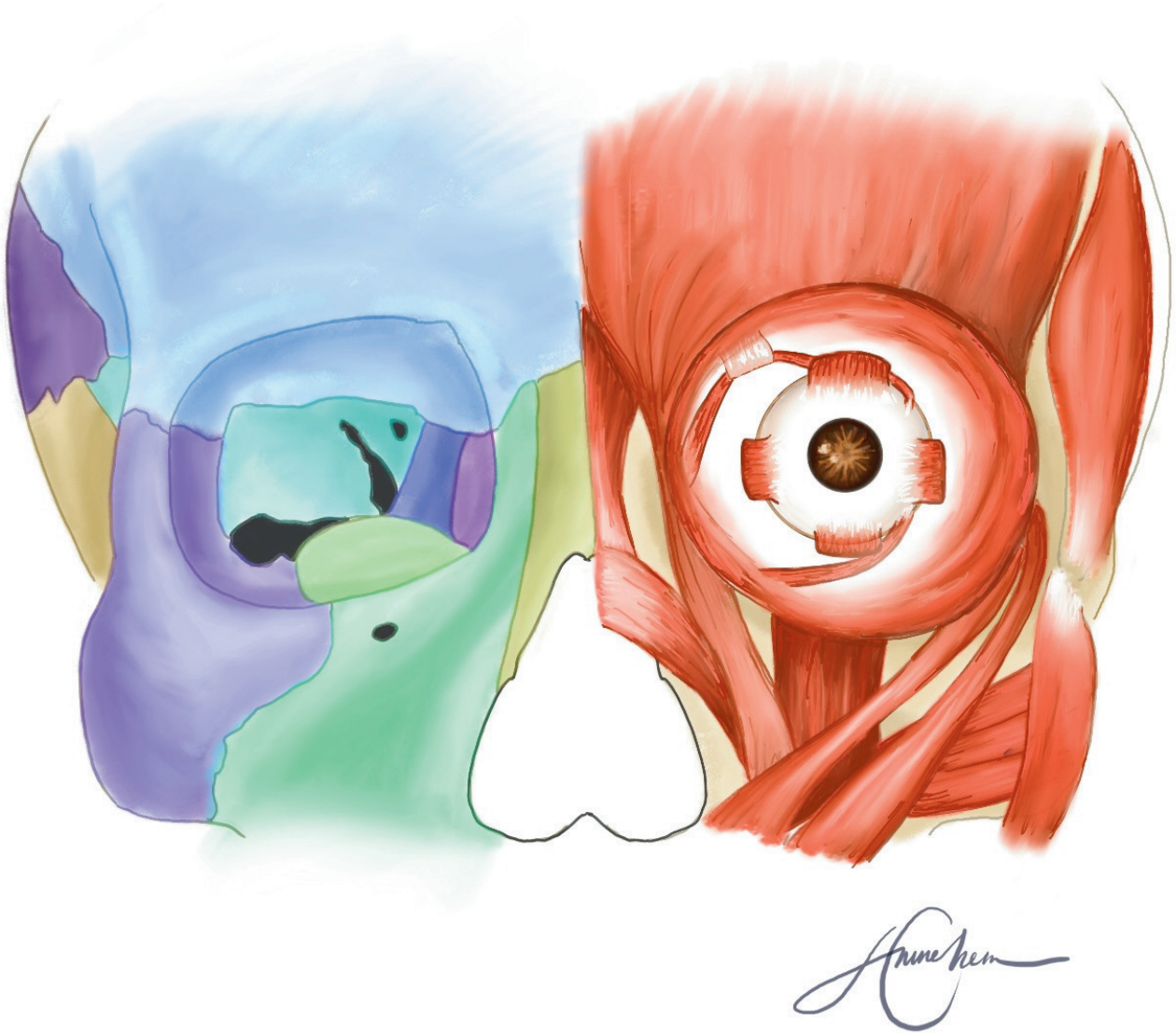
Bony Grooves

Anne Chen



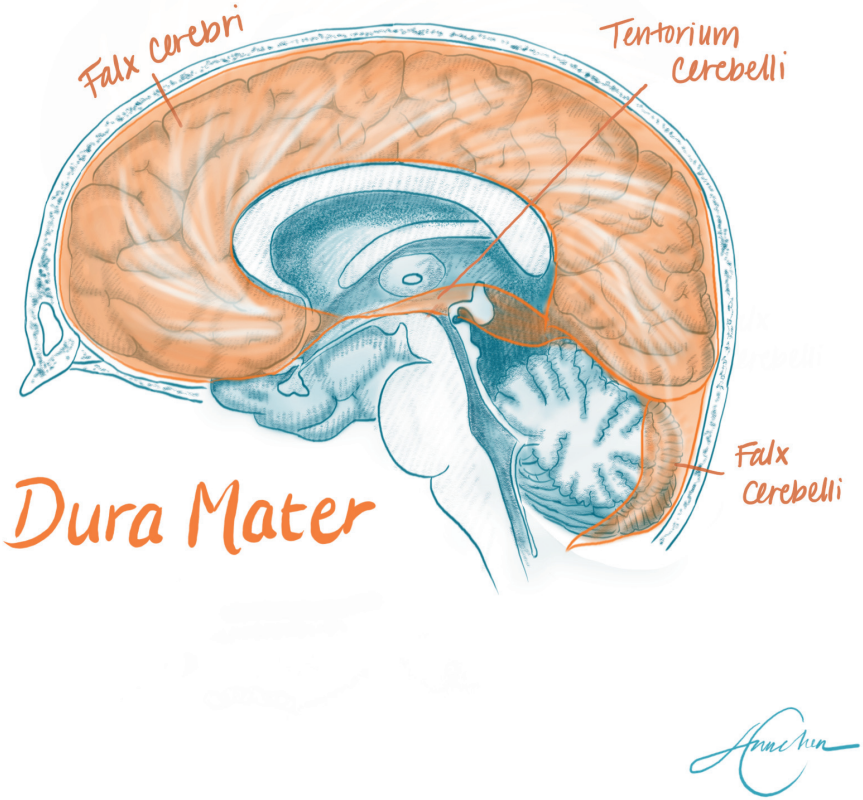
Layers

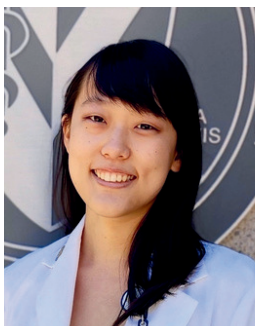
Anne Chen



Dura Mater

Anne Chen





Anne Chen *is a second year medical student at VUSM and previously attended UC Berkeley. She enjoys mediums like acrylic painting, charcoal, pastel, and colored pencil. In her spare time, she creates anatomy illustrations and draws for Neurdle, a neurology word puzzle.*

The Dance

Caley Lane

You take my hand in yours, gentle but strong.
You stand to face me, and The Dance has begun.
One foot in front of the other you walk down the hall.
I watch quietly, ready to catch you if you fall.

You tell me that as a child you loved ballet-
In my mind's eye I imagine Little You twirl and sway-
Because now your body dances against your will-
Chorea without rest, never for a moment still.

Once again we sit and together we waltz
Through topics from family to medicines to hobbies to falls.
Your body quietly writhes, doing a dance of its own
Inside the Huntington's song plays on and on...

As we talk I sit in awe
You know what's coming and yet here you are.
Whatever your brain brings you match it step for step.
Somehow this Death you have come to accept.

You sashay through all this disease brings-
Disability, DNRs, pain, uncertainty.
My role here is simple- you lead, I follow
Try to ease your way as you face your Tomorrows.

Huntington's is a betrayal of body and mind
Cruel to its core as if by some evil design.
I cannot save you no matter what I do,
But it is the honor of a lifetime to dance with you.

Caley Lane *is a second-year Vanderbilt Medical Student interested in pediatrics and neonatology. Prior to coming to Vanderbilt, she completed her Ph.D. at Duke studying the neurobiology of Huntington's Disease. Aside from science and medicine, she enjoys exploring new places, baking, and spending time with her daughter and husband.*

Finding the Music in Medicine: My Joy in Training During Music Rounds

MacKenzie Wyatt

We enter medicine idealistic, hopeful to help people and make a difference. These ideals feel distant as a resident when you are glued to the computer finishing documentation or fighting with insurance companies over prior authorizations. I entered pediatrics residency during the height of COVID when work-life balance was nonexistent because there was nothing to do outside of work due to pandemic closures. I was unable to hang out with my co-residents at concerts or go to restaurants for fear of unknowingly spreading the virus. The one consistent routine in residency that has brought me true joy is weekly music rounds with my patients. At least once a week, I ask my patients what songs they like and return in the afternoons to sing and play my ukulele. Throughout my training, I have experienced the most healing while singing to patients. The medicines and interventions take time to work, but a song gives a tangible smile within seconds.

One evening during my third year in residency, a nurse paged me to the bedside: "Agitated autistic boy, needs PRN medication." This was a common page in the peak of the COVID lockdown when mental health was at its worst for pediatric patients. I typically met these new patients while cross-covering on nights and was asked to calm them down. The goal was to calm them down, but realistically, we became another unknown trigger, and a dose of Zyprexa is shoved down their mouth to bandage a problem until the morning.

This time, I brought my ukulele and started singing to this autistic child, and he went from screaming and kicking to listening and humming along. We were able to delay medications, and I sang to him nightly for the rest of his hospitalization. On another evening, one girl entered the hospital as a traumatic brain injury from a car wreck with half of her brain outside her skull. She hadn't spoken a word since her accident and had been recovering from the intensive care unit after being intubated. On Christmas, I asked her grandfather for her favorite holiday song and sang "Jingle Bells" for her. To our amazement, she started moving her mouth in tune with mine and began singing. After this, her language was unlocked, and she talked to us daily.

Medical schools want "well rounded applicants." Gone are the days of the bookworm who sits in the lab as the typical medical school student; instead, medical student seats are filled with athletes, musicians, and chess champions. Once accepted, you have such little time to do these hobbies you've carefully curated; studying and rotations replace these skills. The ultimate goal of residency is to shape your clinical acumen and for your identity to become a "medical professional," which can lead to identity dissonance that enhances burnout. Most of my colleagues aren't aware that my identity used to be "singer" instead of "resident," as I grew up performing in church, musicals, and college a cappella. For me, I feel the most alive and myself while singing. In my few moments of music rounds, I remind my patients, and more importantly myself, that I am more than a resident, scribe, and secretary inputting orders. Physicians aren't the only ones who experience identity loss in the hospital; patients also lose their sense of self. Patients and their families have identities outside of the hospital that are replaced with the label of "patient."

Residents label their patients as “bronchiolitic,” “dehydration,” “sickle cell,” and “cystic fibrosis” as shortcuts for a shared mental model to remember their patient load. By becoming more efficient, we dehumanize patients, leading to a decrease in empathy, and increasing burnout in physicians. Many patients complain that their doctors don’t know them. Residents reply frustratedly that they know the entire medical history, medications, and past procedures. This complaint moreso reflects the idea that doctors don’t know who patients are outside of the hospital: their interests, hobbies, values.

Through music rounds, I am able to peel back the label of “patient” and find out so much about the children I care for. I learned about one patient’s religion through her favorite hymns, and began to understand the importance of prayer with her new cancer diagnosis. Another little girl’s Make-A-Wish trip to meet Moana had been canceled due to her hospitalization. I dressed up as Moana and sang “How Far I’ll Go” to her and shared in her dream of being a princess. One teenage boy sat in the hospital with a new chronic kidney disease diagnosis, and we sang Garth Brooks songs together. He was devastated to learn that his identity as a “football player” would soon be ripped away when his nephrologist told him contact sports were forbidden for fear of injuring his good kidney. By the end of the week, his mood improved with each song, and he told me he was going to get a guitar and replace football practice with music lessons. One girl with cerebral palsy suffered from disarticulation. The nurses didn’t think she could understand what they were saying due to her inability to verbalize. She sang “Let It Go” from Frozen with me, showing she understood more than we realized and proving complex care children can surprise us.

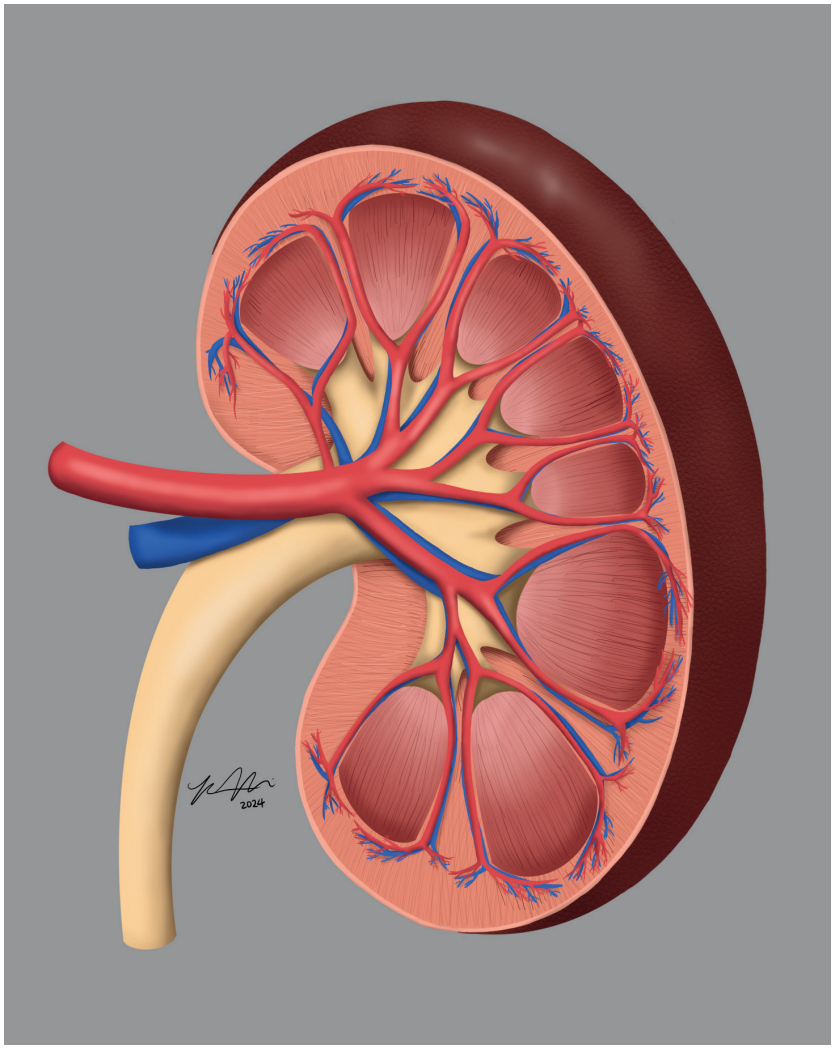
These small moments helped me get to know my patients beyond their diagnoses and made work so much more meaningful. I felt more connected by investing in patients' lives, and this enriched each order, consult, and note I placed. Music rounds makes my clinical practice better as well. For the girl who loved hymns, I involved spiritual care earlier. The families will casually mention other symptoms while I'm in the room or explain why they got upset earlier. Both my patients and I receive solace in this tiny bit of connection to remind ourselves that at the end of the day, we are both people who can bond over a song. We are more than the "doctor" and "patient" labels that the hospital places on us.

Work-life balance is an unrealistic goal as a resident when you work 80 hours per week, leaving around 56 hours for sleep and 32 hours to be a person. Work-life integration is replacing this idea. I reject the idea that I cannot live my life or be myself in the hospital. Music rounds allows me to feel like myself even on the weeks when I only have time to eat and sleep outside of being a resident.. Although not everyone is a musician, the lessons I've learned apply to all medical trainees. You are more than a healthcare worker and a cog in the system, and your past identities matter. Your patients are more than a diagnosis, and the work you do to help them matters. Everyone can get to know their patients and connect over something beyond their health. Making a visit in the room without a medical agenda can be truly meaningful. Instead of asking the patient how much they ate or pooped, we can ask about their favorite sports team or what they want to be when they grow up. You can share in a simple video game, arts and crafts, or game of cards in the afternoon. Music still exists in the hospital; you just have to listen for it.

MacKenzie Wyatt *is a pediatric pulmonary fellow at Seattle Children's Hospital. She completed her pediatrics residency at Vanderbilt University in 2023. She enjoys singing and making art in her spare time.*

Kidney

Kaitlyn Mi



Kaitlyn Mi *is a Nashville native and first year medical student at VUSM. She studied cognitive neuroscience at Brown University and received her Master of Public Health at Dartmouth College. Outside of medicine and medical illustration, Kaitlyn enjoys fresh flowers, warm rice, and the evening air.*

Pending Placement

Shane Carr

“Sir, we have an emergency on our hands,” whimpered Chief Medical Officer Chinnobi to hospital CEO Blancho. “We’ve lost a patient…”

“Lost a patient?” questioned the CEO, puzzled. “Like they died?”

“No sir, we lost them. It took us forever to find them.”

“I’m glad you did, but why call me here for this? Code Walkers are called all the time.”

CMO Chinnobi, flustered, gathered himself and replied, “Well…it’s a little more complicated than that, Sir.”

The CEO realized he couldn’t wave this away with a quick solution. “Fine, hurry up and explain what you mean about this allegedly lost patient.”

The CMO gestured to his lackeys, several Department Chairs, Division Chiefs, and other various administrators.

“Allow us to explain.”

Hospital Day 1: Shane Carr was a 81 year old male with a PMH significant for HTN and Type II diabetes who presented for several days of generalized weakness. He was found to have 3 / 5 strength in his bilateral legs and RLQ abdominal pain concerning for appendicitis. He underwent a full MRI of the brain and spine, which showed only chronic degenerative changes. Urinalysis was unremarkable and urine electrolytes showed a FeNa of 1%. A renal ultrasound was obtained which was normal. A CT abdomen was then obtained which showed appendicitis. Admission to Surgery was requested but was declined given his neuro exam findings. Admission to Neurology was then requested but was declined given his appendicitis. He was then admitted to Medicine for further management.

Hospital Day 2: Emergency General Surgery took Mr. Carr to the OR for a successful appendectomy. Neurology performed an EMG and found he had Guillain-Barré syndrome. For the next 5 days, he underwent plasmapheresis each night, all the while getting post-op checks at 4 am sharp.

Hospital Day 7: PT/OT was consulted. By this time, Mr. Carr hadn't gotten out of bed in a week. They tried valiantly to motivate him to lift himself, but he simply was too weak and exhausted. The PT/OT recommendations were set in stone: Skilled Nursing Facility. This certainly put a wrench in the Medicine team's discharge plan, as he was already medically ready for discharge. They hoped an available SNF would soon be found.

Hospital Day 10: In daily huddle, Case Management reported insurance had declined SNF. Since Mr. Carr had been admitted on "Observation Status" initially, they would only pay for inpatient rehab or Home Health PT. However, IPR and Home Health would not accept him as he was far too weak to be successful at either. They'd have to keep trying to find a SNF.

Hospital Day 14: Social Work reported Mr. Carr's family all lived several states away, and were far too busy to care for him. Insurance still would not authorize payment to a SNF, thus they continued to pay for his hospitalization.
Hospital Day 18: On rounds, the team found Mr. Carr asleep; his nurse reported he had been up all night. When they awoke him, they realized he was no longer oriented to place or situation. He had become delirious. The team's plan for the day: institute delirium precautions! Sun and light during the day, dark during the night. Family at bedside, frequent orientation. Unfortunately, family was nowhere to be found, and the team realized Mr. Carr's room didn't even have a window.

Hospital Day 21: The attending remarked that someone needed to walk him out of his room to see some sun. It had been three whole weeks of sitting in a dark room, stuck in bed. He was then informed the patient could not leave his room, as he unfortunately had contact precautions on. The attending, puzzled, asked why, to which he was informed by the nurse someone had ordered a *C. diff* test that was pending. The attending, again puzzled, asked why, to which he was informed by the intern that the patient had one loose bowel movement the prior day. Thus, the team put off their plan for him to see the sun until the results came back negative.

Hospital Day 32: By this time, the Medicine attending, resident, intern, and medical student had all rotated off and fresh faces filled the team. The attending asked about the contact precautions, to which the nurse said she wasn't sure why it was there, but it simply was. After the rounds, the intern found the pending *C. diff* test and resolved to call the lab to find out why. The lab replied that they had never received such a test for that patient, perhaps it had been lost in transit, and she could try calling the lab courier. The intern proceeded to call the lab courier, which resulted in a message that the voicemail box had not yet been set up. Time was passing and she had to move on to other patient's orders.

Hospital Day 45: Mr. Carr became increasingly more delirious, mumbling throughout the night and sleeping throughout the day. The TV had become his sun, the only measly source of warmth and joy in his life. He wondered to himself how he got here. Every day dragged on for an eternity, with the only mark of time passing being the 60 seconds his Medicine team stopped by covered in blue plastic to tell him he was "Pending Placement."

Hospital Day 60: A new Medicine team was on again, and was similarly baffled by his contact precautions. He didn't have COVID. He didn't have *ESBL E. coli*. But after an hour of digging, they found the pended *C. diff* test from forty days prior. They found the problem too: it had never been collected. They asked his nurse if he could collect the test to which they replied that every day they had tried, but he had not had a single loose stool to collect for the sample. They canceled the test but it was too late, as no one could prove he did not have *C. diff* and thus the contact precautions remained.

Hospital Day 85: The team realized he had a small amount of oozing from his abdominal incision, and he was promptly transferred to General Surgery. He was brought to a new room in the hospital, before the Surgery intern realized he had 3/5 strength 85 days prior and promptly transferred him to Neurology. He jumped between teams several more times that day: Neurology realized his MRI was normal, Urology realized he was urinating just fine, OB realized he didn't have a uterus. Eventually, a transfer was made, but the accepting team forgot to put them on the list.

Hospital Day 143: Mr. Carr was still receiving his three meals per day and saw his nurse four times a day for each of his glucose checks. However, he began to miss his blue plastic-covered medical team. He hadn't seen them in months. When he asked if he could leave, he was told he was pending placement at SNF.

Hospital Day 278: Day was night. Night was a week. A month was an instant. Good morning Mr. Carr, your blood sugar is 124. Your blood sugar is 131. Your blood sugar is 154. Your blood sugar is 101. Your blood sugar is 129. Good morning Mr. Carr.

Hospital Day 409: By this time all his admission orders had long expired. Now, he didn't even have glucose checks to keep him company. He hadn't seen another human in months. He wondered if the world still existed outside, or if perhaps the hospital room had sheltered him from the nuclear apocalypse.

Hospital Day 846: On this morning, John from Resource-Management checked over the list of hospitalized patients as the hospital had reached critical capacity. He soon realized a patient had been in the hospital for 846 days, amassing costs upwards of several million dollars and tying up a hospital bed. To his frustration, a hospital bed number wasn't listed. He alerted CMO Chinnobi, who encouraged him to keep it quiet while they found the patient, so as not to embarrass themselves in front of CEO Blancho.

Hospital Day 1087: CMO Chinnobi and his lackeys had scoured every last corner, cabinet, and closet to no use. The patient was still admitted but could not be found anywhere. They tried asking nurses who took care of him, and environmental staff who cleaned his room. Nothing. They began following lunch trays leaving the cafeteria in hopes of finding his room, and eventually, they did. The sixth floor North Tower, hiding in plain sight. He was immediately discharged to a SNF after personally begging with insurance. CMO Chinnobi was overjoyed with his success, yet terrified knowing he now had to report the incident to the CEO.

CEO Blancho, furious beyond belief, reprimanded the CMO and his lackeys for both wasting hospital resources and putting a patient in harm's way. As he walked out of the hospital, still fuming over what had occurred, he walked past the ED waiting room. He froze, realizing he saw none other than Mr. Carr sitting in a waiting room chair.

“Mr. Carr, I thought you had been discharged yesterday. You’d been here 1087 days…”

“I didn’t really like the SNF, it was pretty dirty.”

Shane Carr *is a former medical student at Vanderbilt University who has just completed his intern year at VUMC before traveling to Chicago for anesthesiology residency at Northwestern. In his free time, he enjoys weight training, racquetball, and playing with his cat, Fig.*

Burnout

Emilian Lankov

Engaged at the start, yet burned out at the end.
You are feeling overextended and ineffective.
Burnout manifests in many ways:
In manufacturing, there are sets of defective parts.
In sports, there are injuries caused by risky situations.
In relationships, there is misunderstanding because of unspoken words.
In life, there is constant stress due to disbelief in your actions.

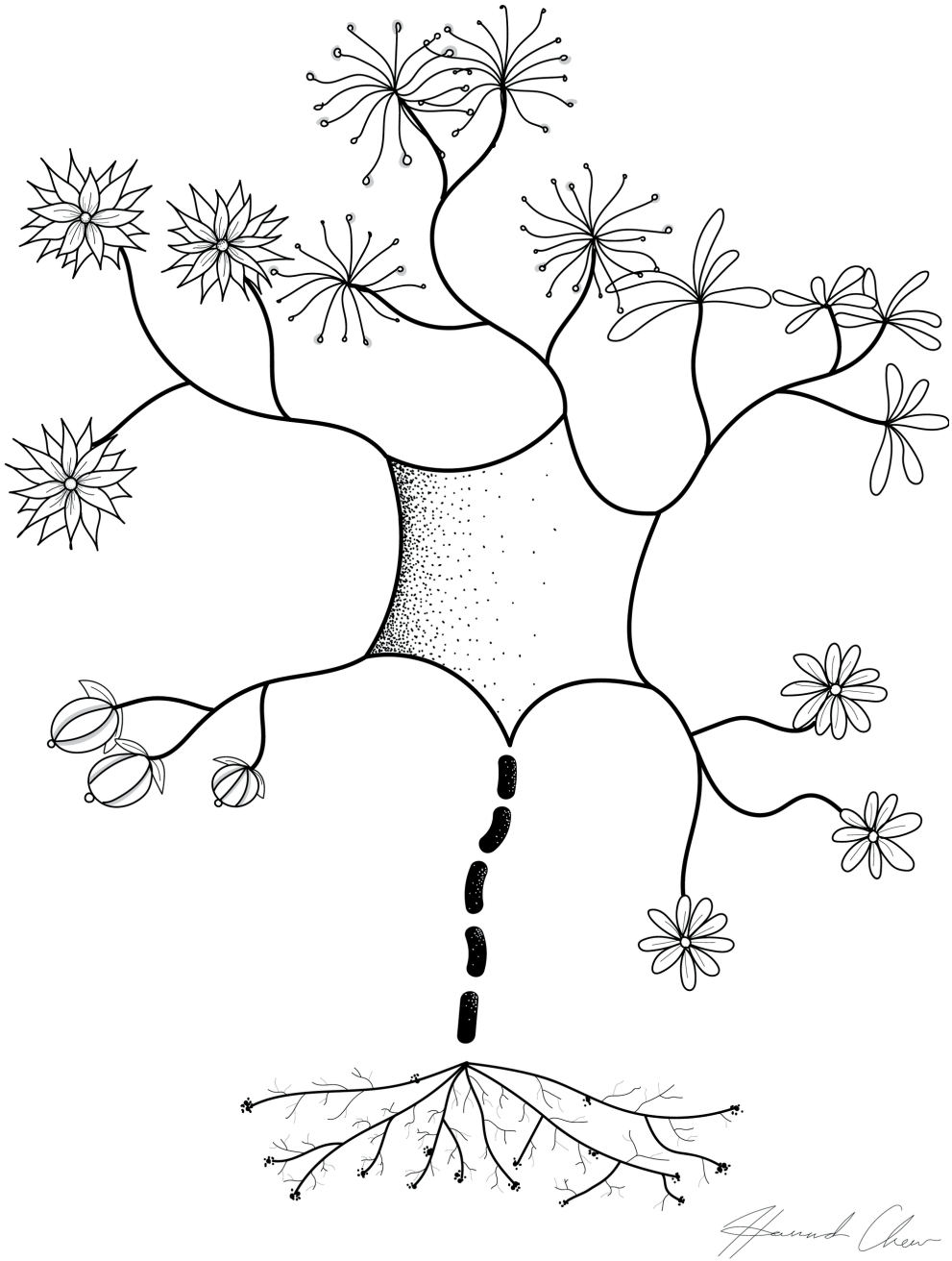
A philosopher can affirm that the cause is hidden, but the effect is visible to all.
There are fluctuating priorities between work duties, family, and friends.
Burnout goes beyond a feeling and a thought--
It's the sum of exhaustion, cynicism, and powerlessness.
Because of growing frustration and the loss of hope for better days?
Because of the long hours and the many patients who need you?
But your involvement makes a difference to them -- a pill, some oxygen, even a smile.

I believe that your value is twofold -- an expert and a friend.
You cannot lay down arms and skills in a fight, you have to learn while fighting!
A person and the system can control beliefs, thoughts, and regulate the cause.
Neither should be beaten due to the loss of optimism.
Both must choose to Recognize, Inspire and Appreciate a person,
So that we can Reduce, Prevent and Eliminate the cause of burnout.

Emilian Lankov *My life was saved in a hospital 30 years ago. Now after early retirement I am working as a patient transporter. I saw and learned what it takes to save a life. I appreciate the work of the medical personnel and others who assist, create, and provide.*

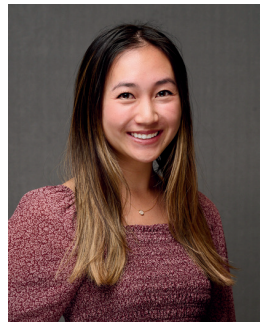
Dendritic

Hannah Chew



When Life Gives You Lemons

Hannah Chew



Hannah Chew *is a rising fourth year medical student at VUSM pursuing a career in psychiatry. Born and raised in Los Angeles, she graduated from UCLA with a degree in psychobiology. She dabbles in many creative pursuits, including graphic design, digital sketches, video editing, and most recently, watercolor.*

“Under Your Name”

Alison Swartz

I first met you in the cardiac ICU. Sitting propped up, ensnared by IV lines and ECMO cannulas. It looked like you barely had room to move three inches, but you gave me and the team the brightest smile in the morning. We were just consultants here to give some small advice; we didn’t know you best. But you told us more about yourself—that you loved your pet more than anything, and you were so, so scared but you were hopeful. You said you knew you were in good hands.

It had all started just a few weeks ago, a high heart rate your only sign. The CT scan showed what was worse than our worst fears: a mass. It was wrapped in and around the arteries to your lungs, its roots squeezing off the flow from your heart. You kept getting sicker and sicker, your heart frantically trying to keep up. In desperation, they put you on ECMO. And it worked—you survived, for now. You were able to give that smile each morning, to share your hopes and joys and fears.

They planned your surgery, and we all knew it was dangerous and so uncertain. You told me you were scared and that you wanted to live. You were young and had so much more you wanted to do and see. I didn’t know what to say to that, so I just squeezed your hand. I still wish I knew the right thing to say then. I wish

that I had something more profound to offer or something more to give in what ended up being the last hours of your life. You were the one that taught me sometimes life just isn't fair.

I cried when I saw the letters under your name.

I first met you in the Trauma ICU. You were my first truly sick patient, here because of an argument and a gun at arm's reach. You were here for months, and months, and months. We had so much hope you'd make it that we lost sight of the means in justifying the end. You couldn't really communicate between the tracheostomy, the pain, and all the other things... but I think you knew.

Your wounds were horrific. Aside from the first, we created the rest with the goal of saving your life. "Abdominal compartment syndrome," to this day, may be the three scariest words someone can say to me. I did some of your wound dressing changes, and what I saw was painful to look at. I wish I could tell you that I am so sorry for what we did to you in trying to hold on for so long. You were the one who taught me that sometimes the kindest thing you can do is to let go.

I was relieved when I saw the letters under your name.

I first met you in the Emergency Department, right in that corner room. You were in your sunset years. You'd been slowing down for quite a while and were so frail. You sat with a hunch that made my back hurt just looking at you, but you didn't

seem to mind. You came to me with pneumonia—your second one in only a few months. We found out your vocal cords were paralyzed on one side. You couldn't eat without some food eventually making its way to your lungs, causing rip-roaring pneumonia.

You tried the feeding tube we suggested—bypassing the stomach so you could get nutrition without endangering yourself. But after a few days you'd had enough. Eating was a big part of life for you and spending the rest of your days with that tan sludge running past your stomach was not the plan. You'd had a life full of love, and joy, and you were ready to go, a hamburger in your hands. We took that tube out and I saw you eat for the first time in days—I'd never seen someone so happy to be digging into a hospital food tray. You showed me how to prioritize living over surviving.

In the end, there's nothing more I wish I had said. I knew you had gone exactly the way you wanted, surrounded by family and with a full belly. You were the one who taught me that death can sometimes be beautiful, too.

I smiled when I saw the letters under your name.

Alison Swartz *is a rising 4th year and current Vanderbilt Medical Scholars Fellow going into Emergency Medicine. She is passionate about the medical arts and enjoys self-expression through a variety of media. In her spare time she likes to paint, enjoy outdoor activities, and play board and tabletop games with her friends and husband Brandon.*

Refugee's Heart

Ferdinand Cacho

We did not speak his mother's native tongue.
Via an interpreter we explained his abnormal
Heart.

"Critically ill, intubation, mechanical ventilation,
Sedation, neuromuscular blockade, central line,
Blood transfusion, total parenteral nutrition"

Details, did she want the details. He needed
Surgery. Did any of this matter in the
End.

At day 10 of life, his heart underwent repair.
And soon, he was able to breathe on his own
And feed by mouth. But was it enough.

Later, an infection overwhelmed him.
And by week 5, he had
Passed.

She said, this happened because she gave birth
Here. She said, this would never happen
Back home. She said, this cold cruel country.
Could we have had more words, the right words to offer.

Foolish to think we had repaired his heart
When all we did was break hers.

Our foreign tongue, a scalpel to her heart.

Ferdinand Cacho *is a pediatric pulmonary fellow and in the MPH program at Vanderbilt. He completed his pediatrics residency at VUMC. In addition to poetry, he enjoys the outdoors, trying new restaurants, and live music.*

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