

UNIVERSITY OF CENTRAL FLORIDA

College of Medicine

# the SCRIPT





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College of Medicine

UCF Arts in Medicine's Literary Art Magazine

# the SCRIPT



Forward from Dean German

Letter from the Editors

## Rx: Death

Dead on Arrival	Aryan Sarparast
Watercolor piece by –	Aryan Sarparast
The Cattle are Lowing	Michael Chambers
Digital photography by –	Xinwei Liu
Toward Daylight	Robert Humberstone
Digital photography by –	Xinwei Liu
Color pencil piece by –	Shimoni Kacheria
Modern Reality	Puxiao Cen, MD
Working with Death	Farah Dosani
Reproduction of Red Vineyard in Arles	Romela Petrosyan
Acrylic piece by –	Farah Dosani
Looking Beyond the Body	Chelsey McKinnon
Uniting the Gap - The Heart	Michael Metzner
The Resurrection of Death	Romela Petrosyna
Desert Landscape	Maha Bano

## Rx: Time

Life is a Song	Michael Metzner
My First Month in Medical School	Richa Vijayvargiya
Perception in Yellow	Natasha Fortune
Digital photography by –	Lourdez Ramirez
Digital photography by –	Lourdez Ramirez
Still Here	Diane Brackett
Uniting the Gap - The Brain	Michael Metzner
Webs of Earth	Pedro Vianna
Flow	Pedro Vianna
Acrylic piece by –	Annabel Pino
234	Shaun Ajinkya

## Rx: Reflection

On Perspective	Angela DelPrete
From Here	Lauren Richter
Pathways of Life	Michael Metzner
Acrylic piece by –	Annabel Pino
Reflection in Blue	Natasha Fortune
Heart and Eye	Romela Petrosyan
Fragments	Angela DelPrete
Digital photography by –	Lourdez Ramirez
Epiphany	Pedro Vianna

## Rx: Humanity

This Book	Aryan Sarparast
Night	Malgorzata Krzyszcak
Vulnerability in an “Invulnerable” Field	Michael Metzner
Sculpture by –	Amber Hoang
A Mumbai Alley, Monsoon Season	Ashton Lee
Digital photography by –	Paul D. Schumacher, MD
A Traveler	Kyle Kemmerling
Digital photography by –	Paul D. Schumacher, MD
What Time Takes	Ashton Lee
Emotions	Malgorzata Krzyszcak

## A Message from UCF Arts in Medicine

Cover art by Simon Ho  
Digital Painting



## FOREWORD BY THE DEAN



Art is a fundamental part of life that we all experience. We go through life surrounded by the beauty of nature and physical art, music and the written word, often unaware of its power or impact. Some of us are more aware of the art that is fundamental to our lives. Some celebrate, appreciate, study and actively participate in all forms of art. They are the most fortunate whose lives are enriched through the power of the arts.

Art celebrates the healthy spirit that lives in us all and adds to our health and wellness. Art can help us make sense of pain and loss. It can inspire us to look at people, circumstances and challenges in new ways. And just as individual brush strokes, musical notes and words must work together to make a beautiful piece, art shows us how collaboration makes us stronger than we can ever be alone.

As physicians, we spend most of our lives in the world of science. The world of art enriches what we do and allows us to better communicate. Art can be a bridge connecting our hearts and minds. At its very core, art is communication.

Each year, as first-year medical students receive their white coats, I ask them to describe the attributes of “The Good Doctor,” the physician they want caring for their loved ones. The Good Doctor has become a

UCF tradition and each year, the students’ list of attributes is similar. It includes words like compassionate, empathetic, sincere, innovative and courageous. Communication is at the core of all those traits. To be a good doctor, you must be a good communicator. That’s why as physicians, we are stronger personally and professionally if we engage in and appreciate the arts. They emphasize—as good doctors should—the needs of the other before the needs of the self.

I hope you will enjoy this first edition of *The Script*. I anticipated that a literary magazine would emerge at our new medical school and that it would come from the students, faculty and staff. I’m delighted that its time is now.

*Dr. Deborah C. German, M.D.  
UCF College of Medicine Dean  
Vice President for Medical Affairs*

## LETTER FROM THE EDITORS



Let us take a moment to peek beneath the white coat. Under the weighted stethoscope and deep under the rough hand-sanitized hands of the clinician, there is emotion. As the editors, we have been moved by the emotion embedded among the pieces we’ve included in this historic first edition of *The Script*. Among these feelings, we have noticed four omnipresent themes: Death, Time, Reflection, and Humanity.

In this year’s magazine, we have discussed anatomy and the dissection of donated bodies. This is the clinician’s first confrontation. Do we choose to stifle empathy and maintain composure in front of our first patient, the cadaver? Or do we gamble it all, and sacrifice a bit of ourselves along the way? This is a dilemma every medical student must face, it is the first lesson in death and the transiency of life.

We have also seen pieces on reflection. Our authors have let us peer through their eyes and into their minds. It is no wonder that threaded through our submissions were several depictions of the human eye by entirely separate authors. These uncanny similarities and commonalities among submissions have shaken us to the core. It has shown that though our path so often feels lonesome, we are united in thought.

The theme of humanity is an interesting one we choose to include in *The Script*. We noticed that many of our submissions questioned what it means to be ‘human’. What was most curious was the consistency of anthropomorphism in these pieces. Elephants, felines, snakes, and even books were used to describe the self. How complex the self must be that we may create such powerful metaphors.

Through *The Script*, we have achieved our goal: to peel back the layer of professionalism that we all see on the outside and peer into the existential. We truly hope that *The Script* has empowered you, the reader, to express yourself and that you have found solidarity among others who have endured similar emotions. It’s been quite the ride. See you next year.

*Simon Ho  
AIM President 2014-2015*

*The Editors  
Aryan Sarparast  
AIM Creative Director  
AIM Literary Chair  
2014-2015*

## DEAD ON ARRIVAL

Aryan Sarparast, MS-1  
Medical Student

In the pale shadow of death, I was a child.

When I was much smaller, I was afraid of the dark. My father loved to play games and would close me into the bathroom with the lights off. I cried and cried and cried as my tiny fingers ran along the walls like blind spiders, feeling for the switch. I banged and kicked the door too, and left marks on them. I pleaded my sweet father to let



me out. I didn't know what demon lay in the sink, what Satan sat up in the tub. I would always find the switch in no more than a minute, but I kept my eyes closed. I didn't want to see if something scary was in the mirror. When I did open them eventually, always looking back at me was a snotty and red-eyed child.

gffkhhhhhhh  
gffkhhhh  
gffkhhUUUU

The disgusting choking sound of air forced out of the boy's throat made me queasy. Sweat ran along the nurse's face and dribbled onto the boy's bare chest as it bounced up and down. The room felt

hot. Blood pooled around the back of my neck, and my eyes welled with fear. I'm weak and I can't watch him d--. The room was busy with animate bodies moving in every which way. But he and I were motionless. I sucked in my breath, and held it.

The busy bodies in the room died down. The silence made me uneasy. A physician cleared his throat, and the gesture cut deeply through the medical team at the bedside. The huge nurse looked up from the boy's lifeless body, the lines of his lips pursed stiffly, quivering. The nurse took his hands off the boy's milky white chest, and let his arms slide limply to his sides.

"Let's call it," the physician said.

A lump lodged itself in my throat and I couldn't breathe. I looked at the doctor, and the patient. Back and forth, my eyes darted about the room in confusion.

I hurried to the bathroom. I turned off the lights. I cried and cried and cried. I turned on the lights. I kept my eyes closed. My chest was swelling in and out, as I gasped for air, and I opened my eyes. When I looked at the mirror, looking back at me was a snotty and red-eyed child.

I stood by his side, as the doctor ordered them to continue. I hid behind the tail of his streaming white coat; I wanted to clutch it like a child's blanket. A large nurse eclipsed the small frame of a boy that couldn't have been past twenty years old, not much older than myself at the time. A behemoth of a nurse slammed his hands into the boy's chest repeatedly. Over and over, his meaty hands would crack something new. His hands pushed in deeper now than before, and I swore I heard a sickly crunch. I still can't twist my shoes into gravel without thinking of that sound. The force of each heave shook the bed frame, the vibration leaving the body of the boy and rattling in each and every single one of the ribs inside me. I can't--. The sound of my heart beat a deep drum somewhere in my ears.

gphunk  
gphunk  
gphUNK

How I wish that drummer was still drumming in that boy's body. Like an infant, I held the logic that I could have enough heart for the both of us and push him through. Irrational hope and desire overwhelms the logical mind, and all that is real is the possibility of what was, just a moment ago, a breathing, beating, body.





## THE CATTLE ARE LOWING

Michael Chambers, MS-1  
Medical Student

A little toe peeks out of the swaddling cloth.  
The surgeon pretends not to notice,  
(or maybe really doesn't)  
and delicately shoves a camera  
down the throat of this petri dish  
that is laying there attached to toes—  
sorry—phalanges—  
poking out from burial clothes.

I see it though.

Laying lifeless, as it will again in months  
when this dish falls asleep one last time.

Wracked by pain and regret and pain,  
Back to the dirt, as a child returns to his mother  
after getting lost in a department store.

With haste and fear.

But for now this little toe—  
damn it—  
digitus minimus  
Appears almost human.



Xinwei Liu, MS-1  
Medical Student

Digital Photograph



## TOWARD DAYLIGHT

Robert Humberstone, MS-2  
Medical Student

When you have so much to say that the words choke in your throat in their attempt to escape all at once, it is difficult to find a beginning. However, sometimes that beginning finds you even when you are not ready. This beginning, the relevant beginning, my beginning, was the death of my best friend.

My best friend was kind and generous. He always had a minute to chat with you and he had two if you were a pretty girl. He offered what he had and made sure to walk you to door even when he had difficulty standing. He was known for his stubbornness, his smile, and his general cheerfulness in the face of adversity. He was the first person I told of my dream to become a doctor and who encouraged me to take the risk in changing careers for the opportunity to do something I would love. I relied on him for both guidance and support because I knew he would always tell it to me straight. He was also my grandfather.

During a surprisingly chilly Arizona December, a day before his 89th birthday, my grandfather fell and broke his shoulder. The whole tale of his month long stay in the hospital, the waiting for surgical clearance, the battle with pneumo-

nia and congestive heart failure, his successful surgery and eventual decline is a story in itself. A story that, while deserves to be told, its place is not here. The relevant part of the story is the treatment and care that

was delivered by my grandfather's doctors. Everyone knew my grandfather's time was coming. He knew it, the family knew it, the doctors knew it.

But we all continued to trudge along, determined to give the good fight till the end. Dr. Chasin, his oncologist, was particularly involved in my grandfather's treatment both before and after his fall. Every cou-

ple of days, Dr. Chasin would take the time and effort to stop by, check up, and talk with my grandfather. I was present during most of his visits and the way that my grandfather perked up in Dr. Chasin's presence,

even through the profuse amounts of pain medication, was heartwarming and something for which I will always be grateful. The funny thing is that Dr. Chasin would visit even when there was nothing new in my grandfather's care. He did it because he could see how well my grandfather responded to his visits. It was that sense of compassion in the face of the inevitable end of my grandfather's treatment that truly resonated within me. Observing this in the context of losing my remaining grandparent, my best friend, I was transformed. It was this experience and awareness that clicked everything else together on why I felt that becoming a doctor was so right. To put it simply, I want to be that doctor who doesn't give up on a patient who is facing long odds of survival and, if required, faces death with aplomb, empathy and mercy. I want to be that doctor.

During the hard days, the cold days, the all or nothing days that seem to leave me with naught but the desire to stop, I pause and look back at the beginning. Then I take a deep breath and another step forward toward daylight.

Xinwei Liu, MS-1  
Medical Student

Digital Photograph



"We have selected you to be part of our medical school class"

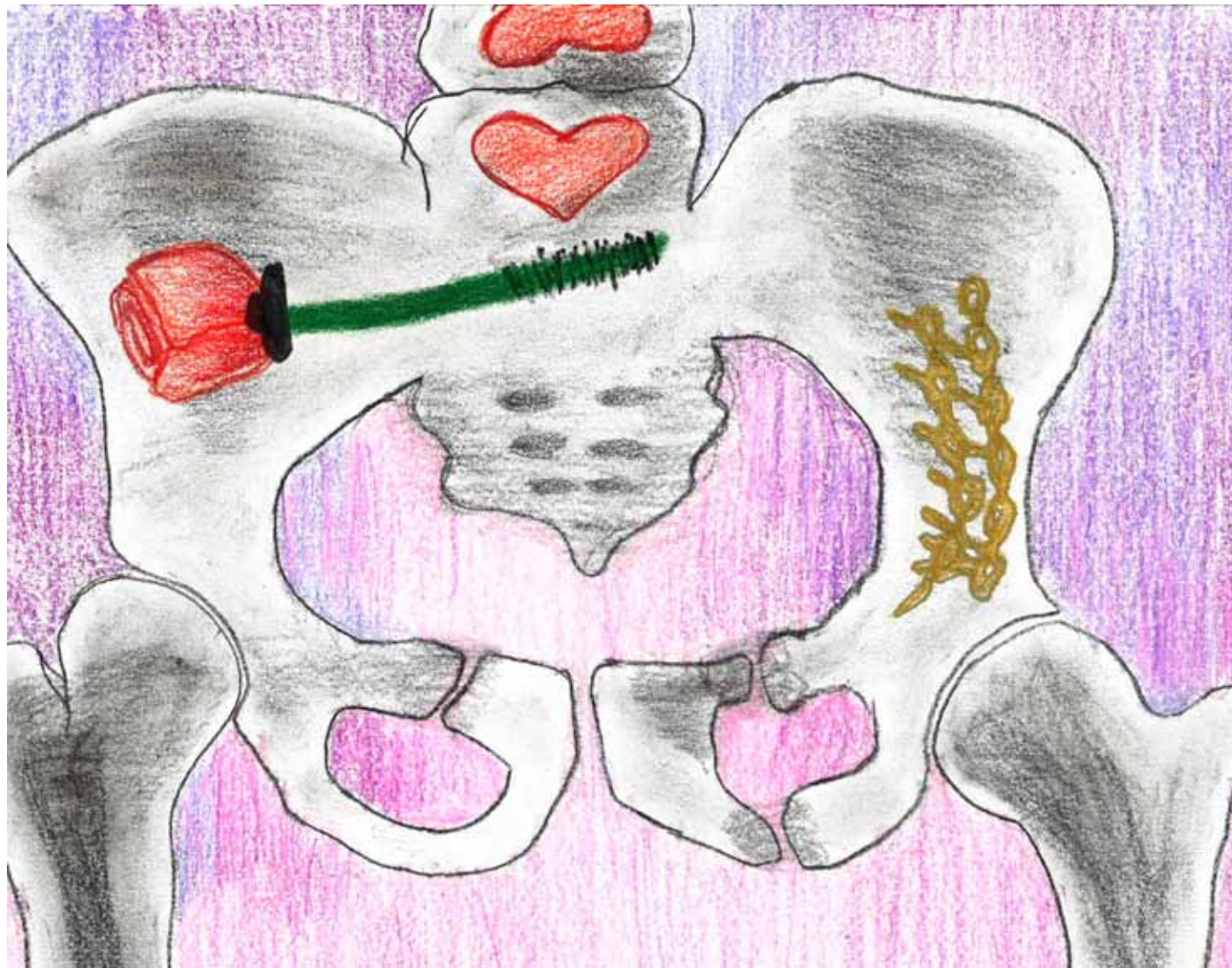
These words ring loudly in every medical student's ears long after they begin their medical education. The acceptance call is the manifestation of hours of labor put into the application process, as well as years of dedication to community service, research, leadership, and clinical experience. Peppared among the pages of this issue of The Script, we have placed the twitter posts from students at the UCF College of Medicine. These tweets describe their feelings and thoughts during the moment they heard the good news; the moment they began this wild ride



Received voicemail while commuting on PATH train. Called REL back but he was doing yardwork. REL called me back. I felt great and called my then-fiance-now-wife, mother, and various relatives and friends in that order. #EverythingElseHasBeenGravy

—James Reilly, Class of 2016





Shimoni Kacheria, MS-2  
 Medical Student  
 Color Pencil on Paper



Puxiao Cen, M.D.  
 Invasive Cardiology  
 Modern Reality  
 Oil on Canvas

I had just come to peace with resubmitting my AMCAS application and working in research for another year when I got the phone call and everything changed.

—Benjamin Edmonds, Class of 2016



Breaking News: Journalist eloquently responds with "WHOOOO! Heck yeah!" on phone to admissions director after getting accepted into medical school. #YouStayClassyOrlando

—Farah Dosani, Class of 2016





## WORKING WITH DEATH

Farah Dosani, MS-2  
Medical Student



An 80-year old man named Fred arrived in the Emergency Room Trauma Center of Lee Memorial Hospital on June 17, 2008. He was in an automobile wreck and had to be transported via helicopter. I worked in the Emergency Room twice a week stocking supplies and linens. However, I made sure to interact with more than just beds and needle boxes. As the technicians, nurses, and doctors struggled to stabilize him, I stood on the sidelines watching. The patient rested on the stretcher in the middle of the room. He was moaning in pain as he gasped for air. “This is oxygen, Fred,” said the trauma surgeon as he put the mask on him. “You’ll like this. It’s good stuff.”

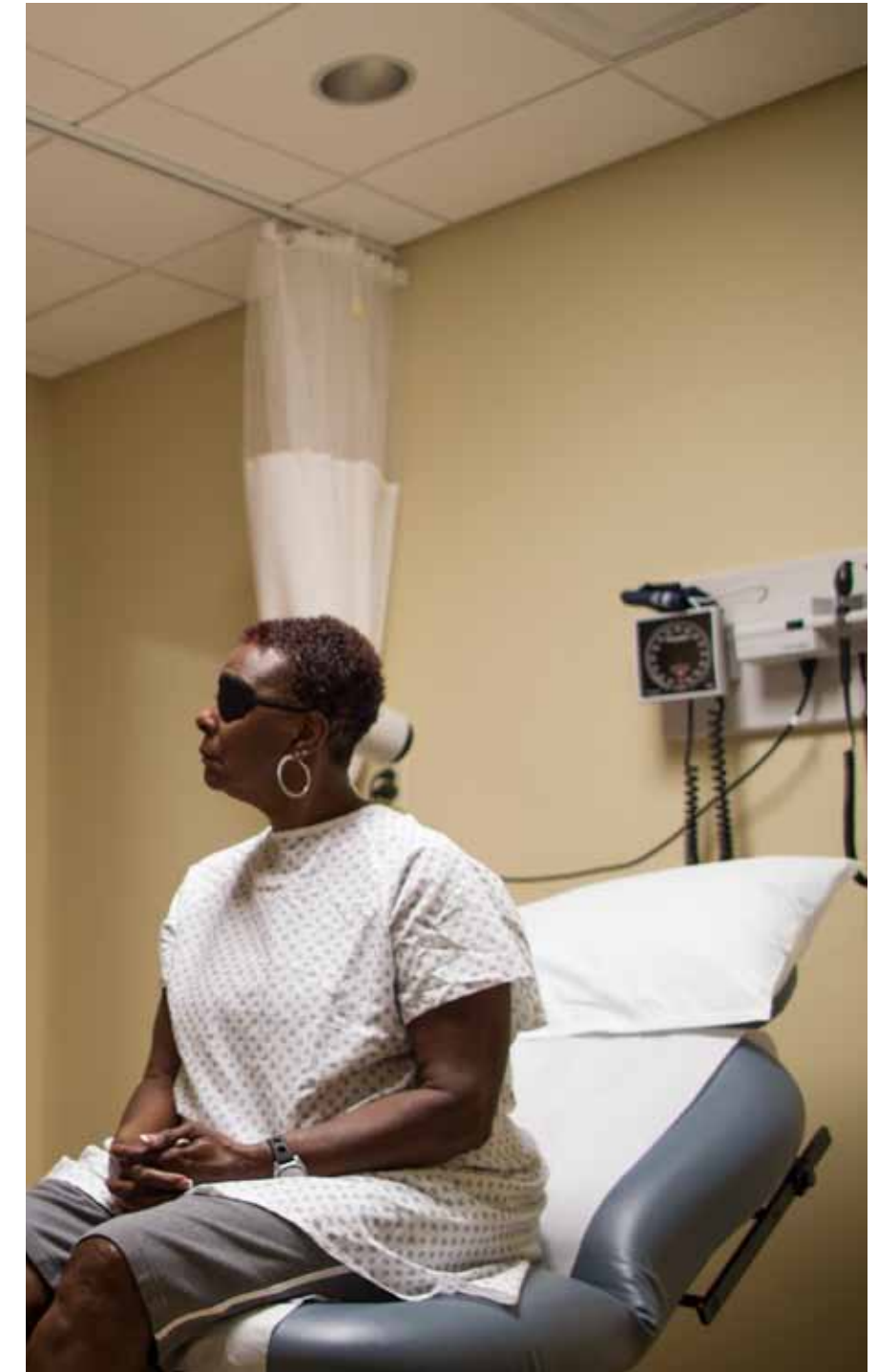
The radiology technician put the x-rays up for the doctor to view. It didn’t take his opinion for me to recognize the severity of his wounds. Looking at the chest x-ray, I saw that Fred had broken all the ribs on the left side of his body. The trauma surgeon took a look for himself. “Every single rib... That’s harsh for an old guy,” I heard him say. He walked back toward the patient. I exited the room to continue doing my work.

When I returned to the trauma room an hour later, I saw the ER technician performing CPR. He pumped Fred’s chest forcefully in a steady rhythm. *With a dozen broken ribs?* I thought.

This cannot be good. The trauma surgeon walked over to one of the nurses and made a joke. Everyone laughed. The technician looked up and smiled as he continued pumping. The patient’s body thrust up and down with each push. And then, it came to an abrupt stop. Fred’s body remained still. When the nurse asked for the “time of death” I knew what had happened.

My stomach felt like it was being twisted from the inside. This was the first time I had witnessed someone die before me. I didn’t know this man and wasn’t involved with his death. Regardless, I was still affected. I was also troubled by the untimely joke and laughter.

Later in my shift I entered the trauma room to restock. The technician stood there cleaning up and putting away supplies. His eyes looked troubled and he seemed to have much on his mind. “You know what you saw today in the trauma room?” he began, breaking the silence. “It’s not what it seems.” He explained that the jokes and lightheartedness are coping mechanisms they use. I now understood. “It’s sad what happened here today,” he told me. “I’ve been doing this for so long and every time it still seems to affect me.” Apparently, I had much to learn about death on the job.



Can't deny your gut feeling about a place- UCF COM- med school after my own heart!

—Christin Giordano, Class of 2016



I got the acceptance call in the middle of my boyfriend's birthday dinner. BEST BIRTHDAY EVER.

—Angela DelPrete, Class of 2017







Romela Petrosyan, MS-2  
 Medical Student  
 Reproduction of Red Vineyard in Arles  
 Oil on Canvas



Farah Dosani, MS-2  
 Medical Student  
 Acrylic on Canvas

No more getting frostbite as I fill my gas tank!  
 UCF College of Medicine here I come!

—**Jaclyn Reinemann, Class of 2017**



Traveling through Las Vegas when I got the call from Rel. Maybe I should  
 head to the strip to make some money to pay for this.

—**Jackie Babb, Class of 2017**



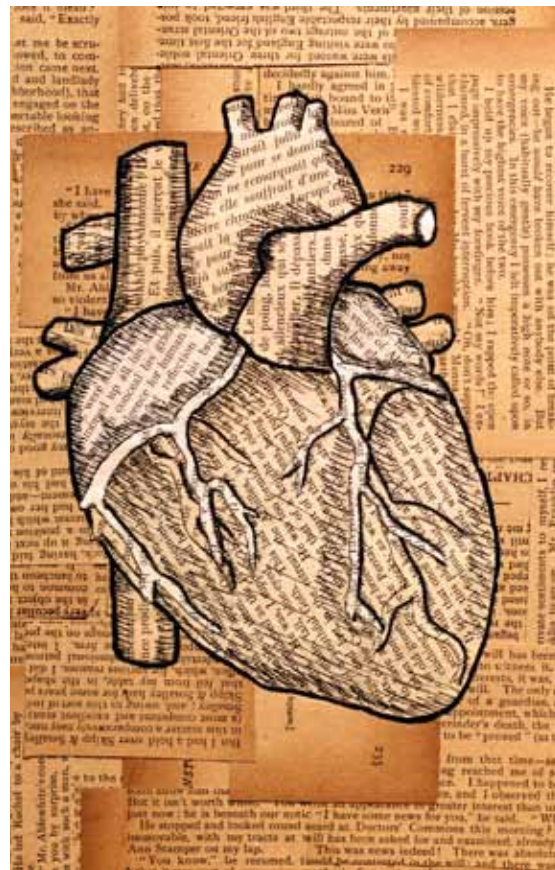


## LOOKING BEYOND THE BODY

Chelsey McKinnon, MS-2  
Medical Student

I came to medical school wanting to be a forensic pathologist. The class I was most excited about was anatomy, for my chance to learn about the body and its inner workings in a real way. It began to dawn on me how hard it might be to cut open a human being during the introductory video at the beginning of our first class, but I was still eager to start. When it was finally time to meet our patient, we opened up the table, raised our patient, and began to remove the coverings; we left the face for last because some of us were still a little uneasy. My group members told me he was an 89 year old Caucasian male and as they unwrapped his body, I froze. In front of me was an 89 year old man who was muscular for his age and was obviously not bed-ridden before his death, with eerily similar weather beaten, bruised arms and a scar on his left hip. I had to sit down before I fainted. In front of me all I could see was my Daddad.

My grandfather who loved me and cared for me more than even my own parents on some occasions and who died less than a year before. I had no idea what became of his body because there was no viewing and it was not at the funeral. I could not believe this was happening. "What will I do if it is Daddad? Do I even want to know?" was all I could think. Finally I found my voice and called over and over for my group to just uncover



the face so I could know it was not my grandfather. It couldn't be. They did what I asked after what seemed like an eternity but couldn't have been more than 10 seconds and I looked upon the face of a stranger. In the end I was happy for the experience. It showed me that this person, lying on the table, was probably someone's grandfather and as dear to them as mine was to me. Although I loved every minute of anatomy lab and I still believe I want to help the living through studying the dead, I will forever remember my first patient and be thankful for the amazing and selfless gift he gave us.

Michael Metzner, MS-2  
Medical Student

Uniting the Gap - The Heart  
Ink on 18th Century Paper

REL called to give me my first medical school interview as I was locked overnight in a research facility selling my body to medical research to help pay for interview costs. #KeepingMedicinePayingTheBills #MindBodyAndSoul #StillGettingCallsToParticipateInResearch #EveryoneWantsMyBody

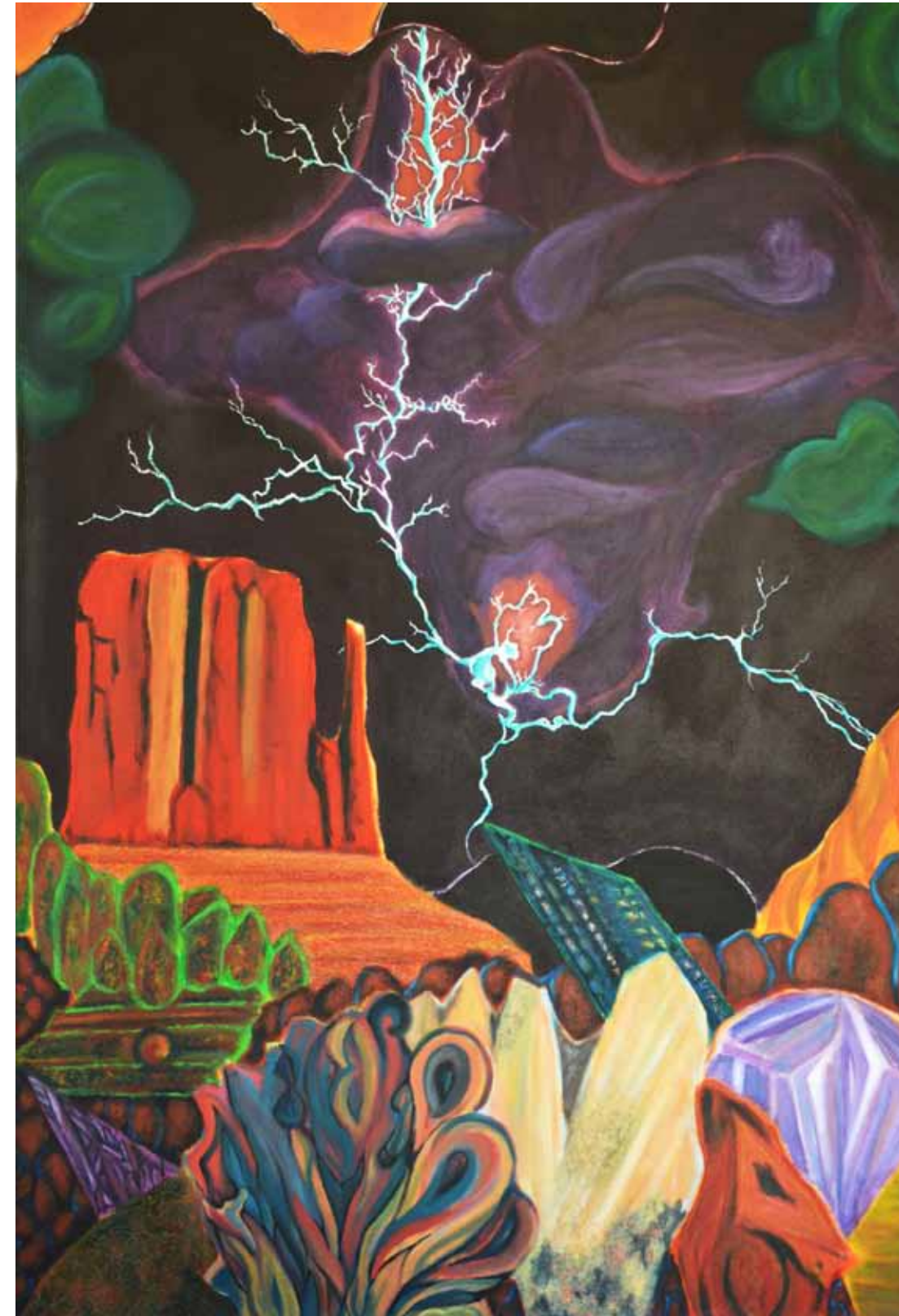
—Robert Humberstone, Class of 2016



## THE RESURRECTION OF DEATH

Romela Petrosyan, MS-2  
Medical Student

Death – an inevitable end of all humankind.  
Death—a conclusive resolution of body barren of soul,  
Enveloped in darkness by descending in the gulf of fate,  
Only to emerge revived in the realm of knowledge.



Maha Bano, MS-1  
Medical Student

Desert Landscape  
Acrylic on Canvas





Michael Metzner, MS-2  
Medical Student

Life is a Song  
Digital Photograph



I was learning about sunscreens when I got the call from REL. I thought, good thing I know my stuff about sunscreen because I'm going to the SUNSHINE STATE!

—Diane Brackett, Class of 2016



## MY FIRST MONTH IN MEDICAL SCHOOL

Richa Vijayvargiya, MS-2  
Medical Student

Today I cracked the screen on my iPhone5. I was wrong to think my skirt's elastic waistband could support the weight. I watched it shatter at my feet and I pinched my arm. Am I asleep? I've actually had this happen to me in dreams, alongside the nightmares where I crash my beloved new car. Sometimes it can feel like everything's breaking.

I come home to a broken shower drain. It's been that way for a while and I should probably fix it. As I wash my hair the water lingers. A memory appears and I remember a sign I read this past summer on the door of my hostel in Granada, the first city I visited while in Nicaragua. It read: "Ahorrar electricidad. Ahorrar agua al ducharse. Aqui es un lugar limpio." [Save electricity. Save water when you shower. This is a clean place.]

I haven't forgotten that sign, and I feel more dirty than clean as the soapy water pools at my feet. For some reason, standing in the shower each evening is usually the time when I feel the most thoughtful. (With the notable exception of the all the times some stupidly catchy new Taylor Swift song is stuck in my head...)

Tonight I happen to reflect on some of the more memorable moments from my first month in medical school. That's a lot of M's.

**Moment 1:**  
A link someone posted on Facebook freshens my perspective, showing me a new definition of beauty and a fresh take on "disease". Specifically, I see a picture of a young man with *Marfan's syndrome*.

He is splashing in a pool, beaming, and I think the joy in his smile reveals a little more about the person behind the "clinical presentation". I see the characteristics of his human form, but, to my newborn medical eyes, they don't tell me much. Who is this person? What perspective has he gained from the fight to be more than just an ailing body? I wonder, is he wise like Lincoln? Is he honest? I can't help but go along to the strange places my mind takes me.

I think some of my classmates would agree that medicine gives you a whole new perspective on things you hadn't given much thought in the past.

**Moment 2:**  
Today something silly made me sad. I look around my school with a frog in my throat, watching the faces that pass me by. I meet their eyes, silently reciting one hundred and nineteen stories strictly from memory. I clumsily flip pages, hoping to find a familiar tale to give me shelter.

I know some stories better than others, but for the most part, I could rattle off a thing or two about each main character. I could tell you about their favor-

ite things to do on the weekend. The names of their pets. I could tell you where they live or where they went to school. I could tell you about that joke, that idea, or that crazy *mnemonic* they came up with that stuck in my head somehow or made me chuckle.

I could tell you their names and nothing more. And I could tell you about some of the challenges they've faced that have made them that much stronger. But maybe right now it's not enough, because their eyes are not yet trained to read the pain written across my face. And besides, med school is not the place to cry.

**Moment 3:**  
I keep waiting to learn about this in lecture, but there must be some kind of wire connecting my state of mind to my stomach. Never one to indulge in emotional eating, nerves tend to have the opposite effect, slashing my normally hearty appetite and making me feel nauseated at the thought of food.

I think of Dr. Karsch and I worry about my caloric and protein nutrition status. Luckily for me, a big bowl of steamed broccoli and a fortified *milkshake* have never steered me wrong. I feel tied to my new identity as a medical student, and I take care of myself in order to survive. For the first time ever, I understand how truthful it is to say that sometimes you can be your own best friend.

**Moment 4:**  
Looking back on the past month, I appreciate the enormity of the mountain I have already climbed and I feel proud. And I feel tough, like collagen. And resilient, stretching with each obstacle a little closer to my breaking point only find a state of comfort once again. Tonight there is a full moon and, remembering the

lantern eyes of the black cat that lingered stealthily outside my apartment building this morning, the night feels a bit spooky. Rapidly connecting dots, my mind flashes back to Chad Selph making another announcement today about Halloween Horror Nights. Indeed, October will be coming fast, and with it our next big exam, the first of what will feel like a million more. As

my stomach drops thinking of all those tests, I'm fairly certain of one thing. These initial years spent growing into the shoes of a physician will provide their fair share of "horror nights". But as I stop to think just a moment longer, I also have a feeling they will never fail to remind me just how much of a *miracle* it is to be alive.



Natasha Fortune  
Sr. Library Technical Assistant

Perception in Yellow  
Digital Art, Collage





Lourdes Ramirez, MS-1  
Medical Student

Digital Photograph

## THE IMPORTANCE OF CHOOSING

Christin Giordano, MS-2  
Medical Student

We all pick and choose.  
And we're careful about it.  
Some will say they never get close.  
They always have walls.  
But they're lying to you—  
Or to themselves.

Sometimes, despite our best efforts,  
The one we chose takes a turn for the worse.  
Dies.  
And no matter how stoic we look when we talk to the family,  
Inside, we can't breathe either.  
Every once in awhile, something very rare happens.  
The entire team chooses the same person.  
Nurses, assistants, doctors.

He enters our hearts insidiously.  
One day, the walls are up and we're protected  
And the next, you find someone within the walls.  
And you're not sure how or when,  
But it happened.  
And when that rare person comes through these halls,  
And leaves,  
Everyone will ask each other how they're doing.  
And everyone will respond that they're good or okay.  
But we're not.  
We'll go home and run, cry, or take a hot shower,  
And then hug our families, call and say "I love you."  
Because we can.

Like it or not,  
We all pick and choose.  
Pick who will stay just a number  
And choose who will have a name—  
A place in our hearts forever.

And while it may hurt,  
It is what makes us human.  
It is what makes us better at what we do.

We all pick and choose.  
Because if we chose everyone,  
We wouldn't be able to continue.  
And because if we picked everyone,  
We would forget why we're working so damn hard.



## STILL HERE

Diane Brackett, MS-2  
Medical Student

“There are the cadaver brains.”  
Ming commented plainly as we peered into one of the storage rooms in the anatomy lab. We could see the collection of white plastic containers, translucent enough to hint at their contents. More than half a year had passed since we left our cadavers. Just as my first morning with my cadaver had not gone quite as smoothly as I hoped it would, the last afternoon was less than picturesque. I pictured myself standing alone beside his body in a quieted room, but what really happened was, I answered a question at his table during the lab practical, and then moved on. The final bell rang and we handed in our papers and shuffled out of the lab. I turned back once, but there was no use. The bodies by then were so cut up and dissected; I wanted it to be over.

Time passed, and I felt a little sad that he was no more. The experience had come and gone in a way that made it seem like a dream. Had it really happened? But, as Ming pointed out to me, we still have his brain. We still have the organ that made him who he was before he came to us. It is oddly comforting. It is odd in the same way I recently felt when I decided to visit my grandfather's grave.

I was sixteen years old when he died. I struggled to confine my disappointment in my family and their nonsense traditions. If my family loved Papa so much, why had they handed his body over to

be pumped up with toxic chemicals? Why did they lock him in a casket and entomb him in the ground within a block of cement? I did not want him to be anywhere in particular; I wanted his remains to physically disappear, so that there would be no grave to visit. *Do not stand at my grave and cry, I am not there, I did not die.* By being nowhere, he would be everywhere.

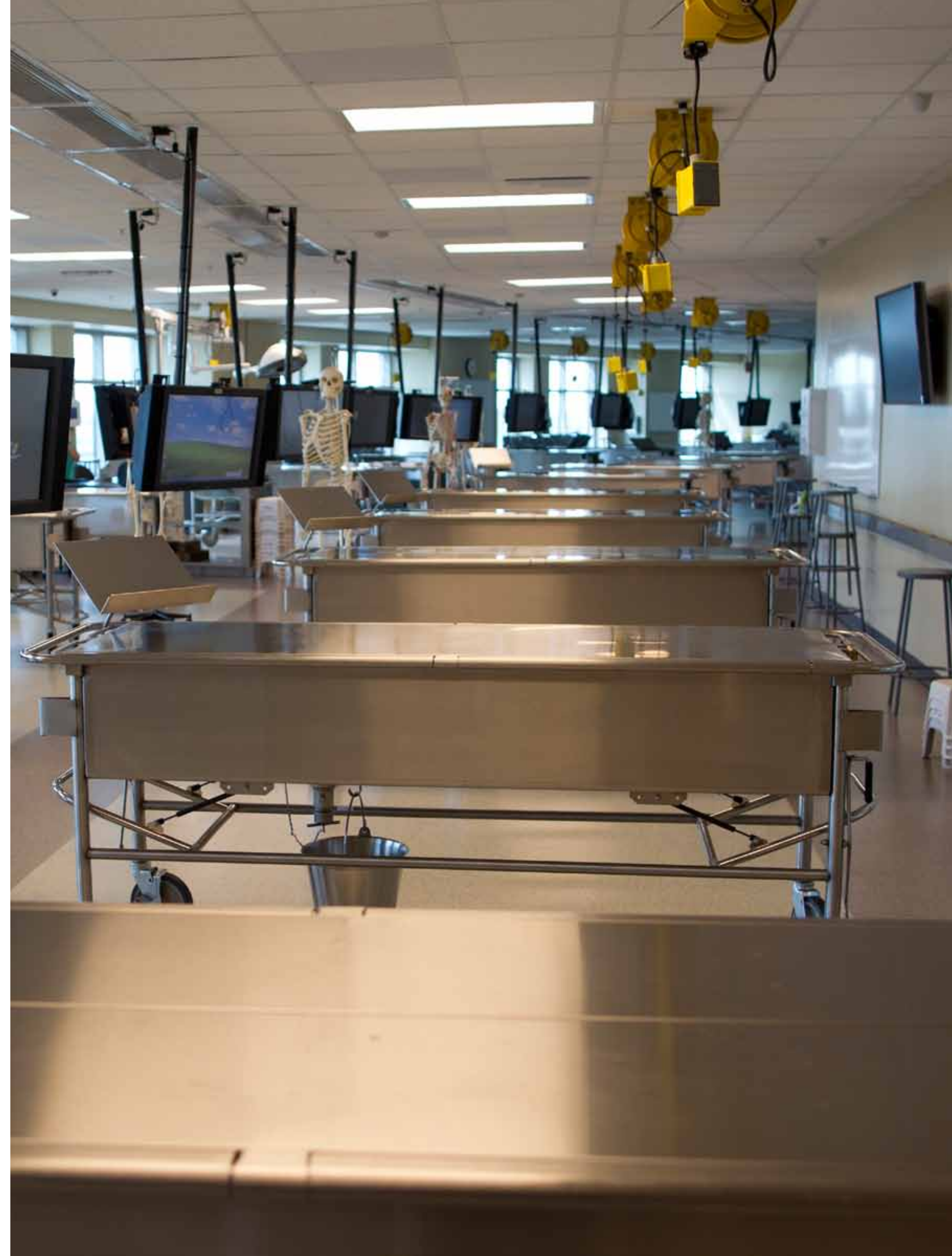
That is why it felt out of character when, at the age of twenty-four, I asked my mother if we could stop by the cemetery on our way back to the airport. I had flown home to Boston for a weekend to attend a wedding. In the blur of catching up with so many relatives, someone was missing. There was one more person I needed to visit. For

the first time in nearly a decade, I was grateful that his grave existed. I needed a location, grass to stand upon, physical evidence, something to touch.

And so, I feel similarly about my cadaver's brain. For now, he is still here, and I can tell you exactly where. But eventually, he really will be gone. There will be nothing left for me to trace. Only memories endure.

Michael Metzner, MS-2  
Medical Student

Uniting the Gap - The Brain  
Ink on 18th Century Paper







Pedro Vianna, MS-1  
Medical Student

Web of Life  
Digital Photograph



Pedro Vianna, MS-1  
Medical Student

Flow  
Digital Photograph



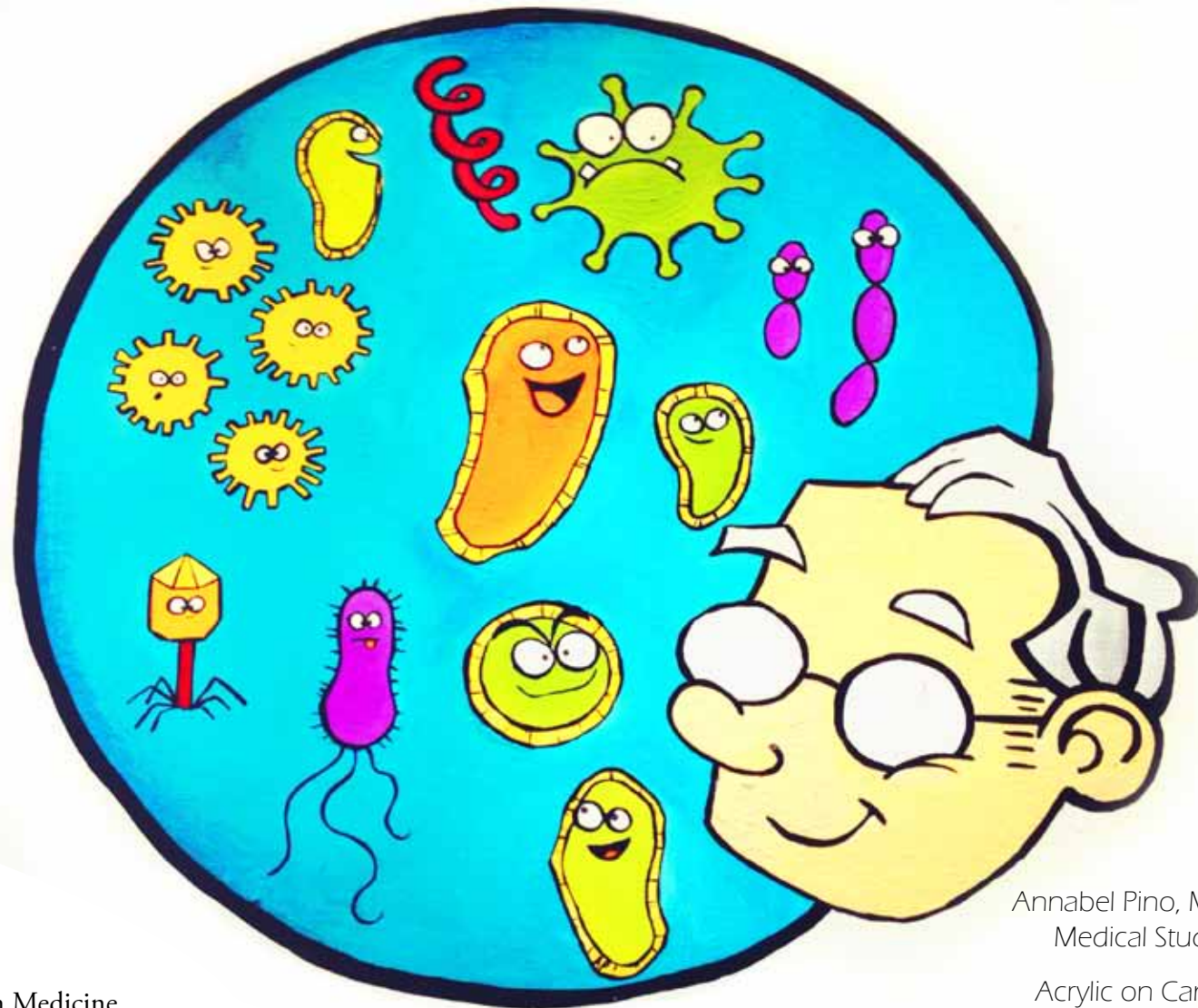
234

Shaun Ajinkya, MS-2  
Medical Student

Now is the time for board review  
Bad habits now I must eschew  
I wish to maximize my score  
Even if I become a bore  
But this long time spent seems quite fair  
So I can give patients good care

And after that we go on rounds  
And there we'll auscultate new sounds  
We'll wake up early and won't be late  
Rushing down the 408  
We'll persevere and make it through  
Like Moses and the ancient Hebrews

Then residency will come up soon  
White envelopes will then festoon  
The college hall, as we then wait  
For that noon hour, on that fateful date  
Then hope and joy will fill our hearts  
Soon to give to patients our hard-won smarts



Annabel Pino, MS-2  
Medical Student  
Acrylic on Canvas





## ON PERSPECTIVE

Angela DelPrete, MS-1  
Medical Student

As the routine afternoon rain begins to dust my window, the previously determinable shapes that make up my beautiful view are reduced to globs of color. The mobile colors are mundane: white, black, gray—sometimes a red blob will whiz by. The static colors—bright blues, reds, greens, yellows—catch my eye through the distorting raindrops. Even as a 22-year-old, the facade of Nemours fills me with childlike wonder every time I glance at it. Or stare.

Nemours has become my green light, my tangible symbol of a dream that seems so far out of reach despite its glaring proximity. Each day, I inch closer and closer, but the idea of my ever walking the wards in a long, white coat, delegating responsibilities, being relied upon by so many, just seems so surreal. Not unattainable, just unimaginable for someone who some days wakes up and still isn't convinced that she's about to start at her dream medical school.

Nemours is such a positive reminder for me, but every time I look at its rainbow of windows I think about who might be looking back. I wonder if the inside is as beautiful as the outside, successfully able to distract a child from their illness, even for a bit. I wonder how long they've been in there. I wonder how many have gotten out. I wonder about their parents.

And I wonder if they look across the highway at my insomnolent window, bright in the night, and know that behind it lies someone who plans on dedicating their life to be their newest hero. I wish I could tell them. Perhaps their green light seems just as distant.

## FROM HERE

Lauren Richter, MS-4  
Medical Student

With your eyes you see the world,  
but just behind them is a universe.  
Hidden in the sulci and gyri,  
that make up your brain's magnificent topography lies all that is you...

And yet you are so much more...  
More than the bundles of neurons  
(billions and billions of neurons)  
inside your skull.

From this gray and white matter,  
all of the world emerges.

From here,  
words flow like a string of pearls  
from the torrents of the ocean.

From here,  
we will find the solutions  
to the puzzles of our own minds.

From here,  
the dots seem to connect themselves  
like constellations in the two AM sky.

From here,  
each ion that makes its way across the Great Wall of Phospholipids  
has the power to move you across the world.

From here,  
we will begin our search  
for the sense in the chaos.

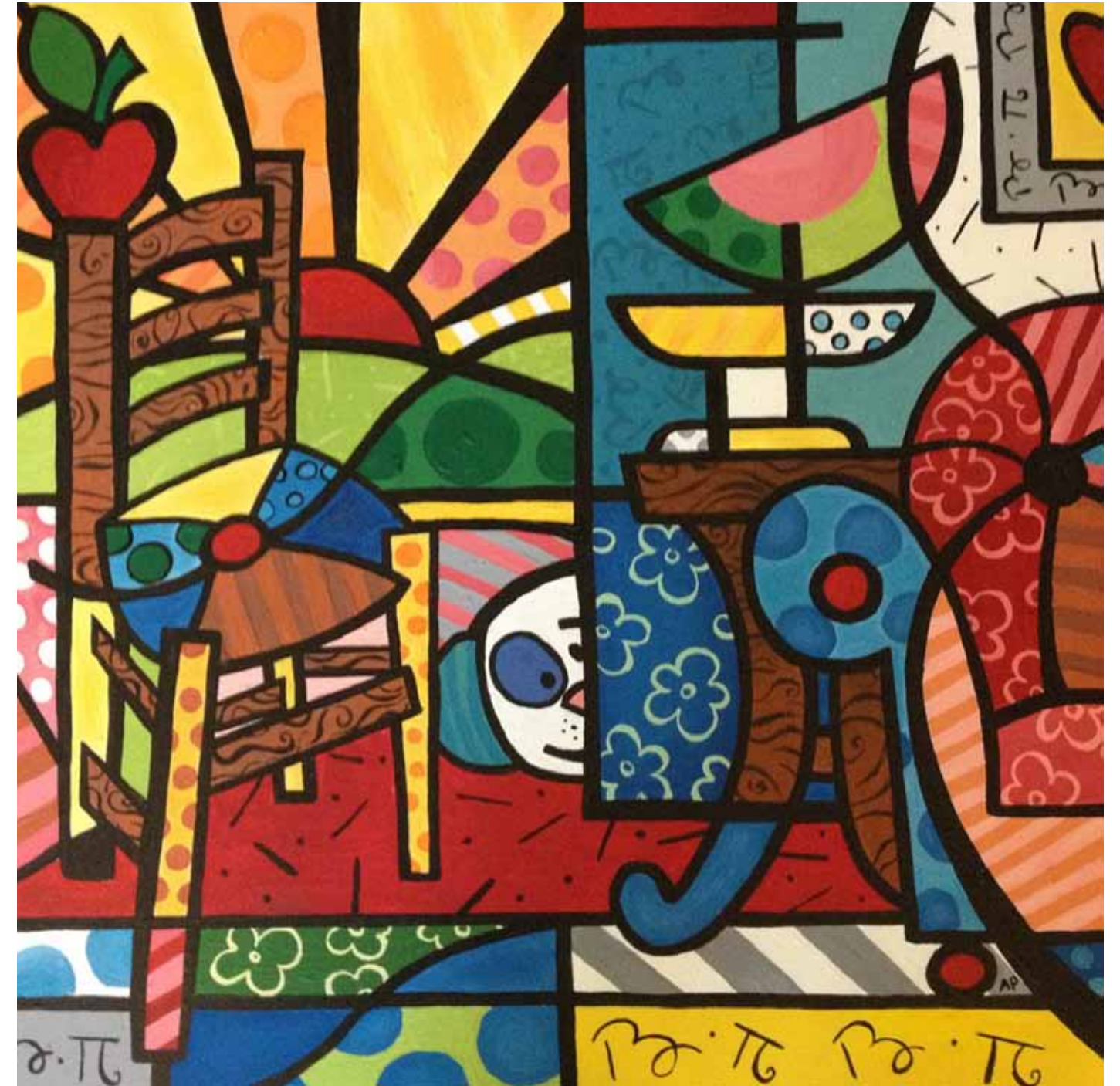
From here,  
we begin and end...

... For the brain is an abyss we have yet to explore,  
and in its depths we will find true wonder.





Michael Metzner, MS-2  
 Medical Student  
 Pathways of Life  
 Acrylic, Pencil, Ink on Foam Board



Annabel Pino, MS-2  
 Medical Student  
 Acrylic on Canvas

"I was in Nurse Bob's office watching over a gaggle of kids when I got the phone call. #screaming #jumpingupanddown #May16

—Lauren Goldberg, Class of 2015



One minute, mopping the floor after an Ortho case. The next, wiping the floor with Step 1. Thanks for the call, REL. #DoctorParkour #AwwwwwwwwYeeeeeeaaaaahhhhhhh

—John Fuller, Class of 2015

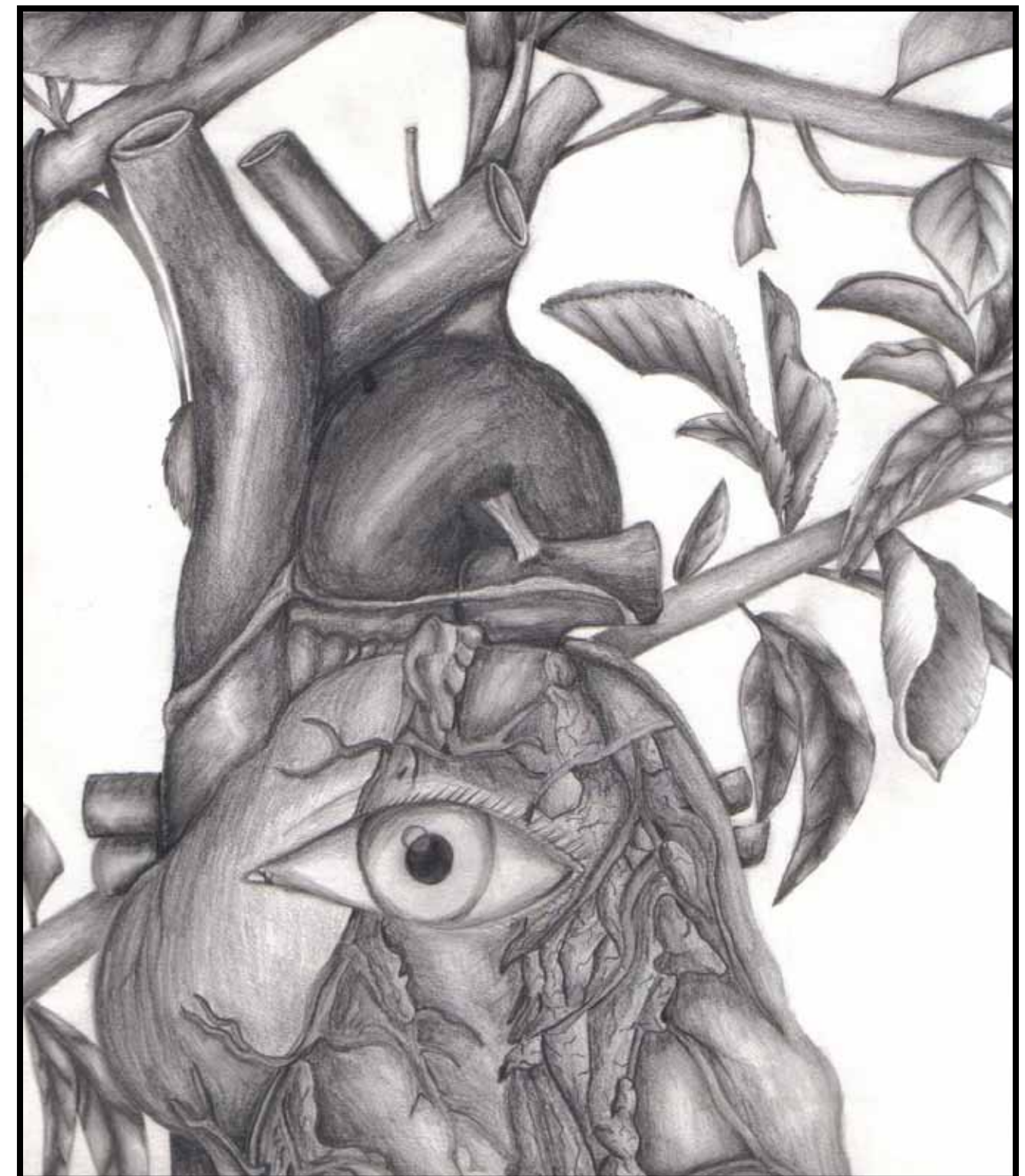






Natasha Fortune  
Sr. Library Technical Assistant

Reflection in Blue  
Digital Art, Collage



Romela Petrosyan, MS-2  
Medical Student

Heart and Eye  
Graphite on Paper

Had prepared to sleep in that morning until I was woken up abruptly by Rel. Best alarm clock ever! #stillfeelikeimdreaming

—Michael Metzner, Class of 2016



Got the call from the UCF College of Medicine literally an hour before my last final as an undergrad. Not a bad graduation present! #Accepted

—Josh Dajac, Class of 2017





## FRAGMENTS

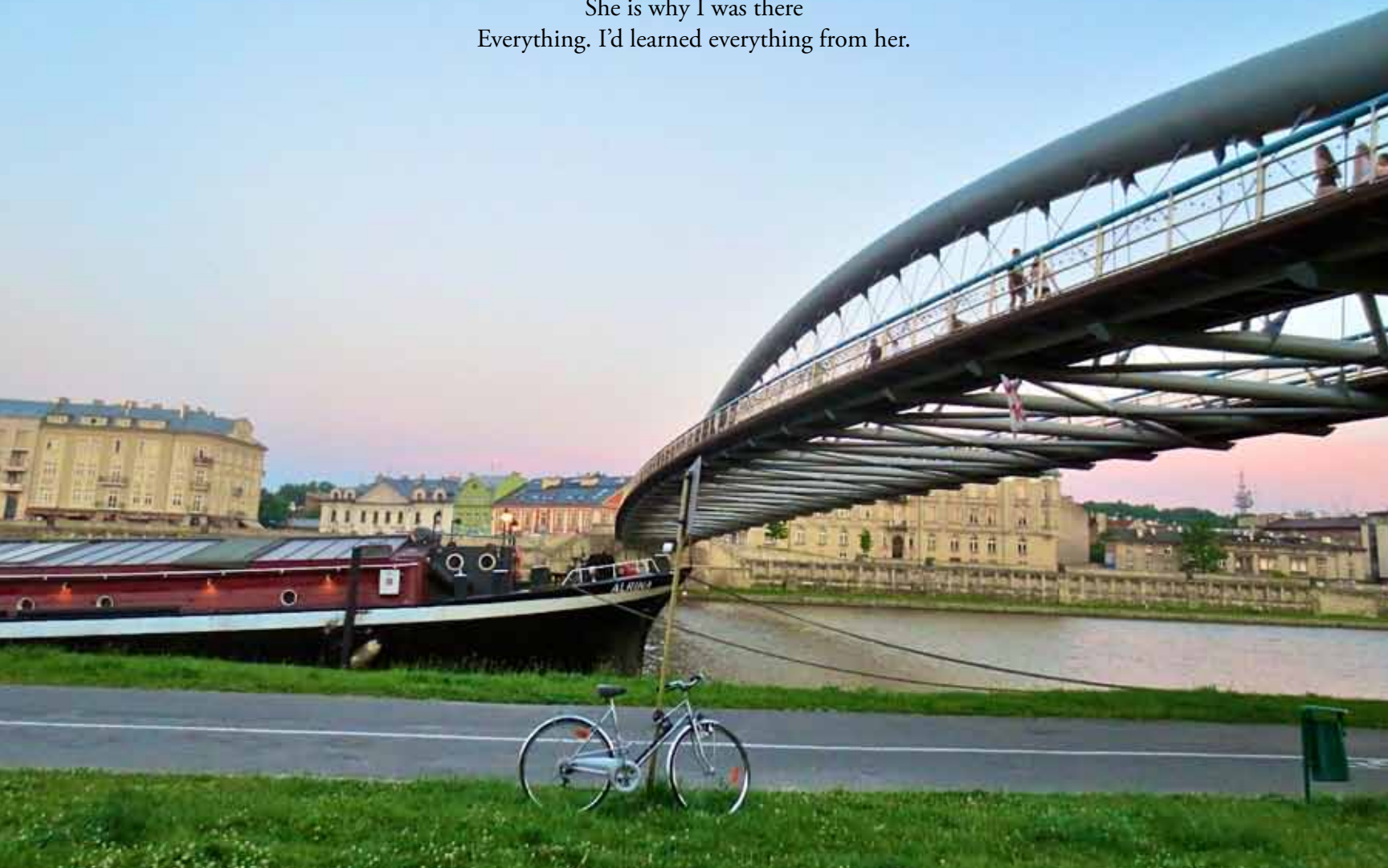
Angela DelPrete, MS-1  
Medical Student

Complex, predictable  
A room so distantly familiar  
The ebb and flow of a confused mind, equally in touch and out of sync.  
I knew more than I could explain  
Why am I here? I just needed to talk.  
No, why am I here?

I had fallen asleep to a lie and when I awoke to the truth, I saw everything  
And now, as I lie awake with the truth, I see nothing  
Distant skies fused and I found myself shaking in rhythm with a new tune  
He heard it, too, as it echoed from beneath the ground and pulsed upwards  
Up through our bones, out to the tips of our fingers  
And I stood next to him, my soul screaming, and from his mouth flowed such interesting syllables  
Air so thick it burned my lungs, yet I continuously gasped for more.  
Painfully, beautifully, the pages turned and the uncertainty grew until my eyes left dark stains on a wooden  
chair

I saw everything, I saw nothing  
So I ran here, seeking shelter for this mind of mine  
How long have I been here?  
No, I've never felt that way. Yes, next week is fine.

I walked, thinking of everything I learned from her  
She is why I was there  
Everything. I'd learned everything from her.





# THIS BOOK

Aryan Sarparest, MS-1  
Medical Student

This book,  
No dust on its cover, Clean-faced no pitfalls,  
No craters like his brothers. His pictures,  
Are only one,  
And of his father,  
In a monochrome half-smile.  
A pair of shining spectacles,  
Leaning out his checkered,  
Heart-side pocket.  
Elbow on his knee, Knuckles brushing his chin,  
Face beaming, Mouth creaked open,  
He asks—  
“How was it?”  
And everyone knew it was fantastic,  
Except the book himself.

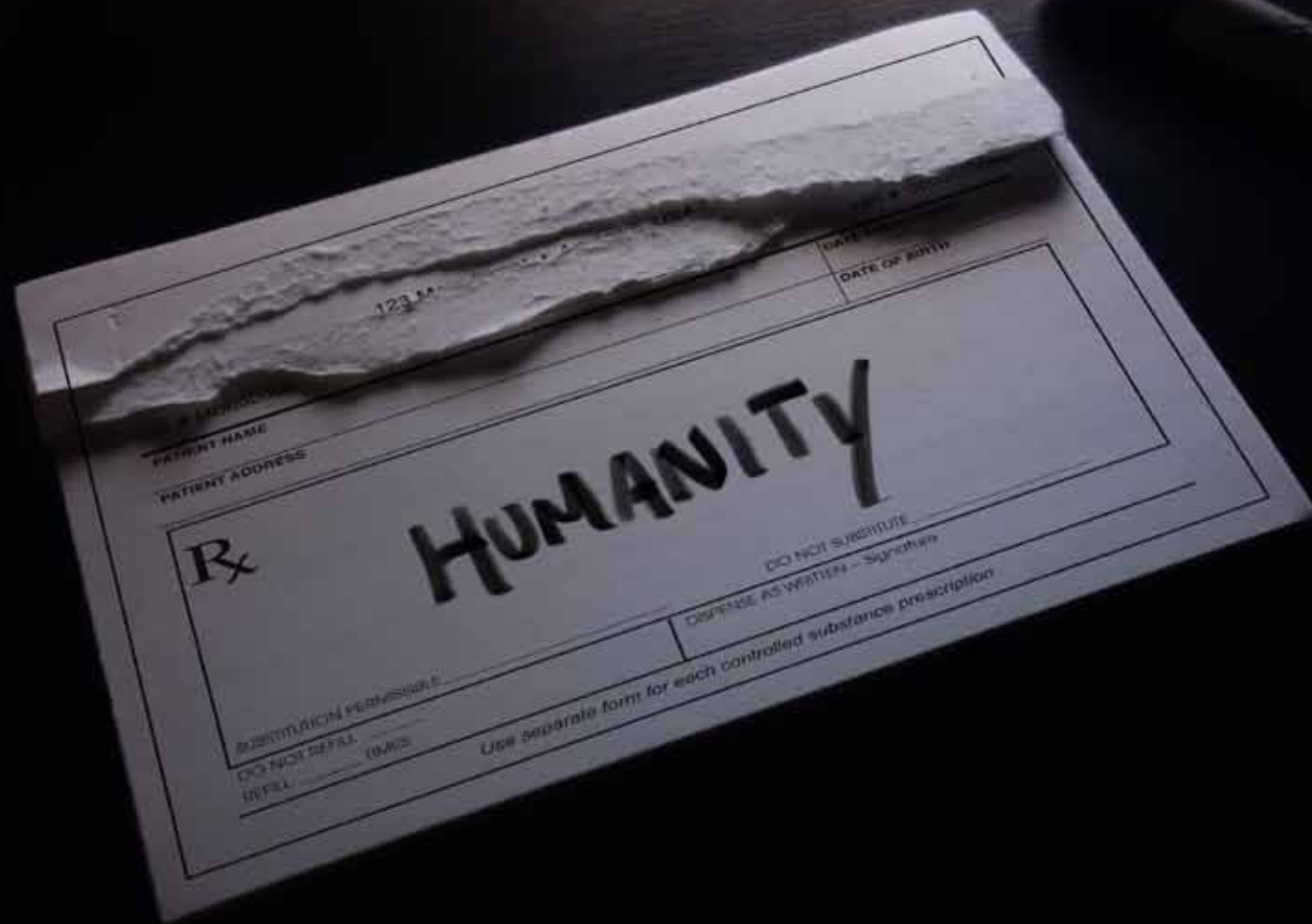
He was fresh off the press,  
With a story inside him,  
Yet it was an old and tried story.  
Already his convoluted plot,  
His gut wrenching climax,  
His anxious conclusion,  
Had been revealed years ago,  
Perhaps by some distant relative,  
On his father's side of the tree.  
The tree that was cut down,  
To make the paper inside.

He was not ancient enough, To be rare,  
Nor did he have the scars, That add character.  
His pages bright, And his spine stiff.  
No doggy ears,  
Or coffee mug rings,  
His cover still glossy. He is helpless,  
Facing one direction, Unopened,  
In the literature section, Of the bookstore.

Hoping silently,  
For one day a passerby,  
To gently pull him out the line,  
Take him home,  
To be read,  
And placed on the shelf,  
To dust,  
To age,  
At last.

Gosia Krzyszczyk, MS-4  
Medical Student

Night  
Digital Photograph





## VULNERABILITY IN AN “INVULNERABLE” FIELD

Michael Metzner, MS-2  
Medical Student

The notion that vulnerability has a place in medicine is an interesting concept that I have been fortunate enough to explore over the past year. Medical students are repeatedly taught the importance of the physician-patient relationship. We are told that to be a “good” doctor we must strive to exhibit compassion, empathy, respect, professionalism and confidence- all while applying our medical knowledge to figure out a diagnosis and treatment plan. If you add in the pressure of doing all of this within a 15-20 minute time period, seeing sometimes up to thirty patients a day it can get overwhelming. As we build our knowledge base, one ideology must remain clear and not tarnished- we are treating a person, not just a disease. But where does vulnerability fit into the equation?

It is no surprise that the general population holds physicians to higher standards. Physicians have the knowledge to be healers, the position to be leaders, and are known to sacrifice their personal lives for the benefit of their patients. People look at doctors as being in many ways infallible. There is pressure put on physicians to supply immediate, correct answers, as quickly as a search on WebMD, while simultaneously showing empathy and compassion.

This pressure can have a negative effect on patient care. As a medical student and physician, it is very easy to fall into the trap that we must desensitize ourselves to our own emotions. To an extent, this is true. Healthcare providers are constantly surrounded by sick patients- some getting better and others who are not so fortunate. If physicians opened themselves up to every patient they would not be able to sleep at night. The tremendous emotional impact would build up and they would never be able to clear their minds. However, there is a balance that healthcare providers should strive to attain. The truth is that physicians are no different from any other person- they make mistakes, experience emotion, and need outlets to express themselves and what they are feeling.

Vulnerability in an “invulnerable” field can be a scary concept. We must start by showing compassion toward ourselves, allowing and learning from

our imperfections and embracing emotional expression. We must take the first step of taking care toward maintaining our health in order to take care of others. Doctors must also express compassion toward patients by responding in an encouraging way and sharing our own experiences that may bring comfort to the patient. We must remember that there are many psychosocial factors to a disease that go far beyond a pathophysiological pathway.

The Cleveland Clinic produced an amazing video entitled, “Empathy: The Human Connection to Patient Care.” It highlights the truth that all individuals are going through their own obstacles, triumphs, and tragedies. Perhaps the patient who is not following the recommendation of their physician has an underlying fear due to a cultural belief they may share. There may be a patient who doesn’t comply simply because they do not understand their diagnosis. You may see someone in the hallway who gives you a look of disgust, simply because they are trying to process in their mind a newly diagnosed cancer. Henry David Thoreau said it best when he stated: “Could a greater miracle take place than for us to look through each other’s eyes for an instant?”

Three weeks prior to presenting this idea of vulnerability in medicine at an AMA conference in Chicago I was standing in a busy Emergency Room watching a middle-aged woman fade away as she suffered from an aortic dissection- a terrible disease that occurs when the main vessel supplying the body from the heart tears and fills with blood. I watched as they prepped the woman for the Operating Room in an effort to save her life. The surgeon looked at me and stated plainly that this woman was not going to make it. He proceeded to talk about the pathophysiology of the disease and how the patient had already gone into hypovolemic shock and this surgery would be a last ditch effort to save her life, but he wasn’t optimistic. It was at that moment that I had one of those “out of body” experiences. This surgeon was telling me a horrible prognosis from physician to medical student. These dialogues happen so many times in the medical education process. It was simply a disease in the surgeon’s eyes, not



Amber Hoang, MS-2  
Medical Student

Sculpture

a person, not someone with likes and dislikes. It was easy for that surgeon to look at this woman as a disease presentation—not a mother, daughter, or artist.

The patient in front of us was my mother who four hours later lost her life to this horrible disease. This experience gave me an entirely new perspective on practicing medicine. It reaffirmed my advocacy to embrace the side of medicine that unites us all. We are all human. My mother would always jokingly say to me after she had watched the movie “Nights in Rodanthe,” that I must know the color of all of my patient’s eyes. Of course this is impossible, and yes, I agree that there are lines of professionalism within medicine that should not be crossed, but what is the

worst that could happen if physicians paid a little more attention to the person, not just the disease? Dr. William Osler, a physician that is an inspiration and role model to many in the field of medicine, says: “it is much more important to know what sort of a patient has a disease than what sort of disease a patient has.” I challenge those in the medical field to be more vulnerable, show the patient that you care, and remember that it is a person, not a disease you are treating. Do not worry if you shed a tear with a patient after giving a difficult diagnosis, or witnessing a death. After all, we are all in this life together.



Got a call from UCFCOM. First med school interview!  
#DreamsFinallyComingTrue #HardWorkPayingOff

—Julia Heizmann, Class of 2016





## A MUMBAI ALLEY, MONSOON SEASON

Ashton Lee, MS-1  
Medical Student

midnight  
dry  
in a soggy hotel  
I watch  
    this killer  
stalking, hiding  
beneath a rusted  
    corrugated sheet  
at the bottom of the alley  
surrounded by rain  
rivulets of water  
    sliding down  
whirlpooling around  
filthy  
    gum wrappers  
    bent cans  
he sits still  
muscles bunching  
paws pressed  
into the mud  
    eyes that flicker  
blinking  
    golden flashes  
in the black storm  
    this little killer  
darts into the miasma  
not even shadows follow

Paul D. Schumacher, MD  
Cardiovascular and Thoracic Surgery

Digital Photographs  
(left and right)

## A TRAVELER

Kyle Kemmerling, MS-1  
Medical Student

I wondered where I had got to,  
But I know it was among people in one of their cities.  
A lioness warned me not to go,  
    but I didn't listen.  
So, I wandered among the buildings,  
while crushing the sidewalk with my huge feet.  
A woman screamed when she looked  
    at my tusks and my floppy ears.  
I guess it didn't help when I flexed my trunk  
    and asked the woman  
    if she'd ever seen one of these before.  
More people saw me and pointed and shouted.  
This left me baffled, as I am a vegetarian, and I won't eat people,  
    even though their babies look like peanuts.  
Soon green men arrived in the streets, driving the same Jeeps that  
I see back home. They yelled at me, and I yelled back.  
The men shot me with darts that felt like mosquitoes,  
but made me twice as sleepy. Obviously, I did something wrong.  
I realized that I committed a crime.  
    Indecent exposure,  
    I think they called it.  
Of course, as I looked around, I forgot to wear clothes  
    in such a big city.  
A thought struck me, as I fell into slumber. If I wore trousers,  
    would they be called elephants?





## WHAT MEMORY TAKES

Ashton Lee, MS-1  
Medical Student

The empty parts of your recall, ill known,  
are reels of film once locked within a safe.  
Inside, workers have cut a frame or two,  
and no one knows where they have taken them.  
Perhaps they are still taped on your admirer's bedpost,  
or better, clearer ones were bartered  
for cigarettes and wine. You want to say  
that you remember when you lost each one,  
but those are gone as well. Your mind runs films  
that flicker in and out, the sound lousy,  
all cast in black and white, those ghosts that lurk  
within the many spinning wheels of your mind.

Gosia Krzyszcak, MS-4  
Medical Student

Emotions  
Pen and Pencil Crayon on Paper





## WHO IS ARTS IN MEDICINE?

**A**rts in Medicine (AIM) is a University of Central Florida College of Medicine organization founded in 2012 with the goal of empowering students, faculty, and the medical community through the power of self-expression. In a matter of a few years, it has grown into a robust group of students, faculty, and staff that are united by their love for the arts.

AIM is composed of the following branches: Dance, A Cappella, Music Performance, Writing, and the Visual Arts. Each branch spearheads an aspect of the arts through community service projects and activities ranging from writing and producing theatrical productions, to singing at the bedside of pediatric patients. Through our efforts, we hope to create a vibrant community not only at the University of Central Florida, but also in Central Florida as a whole. AIM has partnered with numerous distinguished Central Florida organizations, including The Pabst Art Foundation, Dr. Phillips Performing Arts Center, Nemours Children's Hospital, Florida Hospital, Relay for Life, and Community Based Care of Central Florida.

Those of us at AIM live by the philosophy that within each person is an artist. We encourage you to join us on our mission to spread the spirit of self-expression through our community, and brighten each day one brush stroke at a time.

Find us online at [www.ucfaim.com](http://www.ucfaim.com)

### The Executive Board 2013-2014

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