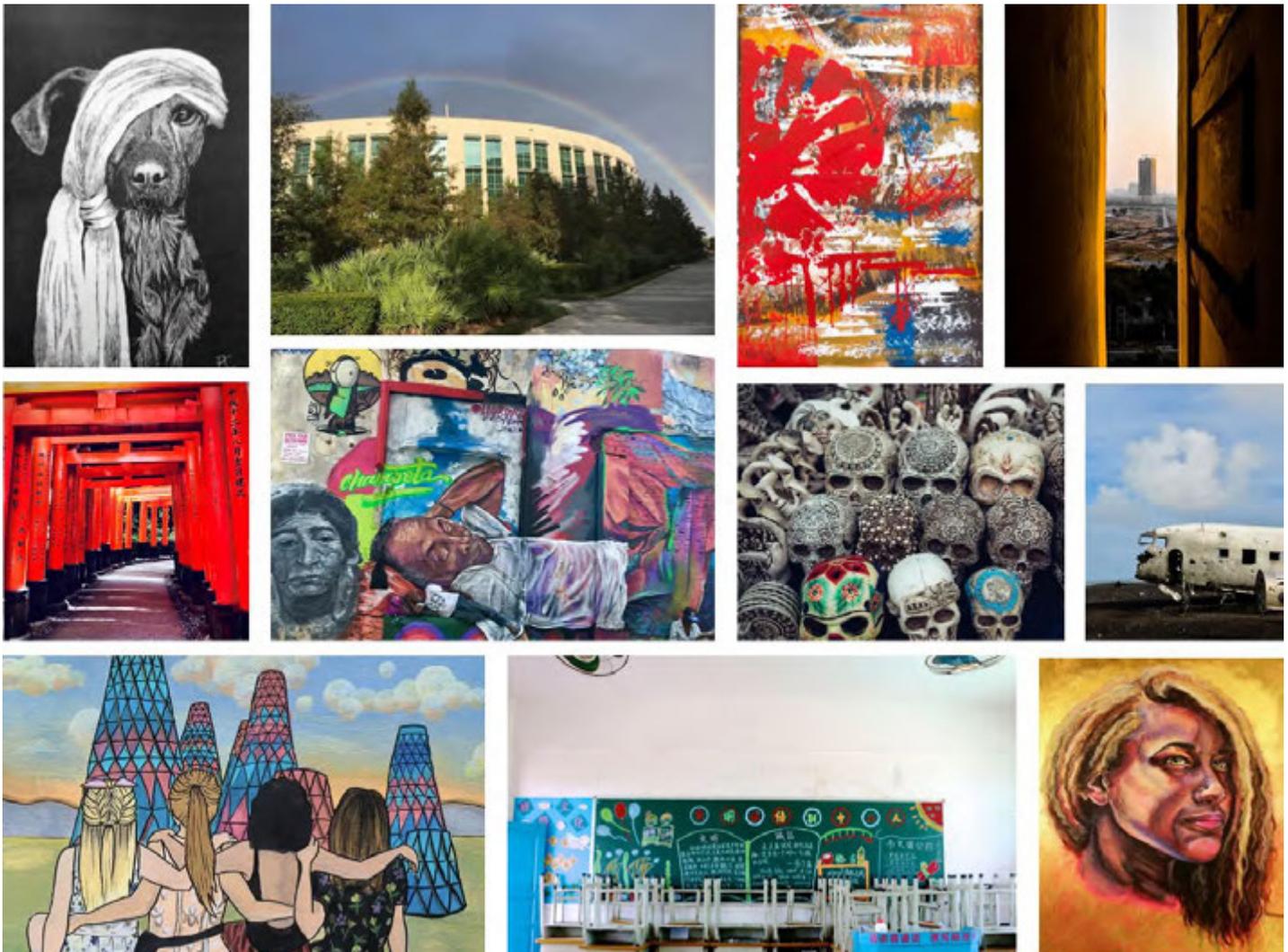


THE SCRIPT

LITERARY AND ARTS MAGAZINE FOR THE UCF COLLEGE OF MEDICINE



VOLUME VII
2020-2021

THE SCRIPT

LITERARY AND ARTS MAGAZINE FOR THE UCF COLLEGE OF MEDICINE



UCF

**College of
Medicine**

UNIVERSITY OF CENTRAL FLORIDA

6850 LAKE NONA BLVD.
ORLANDO, FL 32827

VOLUME VII
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FOREWORD

Visual art, music and the written word celebrate the spirit that lives in us all. Experiencing, understanding and appreciating art adds to our own health and helps us bring healing to others.

Art helps us celebrate life and make sense of pain and loss. It inspires us to grow and look at people, circumstances and challenges in new ways. Art shows the power that can be achieved when things come together. Just as individual brush strokes, musical notes and words must work together to make a beautiful piece, our collaboration in medicine makes us stronger and better in the service of our patients.

As physicians, we spend most of our lives in the world of science. Yet the world of art enriches what we do. It touches our hearts and allows us to better communicate because at its very core, art is communication. Great doctors are good communicators and experiencing the arts can enhance our ability to connect with all for the good of those we serve.

I hope you will enjoy this edition of *The Script*. As our Medical City at Lake Nona community grows - with a new UCF teaching hospital, cancer center and one day, as home to more of our university's health-related programs - it's a wonderful time to celebrate the healing power of art.



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

Illness and health issues are cause for great concern for patients, relatives and observers of the human condition. Like all items of importance, we often struggle to make sense of illness and are often left with an incomplete reckoning. Art provides an avenue for individuals who have suffered to make sense of, and work through, the thoughts and emotions stirred by disease.

The Arts in Medicine student leadership team have worked through the year to organize this publication. Our students, residents and faculty have submitted some of their most personal and introspective work for publication.

It is understood that calendar year 2020 has been particularly challenging due to the global COVID-19 pandemic. We hope that you enjoy these *Script* submissions as much as we have while preparing this edition of our journal.



Juan Cendan, M.D.
Chairman, Department *of* Medical
Education and Professor *of* Surgery
Faculty Advisor, Arts in Medicine

FROM THE EDITORS

We are delighted to present to you this year's edition of *The Script*, as an ongoing celebration of the unification of arts and medicine. This year has been a particularly unexpected journey: from the isolation and fear of a global pandemic to the strength and passion of societal and cultural change. Never has the gift of art seemed so important than this year, when it became a place for reflection, for peace, for exploration, and for connection. In the pages of this year's edition, you will find beautiful, and sometimes tragic, moments that highlight the journey we experienced in this past year. We begin with life, and the simple beauties and joys we often miss in this world. From there, we explore emotion and perception - these reflections tell us who we are and define us in our medical profession. Finally, as it always is, we end with death, working through its complexities and the way it touches us daily. This edition has been a unique cornerstone in our progression of medical school, and we are honored to have been a part of presenting these magnificent works of art, these pieces that make up the collective of the medical student soul, to you.

We hope you continue to enjoy all of the incredible work created by the UCF College of Medicine community, and we invite you to reflect on your own journey - who you are today - as you traverse through the pages of this edition.

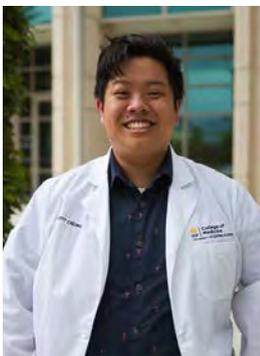
Krisandra Hardy
Literary Arts Chair

Lake Lindo
Visual Arts Chair

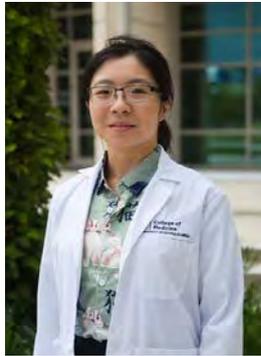
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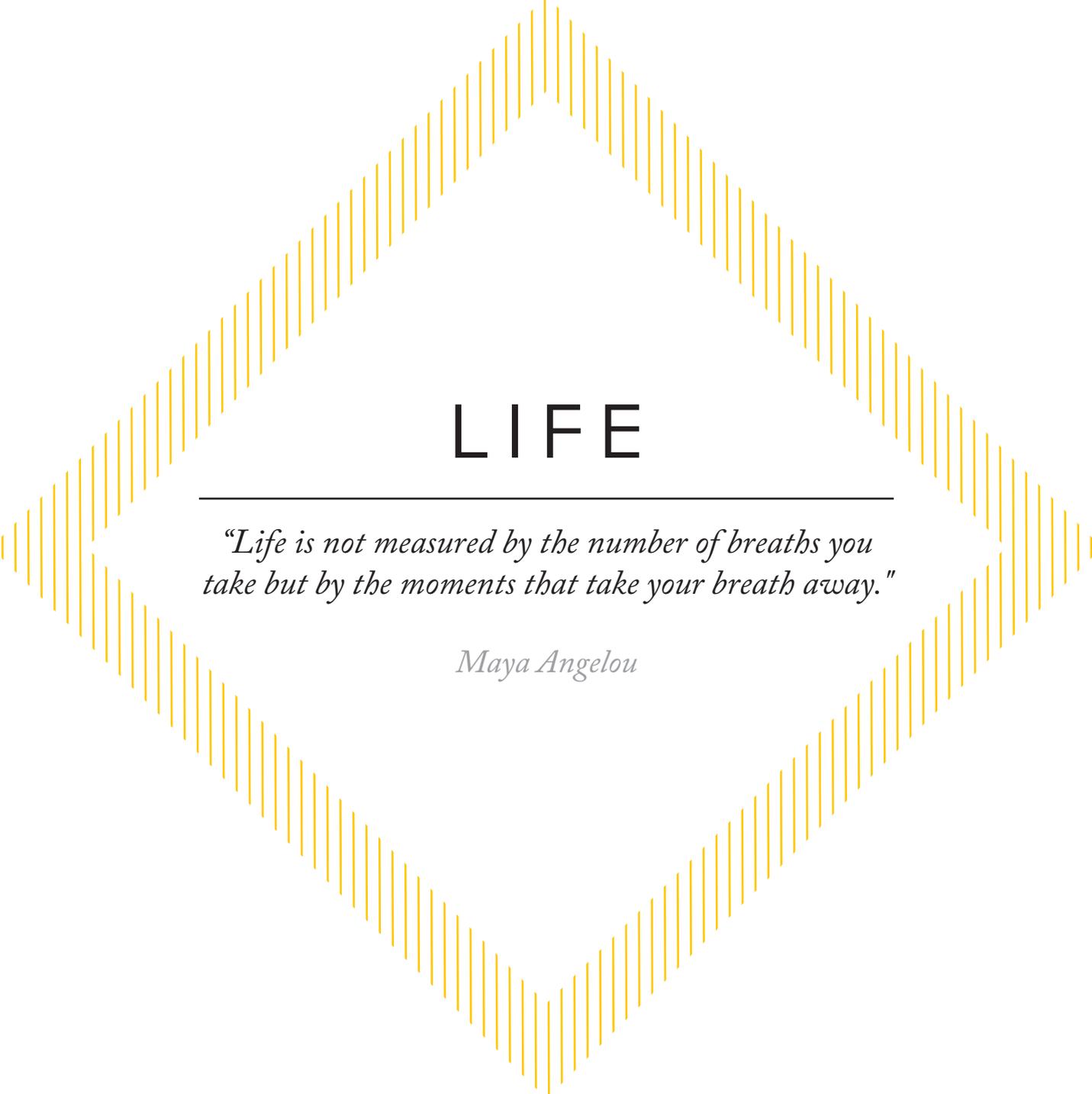
Krisandra Hardy
Literary Arts Chair



Lake Lindo
Visual Arts Chair



Sankalp Goberdhan
Vice President



LIFE

“Life is not measured by the number of breaths you take but by the moments that take your breath away.”

Maya Angelou



STILL LIFE
ACRYLIC
CATHRYN YANG,
MS-2



MIDDAY NAP
ACRYLIC
CATHRYN YANG, MS-2



LIFE IN RURAL CHINA
PHOTOGRAPHY
KATHERINE DONG, MS-4

STUDYING OUTSIDE
RACHNA SANNEGOWDA, MS-2

most days I prefer the distraction of
grass to the ever connected digital
world.

how much more pleasant for your
lungs to swing between towering
trees,
than to sit in the freezer
(library).

how much more empowering to rise
with sunshine and sandy toes,
than to elicit this feeling from a cup
of happy (coffee).

most days I prefer to take my study
breaks around the Tavistock Green!

RELATIONSHIPS
JOSHUA SALZMAN, MS-2

alone no more
one conversation
of authentic vulnerability
lifts the blanket
of crushing loneliness

a perk of friendship
the struggles and stressors
of everyday life
are managed
with more ease
when you have
a friend

depth of a void to explore
managing relationships
is like digging a hole on the beach

expectations and goals set
beach hot-tub, regal sandcastle, and a playful burying
contract established and signed

with each scoop
of sand removed
the hole is deeper

eventually, water is struck
boundaries cave in
widening the project

each inch of width acquired
an inch of depth is lost

digging must persist
with effort and intention
otherwise, the water
rapidly evolves into quicksand
swallowing the surroundings

uniform throughout
flat and indistinguishable

edges undefined
left wondering:
did this hole
ever exist?

a hole,
unable to sustain
without an extra set of hands

hands
to prevent collapse

if collapse occurs,
both hands
may revisit
the once previously defined
mutual goal
reminiscing:
“the deepest hole ever imagined”

examination of self
renegotiation of old

digging resumes



GOD'S PROMISE
PHOTOGRAPHY
ANNETTE ORTIZ-RIVERA, STAFF

THE BREADTH OF LIFE
RICHARD PACK, MS-1

Within a membrane,
Before a single cell is stained,
There is life.

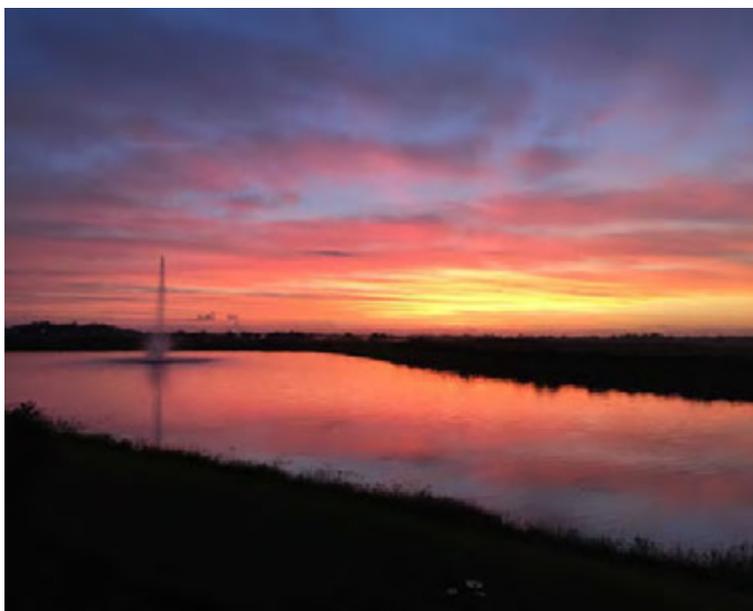
In the street at 2am,
As stray dogs scatter between the stumbling strangers,
There is life.

In morning fog,
While epiphytes hold fast their branches,
There is life.

As neighbors walk by,
Sipping on my morning tea,
There is life.

In the mind of God,
Beyond what we can touch and taste,
There is life.

What's in creativity
To hold all these alive?



GOOD MORNING LAKE NONA
PHOTOGRAPHY
TIFFANY NGUYEN, MS-4



HAMMOCK CAMPING
PHOTOGRAPHY
BOWEN DING, MS-2



HOSPITAL CASTILLO SAN FELIPE DE BARAJAS
CARTAGENA, COLOMBIA
PHOTOGRAPHY
JACKLYN LOCKLEAR, '20



SAFE PASSAGE
ACRYLIC
KRISTEN DOYLE, MS-2



PON SAL EN MI ALMA HERIDA. HEALING IS IN THE EYES OF THE BEHOLDER- REFLECTIONS FROM MY JOURNEY THROUGH SAN PEDRO DE ATACAMA DESERT, CHILE PHOTOGRAPHY MATT ABRAMS, MS-3



TOUCAN VS TOE: AVIARIO NACIONAL IN CARTAGENA, COLOMBIA PHOTOGRAPHY JACKLYN LOCKLEAR, '20

THE MODEL OF A MODERN MEDICAL STUDENT
(INSPIRED BY GILBERT AND SULLIVAN'S)
MICHAEL REN, MS-3

Sung to the tune of “I Am the Very Model of a Modern Major-General”

Neurology is really just an unrefined psychology, if you’ve got asthma then you’re sure to enjoy immunology. Transition years are just a thing so you can finally graduate, anesthetists will knock you out with propofol etomidate. Why anyone who wants a life would choose surg is a mystery, if you decide on psych you’d best love taking patient histories. Infectious disease’ll guarantee beyond a doubt that you will run, away from every sneeze, cough, handshake, hug or even your own hun. It’s been three years since HB1 and I’m still uncommitted here, just put me down as undecided I’m taking a research year. Pediatrics deals with parents more than kids that’s sadly true, and lets be honest orthopedists probably know more than you! If new life is your interest then I’ve got right here your specialty, Obstetrics gynecology and labor and delivery. If dark rooms in the basement floor sound vaguely like your cup of tea, then wait no more and join those good folks down in radiology. Derm solves every problem with a steroid or a biopsy, and I just got a gallstone thinking about hepatology. It’s been four years since HB1 and I’m still uncommitted here, just put me down as undecided I’m taking a research year. Those with hearts aglow will find a home in cardiology, if you’ve the stomach have a go at gastroenterology. If you love hormones, flow charts, loops then endo should be on your list, and heme onc makes sure cancers tumors the lot they all won’t be missed. The way this country’s handled COVID-19 made me want to flee, but we still need experts like you in epidemiology. If pure unfettered medicine is what you wish to practice then, the backbone of the clinic waits for you internal medicine. It’s been five years since HB1 and I’m still uncommitted here, just put me down as undecided I’m taking a research year.

CATAN
3D PRINT ON ACRYLIC
CHERRY LIU AND LOUIS WONG, MS-4

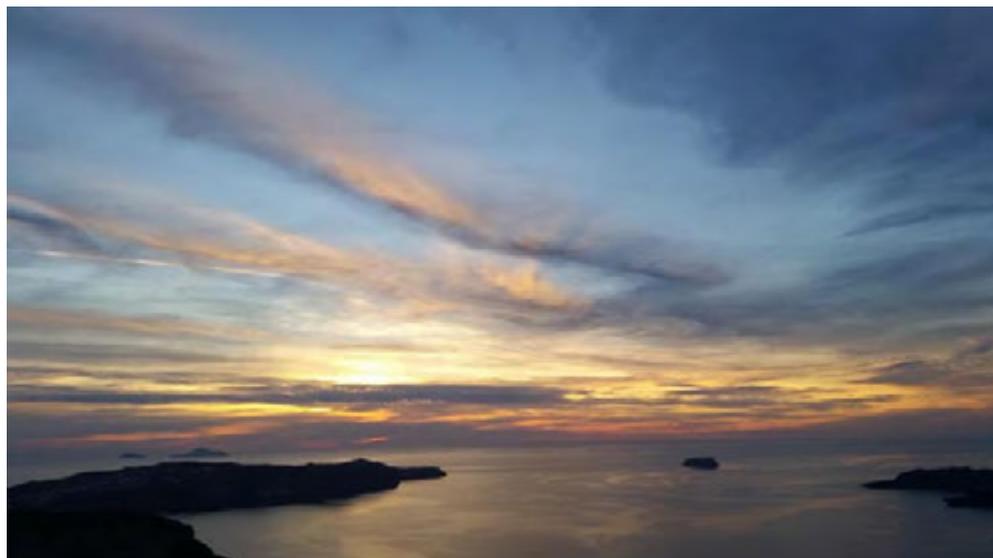


NOTE TO SELF
PROSE AND PHOTOGRAPHY
AMY LEE, MS-1

Dear Body,

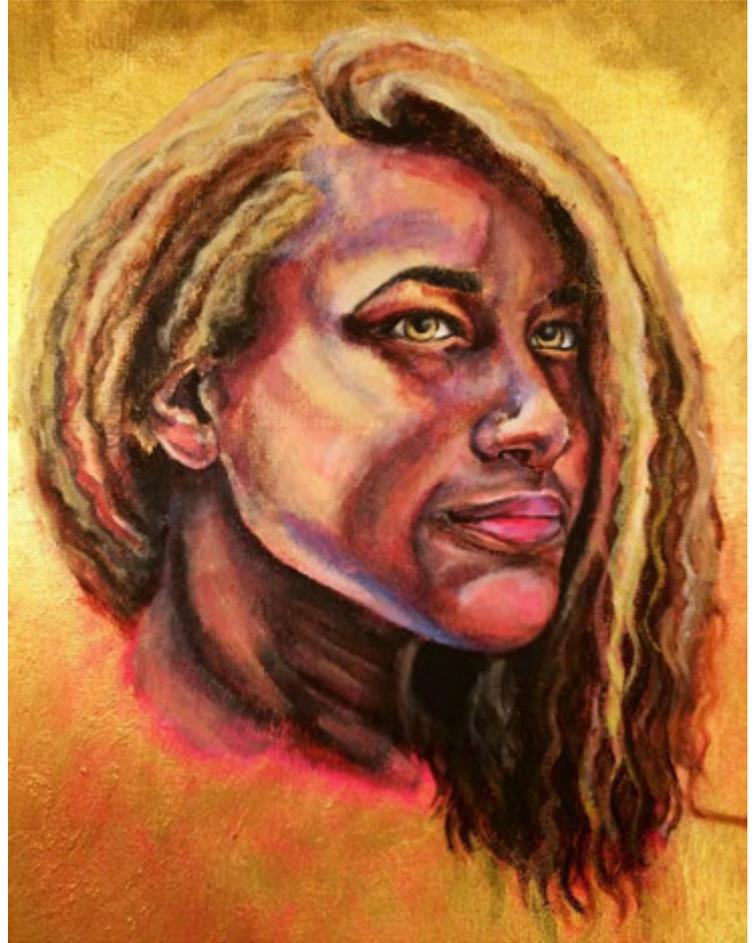
Thank you for working so well, especially since so many parts of you aren't in my conscious control. If I had to actively tell each and every cell what it should be doing at each moment, I would've combusted long ago. I know that I don't treat you as well as I should (sugar, fat, and inactivity), but you're still hanging in there. Without you, I wouldn't be the person I am today. They say it's all downhill from here, but at least we're in it together for the long haul. Thanks for being with me from day 1 until death do us part. To be honest, you're not my favorite, but you're 100% mine. Sometimes I wish you could talk to me, so I could figure out what's bothering you and why you're hurting. But maybe I'm just not very good at listening to you - typical communication problems. I'm writing this because I realize that I took you for granted all these years and I want you to know that I appreciate you. So, whether it's for another 20, 40, 60, or even 80 years, I'll be counting on you.

Cheers,
Me





VITILIGO
WATERCOLOR
MELANIE PETERSON, MS-1



NADIA
ACRYLIC
MELANIE PETERSON, MS-1



THE REAL EMERALD CITY
PHOTOGRAPHY
KRISTA GRENNAN, MS-2

SUNSET ON ROLLING TIDES
PHOTOGRAPHY
ANDREW ROMERO, MS-4



OKINAWA (WHERE ARE YOU FROM?)

KRISANDRA HARDY, MS-2

I am from dust,
from sweat and mango juice dripping
down my chin.
I am from the bloody remnants of yesterday,
their ghosts haunting the caves we crawl in to remember,
demons living at the top of playground slides.
I am from foreign voices and
tepid curiosity, but maybe hatred, and
if you ask where home is,
I am from many places and nowhere at all.

I am from cadences, carpet powder, and
rifles strapped to young boys' chests
who guard our gates.
I am from teddy bear and night lights,
from war zones and sitcoms,
and the smell of oil on my dad's camouflage utilities.

I'm from the Lawson's you cannot miss,
clams spitting saltwater as you walk the grocery aisle,
seaweed and puffer fish drying on the seawall.
From broken air conditioners, dank with mold
and the hum of cicadas vibrating in the air.

Beyond my window was an ocean
stretching wide arms to hold our island still.

My birth, my childhood, my home belongs
to a culture that is not mine, to a land that wasn't given,
to a voice I do not speak.
I am from beautiful memories that no longer exist.





REFLECTIONS
PHOTOGRAPHY
THOMAS SUN, MS-4



BOAT
PHOTOGRAPHY
VAN ANH DO, MS-4

BREATH OF MEANING
RICHARD PACK, MS-1

We breathe in. We breathe out. We embrace to feel their muscles ripple under skin, pulling bone to bone. We relax the tension in our necks, but never enough to fall apart. We feel the warmth, the smoothness, the roughness of one another's hands—of our own hands. We feel. It is all we've ever done.

This is all we have ever done. We feel the joy in every step, the sorrow in every misstep. Our plans, our hopes, our dreams come together and our souls ring clear and true. Our presents, our futures fall apart and our souls crack with violent cacophony. We feel the pinnacles of our laurels. We feel the pits of our loss... Indirectly.

Loss is not touched. It is not held. It is not perceived. It is not. It cannot be. We do not know what we lose. Our neurons twist and tie up into knotted emotions to grasp what is not here. And when those axons wrap themselves around the concept of loss, molding around the feeling of emptiness, it becomes apparent all they have grasped is emptiness.

We know breath. We know the grinding of sinews and the popping of ligaments. We know the strength in our beating hearts. We know the softness and the firmness of each other's touch. We know the thrill of purpose as we hold the world together around us. How could we know anything else?

We could not know anything else. We can't know the absence of hope, the absence of a future. We can't know the absence of both joy and sorrow. We can't know a world so heavy with silence our thoughts can't pierce the void, so draped in darkness we can't see anything is or ever was. We can't know a reality so broken that every piece crumbles in our hands. We cannot know what isn't.

There is no understanding of lifelessness to be found among the living. We cannot look into that inky blackness and expect to find meaning. We must look towards life. We look to what is knowable. We feel. We reach out. We breathe out. We breathe in.



FISKUR OG FRANSKAR
PHOTOGRAPHY
MARIO ABELS, MS-1



BEING
PHOTOGRAPHY
ZACKERY REAVIS, MS-1

A TRAIN FOR LIFE
LEONIE DUPUIS, MS-2

One day, some time ago, we each felt the urge to embark on a train - a train that would lead us to a life of servitude to all mankind accentuated by scientific pursuit and a penchant for humanity. Eventually, our trek to find this journey led us to a ticket - a one-way train that would depart from the UCF College of Medicine, Lake Nona, FL.

We were each assigned a seat meant to support us during our journey. But, more importantly, there were great white empty benches at the front of this train.

We eventually boarded our train, departed, and realized that each of us has our own window. What's special about this feature is that we will each have a unique perspective on the panorama that lies ahead, sometimes evoking a sense of joy, sometimes sadness, because all along this track we will meet obstacles and challenges. The only certainty is that no two anecdotes will be the same when we tell the tale of our journey.

As we grew confident in the rhythm of the train, it came to a stop. And very quickly, the great white benches were filled with the 20 greatest guides we could have asked for on this journey... and the train started its engine again.

Along this journey, we will meet our successes, our great apogees/perigees, and our failures, but out of this train will also emerge unimaginable moments of laughter and perhaps moments of grief. We will develop friendships, we will learn, we will love, and perhaps along this journey, we will have to add a few wagons with extra seats so that our supporters can glimpse at the views, too.

But today, I'm getting up and out of my seat - third row, right side seat - and I am approaching our guides. I am asking their permission, for just a small moment, to stop the train so that we may take the time to admire the beauty that lies outside our windows and to reflect on the sights we've seen and the ways they've changed us. But most of all, to give thanks to the souls whose bodies we memorized. Thank you. Thank you for sharing this part of our journey with us and guiding us through an unforgettable four months.

After today, we have no choice but to start moving the train again... a train with 20 less passengers. I offer each of you here a first-class ticket, on this train with no universal destination, no known duration, but knowing that the next time we stop it will be to accept a new ticket, and say our adieus as we board onto our next trains.



GROWING LIFE
PENCIL
ANGELA LO, MS-1



SWEET MAGNOLIAS
COLORED PENCIL
LEONIE DUPUIS, MS-2



TRANSLATED FROM CHALKBOARD: [CIVILIZED, SINCERITY. MOTTO, PACT. PLEASE WRITE IN MANDARIN. PLEASE USE STANDARDIZED CHARACTERS.] (ELEMENTARY SCHOOL IN ZHONGSHAN, GUANGDONG PROVINCE, CHINA)
PHOTOGRAPHY
LUCY WU, MS-2



WATERFALL CITY
WATERCOLOR + PEN
NICK RICHWAGEN, MS-3

THE UNEXPECTED SURF

APRIL TANIGUCHI, MS-2

It was dark

cold

miserable.

It should have been unlawful to be awake that early.

Anytime before the sun awakes should be no time at all.

It was an uneventful morning, rather disappointing until It happened.

Laying there on my board, in complete and utter soup.

I may have only been a few hundred feet away from shore, but I swear, it was another world. Truly.

The way the sky lit up with life: blue, pink, and orange

colors dancing together and blending with each other – completely oblivious to the world around them.

It was in that moment when I met my Maker, for that kind of beauty could never be accidental.

It was the kind of sight that could cure your worst heartache and garner world peace all before you even finished your morning coffee. That day, the swell was probably one of the worst, but it was also one of my best, a true and beautiful contradiction.



◀ HOPE BLOOMS, CROCHET AND PHOTOGRAPHY,
JENNY HUYNH AND CHERRY LIU, MS-4



▲ ORCHIDS, CROCHET, CHERRY LIU, MS-4

A MANTRA

ANDREA SZEMBER, STAFF

I accept and love myself
 I choose to let go of stress, anxiety, and fear
 I am enough
 Letting go of negativity
 Inhaling happiness and joy
 Exhaling problems and worries
 Inhale
 Exhale

I am ok right now, today
 Relaxing between my eyebrows
 I ask for what I want
 Relaxing between the shoulders
 I own my power
 Relaxing my jaw
 Inhale
 Exhale

VIRAL CONTENT

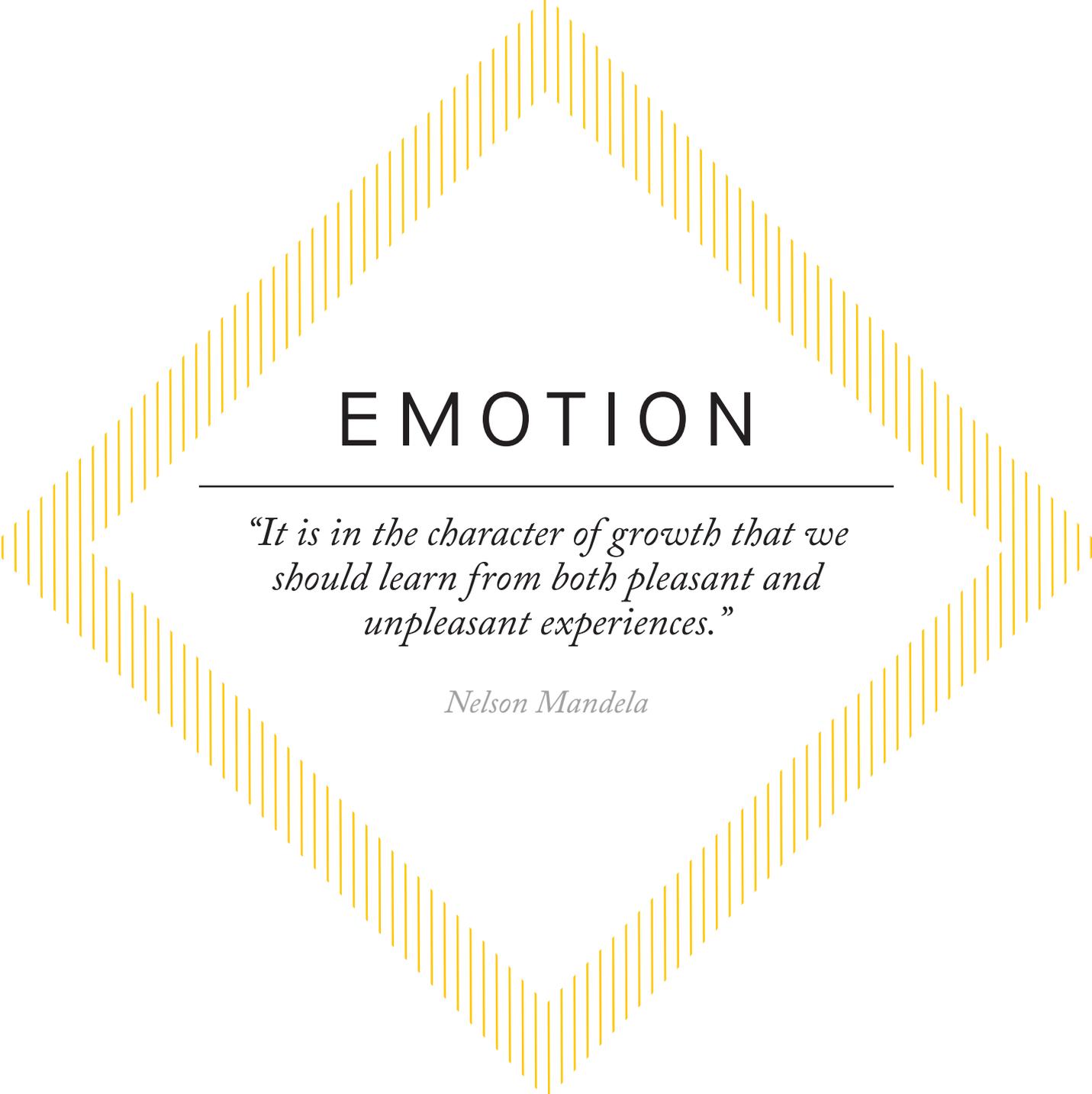
DR. MATTHEW STEPHEN KNISLEY, MD, FACULTY

Billion by billions
 Beyond our control
 Helplessly caught in a bind

If chosen or nature
 Produce perfect agar
 Subjugate body and mind

Modern technology
 Hijack biology
 Quarantine us with our kind

Ignorant questioning
 Knowable truth
 All of foreseeable time



EMOTION

*“It is in the character of growth that we
should learn from both pleasant and
unpleasant experiences.”*

Nelson Mandela



SURVIVAL
SCRATCHBOARD
PIERCE CICCONE, MS-1

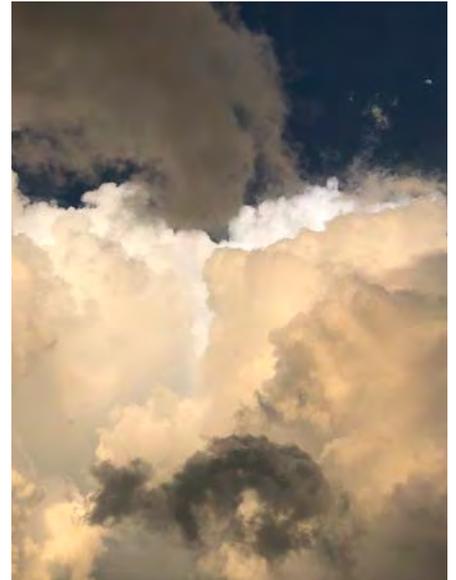




PINK CHAOS
ACRYLIC
CAROLINE BAUGHN, MS-1



FIRST LIGHT AT GRAND TETON
PHOTOGRAPHY
VIET SEAN NGUYEN, MS-3



MANY SHADES OF CLOUDS
PHOTOGRAPHY
TIFFANY NGUYEN, MS-4



A SHOCK FROM NOWHERE
PHOTOGRAPHY
LINDSEY WEBB, MS-2



LOVE
MINIATURE BUILDING BLOCKS
ANDREW WIN AND JENNY HUYNH, MS-4



FROM HOSPITAL TO MUSEUM: HOSPITAL
DE SANT PAU SHOWCASES MEDICINE
AS AN ART FORM
PHOTOGRAPHY
ADAM FOLEY, MS-4

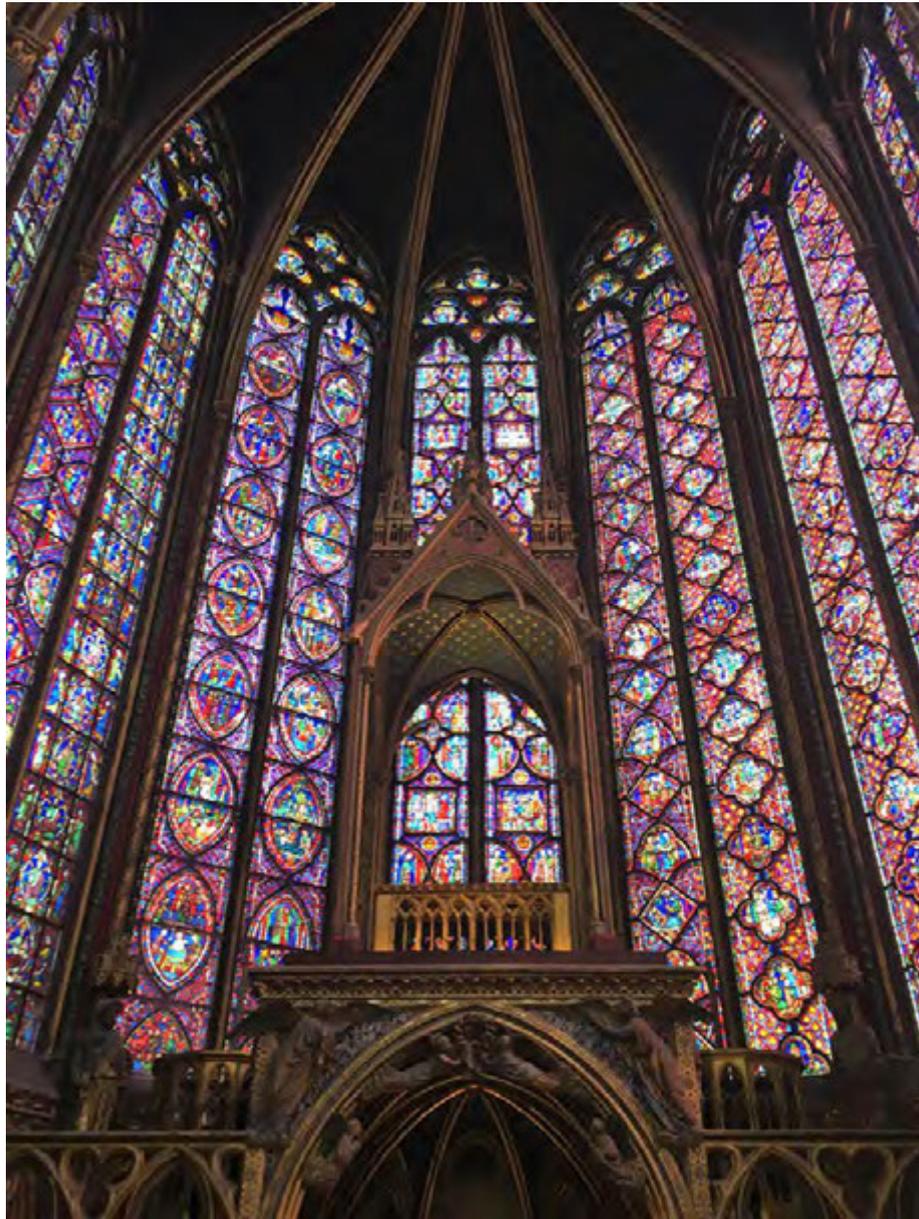


OUTWARD BOUND
PHOTOGRAPHY
COURTNEY STRICKLAND, MS-2



LOVE. ALIVE AND ALL AROUND (PHILADELPHIA, PA)
PHOTOGRAPHY
LUCY WU, MS-2

SAINTE-CHAPELLE: A VIBRANT PLACE
OF REFLECTION
PHOTOGRAPHY
ADAM FOLEY, MS-4



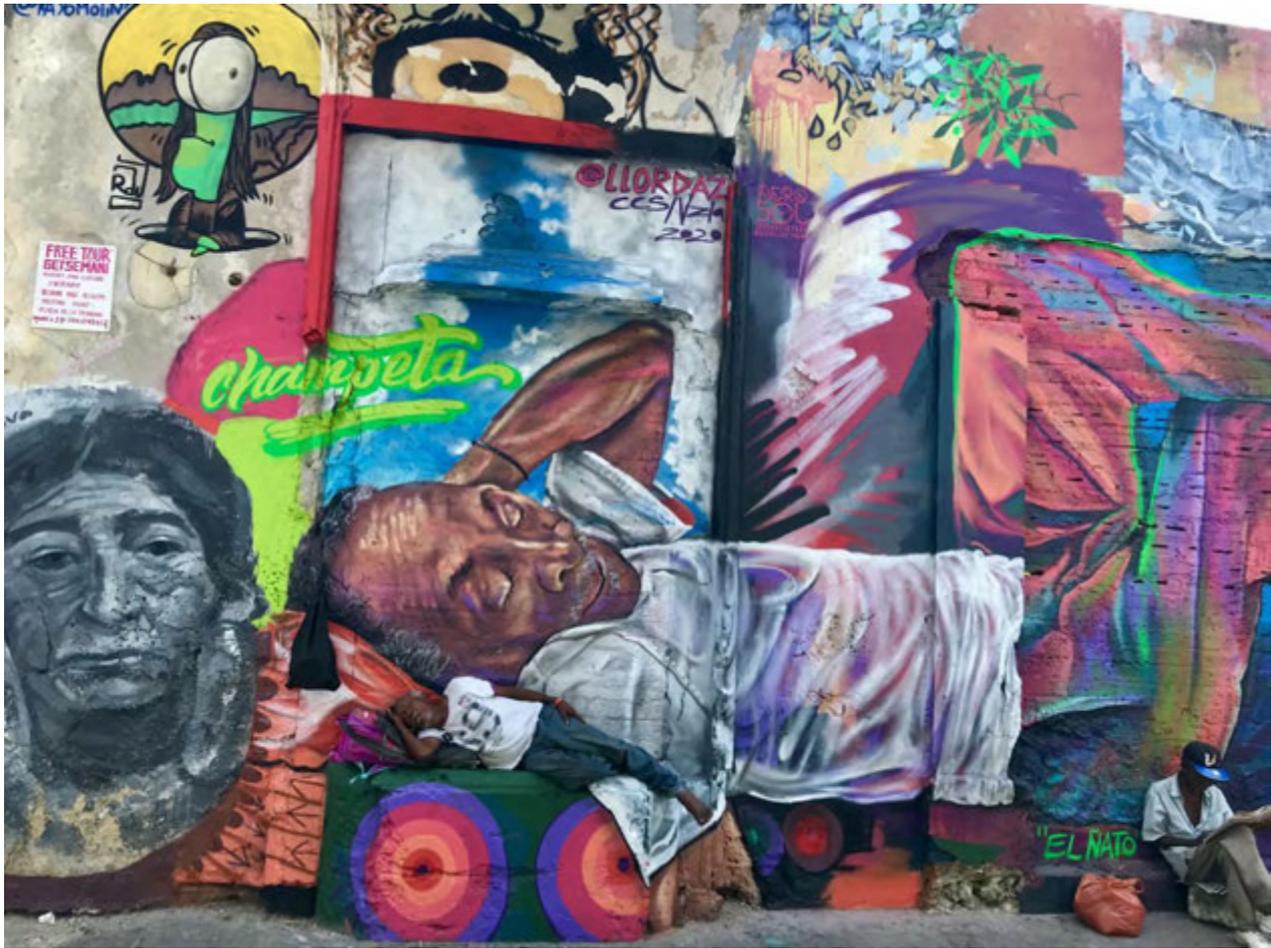
FOREST FIRES
ASHLEY SU, MS-1

Hold your breath, the fumes prey
Encrusted soil of blights and sin
Give chase ahead for
Death is on your scent

Hold your breath, and light the match
Just one is enough to burn away
Those unworthy atoms in trammel
Better to choose to shed and shave
Than to cling to ashes of the departed

Hold your breath, and open your eyes
Stir the phoenix of the days
Precisely shape your being
Into memories and fallen leaves

Hold your breath, and Live
Grief and Solace in tandem
As you call out to the hidden wind
In a place we once stood
Burning
Forest Fires



HOMBRE DE GETSEMANI, CARTAGENA COLOMBIA
PHOTOGRAPHY
JACKLYN LOCKLEAR, '20



AND THE GREATEST OF THESE IS LOVE, BARRIO GETSEMANI, CARTAGENA COLOMBIA
PHOTOGRAPHY
JACKLYN LOCKLEAR, '20



ALONE ON THE COAST
PHOTOGRAPHY
ASHLEY SU, MS-1



MOONLIGHTING
ACRYLIC ON CANVAS, PAINT BY NUMBERS
JOCELYN HA, MS-3



A CONSTELLATION OF CARDIAC FINDINGS
ACRYLIC
DEBORAH SHIMSHONI, MS-4



ANTHROPOMORPHIC ASPIRATIONS OF A MELLOW YELLOW FELLOW
PHOTOGRAPHY
TOVAH WILLIAMSON AND DIANE TRAN, MS-1



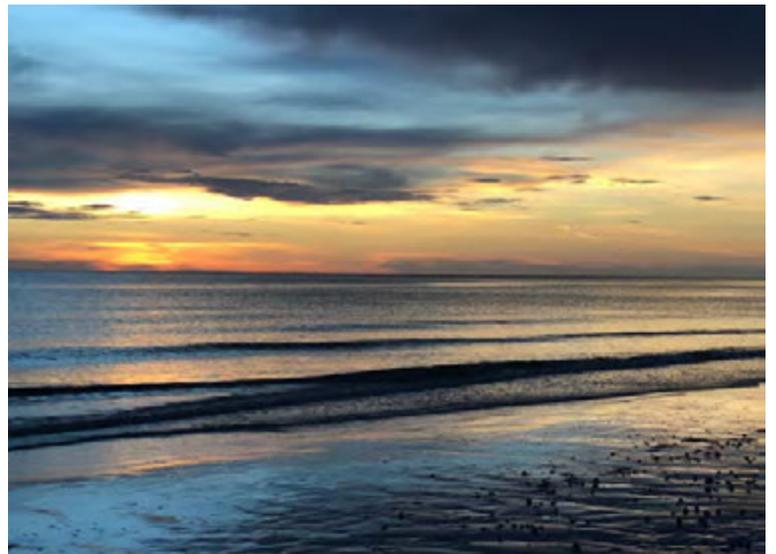
DOLPHIN IN A STORM (AFTER YOKO AKINO)
ACRYLIC ON WOOD PANEL
BRENDAN SWEENEY, MS-3



SOMEWHERE ONLY WE KNOW
PENCIL
ANGELA LO, MS-1

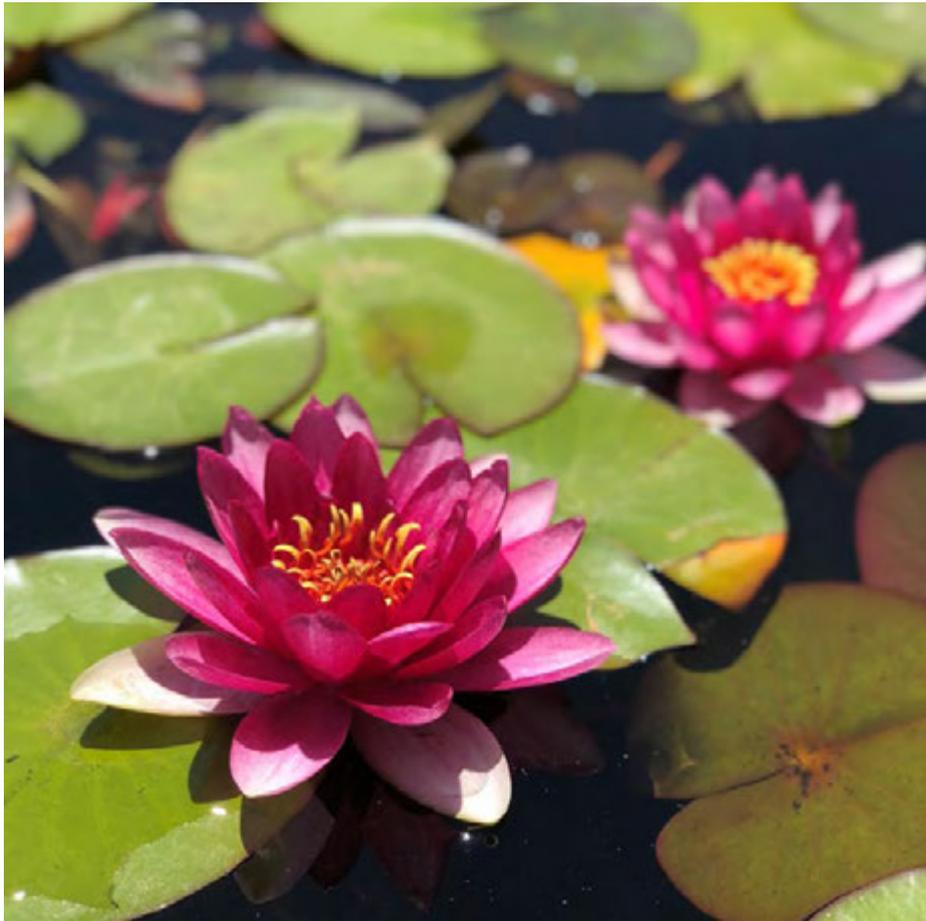


FROM DAWN TO DUSK
PHOTOGRAPHY
JENNY HUYNH, MS4



TURNING THE TIDES
PHOTOGRAPHY
JENNY HUYNH, MS4

LIGHT IN THE DARK
PHOTOGRAPHY
JENNY HUYNH AND JOHN MAJOR, MS-4



LILIES IN A POND
PHOTOGRAPHY
JENNY HUYNH, MS-4

SEASCAPE
OIL ON CANVAS
CHERRY LIU, MS-4



TO MY BROTHER- WITH OR
WITHOUT ASD YOU ARE STILL
PERFECT TO ME
DEBORAH SHIOMI, MS-3

When you entered this world
You were born perfect in every way
You're no less perfect now
than you were on that day

And though you may be blind
To what the rest of us see,
A flower does not realize
How sweet he is to the bee.

By just existing in space
Not by making a sound
Gentle and still in his nature
No need to jump up and down

And like you dearest brother
Perfect in your own space,
There's no one else in this world
Who I'd want in your place.



VIOLET SEA
OIL ON CANVAS
CHERRY LIU, MS-4

BE STILL MY LOVE, YOU ARE STRONG
RASIKA PATIL, MS-2

To wake on the days
Your heart has fallen below your navel
And the ground has fallen below your silhouette
Your eyes have fallen upon glasses that tint the world an abusive grey

To walk on the days
Each stride is a boulder and each person is an other
And each shoulder is a sad testament to the boldness of fullness of Before

To smile on the days
That pulls at a worn vestige of an older younger self
As you plead to be seen in the moist overlay of hidden branches drenched

To breathe on the days
When each thought is a dam
And we're damned to run before we're damned to understand
Is to be the most brilliant beacon of bravery

SEA TURTLE
WATERCOLOR
TIFFANY NGUYEN, MS-4



A YOUTH AGO
RASIKA PATIL, MS-2

A quiet scintilla, and the Dawn Treader Book Store crumbles on
sidewalks parched in sun
Lemonade on her lips, Lady Ann Arbor catches a youth ago
Laughing gayly, her eyes glean vellichor

But the arch that kisses at midnight, framed in haggard hues of opal
She cradles calluses of which I know nothing
She does not plead for envy, but I hold mine close anyway



LOST IN THE WOODS
PHOTOGRAPHY
JENNY HUYNH, MS-4



ZEBRA CANYON
PHOTOGRAPHY
COURTNEY STRICKLAND, MS-2

WASATCH MORNINGS
PHOTOGRAPHY
JORDAN NELSON, MS-2



LIGHTNING IN A BOTTLE
PHOTOGRAPHY
LINDSEY WEBB, MS-2



COMET NEOWISE
PHOTOGRAPHY
MICHAEL REN, MS-3



UME: (N) 1. A TART JAPANESE STONE FRUIT
BEST WHEN PICKLED OR PRESERVED WITH
TIME 2. U BEFORE ME
PROSE AND PHOTOGRAPHY
AMY LEE, MS-1

The first. You were the first to be completely mine. Receive my complete care. Checking, hoping, watching, waiting; I did all this for you. When I first met you, you were sitting erect like a queen: bright, smiling eyes; calm, steady breath; and warm, rosy complexion. My slight stammering, my unsteady touch: you took them all in stride. Didn't you want someone better? More experienced, able, and intelligent? When I finished, you took my hand in yours and said, "Call me Celene. Let's do this together." You were my complete responsibility and I would have gone to the ends of the Earth for you.

And so I did. Day in, day out monitoring your condition. Double-checking the work of all the staff to avoid mistakes. You persevered valiantly through the treatment: a smile every time I came to see you (so I wouldn't feel guilty about your suffering and my inability to help you more). You'd even stifle your groans and moans during treatments when you caught me passing by. Yet you found my regular visits stifling. "Don't you have other patients? You come to see me more than my own worried mother." I needed to make sure you were okay. (How do you empathize with a patient who sympathizes with you?) You needed to get well, make a full recovery, and leave the ward as proudly as you had entered: because you were my first.

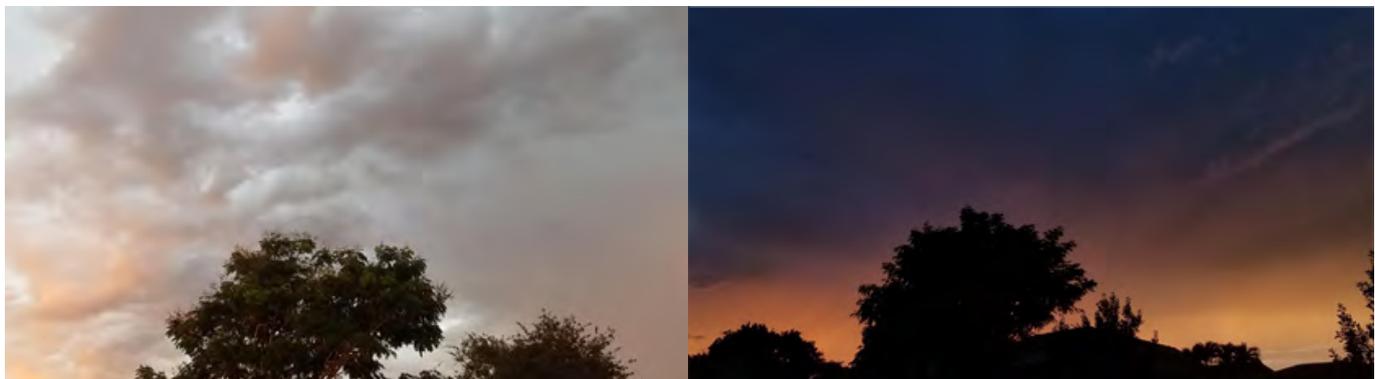
Right before surgery, you grasped my hand again and said, "Don't worry. I know that you know exactly how to make me better. Don't give up." Was I not the one supposed to be giving you encouragement? You who would be undergoing intensive surgery under my inexperienced hands? How did you have such confidence in me?

The next morning, as you shook off the blariness from anesthesia, I was there. "Congratulations, you did it." How did you know all my lines and take them straight from my mouth? A couple more tests and scans and you were free. "I knew you could do it," you said with a beaming smile.

The Friday morning you left, I was called away. When I finished, I sprinted down the stairs, appearance awry, to give you a last goodbye. Greeted by an empty room, I saw a lonely white note sitting atop the wooden nightstand. "Thank you for everything. Take care, Celene." That was the end. Our time together was complete.

Yet here you are again. Twenty years later, cancer even more aggressive. Why did you return to me? I failed you. I promised you freedom, but you are still bound to this disobedient pest of an illness. You have not changed at all. Your smiles, your attitude, how easily you read me, and, most of all, your confidence in me. Yet, I am no longer the novice I once was. Jaded by my patients' pain and deaths, I have learned to partially numb myself. Yet despite the barriers I've built, you still manage to seep through and occupy my thoughts. What could I have done differently? How could I have done better? No. I shouldn't dwell on the past. The critical question is what can I do now?

We try almost everything: chemotherapy, radiation, surgery, clinical trials, but the rebellious cells act like waves: receding for a while, right before returning full force. I dread telling you the results after each treatment, but your smile, smaller and softer than before, never leaves your face. "Let's keep fighting," you say, "I trust you." How are you so sure while I am running out of hope myself? Twenty years later and there are still countless doctors who are more qualified and capable of treating you. I bring up the names of some of my outstanding colleagues in the area and you curtly reply, "No thank you. You're doing a great job with me. I don't need anyone else." How do you know I can heal you? Please. Go to them. They will do what I cannot. I will accept my greatest defeat. After all, what good am I, if I cannot even save my first?





DINOFLAGELLATE RADIOGRAPH
PHOTOGRAPHY
ANDREW ROMERO, MS-4



AMBIENCE
PHOTOGRAPHY
VAN ANH DO, MS-4

BREAKING BAD NEWS WHEN YOU WERE RAISED ON
MULTIPLE CHOICE QUESTIONS
JOHN WILHELM, MS-2

Someday, when we meet
I like to imagine that you'll give me four separate answers.
You may try your best to fool me—
But I'll rule them out from top to bottom,
And find what's just right in 90 seconds.

How would you like to hear it best?
We'll start like we always do, with answer choice A.

Classic. A good first try—
This doctor is thoughtful, but trying a bit too hard.
You must forgive him;
he's gotten this far in his career because there's nothing he couldn't understand.
He can't just wave away your pain with "I can see how that would make you feel"s
So this can't be the correct answer.

Aha! Close, but I've seen this answer already—
The second is respectfully misguided.
You must forgive her;
she's afraid of what she means, so she hides behind words like "prognosis"
She's trying to get straight to the point—and assumes both your route and destination.
So this can't be the correct answer.

Not quite—but this might've gotten me before!
The third is belittlingly hopeful.
You must forgive us;
we're left little time for secondary intention.
We cannot appreciate the devastating quiet of your thoughts at war, so we pull.
We'd unite the Grand Canyon if we could;
but you can make this leap on your terms alone.
Try as we might, some wounds cannot be sutured. So this can't be the correct answer.

Here he is. He's been staring us in the face this whole time!
How does he do it so well?
Sorrowful yet charismatic—melancholy and panache
Carefully navigating each pitfall, recognizing the limitations of his knowledge,
offering support, without pretending to grasp the depth of your grief
You hid him well, but he was too obvious not to pick!

Someday, when we meet
Make sure you remember those answers.
Just give me a chance to rule things out.
You can make it difficult
I've studied hard—to a fault—
I'm afraid I'll have nothing to say at all.



UNCHAINED
BREANNA BROWN, MS-2

Stunned, something has woken up within me
Freedom, flying above the clouds
Child-like wonder surfaces
I grab the hand of the younger, scarer me

Eyes blinking, the future blurry, yet
The uncertainty and swirling darkness slowly fades
Confidence and assuredness peek out from the disorienting haze
That small hand trembles within mine, squeezes tightly

Awareness of the world takes shape
Beauty surrounds, colors from a distant memory come to the forefront
Love slowly approaches, enveloping gently in a rosey shroud
I guide the child, tiny steps filled with trepidation towards a brighter plane

Eyes wide open, weary, light flows within
Gentle florals, sharp green leaves, soft grass beneath my feet
Shedding and breaking the granite shell that surrounds me, strength grows
The little girl takes in the utterly resplendent surroundings, awestruck, faint sniffles

I kneel down, giving her a gentle hug,
Relief finds us both, bittersweet,
We look forward together, warm light shining on us
We take that next step



MOOD
PHOTOGRAPHY
LINDA REN, MS-2



ARCH ROCK MILKY WAY
PHOTOGRAPHY
VIET SEAN NGUYEN, MS-3

RAW, UNFILTERED FEAR: 7 PART POEM SERIES ABOUT
THE CORONAVIRUS
JOSHUA SALZMAN, MS-2

crumbs

profoundly paralyzed
helpless

novel developments
showcased on the media
tossing new crumbs daily
of a crumbling world.

afraid of loss

i am a medical student
studying to exhaustion
daily
all to become
the best physician
i can be.

actively learning
pathogenesis, clinical presentation,
treatment, and prevention
dreaming of my time
to heal

you're telling me:
all i can do
is "wash my hands?"

will washing my hands
save
my mother's life?

vulnerable

57

obese, hypertensive, and immuno-
compromised

one of
"the vulnerable."

one of
those
"who will most likely die."

experts say:
"symptoms are mild."
"most live"

people still die.

when it is your
parent, grandparent, or sick child,
mild symptoms
become tragic tales

declaration of death

death.
something all must face

some ponder
how it will arise
others allow death
to come when it is ready

this virus does not
honor such sentiments
it announces how
death will arrive

no control
a peaceful death
with loved ones present
is the desired way

this virus
does not respect such wishes

the virus lingers
at the hospital room door

echoing:
"no family or friends"

declaring:
"patient must remain in quarantine."

heinous.
to deprive one
their dignity

in death.

all that remains,
for family, friend, and patient
is despair, loss, and heartbreak

never receiving
closure
one craves

anxious

anxiety.
innate to the human
experience
although
it should never
define it

hope

i am not religious
but i pray deeply

that the intellect
of the great human being
catches up
soon enough

organize, innovate, aid, and heal.

so that we can:
extinguish panic,
eradicate despair,
embark upon a new day

continue as
a species
thriving in our
livelihood



SUNSET IN NAPLES
PHOTOGRAPHY
JONATHAN KEYES, MS-4

What Could Go Wrong?

At 7:00, I wake up and peer outside my window¹

At 7:45, I go for my morning jog²

At 8:30, I walk to the corner store³ to grab a snack

At 9:00, I go to my church's service⁴

At 9:05, I'm running late so I drive too fast and get pulled over⁵

At 11:00, my car breaks down⁶ as I'm heading home from church

At 1:00, I catch some sleep⁷ before my niece's party tonight

At 4:00, I call my brother on my cell phone⁸ to see if he needs anything

At 5:30, he has me stop by Walmart⁹ to pick up some snacks

At 8:00, the music gets a little loud¹⁰ so I go out front.

At 8:15, I watch the kids play Cops & Robbers¹¹

At 9:30, I leave the party¹²

At 10:00, I sit in my apartment¹³, reflecting on the day I just had

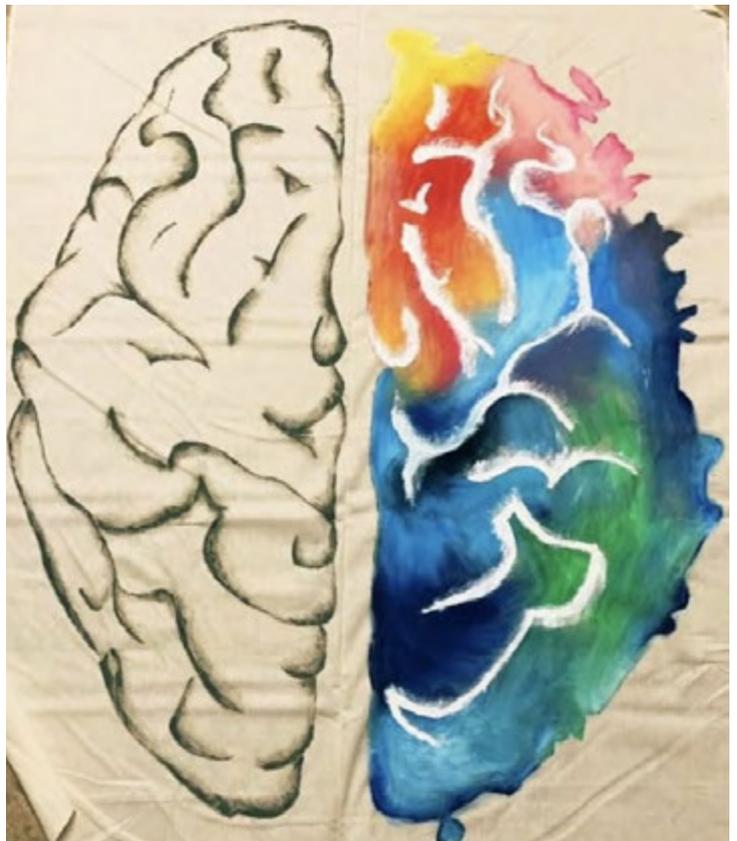
Atatiana Jefferson¹, Amaud Abery², Trayvon Martin³, the Charleston 9⁴, Philando Castile⁵, Corey Jones⁶, Breonna Taylor⁷, Stephon Clark⁸, John Crawford III⁹, Jordan Davis¹⁰, Tamir Rice¹¹, Jordan Edwards¹², Botham Jean¹³.



"THE OUTLAW"
CHARCOAL
MACY WILLIAMSON, MS-2



CRANIAL VASCULATURE
TAPESTRY PAINTING
ALEXIS BREWER, MS-1



DOMINANCE
TAPESTRY PAINTING
ALEXIS BREWER, MS-1



PRAYER
CHARCOAL
PIERCE CICCONE, MS-1



INTENSITY
PEN-INK
PIERCE CICCONE, MS-1

The dark hospital lobby echoed with the sad jazz-talking of the grand piano, which shined with the odd halogen lights left on during the graveyard shift. At the bench, shadows hid the piano-man's face, darkening his scrubs and coat, but a shaft of light slashed across his fingers that danced across white and black keys. The hallways rang with ninth and seventh chords, with quick off-key crush-notes and trills. Major chords fluttered in majesty; then softly sighed into minor sevenths.

Around the piano-man, silhouetted indoor palm trees stood like dim frozen explosions. At this hour, no patients hunched miserably in chairs beside unread magazines, and no high-school volunteers smiled at the front desk. Out the window, the empty parking lot was a fuzzy patchwork of yellow streetlight beneath a starless sky.

Sometimes piano-playing can fade into the background, especially at a busy bar or event. People carry on their conversations, content to let the music simply add to the ambiance. But then again, on seldom occasions, heads begin to turn quietly, the chatter gradually fades, and ears listen with intent—when it is realized that the piano-man, clearly stricken with some deep feeling, is pouring his soul into the music. There's a difference, and everyone can tell that something rare is happening. The timing becomes more sporadic, the fingers wandering with a certain organic improvisation induced only by passion. More drawn out, more raw, more gritty. The right song in the right moment can stab to the quick, and more than anyone, it stabs the one creating it.

Had anyone been strolling the adjacent hallway, had the security cameras recorded audio, had a janitor been mopping the floor nearby, this impassioned performance would have arrested their actions and imprisoned their attention... but the hallways were empty, the security cameras recorded only monochromatic silence, and the janitors had already gone home.

Suddenly, this song struck its final chord. Mid-progression, the music terminated without ceremony, did not resolve on the tonic. Silence consumed the hospital lobby, and the piano-man's fingers hovered above the keys, almost as if frozen. After a few seconds, he gingerly closed the lid, and got to his feet. He stumbled through the automatic doors and trudged out with his bloody shoes into the parking lot.



LOST AT SEA
PHOTOGRAPHY
MARIA JAMALEDDINE, MS-2



HOME
PHOTOGRAPHY
THOMAS SUN, MS-1

BEACON
SIERRA ANGELOU SLEEPER, MS-1

The trials of day
The nights up late
Finding will to endure
With intentions as pure
As a baby's first breath,
Or easing life towards death

White sleeve at my cuff
But am I enough
To engage in vast wars
With diseases uncured
To deliver what's owed
For all in need and unknown
We must prevail however
Stable in place, or untethered

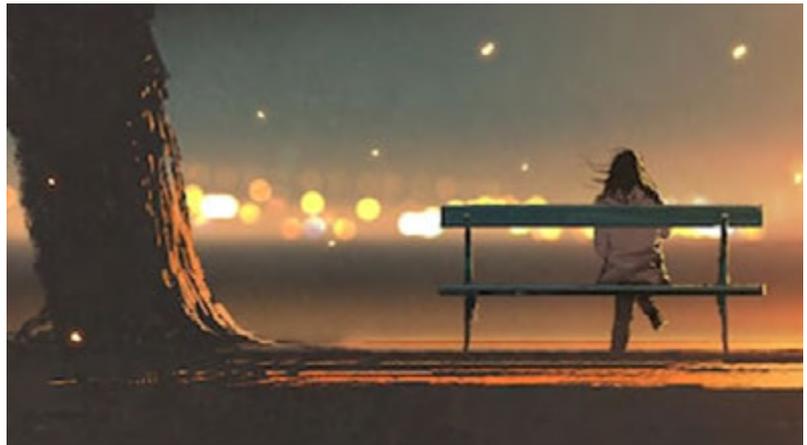
It's not you or I, but rather us
Finding purpose in this place
That is something we must
Let love consume you in haste
Lest your precious light go to waste



SUNDAY NIGHT IN AUGUST
PHOTOGRAPHY
KRISTA GRENNAN AND MARIA JAMALEDDINE, MS-2

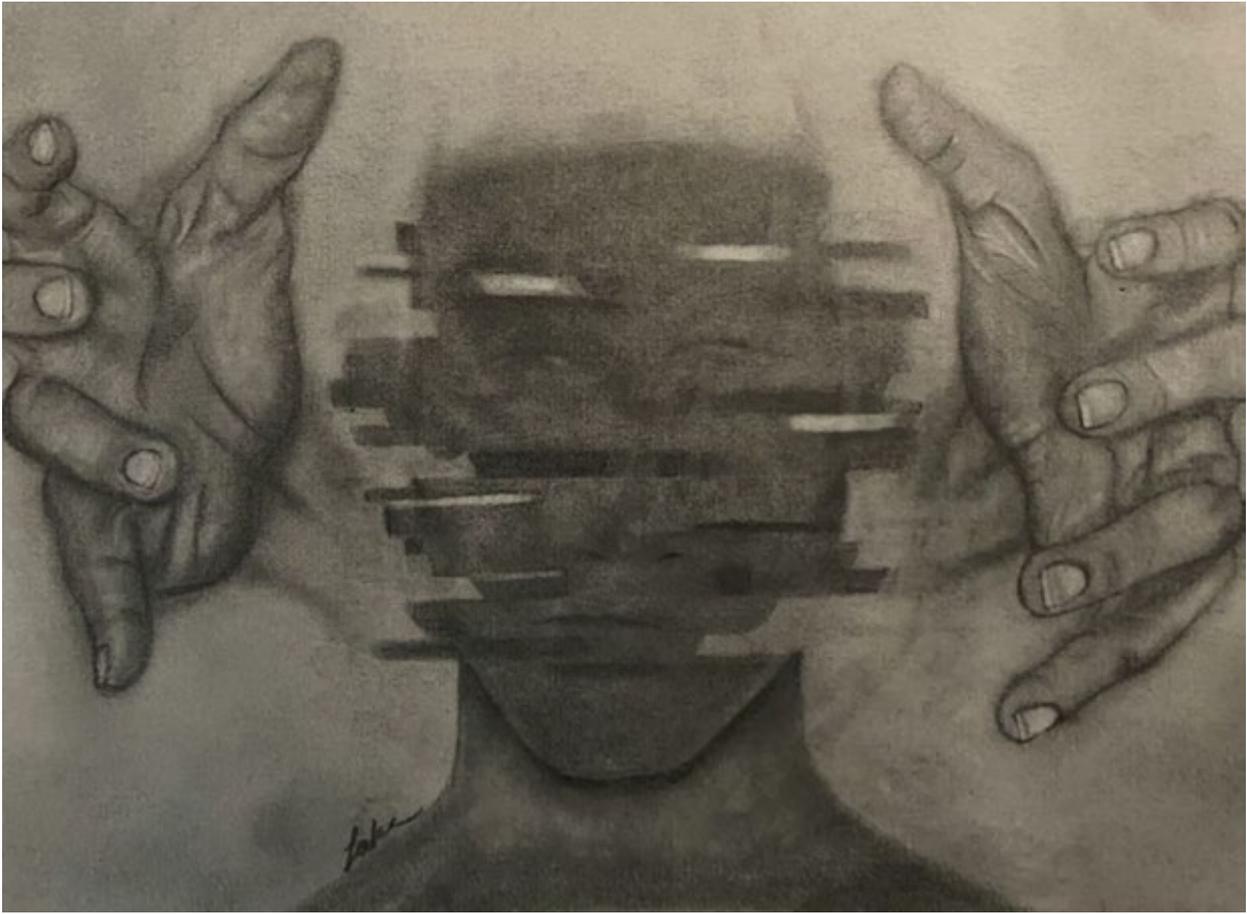
*Hey. Do you remember-
that one time? Way back when.*

Guided by the night
Under a shawl of laughter,
We escaped from our friends.
With a promise of stars
We arrived at that park
Surrounded by high risers
Reviving their height
With fluorescent lights
Reflective waters
Donning swans that sway
Sneak peaks through slumber
At a fool chasing another
We stumbled in the spotlight
Of an endearing moon
There was no limit
To what we could do
Invincible. Infinite.
Free
Distorted
Noxious. Frantic.
Red herrings planted
Everywhere
Your aloof attitude
Flat affect
Asking me
to create a fire
without any kindling
Your poignant staccato,
Grimacing bravado
Stabbing, clawing
Contaminating moonlight
No longer in the mood
for a hyped-up infinity.
The mirage in the trap
Began to fizzle and crack
Disintegrating the seams
Of a gold-plated daydream.
And so we walked back
to rejoin our friends
A familiar combination
of Me, hung in limbo
In remains of a reverie
and You, smiling, content
A perpetual wallflower
Reveling in the antics
And ignoring the hijinks
that had me blinded
For a century



*Hm? ...what?
I see. You don't recall.
Yeah...*

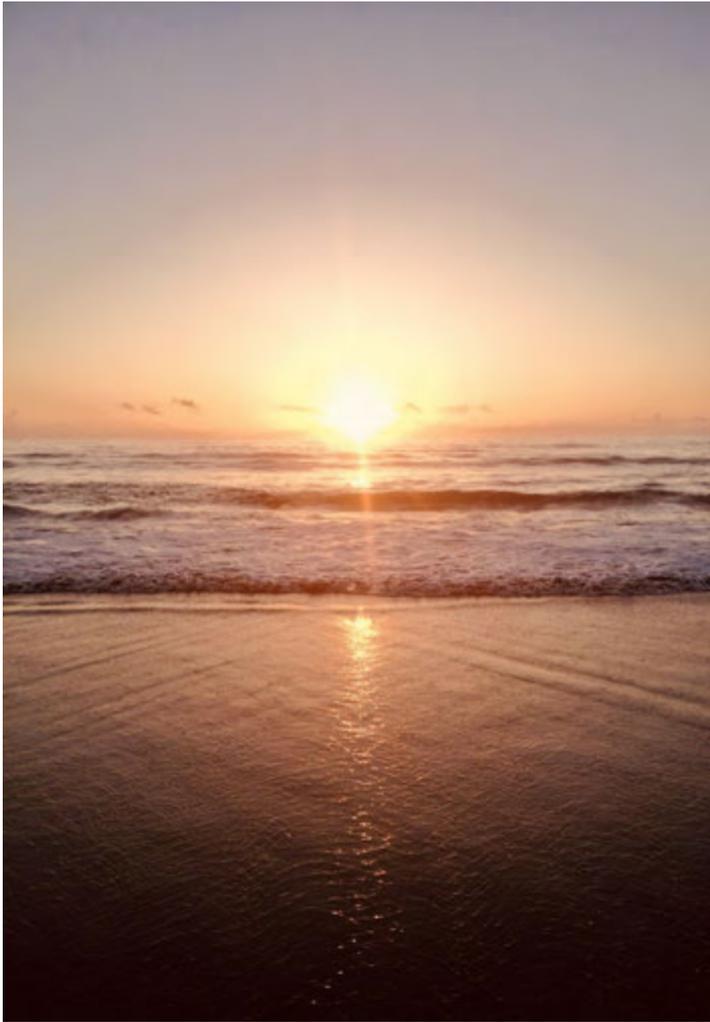
....me neither.



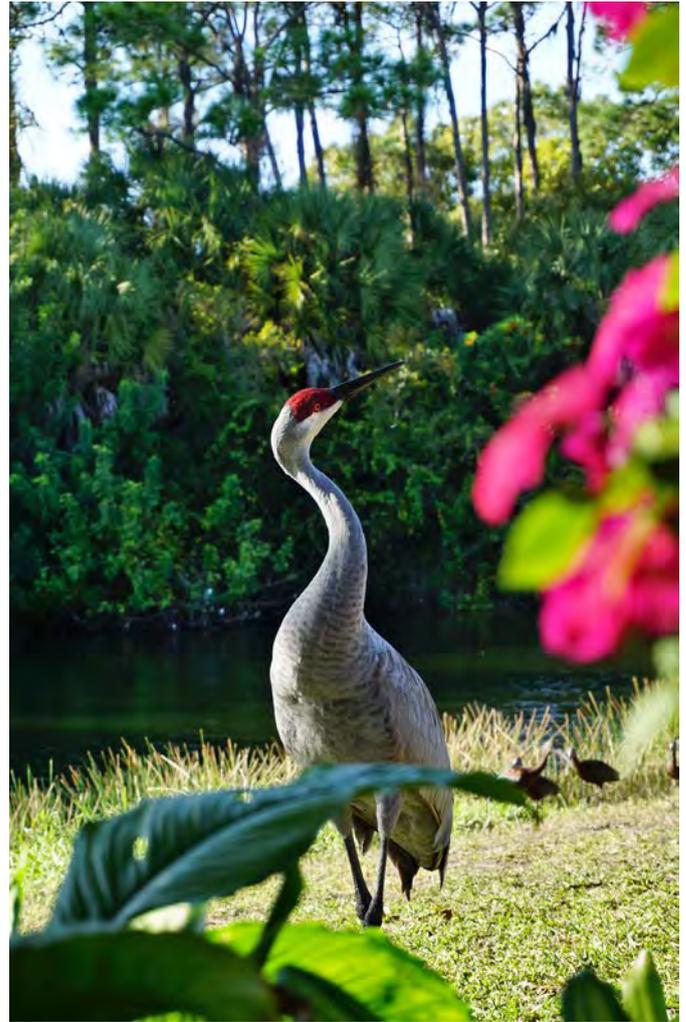
FRAY
GRAPHITE
LAKE LINDO, MS-2



IN TIME
GRAPHITE
LAKE LINDO, MS-2



SUMMER MORNINGS ON THE SPACE COAST
PHOTOGRAPHY
VASHTI SHIWMANGAL, MS-2



CRANING
PHOTOGRAPHY
KARI SHAVER, MS-2



THE WOMB WHERE IT HAPPENS
DIGITAL ILLUSTRATION
NATASHA WILLIAMS, FACULTY



A SUNSET IN SPARTA - TAKEN AT THE 2019 CENTRAL
FLORIDA SPARTAN RACE
PHOTOGRAPHY
BRANDON MARSHALL, MS-4

THE ARCH
HEATHER KRAFT, MS-4



Arches create natural windows through which to view the world. Whether you look into or look out of this window is dependent upon perspective. These arches form through erosion and natural destruction of rock particles over time, but it is these same forces which create that will also ultimately extinguish these magnificent structures. There are many ways to view the world. It is all about perspective. (Location: Arches National Park, Utah)



SIDE BY SIDE
PHOTOGRAPHY
YASMEEN ELSAWAF, MS-4

MY MOST IMPACTFUL TEACHER
CYRUS "ANTHONY" PUMILIA, MS-4

The first patient I had on the wards ended up being a patient that I had for the entirety of the four-week rotation. He was young and recently diagnosed with a lymphoma. His condition changed almost daily. Multiple people providing his care told me that he was the sickest patient they had ever seen. Many of the specialists seeing him wrote "prognosis guarded" on each and every note that they wrote. But, despite his condition, he continued to pull through, to what sometimes seemed like putting a bandage on one problem only to expose another.

I remember early on, when he was on the ventilator, him trying to tell me something through the tube that I could not make out. I couldn't understand what he was trying to tell me, and there was no feasible way of giving him the ability to express what he wanted to express at the time. I remember the empty feeling I felt that day distinctly. This was the first reality of helplessness that I had come to.

Later on, he was removed from the ventilator and was able to speak. I had a lot of conversations with him. I learned that he wasn't all that close with the family members that had been coming to visit him. I learned that his parents and his sister were back in the country he came from. I learned that he had come here only a few months prior so that he could work and send money back to them. He told me that he felt alone, even though he talked to his parents on the phone every day. I tried to put myself into his shoes, into his parents' shoes, and into his sister's shoes. When you think of a non-traumatic death, you always imagine that you'll have time, that you'll be able to be there for the last bit of life. But in this case, they did not. This was the second reality of helplessness that I had come to.

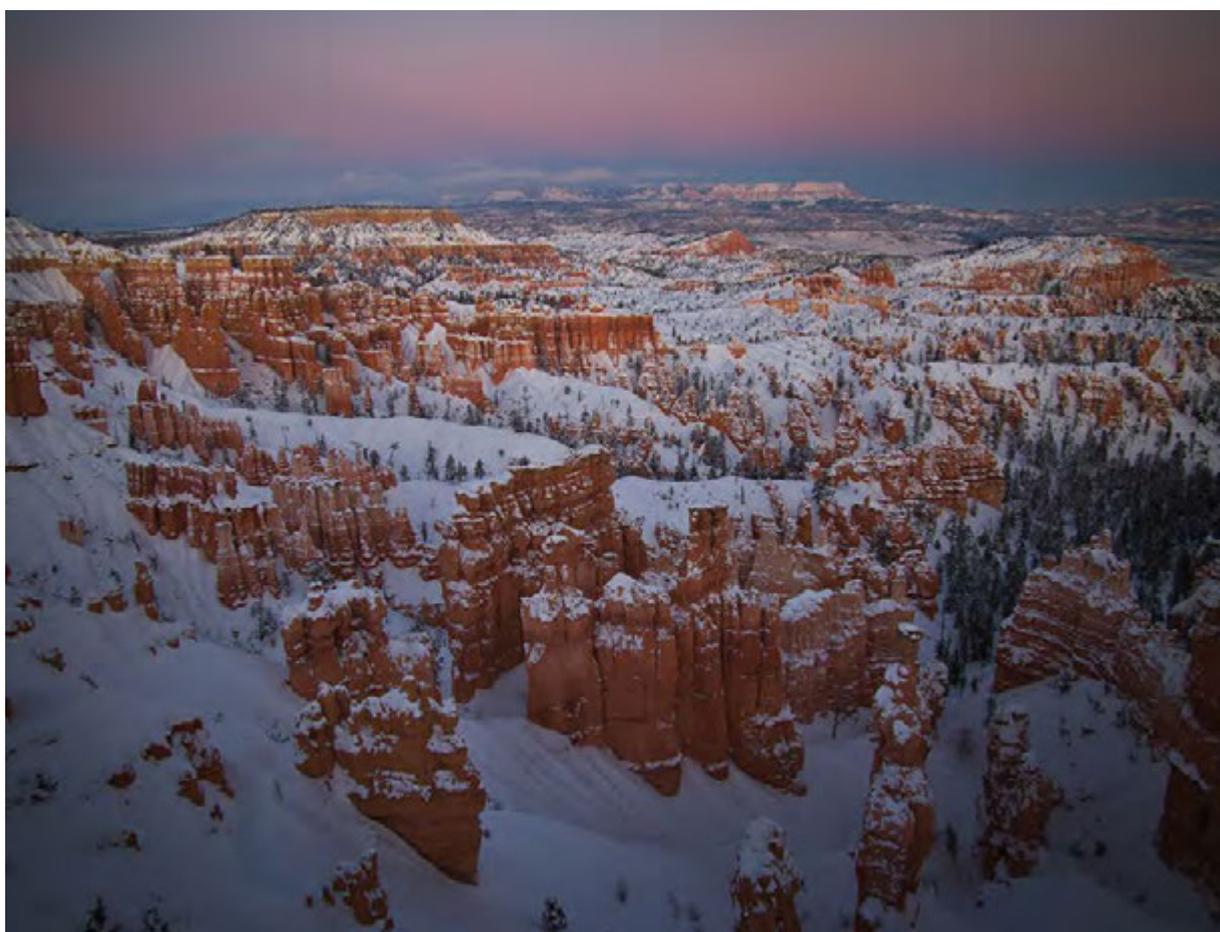
We tried our best to help in whatever way we could. I wrote a letter requesting an emergency visa for his parents and his sister. I had as many people as I could read it over. I wanted to make sure that it had as much a chance as possible of allowing his family to see their dying son. I checked it over, again and again. I checked the names and birthdates of his family members written on the letter, again and again. I was scared that it wouldn't do anything, that whoever decided on their visas wouldn't care, just like I was scared that his prognosis was "guarded."

Towards the last week of my rotation, I had a lot of life and death conversations with him. We spoke about his diagnosis, and what his future could look like. He had told me, weeks prior, "I want you to be straight with me, how many days do I have left?" I remember wishing I could answer his question, but I knew I couldn't. At this point, I only felt comfortable speaking broadly with him about his future. I noticed that his ethnic background was similar to that of a close family friend who passed away from pancreatic cancer a few years ago. I noticed that his presumptions about his diagnosis were similar to hers: that the worst was inevitable. Because of this, I noticed that we needed to have more frequent and more detailed conversations about his prognosis, continually asking him what his thoughts were.

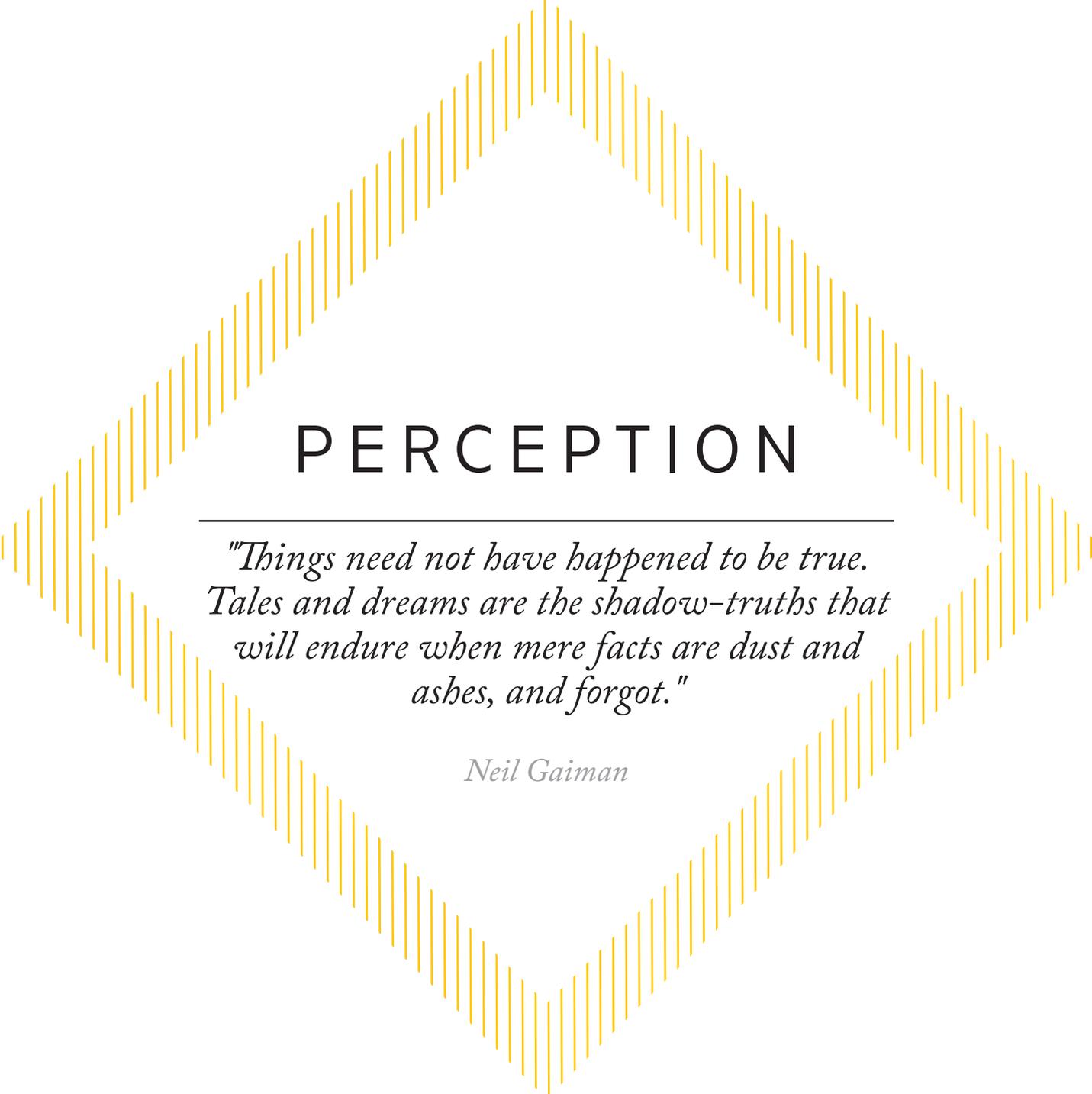
On the last day of my rotation, I reminded him, again, that he taught me more than I could have ever asked for. He reminded me of what he usually said in response, which was an emotional and sincere, "No, thank you." I told him that I wouldn't forget him. He told me, yet again, that he wouldn't forget me. At the time, the back of the room was a bit shady from the closed blinds, but the front, by his bed, was lit with bright, bright lights shining from the ceiling. The room was an overly large corner room that made his big bed look small in the middle. His hair was falling out, and he was visibly thinned. The scene of him crying among all of this is burned into my brain, as is the emotional clash I felt of appreciation for him and what he taught me, but the sadness I felt in saying goodbye.



DREAMY FLOWERBED
PHOTOGRAPHY
TRINA RUDESKI-ROHR, MD/PHD YR. 3



BRYCE'S FIRST LIGHT
PHOTOGRAPHY
VIET SEAN NGUYEN, MS-3



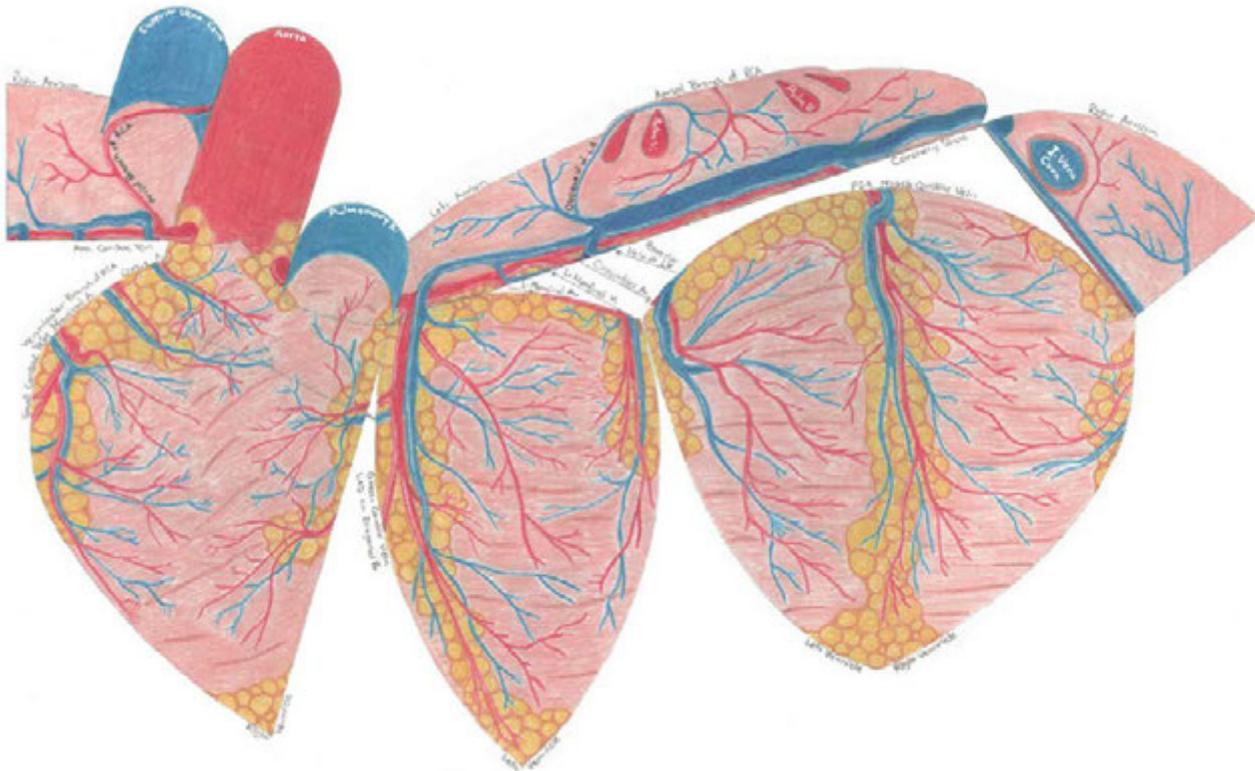
PERCEPTION

*"Things need not have happened to be true.
Tales and dreams are the shadow-truths that
will endure when mere facts are dust and
ashes, and forgot."*

Neil Gaiman



MAP OF THE HEART
PROSE AND COLORED PENCIL
PARSA MIRMEHDI, '20



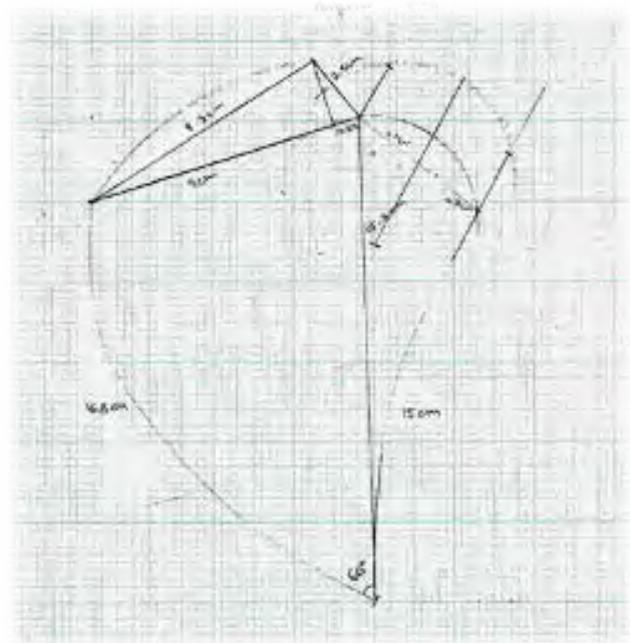
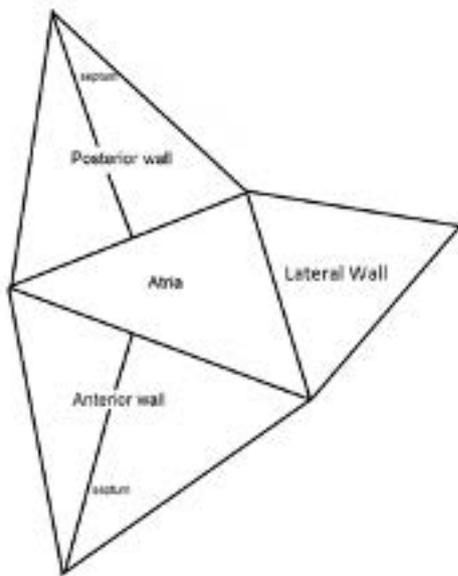
Have you ever wondered what the shape of the heart is? Is it a tetrahedron? Is it an inverted drop? Perhaps it is an imperfect sphere. All throughout medical school, I was puzzled by this. I would find myself having difficulty generating a mental image of the ventricular walls when localizing myocardial infarctions (MI). I imagine many learners are the same situation. They might wonder, for example, why an occlusion in the circumflex causes a lateral MI. It is difficult to visualize how the branches of the coronary arteries twist around the surface of the heart. What would make it easier to picture all of the heart at once? This question inspired me to delve deep into the topology of the heart. Under the mentorship of Dr. Daniel Topping, I set off on a journey to map of the surface of this important organ.

For those who are not familiar with topology, it is the branch of mathematics that is concerned with manipulation of shapes, like stretching, twisting, or tearing. It has countless real-world applications, such as in modeling computer hardware (CPU's, networks, and motherboards), better understanding the universe (physics and cosmology), and gene expression analysis (chromatin organization). Recently, its importance has been discovered in neurology, especially in the mapping of neural networks.

There are many organs in the human body, such as the kidney and the liver, whose functions are dependent on their

three-dimensional structures. In the case of the heart, wall structures are related to cardiac output. We are educated on this in medical school. A heart muscle that is overly stretched out, for example, has decreased actin-myosin cross bridges and is, therefore, less contractile. A ventricular muscle that is concentrically hypertrophied is less compliant and fails to collect an adequate end diastolic volume; despite having a normal ejection fraction, it has decreased stroke volume.

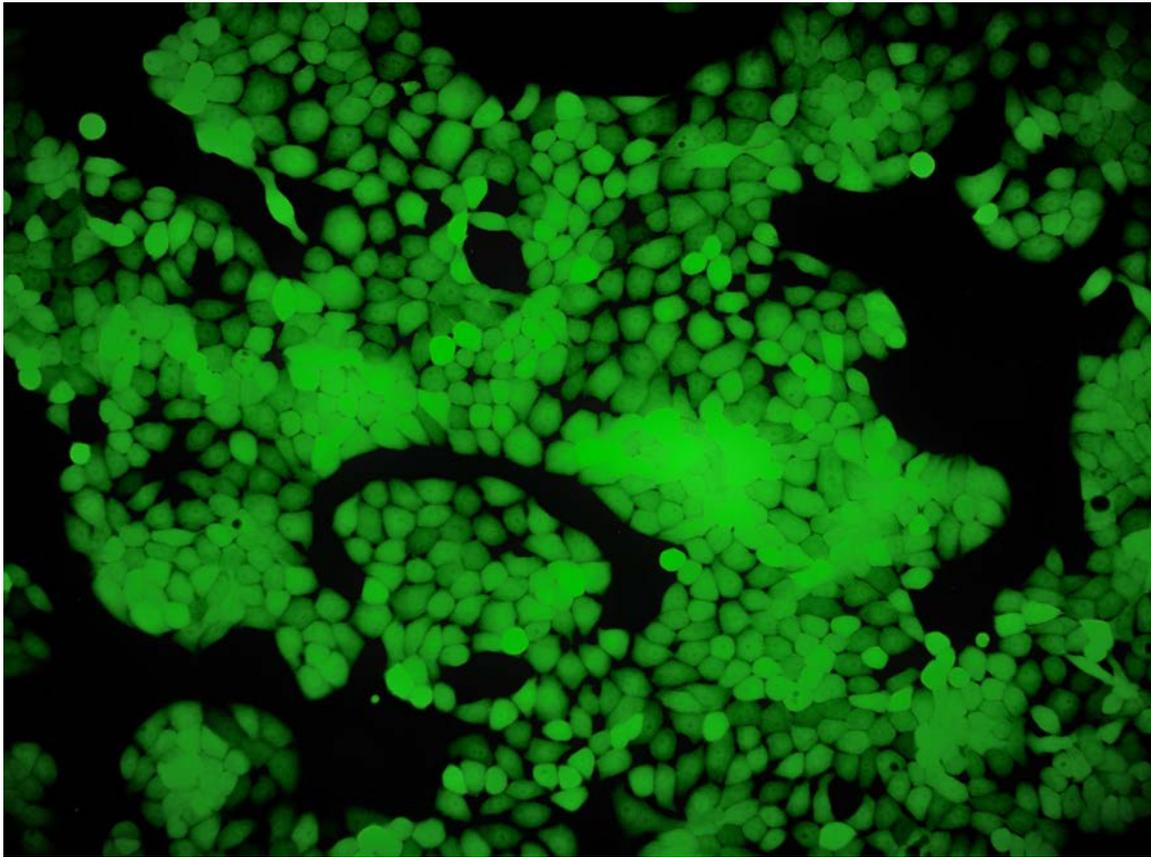
To answer the original question about the shape of the heart, it resembles the traditional heart symbol more than I would like to admit. Yes, the same one that is used in playing cards and chat emoji's. Looking at the ventricles from the inferior point of view, the walls are shaped like a tear drop, with the left ventricle comprising the circular head and the right ventricle comprising the pointy tail. The posterior aspect appears flatter than the anterior. If one overlooks the minor curvature of the walls, the ventricles resemble a tetrahedron, also known as a triangular pyramid, with the 4 triangles being the base (inlet from atria and outlet to the great arteries), the anterior aspect of the left ventricle, the anterior aspect of the right ventricle, and the posterior aspect of both ventricles. This is depicted in the original plan of the drawing. The atria are imperfect spheres that sit in the base of the ventricles. As a result, their surfaces appear as hemispheres.



Mapping the heart proved to be a more daunting task than I had ever imagined. I had learned about map projections of the globe and decided to use many of the same strategies. However, the heart is not a simple geometric shape. It is a complex three-dimensional structure. Mapping an object requires flattening all of its curves and angles. The curvature of an object is calculated using the Gaussian curvature formula, which is the product of its curvatures in two directions. Flattening a curve is a non-issue for an object that is only curved one direction, such as a cylinder. This is because its curvature in one of the directions is 0. However, flattening an object that is curved in two directions, such as a sphere, requires breaking it down into polygons. This may cause alterations in direction, area, or shape. I have been careful to preserve all of these in my work. There are methods of complete preservation, such as using a Euler spiral. These are, however, impractical when it comes to drawing.

I had so much fun working on this project and learned a great deal about several different disciplines. I would like to thank Dr. Topping for his full support and my loving wife for her help in several aspects of the project. For me, this project was about learning, creativity, and expression. However, I do believe that future advancements in medicine will require better understanding of organ topology and its correlation to function. My understanding of mathematics is limited. However, I would like to encourage multidisciplinary teams of physicians, mathematicians, and biologist to further advance this topic.

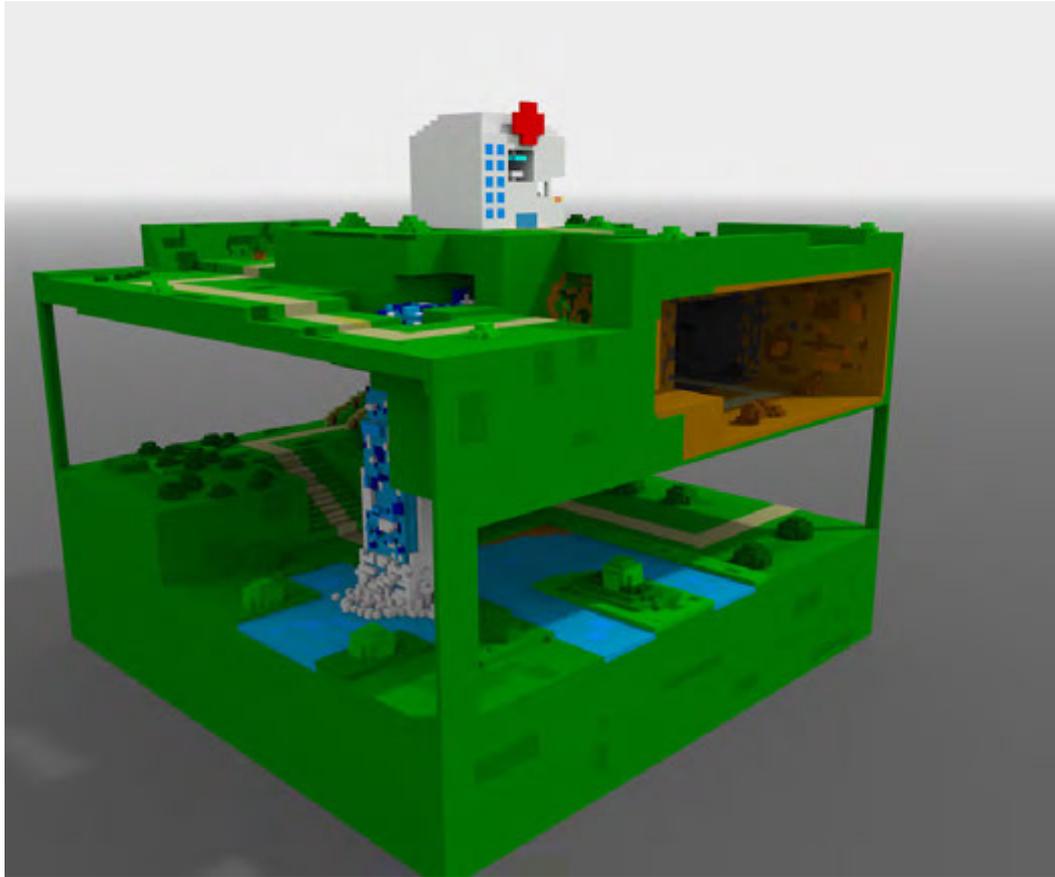
Unfortunately, this project coincided with the corona virus pandemic and the closure of UCF College of Medicine. Therefore, I used heart models and online images to draw this map. I began by diagraming the skeleton. I used calipers, rulers, measuring tapes, protractors, and flexible curves to take measurements. I initially sketched on gridded paper using rulers and compasses, as demonstrated in this image and then traced the lines and assembled all the drawings onto a larger paper. Different parts of the heart required different map projections. For example, for the right atrium, I used the Mollweide projection because it is a hemisphere. The last step was coloring in the details, such as the arteries and the veins. You might notice that, unlike most hearts, which are right coronary dominant, this heart is left coronary dominant heart.



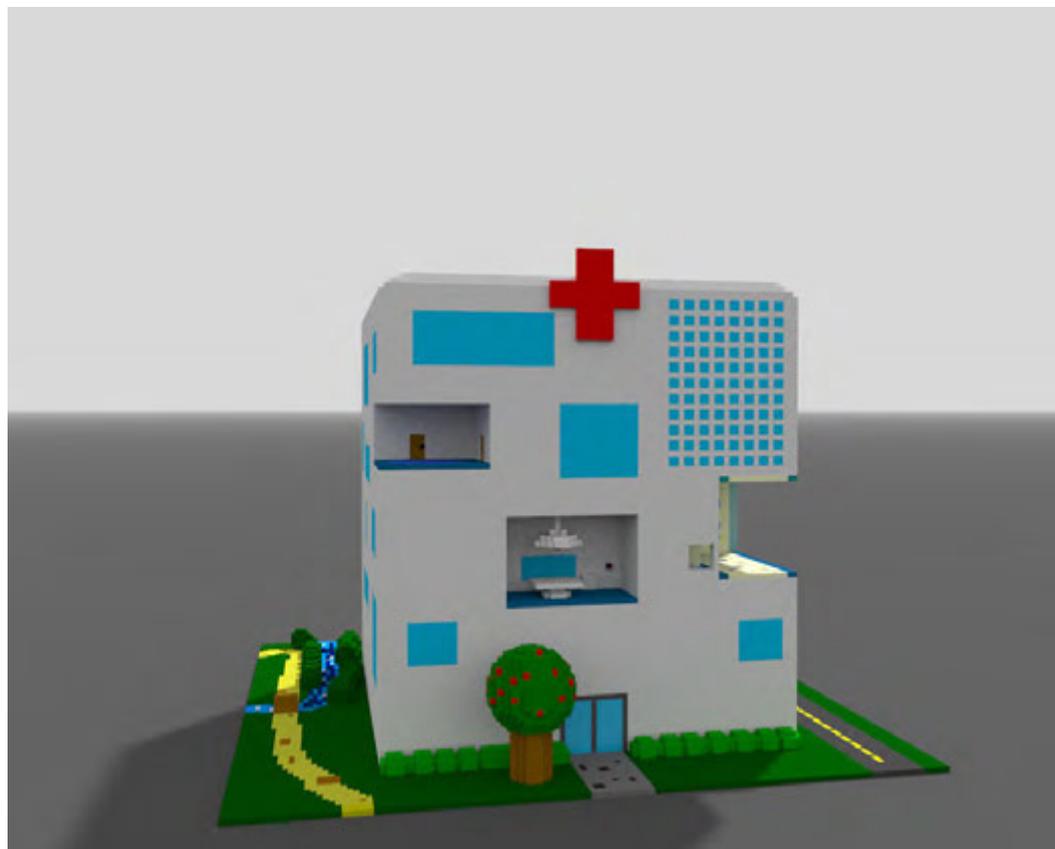
THESE COLORECTAL CANCER CELLS HAVE A "MIND" OF THEIR OWN
FLUORESCENT IMAGING
MICHAEL ROHR, MD/PHD YR. 5



LUSTROUS EYES AND TATTERED WINGS
PHOTOGRAPHY
TRINA RUDESKI-ROHR, MD/PHD YR. 3



THE HILL
VOXEL
JOSHUA BOBET, MS-4



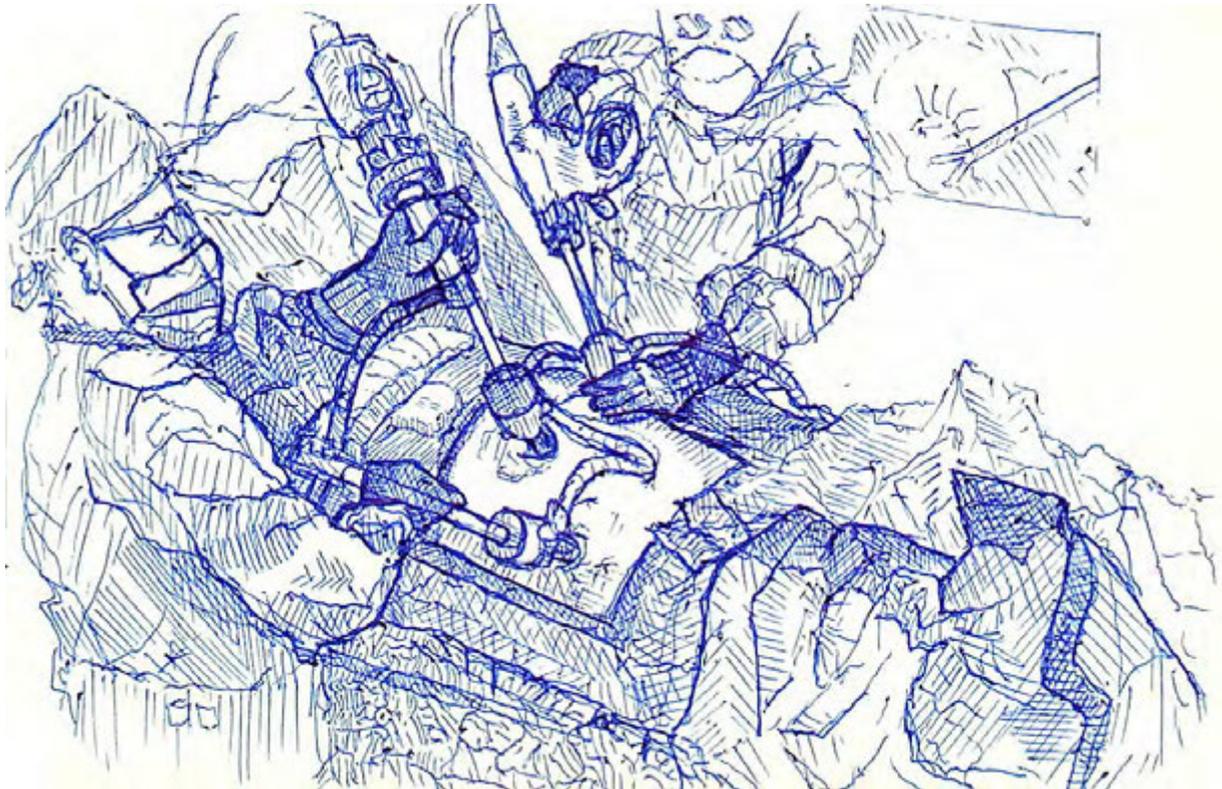
THE HOSPITAL
VOXEL
JOSHUA BOBET, MS-4



BENGAL TIGER STRENGTH
OIL PAINTING
ANDREA SZEMBER, STAFF



A NEW DAY
PHOTOGRAPHY
CAROLINE BAUGHN, MS-1



LAPAROSCOPY
PEN ON PAPER
NICK RICHWAGEN, MS-3



MAKAPU'U LIGHTHOUSE
PHOTOGRAPHY
ANAMARIA PARUS, MS-4



DAZZLING MIST, AT NIAGRA FALLS, NY
PHOTOGRAPHY
TRINA RUDESKI-ROHR, MD/PHD YR. 3

THE ASTROBIOLOGY LAB

DR. MATTHEW STEPHEN KNISLEY, MD, FACULTY

Look at those humans
How funny they be

Working so hard
for element Ag

Pluck me that tall one
Plug it into 3

Tell me what color
its brain tissue be

No one will miss it
in such a large colony

OK to kill it
for Astrobiology

Insides are squishy
a custardy matter

Inside the soul though
a whole other matter

Contemptible critters
most of them be

Why were we saving
Earth Colony 2-E?

Wash out its contents
Set it to dry

Tighten the lid
Turn out the lights

Re-seed tomorrow
a more advanced species

Sure gonna miss
these cute little beasties

Shame that good science
is sometimes so sad

Sad in the
Astrobiology lab



SUNRISE ROCKET LAUNCH
PHOTOGRAPHY
COURTNEY STRICKLAND, MS-2



SPACE ODDITY
ACRYLIC ON CANVAS
KYLEE CRATE, MS-4

Kylee Crate

A distressingly optimistic young medical student reminisces on the fleeting time with the first patient she can't forget about, as much as she tries.

It was my 24th day of third year of medical school. I hopped out of bed to my cheery alarm blaring in the pitch black in order to finish pre-rounds before morning report. Around the same time, my 20 year old patient, D, started his day off early as well so he could make his college physics class after work; but his day also started with blurry vision and vertigo and ended with being told he had multiple sclerosis. Even though he presented with none of the risk factors or family history associated with the illness, the MRI confirmed the diagnosis. The disease process is not terminal but its severity is variable with the ability to greatly decrease a person's quality of life. It can take away your vision, your ability to walk or move the way you want, your freedom from pain, your coordination, and your ability to talk and communicate with others. This was the first time I was part of a care team that had to break the news of an incurable disease, in fact, this was the first time I had to relay anything less than good news.

My attending told D the diagnosis and the basics of the disease and treatment plan without batting an eye before giving him a moment of silence to process all that he said. I could feel D's mind racing as he went stock still and looked to the floor for what felt like eternity.

“So I may never see right or walk straight again?” D asked.

“We don't know yet, but it's possible.”

“Thank you,” D said as he nodded and let out a big sigh.

And that was it, his life was turned upside down. He was sitting alone in his empty room when we all walked out together. Up until this point, all of my terminal or chronically ill patient already knew their diagnosis and had dealt with the emotional aspects of the situation. Not only was D's diagnosis new to him, but his entire family had left the day before for a week-long vacation out of state and would not be returning to visit him even after the doctors spoke with them on the phone. After 5 days of sitting around alone in the dark hospital room awaiting his daily dose of steroids, none of his symptoms improved, meaning there was a much lower chance of the symptoms resolving back to baseline over time. Plus D was young and male, giving him an even worse prognosis. I had to force myself to be cheerful and crack jokes when I could to keep D's spirits up during my twice daily visits.

“Any changes?” I would ask.

“Not today,” was always the answer.

I couldn't help but walk in every morning prepared to see full recovery, but for 5 days, D continued to be unable to walk in a straight line or see anything clearly. Thinking back I'm not sure if this was a naïve mistake on my part or if my unfettered hope helped D in some type of way. He was very calm about the whole situation, but I could tell he was internally screaming “Why me?”, a question I couldn't answer it even if he asked it aloud. When D was discharged to follow up with no symptomatic improvement in order to somehow start a disease modifying drug without insurance, he had to call an Uber to take him home.

The entire time D was in the hospital, I felt I had to fight to stay “disconnected” from him. When I told my peers I wanted to bring him a smiley face balloon for his last morning visit before discharge, they said I needed to stop being so emotionally attached about my patients. I'm not sure if I would have been so “emotional” had D been 80 years old with known terminal cancer preparing for the end of life. I don't think a patient has to be dying to affect you strongly. Maybe it was our similarity in ages, maybe it was how bravely he took the prognosis, maybe it was the fact that he was alone, but D is the one who stands out in my memory as the patient I won't forget. His case reminds me to never cross off a differential just because the patient doesn't fit the typical picture, that stopping by to ask “how are you doing” a couple extra times each day can positively affect their mental well-being, and to not be afraid to feel connected to a patient while caring for them, even if it makes their stay harder for me. Taking the time to make these small connections can help a patient know you are there for them and that you truly care about their recovery.

Sometimes while sitting in the hospital cafeteria or hustling behind walking rounds I pass the gift shop and D comes to mind. I can't help but imagine what would have happened had I given him that \$2.75 balloon I see every time staring at me from the store window.

I'd like to think I would have gotten a smile out of his somber face, the face that immediately appeared older after the diagnosis was placed on his shoulders.

I'd like to think he would have smiled while waiting in his wheelchair at the roundabout entrance with the balloon dancing in the air and while sitting in the back of the car with the quiet stranger driving him home. And I'd like to think he will occasionally smile in years to come when he thinks of the silly blonde med student with pen stains on her white coat that bounced into his room fifteen thousand times trying to make his room a little less hollow and a little more hopeful.

I'd like to think, at least.



CONSTANCY
PHOTOGRAPHY
HENRY MANCAO, MS-2



BEAUTY
MIXED MEDIA
PIERRE CICCONE, MS-1

LISTEN
SARA KHEDERZADEH, MS-4

Patients don't need us.
They know what's best for themselves
Until they're in pain.

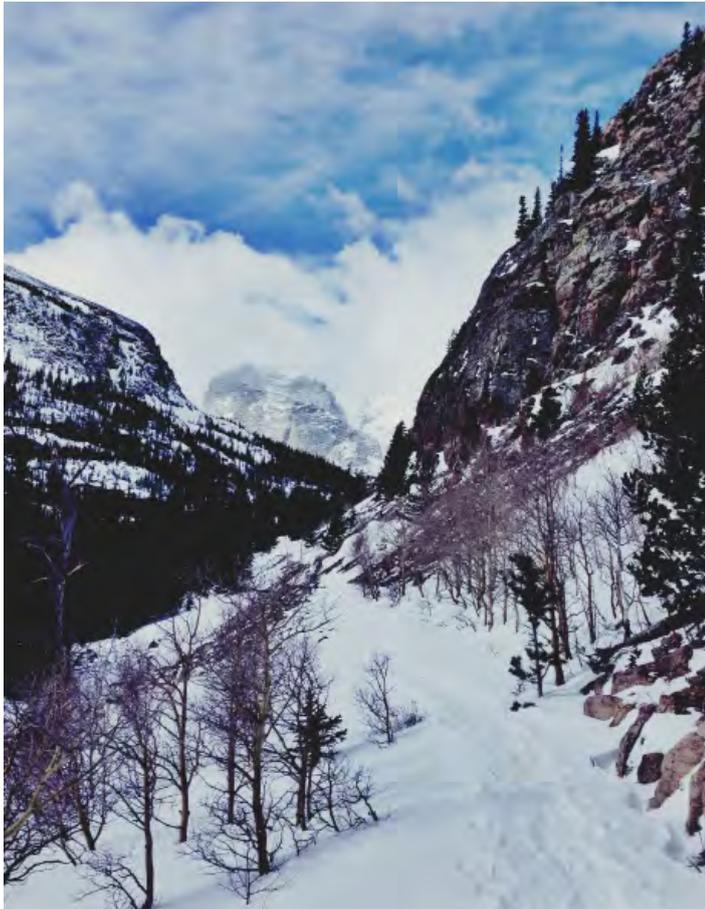
I see you staring
As I listen to your heart;
Are you listening?

Do you not notice
The difficulty breathing
When you take a walk?

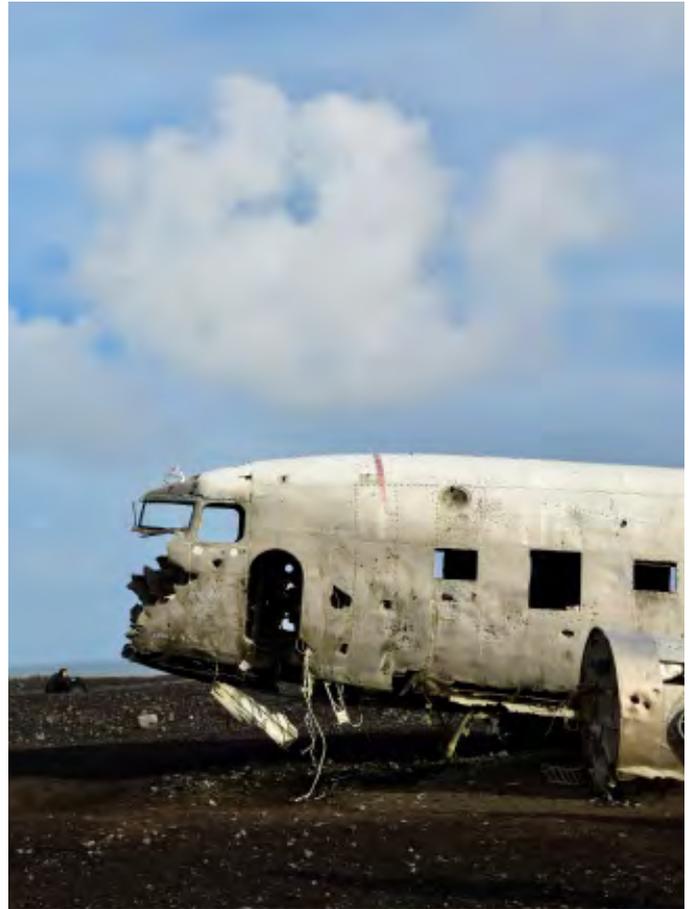
Are you not feeling
That stabbing pain in your chest
When you get upset?

How many more times
Will I see you struggling here,
A mask on your face?

Now I stare at you
With only patience in me
And listen you might.



EAST GLACIER KNOB
PHOTOGRAPHY
BRAD JAMES, MS-4



SÓLHEIMASANDUR
PHOTOGRAPHY
BRAD JAMES, MS-4



SUPERTECH WASTELAND
PHOTOGRAPHY
TALIN HANDA, MS-2

LIMERICK ON MASKS
SANKALP GOBERDHAN, MS-2

“You can’t make me wear a mask,
In public spaces I bask!”
Said the willful fool,
Trying to be cool.
Death has an easier task.

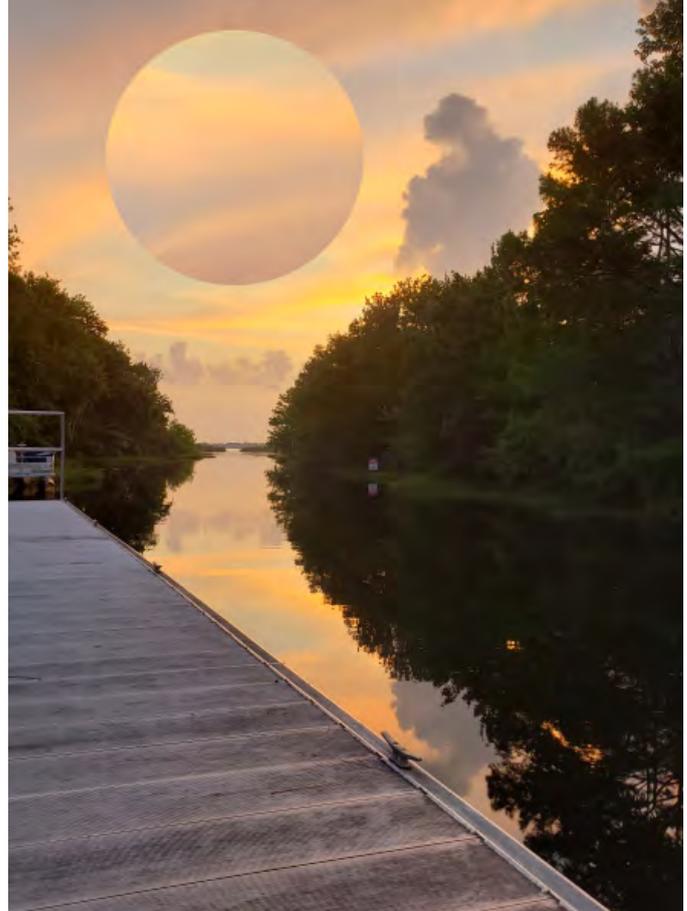
Disability within the Vietnamese community is fairly common; war and malnutrition had led to much of the population becoming physically disabled. Vietnamese culture has historically emphasized community support and involvement; the sharing of food, shelter, and clothing was common such that people shared and depended on others to get what they needed to survive. My grandmother used to send my mother to deliver eggs daily to families in their neighborhood who didn't have much to eat and likewise my family would receive eggplants and cucumbers. So too did the idea of an interdependence between the disabled and the abled evolve in which accommodations and help was considered a necessity rather than charity. Giving back was considered a duty, not generosity. People gave what they could and received what they needed - nothing more nor less. Everyone was different and they needed different things to live. Some needed eggs and others needed cucumbers.

My family carried these same ideals and continued to uphold them when they emigrated to America with our relatives. For me, the most prominent example of interdependence in the Vietnamese community was when I was born and my parents discovered that my right leg was bent backwards. The doctor told them that they would need to keep massaging my leg and moving it around otherwise the bones, muscles, ligaments, and tendons would settle in that position. Physical therapy could force the limb to face forward since I was a newborn. My mother would tell me stories of how when she brought me to my grandmother's, the supermarket, or church, my family and even strangers would take turns massaging my leg and giving me physical therapy every couple of hours. When we went to my grandmother's for dinner, my aunts and uncles would take turns passing me around so my leg was always being attended to. When I asked what my mom did for them in return, she just replied, "They didn't have a baby with a backwards leg." When we went to church, strangers would watch my parents taking turns massaging my leg and offer to do it to give them a break. I thought they were so nice to offer to give me physical therapy; my mother said, "That's just what we did back then."

While my culture has taught me to be accepting of disabilities, the idea of invisible disabilities was unexplored. It was easy for my family to see someone who needed help and accommodating those needs was

simple and almost instinctual. However, issues with mental health were more difficult to accept and comprehend. Likewise, I had a hard time identifying problems that I couldn't see.

I grew up thinking that I was stupid and lazy. When I was last to learn the alphabet, when I couldn't focus on math, when I felt too tired to do anything every day, and cried whenever a menial part of my day was changed - I blamed myself. I was taught that if I wanted something hard enough and was determined enough to get it, then it was possible through sheer effort and tenacity, even something like fractions. My family had never considered that I would have depression, anxiety, or ADHD. Despite knowing that so much of the way I think, feel, and act is out of my control, I struggle with comprehending mental health and I often find that I'm angry or disappointed with myself because things don't come as easily for me as they do for others. I also find myself thinking that all I need to do is work more or try harder when really all I need is different accommodations.



SUNSET OVER LAKE MARY JANE
PHOTOGRAPHY
HENRY MANCAO, MS-2



NIGHT OR DAY, THE BLOSSOMS STILL
SWAY
ACRYLIC
DEBORAH SHIMSHONI, MS-4

Learning about different disabilities and what necessities are required for each is something that I think is essential. Not only is it pertinent to alter the way I comprehend and approach the idea of disability, but it's also pertinent in my career. Historically, the medical field can be quite dismissive of disability. Even during the application process, I was often told not to mention anything about my mental health issues – everyone said it was still considered taboo. I believe that the objectivity that is often heralded within the medical field does not necessarily have to be synonymous with apathy. Often, the approach to disability is as a disease that needs to be cured, prevented, or eradicated. It's contradictory that a profession that deals so often with people and their needs could lack so much humanity.

The kind of doctor that I want to be and the kind of medicine that I want to practice involves seeing patients as more than just their symptoms. So too do I want to unlearn what I have been taught about disabilities - to see people as more than their disability. Health and well-being are so fundamental to living such that a right to life conveys a right to proper health care. Ultimately, the ability to provide proper healthcare to everyone entails a comprehension of needs beyond the able bodied and neurotypical.

I think we as future physicians need to challenge and redefine our notions about disability. It is not much to ask for our physicians to decide who needs eggs and who needs cucumbers. We should learn about the history of disability rights to understand disability as a social concept and invoke an awareness of the ways it pervades societal institutions such as education, politics, and economy. We should learn the language of disability in order to discuss and employ knowledge of disability studies in our everyday practice. We should expand our ideas about what determines quality of life and have our treatment plans reflect this. Lastly, we should learn how to be more accepting of our own disabilities and how to become better allies to the disabled community.



REFLECTIONS
PHOTOGRAPHY
THOMAS SUN, MS-4

BEAUTIFUL DAY AT THE HANAUMA BAY
PHOTOGRAPHY
LILY CHEN, MS-2



A BEAUTIFUL DAY

EVAN JOHNSON, MS-4

It was a Friday afternoon at the hematology and oncology private clinic. As a 2nd year medical student, I was both apprehensive and eager to begin developing my clinical repertoire. The Florida sun was particularly intense, especially considering I had to don professional clothing and a stuffy white coat. My immediate concerns were the sweat building at the base of my neck, and what I was going to eat for dinner following clinic that day. I entered the quiet, suburban clinic and greeted my attending. To my right, I saw an African-American couple, smiling and reading the latest edition of TIME magazine on one of the waiting room tables. There were several other patients as well, each adorned with a unique combination of nasal cannulas, walkers, and wheelchairs. As I walked through the next set of doors, I saw nurses bustling around the numerous rooms and hallways, analogous to a beehive in the middle of summer. I felt particularly tense for the clinical encounters soon to follow, with the pressure to please my attending always present. Perhaps even more contributory was my own neurotic drive for competence and sufficiency; the unspoken desire to belong amongst physicians which permeates the medical student experience.

As we knocked on the door and entered the first patient's room, I was surprised to see the African American couple from the waiting room seated on the examination table. The couple looked no older than 60, and notably lacked the burden of medical equipment that seemed to define the waiting room population. After the usual introductions and pleasantries, the purpose of their visit became clear: Mr. Doe had advanced cholangiocarcinoma that had spread from the gallbladder all the way into the base of his liver. As a medical student, I knew that advanced cancer carried a very poor prognosis, especially considering the type that he had.



MY STRESS RELIEF
PHOTOGRAPHY
MICHAEL TYREL GARNER, MS-2



ROCKY FLOW
PHOTOGRAPHY
VIET SEAN NGUYEN, MS-3

I found myself fixated on Mr. Doe as he calmly explained to the attending that he was comfortable finishing his chemotherapy and radiation treatment. After a brief period of silence, I looked toward my attending as he explained that, based on the most recent CT scan, the cancer did not appear to be reducing in size. Instead, it was progressing further along the biliary tree. "I am sorry, but there are no other treatment options at this time. I believe your prognosis is six months, though you may live longer than that." My eyes snapped back toward Mr. Doe as I immediately felt the gravity of such news. I studied him carefully, noting his neutral disposition and straight-backed posture. Calmly, he replied, "I expected that this day would come. I cannot say that I welcome such news, but I have long since come to terms with my own death. If it is alright with you, doctor, I think we are going to stop the rest of the treatment." When I heard the patient's calm and stoic words, I was truly floored. I watched as his wife firmly grasped his right hand, manifesting the strength and connectedness that they shared. My attending nodded in silent agreement and asked, "What will you do now?" Mr. Doe stared at the floor, clearly sifting through the vast array of ways to spend his remaining time. Looking up and smiling, he replied, "I think I will go play some golf. It is a beautiful day out."

WAITING TO SEE
NISHA SHARMA, MS-3

And yet
We do not dare
Submerge our minds
In valleys of the past
Instead
We keep
A militarized gaze
On that dying Sun

Memories splash
On feet that dangle
over the edge.

We wait for the moment
Of clarity
To explain the perpetual stream
Of happenings
and the happened
and all the while:
Birds tweet and twinkle
Delicate like xylophones
Crickets rise in their crescendo
That carry the wind's solo
A Briny ocean spray
dances and plays
On the key of nostalgia

But still
Bloodshot eyes
Sting and burn
We shackled ourselves
to that dying Sun
Holding our breaths
The edge is our jail

Memories remain begging
at our feet

And perhaps one day
That Sun will die



PUFFERFISH
ACRYLIC
EMILY WING, MS-2

A REMINDER
ALEXANDRA CIRANNA TRUONG, MS-2

Remember.
Remember why you chose this path.
Remember the good you wanted to do.
Remember how confidently and strongly you
made this decision.
Remember the hope to make the world a bet-
ter place, one person at a time.
Remember the passion in your heart, the fire
in your soul.
Remember the compassion and empathy you
hold for others.
Remember your determination.
Remember why you are here.
Remember.



REYNISFJARA
PHOTOGRAPHY
MARIO ABELS, MS-1

ODE TO THE SONNET
DR. MATTHEW STEPHEN KNISLEY, MD, FACULTY

Could a poem be but more cliché
which uses flowery language
to describe a verdant pasture
or peaceful pond in nature?

Verses should be activating
inspiring one to action, exciting to the ego
exacting massive traction.

Is not a painted picture
or scene depicted obsolete
when light and sound record so well
with just a single finger?

A thousand words
takes five minutes
I don't have to give away.

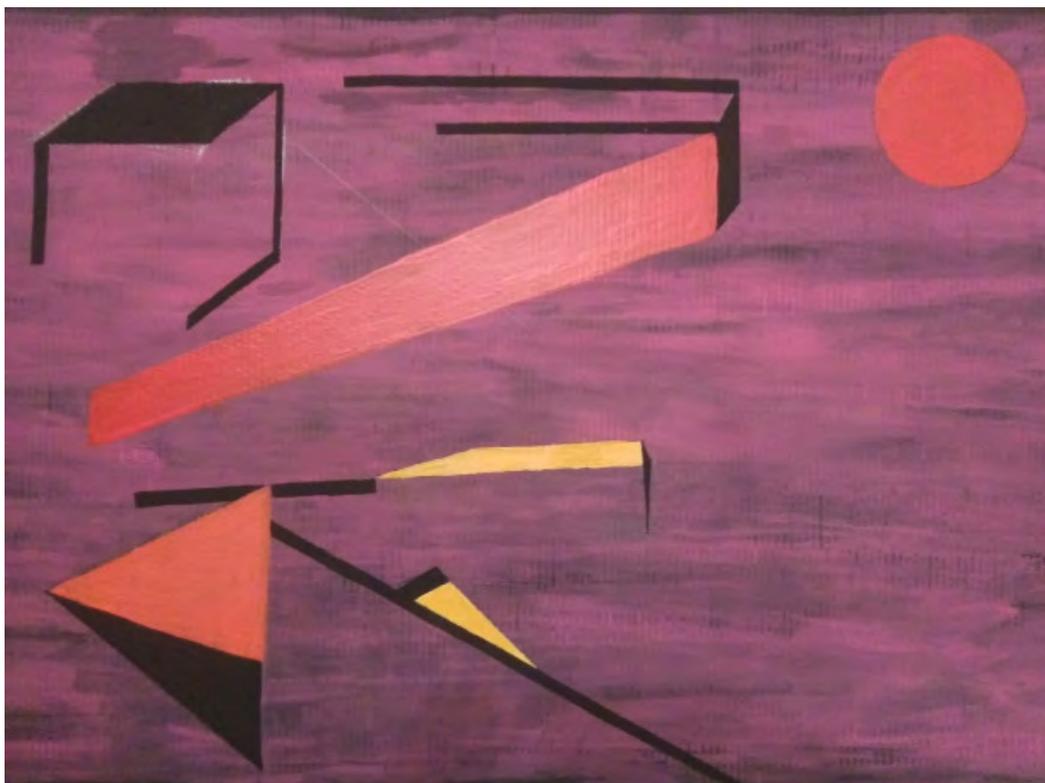
However,
No matter how the pages
in the hallowed book of ages turn,
so long as lust dispatches one
on brave uncertain voyage,
though saccharine may the sonnet be,
it always ferries tenderly
Across a lonely desert sea.



SKY CITY
PHOTOGRAPHY
ALEXANDRA CIRANNA TRUONG, MS-2



CHILIES
PHOTOGRAPHY
ALEXANDRA CIRANNA TRUONG, MS-2



SIEGE
ACRYLIC
DR. MATTHEW STEPHEN KNISLEY, MD,
FACULTY

I walked into the bustling trauma at the level 2 Hospital and fell in love with the energy. Each hour at least one young child arrived in critical condition, and each had been saved. Five days later, I knew these nurses and doctors worked miracles. That's when an eerily silent newborn was rushed in after being circumcised at home and was now septic. Every nurse in the room rushed over, demanded payment for a needle and fluids, and then tried to place multiple intravenous lines. The mother stood stoically in the corner. I was excited to see another baby saved. Five minutes later, it was over. There was no usable vein and the nurses scattered back to the other patients. The baby boy breathed faintly as flies swarmed over him. I couldn't believe it. I turned around and the mother was gone. "Welcome to Ghana, blondie," a nurse said. I picked him up, shooed the flies away, and sang to him as my naivety faded away. I held him until he was no longer breathing then carried him to the morgue. The doctor there handed me the baby's bracelet and said, "you will do great, please come back." I walked the mile home in a trance. I had never been so close to death, so completely useless. During that walk my aspirations became solid. I will come back. I will assist. I will teach. I must help. And that tiny bracelet serves as my daily reminder.



FUSHIMI INARI TAISHA SHRINE
PHOTOGRAPHY
LINDA REN, MS-2



BRIDGE OVER COLORED WATERS
PHOTOGRAPHY
VIET SEAN NGUYEN, MS-3



TUMI
WATERCOLOR
ALEX WALER, MS-4



SUNSET OF A DOZEN COLORS
PHOTOGRAPHY
COURTNEY STRICKLAND, MS-2

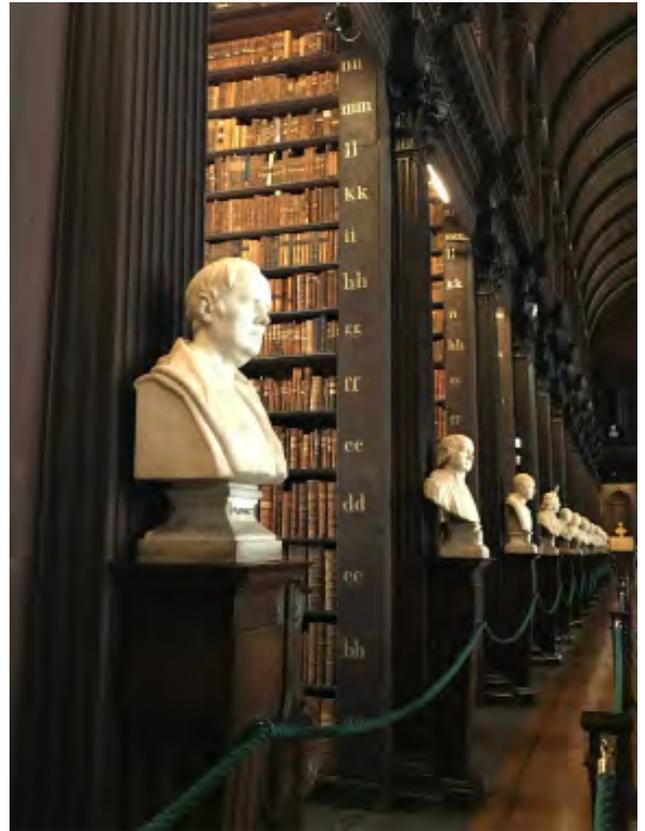
THE MOST POWERFUL PERSPECTIVE IS GAINED UNEXPECTEDLY

CLAY TOWNSEND, MS-4

Missing an entire season of high school football due to injury is devastating – I know from experience. One day at morning rounds of my inpatient pediatric rotation, I jumped on the opportunity to care for a high school football player who had just undergone GI surgery. I stopped by his room as often as possible throughout the day to check on him, talk football, and play a few minutes of video games. I could tell he enjoyed the visits, as he perked up each time I entered the room.

As days and weeks passed of his admission, and as he continued to fall below his weight gain goals, I began realizing that our situations were not as similar as I originally believed. I was 16 when I found out that I would miss football season due to a torn left ACL. This patient was 16 when he found out that he would miss football season due to emergent volvulus requiring a lifesaving small bowel resection. My recovery and life hardships have always been supported by close family and friends. His recovery was supported largely on his own, as he rarely had visitors even though his family lived in town.

I could relate to him from a sports perspective. I could not relate to the possibility of never having a normal life again after a medical event. I knew my knee was eventually going to return to normal function. He did not know if his little remaining small intestine would ever recover enough to provide his body adequate nutrition even for everyday life. I enjoyed spending time with him because I thought I could relate to his situation. Now I do not think I ever really could. He was eventually discharged on TPN to be closely monitored for return of bowel function – a possibility infinitely more valuable than returning to the football field.



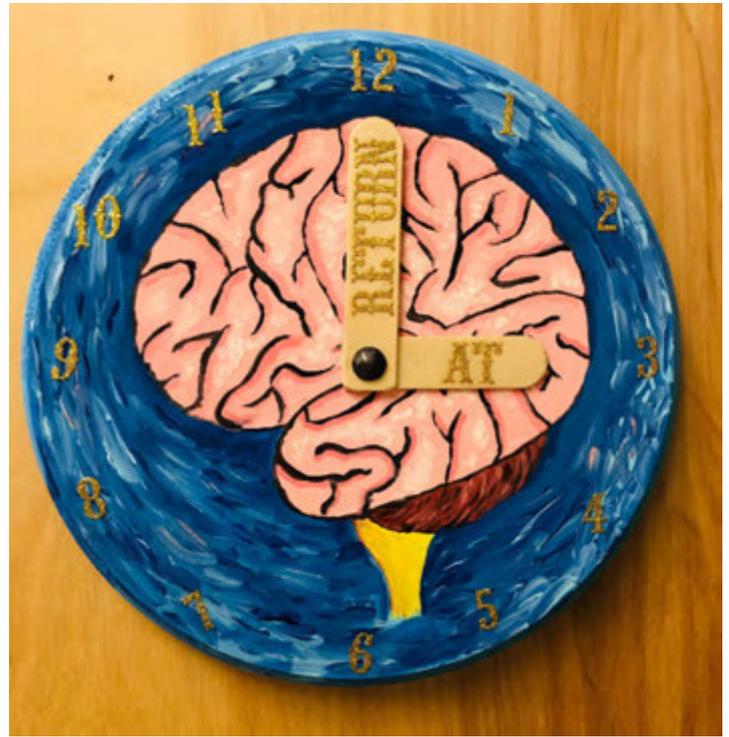
THE LONG ROOM
PHOTOGRAPHY
STACY CALHOUN, STAFF



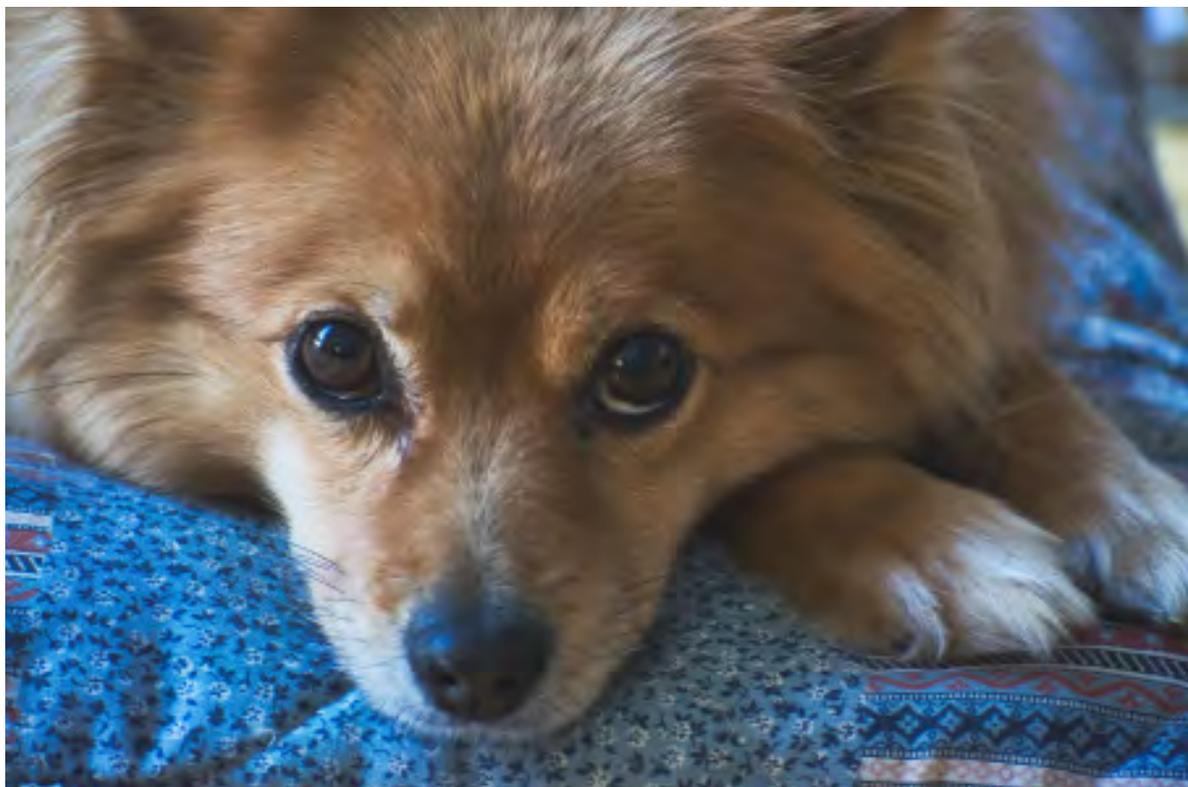
TRACK REIMAGINED
PHOTOGRAPHY
ASHLEY SU, MS-1



PERSPECTIVE
DRAWING
LAUREN ARONSON, MS-1



BRAIN CLOCK
ACRYLIC ON WOOD
CHERRY LIU AND ELLIE PERNICONE, MS-4



THE STARE
PHOTOGRAPHY
BRANDON TEO AND CHERRY LIU, MS-4

“I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.”

In medical school, we recite this Hippocratic Oath as we are taught numerous methods to treat and diagnose patients. However, the one skill that falls through the cracks is communication.

Those who are deemed good communicators are jokingly sent to specialize in psych, because they are good at talking to people. Should we all not be good at talking to the people whose lives we are trying to save?

The art of communication is difficult for two reasons: we aren't set up to listen and patients aren't able to open up. We learn to treat and they are taught to act as we tell them. Only in psychiatry are patients able to speak and open up to their providers about their greatest insecurities, even more than to their own parents.

This dawned on me one day when I had some bad news and the first person I went to was one of my close friends, not my parents. “Close friend” - someone I met in college and have been extremely close with over the 3 years of college and after, not my whole life. However, speaking with that person was like a weight being lifted off my shoulder. “You know me,” I'd say, but did they actually “know me?” How could they over a few short years together, and why was that kind of a person on the frontline over my own parents?

It has something to do with this idea of not wanting to face the truth. This friend of mine, though a very close friend, does not “know me” nor will they ever. They were not a part of the first 18 years of my life. But talking to parents comes with this inherent sense of they “actually know me” and will see right through my faults because they always have. They will be able to see both sides of the story because when I was younger, they were usually the other side. “I'm having an issue because mom did not give me dessert today” or “I got a bad grade so my parents grounded me.” They clearly knew I was in the wrong and would act appropriately.

Now that I'm older, those same issues occur but in a mature way: a bad grade comes to punish you through your GPA, not being grounded. When explained to my friends it comes out as, “I got a bad grade because the professor was awful and did not teach,” not “because I did not study.”

And, I know that if I had this conversation with my parents, their response would be exactly that: “You should have studied harder.”

Here's the best part: we both know my parents are right here.

We have this internal desire for validation and not seeing faults in ourselves. This is not lacking self-awareness, it's simply not wanting to face ourselves and our pitfalls in life. Going to a friend or a psychiatrist is great because I can explain the story my way and they will only hear that side of it and go along with it. My parents, however, will provide the tough love that I do not want, but most definitely need.

So, that's why patients open up in a psychiatrist's office.

Now, the problem arises, as a physician how do we provide that tough love to our patients while having them open up to us or (better yet) communicate? How do we get that morbidly obese patient to lose the weight and understand the gravity of their situation, or that injured athlete to stop playing to prevent further injury?

It's by understanding this desire for validation. These patients must be going to their “close friends” expressing to them how “this doctor thinks I'm fat and need to lose weight, how disrespectful of them,” or “this doctor just wants to stop me from achieving my Olympic dreams, they don't know how hard I've worked” etc. We must work with them and acknowledge the gravity of our asks from the patient. By not making ourselves the bad guys they want us to be, we can fall into the role that their close friend plays and allow them to open up to us.

We must listen to our childhood selves. Why we hated telling our parents about bad grades is why our patients will hate admitting to us that they know they should not get back on the field. We must act like a psychiatrist while successfully getting our patients to adhere to treatment. It all comes down to the art of communicating, which we do through listening and allowing them to open up as if we were their “close friend.”

LAKE MICHIGAN
RASIKA PATIL, MS-2

Hot pink seems bold,
but she wears brightness like a beacon,
so what's wrong with that

She cradles
calluses foreign to me
And I am glad for that and sad for that

With no boots, no gear, no fear
We tumble to the dewy depths
We slip under the covers
Of Lake Michigan
And it is not we, but me
whose tears mingle
into slates of steel that steal my breath
Rales ring in the distance
Are those my lungs?

A dead body floats, it turns out
But never mind that
Because this body isn't whole
And this mind is the lake is the illness is the wake
Am I the illness?
She asks



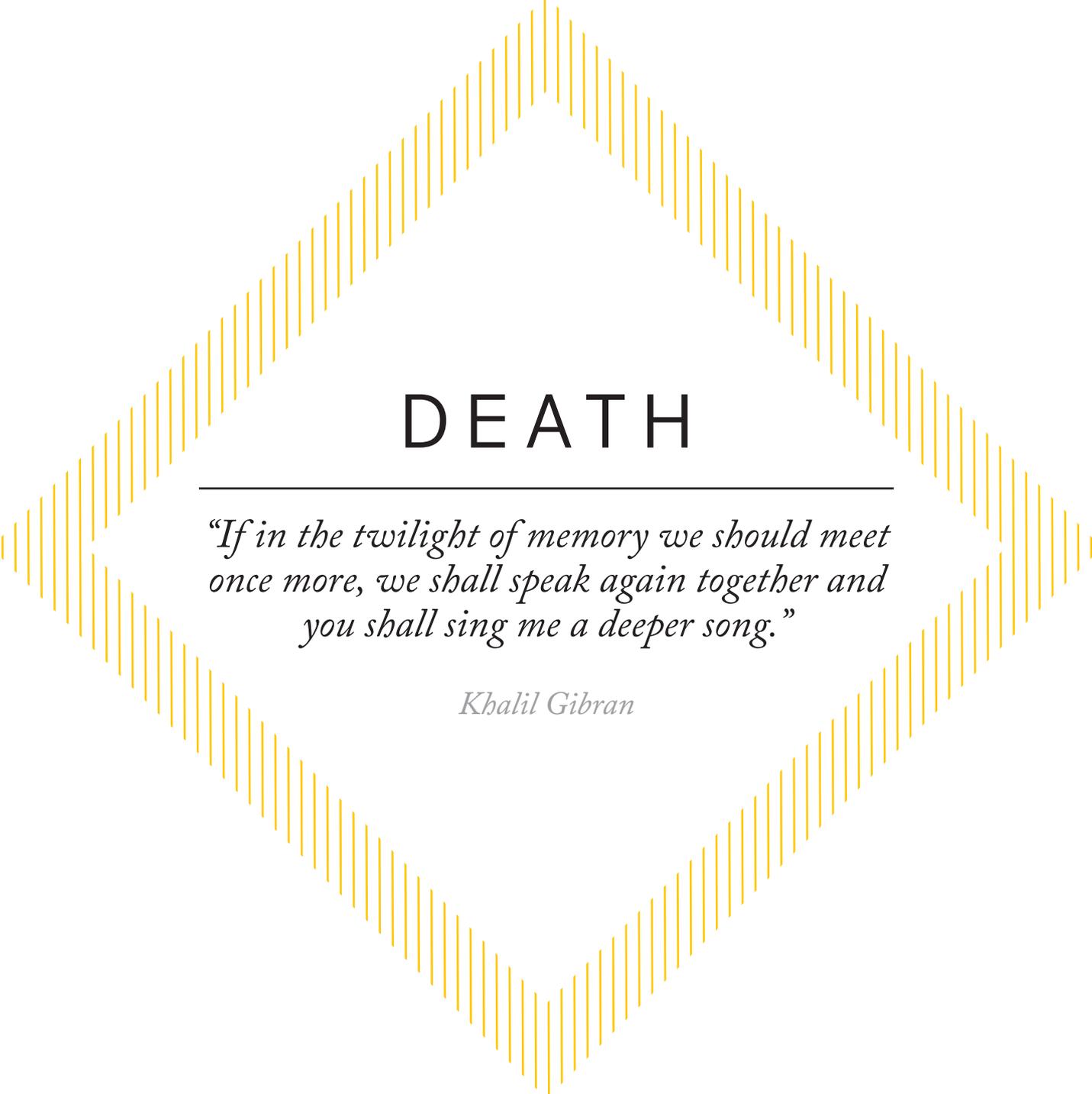
L'ESTAQUE (AFTER CEZANNE)
ACRYLIC ON CANVAS
BRENDAN SWEENEY, MS-3



THE SOUND
COLORED PENCIL
NOAH GAFEN, MS-2



WAITING FOR THE RAIN
PHOTOGRAPHY
LILY CHEN, MS-2



DEATH

*“If in the twilight of memory we should meet
once more, we shall speak again together and
you shall sing me a deeper song.”*

Khalil Gibran



PANDEMIC 1
 ACRYLIC ON CANVAS
 MARIBEL AMARO-GARCIA, FACULTY/STAFF

“Your patient just died.” The nurse informed me as I was about to walk into the open elevator on my way to lunch. I followed her and the resident back to the room, no longer filled with the steady beeps of the monitor or the steady breaths of the ventilator. One by one, every life-saving device was turned off, until the room was silent.

When he first arrived to the Intensive Care Unit, he was confused and agitated, with a chest tube draining bloody fluid from his side. I can’t forget what he looked like: bright yellow skin, eyes, everything. He had longstanding alcoholic liver disease and was awaiting a liver transplant, but for now he had developed a few complications.

His mental status improved over the next few days, but his stay was prolonged another week by kidney injury. During that time, I rounded on him every morning, and found he was always pleasant despite his deteriorating condition.

Even so, there were days when he was off. He would stare at the wall for several minutes without moving, his speech unintelligible. For most of his stay he wore padded restraints to keep him from removing his catheters and lines. On those days I would still ask how he was doing, give him updates, and hope that his comprehension was intact. His wife would come to visit every few days—he always seemed more oriented to his situation when she was there.

By the end of the week he had improved substantially. He had been placed first on the liver transplant list and preparations were being made so he would be ready for the operating room at a moment’s notice. That morning he was in good spirits, and I shared his excitement about the prospect of a cure for the disease he had battled for so long.

Two days later, there was a call to readmit him to the ICU for emergent dialysis. He was succumbing to kidney failure again, but our team held out hope that we could keep him stable until the next liver was available.

While examining him before rounds he seemed agitated, and I noticed an unpleasant smell. Lifting the sheets, I discovered loose stool, which he had been trying to communicate to me unsuccessfully. I found his nurse in the neighboring room. “Can I help you clean up the patient in Room 11?”

I took off my white coat and hung it outside the room, put on gloves and grabbed extra sheets. Together we

turned him and cleaned every side of him, then covered him back up with a new gown and fresh sheets. “Thank you for your help,” she said smiling. “By tomorrow he should have a new liver. He’ll be a new man.”

That night he was intubated, and when I saw him the next morning, my heart sank. His wife was there, crying and grasping his hand. She had already received the bad news: her husband was too unstable and had been taken off the transplant list. There was nothing more to do for him.

I stood there, numb, watching as his heart rate on the monitor plummeted, as the attending called for epinephrine, as the nurse brought the crash cart to the room. He was going to code any second, but the epinephrine kicked in just in time. The attending didn’t waste a moment. “Your husband has minutes to live, maybe hours at best. We need to talk about what he would want for the end of his life.”

After they left the room to discuss further, I stood at the bedside of this patient I had grown to care about and whose success I had been rooting for. Those hopes were gone, and he was going to die. My patient was going to die. Not knowing what else to do, I whispered a brief prayer and left with tears in my eyes.

The attending found me later, after the patient’s body was taken away, and asked if I was okay. “My patient died!” I said, tense and perhaps even angry. “We did everything for him, he was first on the list... and he just died!”

“Yes, he died,” he acknowledged, trying to convey empathy from behind his N95. “Our job isn’t saving lives; it’s taking care of patients. Sometimes that means letting them go when it’s their time.”

That evening I drove home in silence, contemplating his words. I thought about the future patients that I will see in my career—how many of them will I lose? How many times will I see death in front of me before it doesn’t faze me?

I don’t know. But I hope, when someday it’s my turn to be an elderly man in an ICU bed waiting for my time, that the fresh medical student who rounds on me will care as much as I once did.

AN ACROSTIC
SANKALP GOBERDHAN, MS-2

Do we ignore the elephants in the room?
Elephants by windows cause shadows to loom.
All the elephants pale in comparison
To the largest one, from which we try to run.
How do we escape when it cannot be done?



SERENITY
PENCIL
ANGELA LO, MS-1

LAST CONVERSATION
RAMAPAADA MEDAM, MS-2

When does it need to end? The laws of entropy, follow you must.
Why does only life follow this trend? Even mighty iron, turns to rust.
What comes around the bend? Mystery of fate, you will trust.
Where will I transcend? Back home, by wind gust.
Who are you?

THE ANATOMY OF US AND EVERYTHING IN BETWEEN
ASHLEY SU, MS-1

When you can see the end
Metastatic lung cancer, well-worn 76 years, and wrinkled lines scattered around the eyes
Physical signs and charts a sentence
You can plan for it, even as far enough as to graciously give yourself
For us
In hopes that we learn

Quietly, my gloved friends and I contemplate death
A subject, until recently
Foreign to our invincible youth

When you cannot see the end, you should not, at least not for a very long time
But still it comes and quickly
A surrender of the mind twisted
You were only 25, you were only 28
Endlessly robbed in this winter of regret

I wish you all could come back
Even just to watch as I stumble and slice through gross anatomy lab
Unaware as I take my next breath in and out in and out
But our goodbye was already here, within us
It has always been here, and no toil would cede me to forget it

Cruel jokes played by the universe
There is not a second nor drop of blood in vain
In the end, it's all the same punchline delivered

A PANDEMIC FAREWELL
DOROTTYA B KACSOH, MS-1

Cancer improving
--split up at the ER door
Last breath spent alone

CONVERSATIONS WITH DEATH
MIHAELA KANCHEVA, MS-2

Death. A single word that holds so many different meanings. For most, it is filled with a heaping of confusion and sorrow, a long pour of longing, and a dash of anger or guilt.

As doctors, it is our duty to stare Death in the face for our patients, fighting a gladiator battle until we have fended off the beast. But Death isn't so easily beaten. When we think we have cut its head, we learn death is truly a Hydra. Perhaps we can beat it back for a time – hours, months, even years. But Death always finds its way back to people. And that, to us, is failure.

Death, for some, is a wave that crashes continuously into the tranquility of life. I met Death at a young age, when it came for my grandfather. Because he died the day before my 8th birthday, my parents decided not to tell me about it.

In the years following, I encountered more deaths as older relatives died. With the start of college, young people started dying too. At first, they were more distant connections - a friend's friend died from a sudden thromboembolism in her brain. Then they started hitting closer to home. By senior year, a friend had died in a car accident, and another had died of a rare mitochondrial disorder.

Death is something we are taught to keep quiet about. To fight. To only mention in the darkest corners, and hush before the person walking by hears you. To a degree, that fear of death is important. It pushes us to achieve, to connect, and to live.

But the quietness and shame that surrounds Death is hurting us. We fight hard against something that is simply part of life. It is inevitable. Amidst this battle, we forget to take a step away from it all, to put the shield down. Flipping through the latest journals and newest drug trials to buy a little more time...maybe if we switch them off this drug and – STOP! Sit, quietly. Breathe. Listen.

Because Death is not the enemy here. Death can be the hearth on a cold day where friends and family come together, sipping on warm tea and coffee and laughing boisterously at old memories.

Death can be sudden, and it never comes when we want. With the people we love, we will simply never have enough time. As physicians, it is important that we trade in our sword for a roundtable. Death will, unavoidably, be invited, but so will our patients, their family and friends, and their memories. It is our duty to be our patient's advocate to Death – sometimes making barter for extensions and sometimes helping our patients decide that it's time to take Death's hand.



WARM GROOVE SERIES
WATERCOLOR AND INK
KYLEE CRATE, MS-4

COOL GROOVE SERIES
WATERCOLOR AND INK
KYLEE CRATE, MS-4

Mr. Jackson is an active 75-year-old male. Stewart is an active 70-year-old Golden Retriever... Mr. Jackson likes to count in dog years. Mr. Jackson and Stewart are best friends – truly inseparable. Mr. Jackson’s favorite thing to do is walk Stewart around the neighborhood. The neighborhood kids always run over to play when they see them trotting by. Stewart never leaves his side. Mr. Jackson plays tennis with his son three times a week – he proudly states that Stewart is the best ball boy. He also started teaching his grandkids how to garden – he boasts that Stewart is the best at digging holes. Mr. Jackson says that he owes his life to his dog. You see, Stewart was there for Mr. Jackson when his wife passed away suddenly three years ago. He was always there, no matter how alone Mr. Jackson felt... always by his side.

Mr. Jackson did not go anywhere without Stewart; that is, until he walked into the hospital on a beautiful Monday morning. The weather really was perfect that day. I remember, because when I greeted Mr. Jackson in the ED, he mentioned that he was excited to take Stewart to the park later that day when he got home. I had the privilege of taking care of Mr. Jackson during his five-day stay at the hospital. There was never a conversation that went by where he didn’t bring up Stewart. He showed me pictures of him as a tiny deep-gold, floppy-eared puppy and now as a shaggy-looking, gray-yellow old boy. While lying in his hospital bed, he told me about how Stewart slept with him every night and how much he missed his fur brushing up against his arm. Mr. Jackson loved Stewart and I know Stewart loved Mr. Jackson.

Mr. Jackson died that Friday. He passed away in a hospital bed – no Stewart in sight. Mr. Jackson never had the chance to say goodbye to Stewart. He wasn’t able to take him for one last stroll in the park or play with the neighborhood kids. There was no time to hit one more tennis ball out-of-bounds for Stewart to collect. His grandkids will have to finish learning how to garden from Stewart alone. However, the thing that haunts me the most is that there was no warm fur by Mr. Jackson’s side to comfort him as he took his last breath.



JUST DANDY IN TIMES OF CHAOS
ACRYLIC
DEBORAH SHIMSHONI, MS-4

REGRESSION
ACRYLIC
JOSHUA SALZMAN, MS-2



HUMAN
PALAK PATEL, MS-2

I toured a funeral home once. The funeral director led us through the preparation room where his vast collection of makeup was on display. “We want to make the deceased look normal during the viewing,” he’d said, a proud grin on his face. At the time, I thought it was weird. I had been to my grandparents’ funerals and they had looked normal enough. Why would we put eyeshadow on my dead grandmother when we were just going to burn her remains?

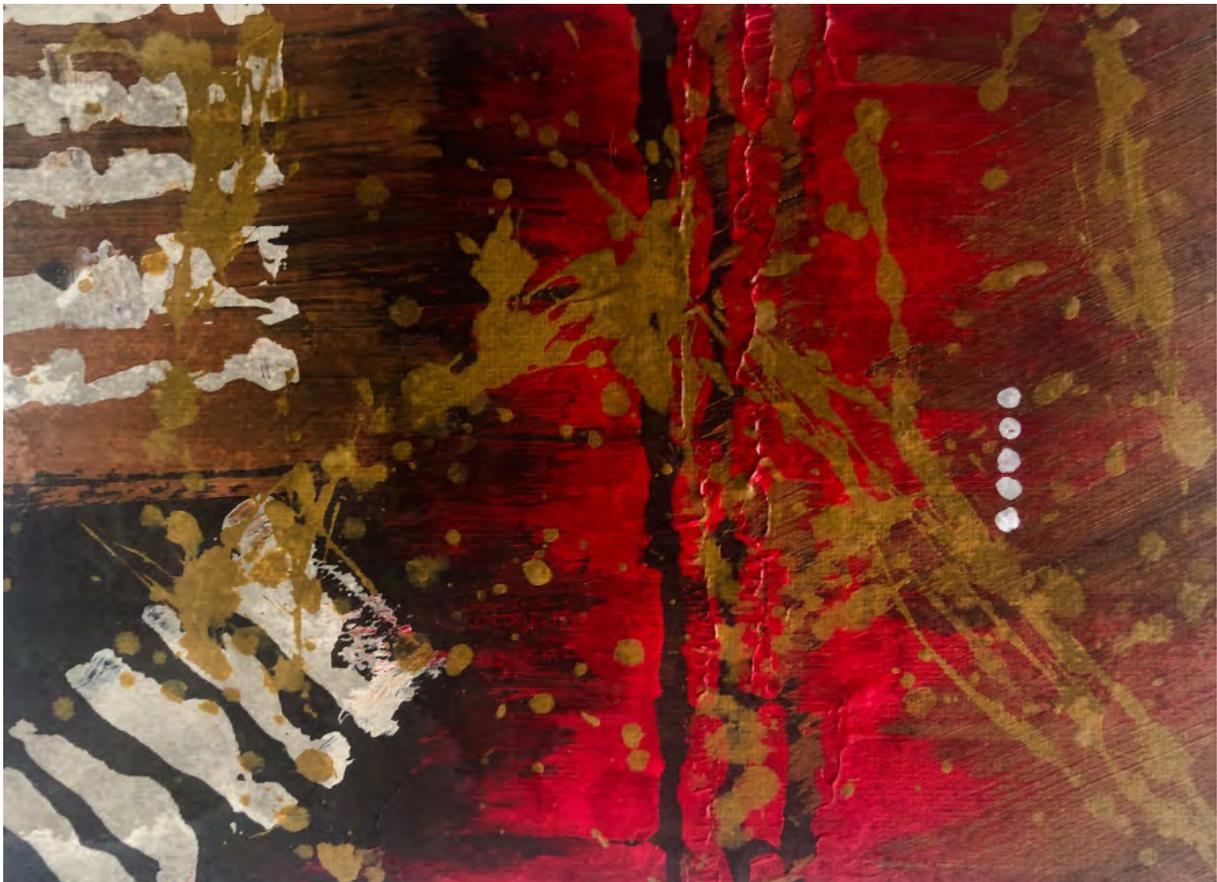
Then I saw a body without makeup and the person didn’t look like a person anymore. There was some quality of personhood lacking in the deceased. Huh, I thought. I guess the makeup does help maintain the illusion of being alive. It helps us distance ourselves from the stark realities of death.

My grandma looked like she was sleeping during her wake. I don’t think I could have seen her without the makeup but maybe I should have.

What does it do to us, painting our dead loved ones to make them look more human?



PANDEMIC 2
ACRYLIC ON CANVAS
MARIBEL AMARO-GARCIA, FACULTY/STAFF



PANDEMIC 3
ACRYLIC ON CANVAS
MARIBEL AMARO-GARCIA, FACULTY/STAFF

a sestina

My child won't be afraid of the dark
my Father says, and believes the lie.
And so I ask you Father, who can stare
into the shadow black corners at night
and face the timeworn eyes of hollow death
and not fear within the creeping cold?

This, water dripping down a pale back cold.
There are monsters hidden in that cruel dark
whispering, chuckling in chilled gusts that death
is not the worst we offer – so I lie
and twist sheets to threads, sweating through the night's
thick air, each breath labors. Father, who stares

unabashedly at the demons star-
ing back, and does not see the sickly cold
reflecting from their own foul souls, the night
of their existence sinking putrid dark
shadows – kindness, mercy - on pretty lies?
Come, come, let us overcome empty death

by laying bright, warm platitudes at death's
bare feet. As if behind, its empty stare
does not see the sad, callow fear lying,
a mangled, mangy dog in a damp, cold
corner – our lonely decrepit darkness
left to scavenge while we seduce the night.

Father, I cannot, cannot sleep each night
because in corners unrelenting death
lingers, begging begging me fear the dark
even if I shut, squeeze my eyes it stares
and humming, la la la la la - the cold
is gripping and loud and who is lying

in this bed? Am I? Am I the liar?
The dog shifts suddenly in the still night;
the air conditioner blows loud and cold,
and at the edge of my consciousness, death
slips closer to my bedside. The dog stares
quietly, then rests her head. All is dark.

A dream – a cold hand gently lying
on a dark dress; a jasmine summer night,
the lonely face of death; her warm stare.



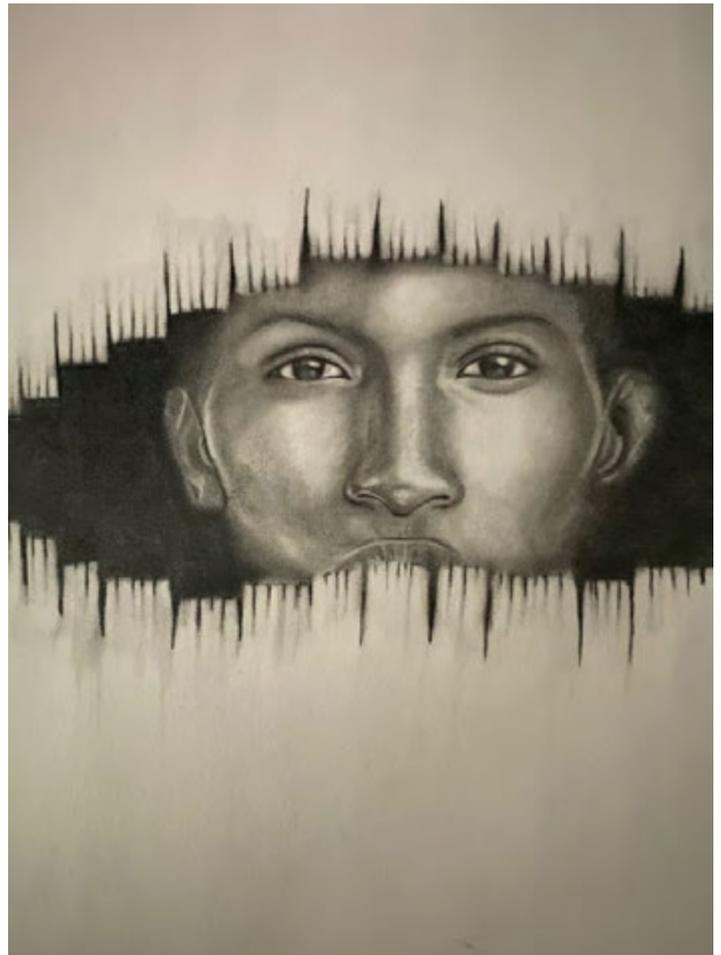
MAYAN SKULL ART
PHOTOGRAPHY
THOMAS SUN, MS-4

BLINDSIDE HIT
ANONYMOUS

I met you online,
A headline standing out amidst the chaos of a pandemic.
Twenty-five, a professional athlete until
A blindside hit delivered by a colloid cyst;
Increasing cranial pressure disguised as an innocuous headache.
Emergency brain surgery
Complicated by a brain bleed.
A medically-induced coma – Time out.
Doctors scrambling to draw up one last play,
Puck drops.
A race against the clock.
2.6 seconds.
Fans praying.
Waiting, breath suspended.
Your shot, a black streak against the ice.
Rubber meets leather.
Chests deflate in a collective exhale,
Your last.
Alarms blare and lights flash as time expires,
Hopeful faces caving at the loss.
Someday I may see you again,
Years down the road.
A patient in the ER
Complaining of intermittent, severe
Frontal lobe headaches,
Bouts of confusion,
Occasional nausea.
I look up from the huddle;
You're in the box seats,
Rooting for them
As they lace up for the game of their life.



COM GRAFITTI 2
DIGITAL ART
MARIBEL AMARO-GARCIA, FACULTY/STAFF



PARTITION
GRAPHITE
LAKE LINDO, MS-2

THE COST OF CARE
JASON KIEFFER, MS-4

The family is gathered, hoping for a miracle. It has blindsided everyone, but who expects a seemingly healthy woman in her 20s to deteriorate so rapidly? An hour earlier and she was with her partner enjoying the evening like any other. Now she lies still, as the physician explains the ominous circumstances. There is a dramatic cerebral bleed that followed a precariously climbing blood pressure.

I'm nervous to ask, but I collect her story from her partner and family. She knew of her hypertension and controlled it well with medication. Several months ago, though, she celebrated her 26th birthday. It was a joyous milestone, except for the small consideration that she would need her own health insurance. Surely the significance would be small, and it would not be long until she could use the benefits from her new job. She tracked her blood pressure at home until she could afford her doctor visits and medication expenses. Another month or so, and it would all be sorted out. She was concerned by the elevated measurements at home, but she continued to feel fine as she got ever closer to affording the insurance.

“Close” is only as far as she would ever get.

Health care remains a luxury item. While the wheel of politics spin, achieving affordable health care is left to the wayside. Possessing it is essentially a status symbol. But unlike the material objects that flood our modern society, if you cannot afford this “dispensable good”, payment may come in the form of losing a life.



Kylee Crate

SUNSET COWBOY
WATERCOLOR AND INK
KYLEE CRATE, MS-4



Kylee Crate

MIDNIGHT COWBOY
WATERCOLOR AND INK
KYLEE CRATE, MS-4

Taromancy, or tarot card reading, has been around for centuries. Although tarot card designs emerged in the 15th century as playing cards, their usage in mysticism developed later in the 1700s. For amusement or clairvoyance, tarot cards are thought to provide insight into the future. Interpretations of card layouts are meant to provide guidance for the journeys in our lives through divination.

As medical students and as physicians in the future, we also peer into the past, present, and future by reading the signs before us. The distinction is that instead of making decisions based on card spreads, we rely on evidence-based practices derived from rigorous scientific methods. In turn, we utilize our insight to care for the patient and accompany them through some of the most difficult situations in their lifetimes.

Beyond romantic analogies, there are morals that can be derived from the meaning and symbolism of each tarot card. Many of these principles are relatable in medicine. Here, I attempted to characterize themes of medicine through unique custom-made tarot cards.



Temperance, as the name suggests, is a representation of moderation. Through moderation, one can find balance, harmony, tranquility, and patience. These virtues are illustrated in the design of the angel, who stands with their right foot on land and their left on the surface of the water, holding two cups with water mixing between them. In medicine, every step should be planned through calm and careful thought processes in a delicate balance between different concerns. While swift decisions are sometimes necessary, we should maintain tranquility; just as the water gently flows between the cups, we must be fluid within reason and avoid cognitive errors such as anchoring in clinical decision making.



Strength exists internally. If the lion represents intimidating adversity and impetuosity, the flower-crowned woman is the purity of spirit, wisdom, and discipline needed to control it. She does not respond with force or violence but rather gentle resolve using her hands. We also may encounter incredible challenges in our careers, some stemming from struggles within ourselves and others from our experiences. While we are not infinite in our qualities, we should face the challenges with steadfast confidence, courage, and compassion and with the knowledge that our efforts are just as admirable as the results.



The Empress, at face value, portrays the nurturing and creative qualities of medicine delivered with grace and generosity. One additional detail was added to this illustration of the card: the empress as depicted is modeled after Franz Xaver Winterhalter's 1859 portrait of Queen Victoria. Aside from the medical significance of her genetic lineage, Queen Victoria is iconic in her own right. The Victorian era saw marked changes in culture, science, industry, infrastructure, and politics, and military reforms, and massive expansion of the British Empire also occurred during her reign. Moreover, Queen Victoria defended religious freedom and embraced different cultures in a time when discrimination was normalized. In the context of medicine, the card is symbolic of tolerance and fairness required for excellence in clinical practice, and the empress thus heralds the birth of new ideas and their fulfillment, which are critical to the progress of healthcare.

While I have depicted and interpreted a representation of medicine, each person has their own understanding of the cards and the various facets of physicianship. Nonetheless, there are some consistent themes in the successful practice of medicine which were alluded to here. We should strive to meet collective expectations professionally, but in tandem, we should acknowledge our humanity because after all, we are mortals looking to the divine.

THANK YOU



This publication is made possible, in part, by support from the Chapman Humanism in Medicine Initiative at the UCF College of Medicine. The Initiative was established in 2015 thanks to a generous gift from The Jules B. Chapman, M.D. and Annie Lou Chapman Private Foundation. The goal of the Foundation is to elevate the values of professionalism and humanism within the practice of medicine through activities within medical education and the community.

WHO IS AIM?

Arts in Medicine (AIM) is an organization at the University of Central Florida College of Medicine. It was founded in 2012 with the goal of empowering students, faculty, and the medical community through the power of self-expression and creativity. The mission of AIM is provide opportunities for students, faculty, and staff at University of Central Florida College of Medicine to actively integrate the arts and sciences. In the past few years, AIM has grown into a robust group of students, faculty, and staff that are united by their love for the arts.

AIM spearheads projects and activities across the arts, ranging from visual to literary to musical to performing arts. Through our efforts, we hope to maintain our vibrant community not only at the University of Central Florida but within Central Florida as a whole. AIM has partnered with a number of distinguished organizations in the region 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 in AIM believe 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 word, one note, one brushstroke at a time.

Find us online at www.ucfaim.com.

UNIVERSITY OF CENTRAL FLORIDA

