Spring 2015 Longview

To the readers of *The Longview,*

The journey to becoming a healthcare professional is one filled with challenges and a variety of emotions. At times one may feel elated and at other times one may experience disappointment and sadness. It is a journey that involves embracing new relationships while accepting the loss of others. Ultimately, it is a stressful, but life changing time for students. Due to time constraints, a heavy course load, and a paucity of creative outlets, students can easily find themselves unable to communicate their adversities. We understand that this journey creates the very real possibility of burnout. More importantly many people experience the loss of empathy.

The Longview was created to be a forum in which students within healthcare fields can share their experiences through any genre. Our medical humanities journal is meant to be a tool used by students to express themselves in a way that is both educational and emotionally healing. We also strive to better understand the educational experience of all healthcare students. Our journal is inclusive of several disciplines within healthcare programs. We strongly believe that to be truly a part of a team, one needs to understand their teammates. Each discipline carries its own joys and burdens. It is our hope to learn more about these diverse perspectives through this platform.

This edition showcases experiences from throughout the educational journey. You will find that some pieces do not have a direct link to patients, but are rather a reflection of the training itself. Just as two people may have different interpretations of one event, our personal and professional development experience also differ. *The Longview* is open to a wide array of submissions that were sowed from students' educational and professional development. Thank you to those of you who have contributed and to those that will contribute in the future along *The Longview's* journey.

Welcome to *The Longview* and we look forward to the next edition.

Sincerely,

***The Longview* Editorial Board**

STUDIO ART


Paula AO
Nov 24, 2019

Being Present

This watercolor depicts a University of Calgary nursing student helping an elderly walk down the stairs while also holding a baby. This represents the idea that as nurses we are present across the life span and in very different settings. As Registered Nurses it is our call to support the health of the patients since the moment they are born, until their late years. The painting also shows the nursing student bringing the patients out of a dark place full of skulls, and bringing them into the light. This represents the idea that Nurses accompany the patients while they face death. Nurses are there in the darkest moments of the patients. We try to calm their fears when they are scared and depressed. With our knowledge we bring hope to the patients and we try to show them the positive side of every situation.

Even if our patients die, we know that we were there for them, taking care of their physical, social and spiritual needs. As nurses, we are there not only to administer medications or to treat a disease. We provide holistic care. As Hunter Doherty (also known as Patch Adams) once said: “You treat a disease, you win, you lose. You treat a person, I guarantee you, you'll win, no matter what the outcome”.

Paula Orozco is a Nursing student at the University of Calgary

Crouching Tiger - JoyAnne Krupa

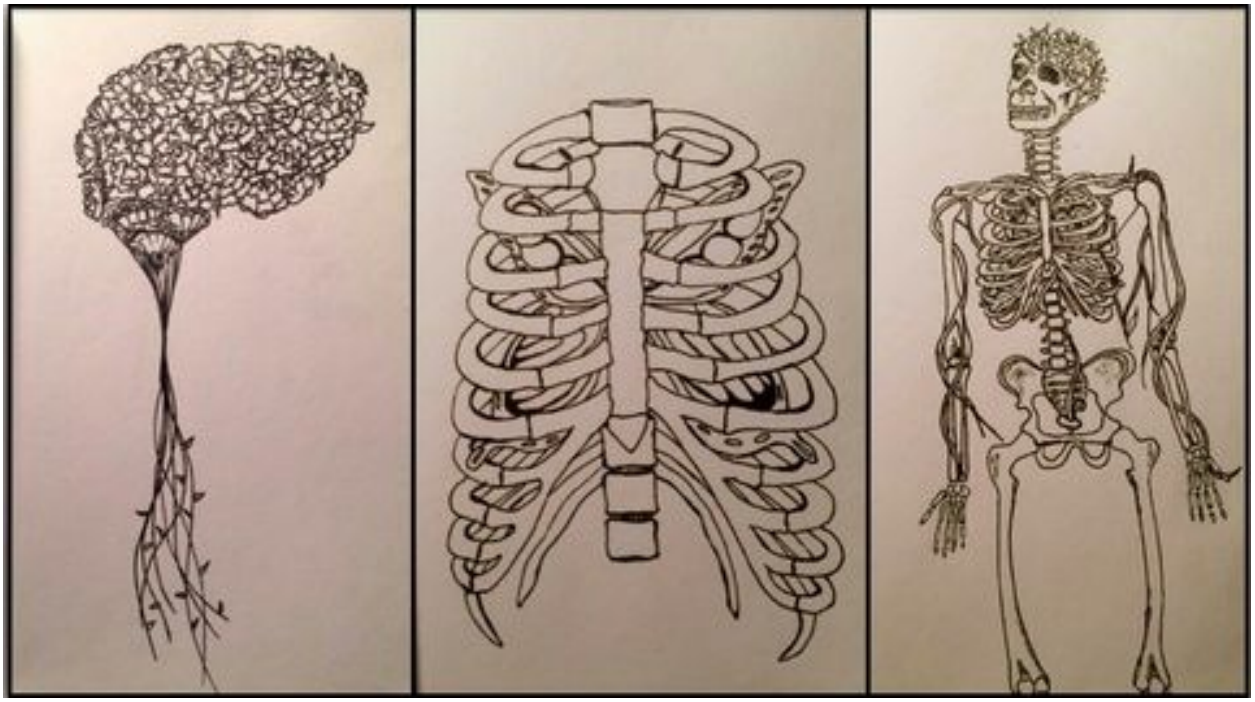
The crouching tiger sketch I did quickly and thoughtlessly on a piece of juvenile orange construction paper when I was a Pre Med Student. As an applicant, I truly had little idea what was behind that admissions door. For all I knew it could be a tiger!! The thought of the crouching tiger awaiting Pre Medical Students playing Mother Theresa and eagerly trampling each other with beakers, flasks, and volunteer CVs in hand was a curious thought.

I still remember the calamity of the medical school admission process. It was full of uncertainty and deadlines, with no answers between deadlines. There was the inability to plan your future while you set aside months for potential interviews. There was the stress of having to be better than the best: start your own non profit, be a leader in your school, be a model of health, get straight As.

During that time, I often wondered if any of us had a clue why we were trying so desperately to be doctors. Perhaps some knew it was a life of glory and fame, where one is held in the highest regard by all members of society! Or maybe it was the revered profession chosen by parents as the destiny of their high achieving child. Maybe it was the allure of the challenge.

The reason I dig up this old image is because it continues to resurface in my mind and define my experience throughout medical school. It no longer applies solely to the admission process. What I know now is that medical school is a tiger. Once you are in, there are more doors and more tigers; clerkship, CaRMS, residency, and sometimes jobs. It is not glamorous and sexy. It is a painfully challenging journey that becomes increasingly difficult and demanding. Medical school is about loving the tiger.

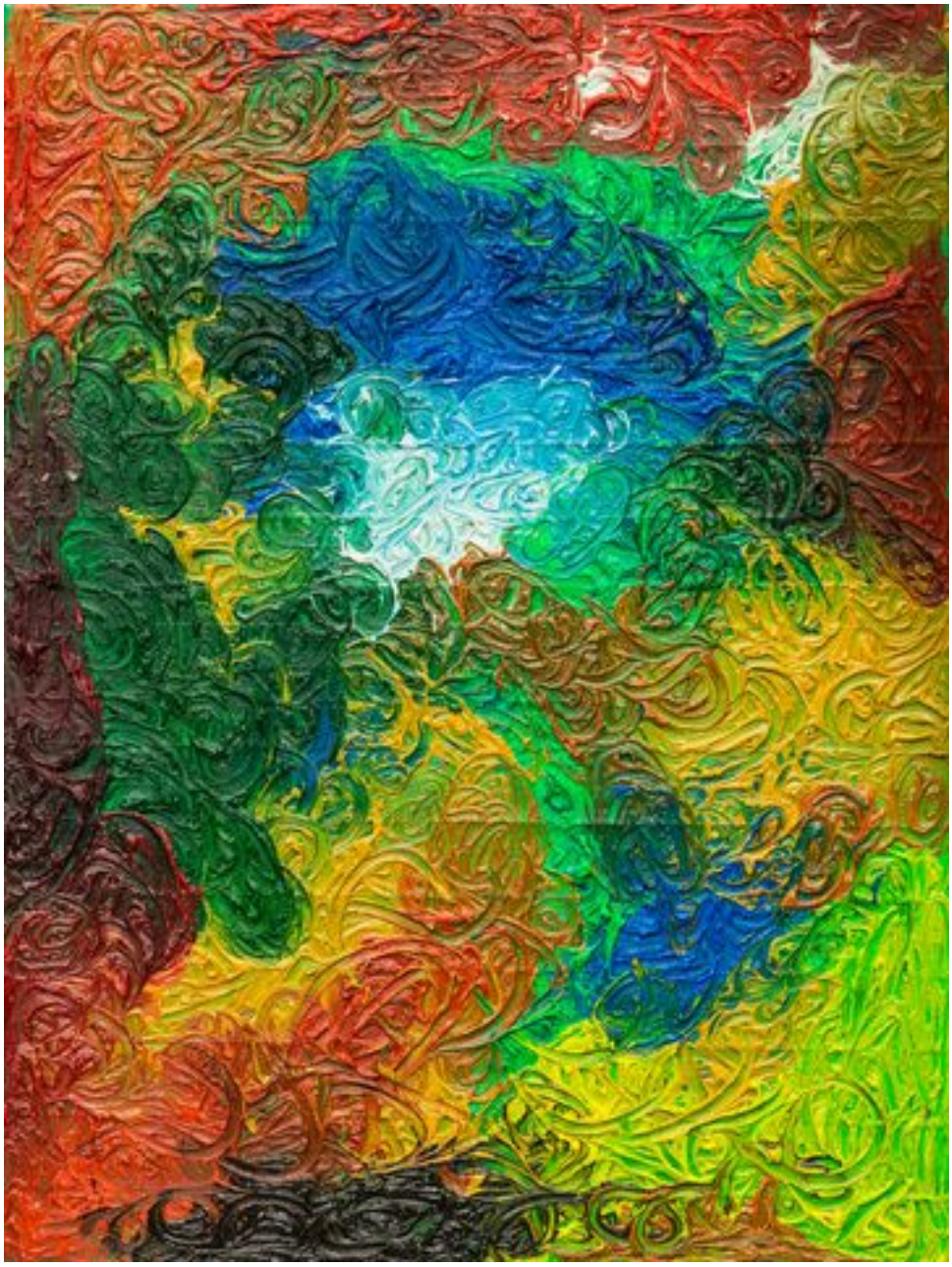
JoyAnne is a third year student at the University of Calgary Cummings School of Medicine



Human Nature - Kate Maki

The human body is a fascinating thing. I am drawn to the study of it in both the realms of art and science. In art, I like to highlight the symbolism between nature and human anatomy and have chosen these images to make up a triptych I hope will emphasize this. As a student, art acts as an outlet to express my growing curiosity with medicine and its overlap with the field of humanities. I think there is an important symbiotic relationship between art and science that is sometimes overlooked.

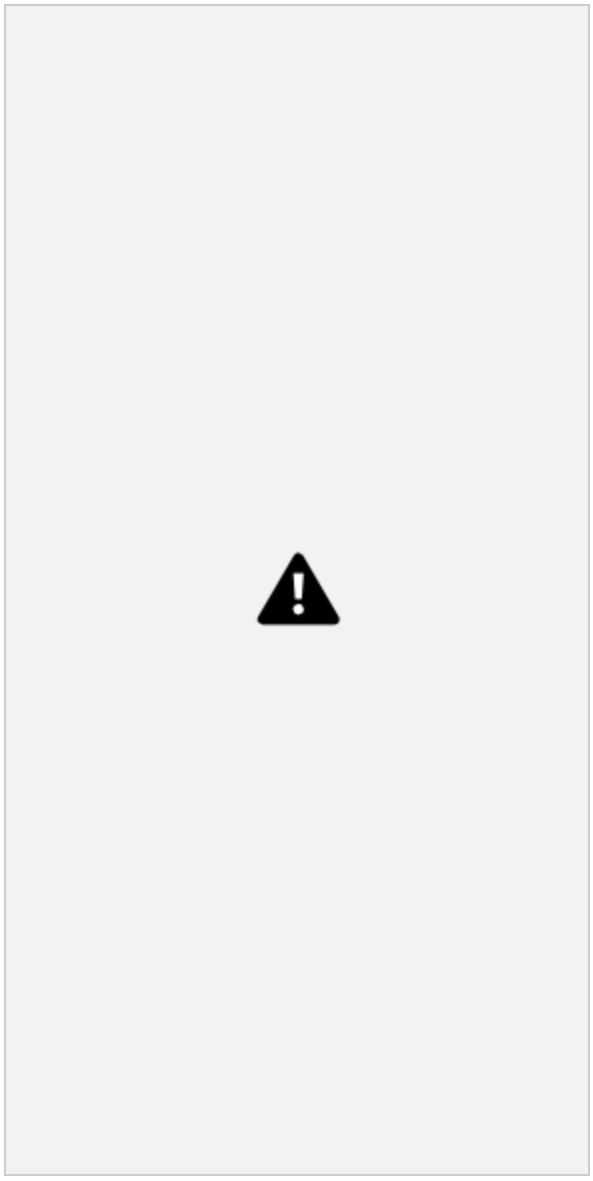
Kate Maki is a third year student at the University of Calgary Cummings School of Medicine



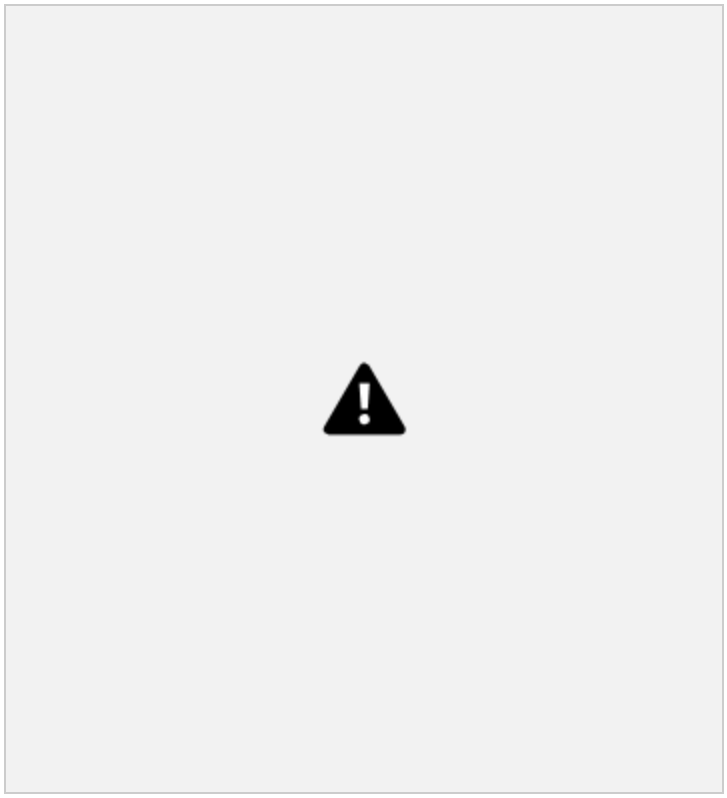
Finding the Story - Grace Wang

This abstract painting describes the tangled web of patient stories, and the myriad factors that play into a person's understanding of the world, and thus, understanding of their illness. A patient's perspective is seldom linear. As health care providers, we are privy to the intersection between patients' stories and able to piece together common elements. "Finding the Story" is an expression of the complexity of patient perspectives and the ways in which different patients' stories unknowingly touch.

Grace Wang is a third year student at the University of Calgary Cummings School of Medicine



Lady Health Care - David Huynh



Presence - David Huynh

David Huyng is a Nursing Student at the University of Calgary

POETRY

puzzle pieces

A jigsaw puzzle

sits with my patient’s chart.

An artful dare, a diagnosis

dancing under my

clever fingers

that tip the box.

The pieces fall like snowflakes.

The texture beckons

with smooth silk

and glazed sandpaper -

corners frayed like worn jeans and used matchsticks,

old lovers daring fingers

to find their paramour.

Fit the contours

of tessellating keyholes -

temperamental, teasing.

Convex clarity vex experienced eyes,

vying to crack the case,

and sharp lines cut,

chasing after subtle swerves,

a maze of menisci.

They find their counterpart

and weld color -

stained and bleeding

they fuse and fit

like a watercolored rubik’s.

And there it is,

a hairline fracture of hue,

a pale blue clue emerges,

surfaces, as I fit the last -

the final piece!

The puzzle buzzes with a defeated differential.

I examine my masterpiece

and meet a sad gaze.

A puzzled face creased

with cleaved fissures of jigsaw pieces,

standing in a pale blue hospital gown.

Wondering how,

in all my careful looking,

I didn’t see her in the first place.

Carli Clemis
MD Candidate, Class of 2016
Cumming School of Medicine, University of Calgary

PROSE

“Primum Non Nocere: Reflections on Preclerkship Elective Selection”

> *It is common for helping professionals to feel responsible for meeting their clients’ every need... it can be difficult indeed to sort out the differences between a ‘healthy’ giving, born of our deepest desires to love, and an ‘unhealthy’ giving, springing from unfulfilled psychological needs- for approval, for achievement, to appear more saintly than we really are.*
>
> *David Hilfiker*

Global health electives are growing in popularity in medical schools (James, 1999); unfortunately, “the enthusiasm [of students] has not been matched by medical educators’ interest (or ability) to evaluate international health electives with more rigorous studies” (Thompson, Huntington, Hunt, Pinsky, & Brodie, 2003). These initiatives have been criticized for undermining local health systems and local health needs take a backseat to the supervision of western medical students (Bishop & Litch, 2000). What moral obligations do medical students need to consider that relate to their local community as well as the health and wellbeing of humanity, globally? Can we strive for more than just an avoidance of harm?

Olli S. Miettinen contends that modern medicine should be viewed as a *scientific art*. The physician is required to understand the patient’s situation and to teach the patient about his or her health and how intervention may (or may not) change it for the better. This requires that the physician actually knows something about the individual’s health. The physician is required to demonstrate a human, rather than god-like, character in order to genuinely collaborate with the patient. This obligation, Miettinen argues is – “not merely as a dreamy ideal but as a practical pursuit.” (p. 1502). The medical student should always be truthful, about his or her clinical (in)abilities and seriously consider the implications of the training process on patient care. While the global-health-minded elective student may wish to acquire medical knowledge in a resource poor setting, they should consider the power differences between themselves and the patients and reflect on which party is most likely going to benefit from the interaction.

Additionally, Communitarianism draws our attention to the social connections humans have with their families and communities (Sandel, 2010). This philosophical orientation includes the notion of *positive rights* – that human beings are entitled to certain fundamental services from their larger community. The considerations raised from this ethical paradigm necessitate the provision of health care to all citizens, particularly those who are most vulnerable. If the conscientious medical student considers these obligations it becomes morally inadequate to avoid working with patients from disadvantaged social strata. For the medical student opting for a sub-specialty elective in a wealthy community, they are dismissing the positive rights of all citizens to receive medical attention and the special role that they play in the provision of medical care to those who need it most.

Thomas Pogge adds a level of global responsibility that the ethical medical student must also take into consideration (Pogge, 2004). The challenge, he contends, is that one must reflect on the fact that the current economic and related health asymmetries did not arise at random and a dark history of colonialism and imperialism have led us to the current gaps. Medical students should consider what role they could play in alleviating these global health inequities, as they are simultaneously enjoying the economic benefits. Incorporating global health into one’s practice is a moral necessity not an option that can be dismissed if the student feels they simply lack interest. Further, medical research, largely driven by the pharmaceutical industry “skew medical research toward the affluent: medical conditions accounting for 90% of the global disease burden receive only 10% of all medical research worldwide” (p. 392). Medical students must become familiar with the health needs of the developing world and incorporate some component of their career to addressing these inequities; it is morally obligatory.

Medical students must consider their obligations at a variety of levels. At the patient-level, the medical student must be modest, humane, and wise and honestly acknowledge their clinical insufficiencies. At the community-level, medical students must begin to plan how they will provide medical care, a positive right, to the segments of the population that need it most. It is morally inadequate for the medial student to choose an elective that only exposes them to the medical requests of the elite. At the global-level, the medical student is required to educate themselves on the health needs of the developing world. In sum, it is nai?ve at best and self-serving at worst to choose an international medical elective early in one’s training. It is also insufficient to dismiss the positive rights of the vulnerable populations in one’s own community. Finally, it is morally obligatory to practice medicine in the developing world, though in a sustainable and accountable way that respects the patient’s circumstances.

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"Reflections of a Medical Student"

As a medical learner, I spend much of my time thinking, or more accurately, feeling guilty. How much more could I have studied? Should I have attended that extra session? What memory tricks could I utilize to learn one more diagnosis? All these thoughts point towards me as the culprit. I can be better. The problem is one can always be better.

Before I begin this reflection, I would like to explain that I see *The Longview* as an opportunity to share experiences. There is no assigning blame nor am I revealing a brilliant solution. However, I do think that these deep-seated issues need to be confronted for us to move forward.

To be blunt, medical students and residents are burned out. Whether it is now or later, it will happen. Our journey did not begin with an entrance exam. Preparations began years prior with volunteering, working, studying, or networking. It is ridiculous to hear that once in medicine, the path is easy. You have passed the first pit stop while there remains a minimum of five years until you practice independently.

The program works you harder than a full time job: 8 hours of formalized education plus studying and/or preparing for the next day. Many of us have families and children to support, not to mention that most students have moved far thereby leaving comfort and support systems. To add further stress, students get one to two breaks a year which is miniscule compared to the academic load.

Bringing Type A students together runs the risk of exhaustive competition and unnecessary anxiety. The most obvious example is when students collide in full force when vying for competitive specialities. This stress further spills over to the rest of the student population leading to a vicious cycle. The medical experience is no longer a journey of learning, but rather strategizing how to out compete your fellow colleagues. It is dangerous that students feel the need to work through their breaks, to take on extra electives behind-the-scene, and to skip formalized learning to pursue shadowing experiences.

Another unspoken truth is learner mistreatment. The culture of shame is sadly well rooted into our learning process. Everyone experiences shame differently, but the vast majority of students will have traumatic experiences with shame-based learning. Never before medical school have I seen students break down because of a supervisor's words nor am I immune to these situations. I have heard over and over that these moments are part of the process. But should they be? Should we tolerate and therefore perpetuate an environment where students feel worthless and helpless?

By the time students begin to adapt, they are again met with a new challenge: clerkship. And then there is residency. And a fellowship. Another fellowship? Ultimately, the road to the glorious "attending" status is long and hard, which if not dealt with carefully will undoubtedly result in burnout. An exhausted student or physician will simply not be able to provide proper care.

I have painted a bleak picture, but I am very grateful to have this opportunity to pursue a well- respected and fulfilling career. Every once in a while I experience those hallmark moments, which are sincerely heartwarming. I have met unique and inspiring individuals with whom I hope to continue learning and growing. I will have the privilege of meeting people from all different walks of life and to be privy to their stories and concerns. Trust me when I say, I would not have spent the effort to get here if I did not believe that this was where I wanted to be. Ultimately though, if no one speaks up for the existing problems, then they will only spread and seep further into the system. Leaving these unspoken issues is like leaving a cellulitis to burrow deep into tissue leading to osteomyelitis – debilitating and devastating to the patient and their loved ones.

The next time you think to yourself that you aren't worth it, think again. Yes, you probably should have studied a little harder, attended that extra review session, and read that flashcard for the 50th time, but you are only targeting one aspect of the problem. If you want to make a significant difference in your medical experience and in bettering quality of care then think big. Think of how we are going to little by little break down these barriers to success.

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Untitled

When we found out we were headed for long-term care, we all groaned. My fellow nursing students and I had signed up for some real action! We couldn't wait to go to the hospital, give medications, and start IVs. We wanted to do the things real nurses do! But that would have to wait, for now I was headed to a dementia long-term care placement. I did not expect this to be the place that would teach me what nursing is all about, but the day I met Steve*, I knew this would be a special placement.

I met Steve while looking for residents to do a puzzle activity with. He was sitting by himself in his wheel chair looking very absent-minded and uninterested in anything around him. I brought the puzzle over and asked if he wanted to help me build it, to which I got no reply. Nevertheless I decided to sit by him and build the puzzle. Although I tried starting a conversation, he did not say anything during the whole activity. By the end of the puzzle I was having trouble finding the pieces for a few spots and expressed my frustration out loud. To my surprise, Steve told me "you gotta place them according to the colour". Later that day when I gave him a choice of calendars to look at, he chose one with small dogs by saying " I don't want to be that guy, but I'm gonna go with the one with the little dogs". I was so surprised by Steve's cognitive awareness and sense of humour that day. From then on I spent a lot of time with Steve. While he was quiet and shy around most people, he became funny and talkative with me.

I spent three months getting to know Steve. I learned that building model trains was his favourite past time and that he had been a post-man all his life. I also learned that although Steve had been married twice and had two grown children, they were no longer part of his life. I found myself wondering what he could have done wrong in his life to not have anyone around now. Meeting Steve challenged my initial views of dementia and gave me a new perspective on the challenges that adults living in long-term care face. Furthermore, Steve taught me to see the person that lies behind the dementia. With his jokes and stories he taught me that while there may be times when he is agitated and confused, his underlying personality is still present. He is still the person he once was and he needs to be cared for in a way that respects and celebrates all that he is and has been.

During my last few weeks with Steve he began referring to me as his nurse. At the beginning of the term I did not feel like a nurse, nor did I think that this placement would instill this feeling in me. To me, nurses took blood pressures, gave medications, did physical assessments, and knew all the fancy medication names. The first time Steve referred to me as his nurse, I realized I had been one for him all along. I did not need to take his blood pressure to know when he was not well, and I did not need to administer his medications to observe their side effects and how they impacted his daily routines. I had been a nurse for him since that first day I met him and asked him to build a puzzle with me.

On my last day caring for Steve I found a note he had written a while back when he was still able to write. The note read, "I have no control over my life, this place is a jail". Next to the note was a picture of a train track he used to have in his home. When I asked Steve if he wanted me to put the picture on his wall so he could see it often, he told me he would be moving out soon and he did not want to forget it. I knew that Steve had nowhere else to go and would never move out, but he was in a different reality than me and I wanted to be part of his. I put the picture and note back and sincerely hoped that I had made as much of a difference in Steve's life as he has made in mine.

• *Names have been changed for confidentiality purposes*

Lina Nunez
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