

Cuentos

A Collection of Art from the
Internal Medicine Residents and Attendings at GW



Letter from the Editors

Welcome to *Cuentos* 2016, the eighth edition of the humanities magazine produced by the Medical Faculty Associate's Division of General Internal Medicine.

This year's edition, like the editions that came before it, is our most expansive one yet: 70 internal medicine residents, attendings, other staff, and alumni sharing 76 different pieces. Each year we think we've harnessed all of the artistic talent of our colleagues...only to discover the following year that the richness runs even deeper.

Each of us joined the editorial team for a variety reasons. We each have different interests in painting, photography, and writing. What unites us is our love for grammar and the red pen as well as our desire to showcase the humanism in medicine. We earnestly believe that healthcare providers who do art relate better to their patients and colleagues and are better clinicians for it. *Cuentos* is a forum for artistic expression in the Division of General Internal Medicine, and we are so grateful for it.

As editors, we have the privilege of working directly with the healthcare providers responsible for the work you are about to see. These are the people behind the white coats, scrubs, and badges. They have carved sculptures from wood, devised healthy recipes, and drawn fairies, among other endeavors. We can say without reservation that each contributor has shared a part of him or herself with each piece of art created.

Whether you are sitting in the waiting room or beyond, we invite you to take a moment out of your fast-paced life to find a connection within these pages. And be sure to check out our 2016 movie highlighting the impact of *Cuentos* for contributors and readers alike (<https://smhs.gwu.edu/medicine-residents/cuentos>).

We thank you for your continued support.



From left: Lauren Choi, Vani Pyda, Adam Possner (Faculty Advisor), and Faryal Osman

Sincerely,

Vani Pyda, M.D., 2nd-year Resident
Faryal Osman, M.D., 2nd-year Resident
Lauren Choi, M.D., 1st-year Resident

Letter from the Chair

*When I see my baby
What do I see
Poetry
Poetry in motion....*

*Poetry in motion
See her gentle sway
A wave out on the ocean
Could never move that way*

From the song "Poetry in Motion" by Johnny Tillotson

This may not be your idea of great poetry, but it was almost a hit in 1960.

I won't sing, but I will continue to support this amazing journal to highlight the talent of our faculty and house staff. One of my regrets is that, as a science major in college, I didn't take more courses in the humanities. I can't paint or write poetry, but I can appreciate these talents in others.

While I think that most patients want their doctors and nurses to be excellent clinicians first, I believe there is a link between being talented in other areas and being a good doc. Here at the Medical Faculty Associates, we have no shortage of good docs and, as the following pages will attest, no shortage of talented physicians.

So please enjoy the photographs, paintings, stories, and poems. And to get you started, here is the final stanza from "Poetry in Motion":

*Whoa
Whoa, whoa, whoa, whoa, whoa
Whoa, whoa, whoa, whoa, whoa
Whoa, whoa, whoa, whoa, whoa
Whoooooooooo*

They just don't write poetry like that anymore!



Alan G. Wasserman, M.D., M.A.C.P.

Eugene Meyer Professor and Chair,
Department of Medicine,
The George Washington University
School of Medicine and Health Sciences



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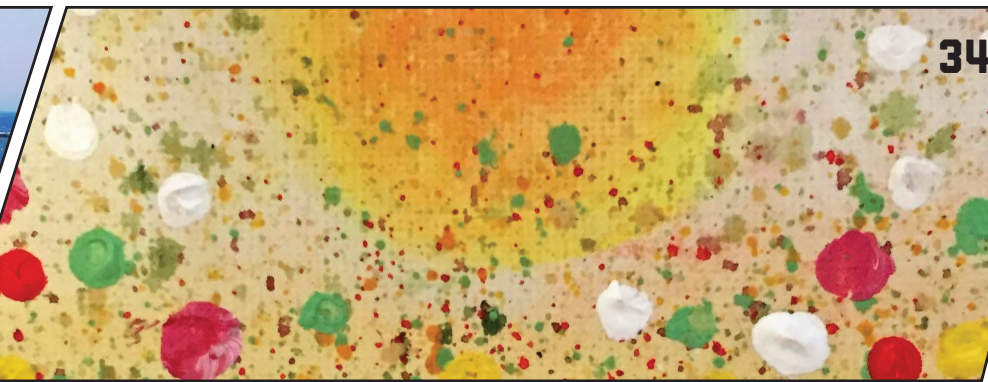
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BALMY NIGHT AT THE NATIONAL CHRISTMAS TREE



Photo by Ed O'Donnell.



2014



2013

As seen in previous *Cuentos* editions, each year on Christmas Eve my family and I visit the National Christmas Tree. In 2013, the night was cold and clear; in 2014, cold but hazy. This past year, in 2015, people came in shirts and light jackets. Children played around the tree, dogs ran all over the grass, and adults talked about their hopes that this Christmas might foretell a warmer winter for DC.

Some of my patients have asked what type of camera I use for these photos. As you can see from the photo-in-a-photo, it's simply my iPhone!

Christina Puchalski, M.D.

Professor of Medicine and Health Sciences in the Division of Geriatrics and Palliative Medicine, and Director of The George Washington Institute for Spirituality and Health (GWISH)

PERMANENT REMINDERS

If it weren't for my profession, I'd be covered in tattoos. Each of my tattoos represents a part of my history, of my belief system, that I've chosen to commemorate. These permanent pieces of art forever bring me back to otherwise fleeting memories and make me smile. They also elicit varying reactions and questions from strangers, sparking conversations at unexpected times.

My latest tattoo is the product of years of conversations with my younger brother, Alfredo. A stack of books on his forearm reminds him of his older sister—practical in her thinking, ever studious, and with her face buried in a novel whenever possible. The camera on my ankle reminds me that he's a creative soul, a dreamer, and never afraid to take a chance.

We may live in the same world, but Alfredo sees it through a different lens. Really, we all do.

Photo by Alfredo Salkeld.

TAYTA MARGO



Photo by Nicole Nicolas. December 2015.

Next to my mother, her mother—my *tayta* (“grandmother” in Lebanese)—is one of the most influential people in my life.

When my sisters and I were growing up, Tayta Margo was the one who watched us while my parents worked. She cooked for us, cleaned for us, and disciplined us when we acted out. She taught us how to roll grape leaves and how to sort through lentils to pick out the little rocks and pieces of grain. She sang songs to us and gave us activities to do when we were bored.

It wasn’t until I was much older that I began to learn more about her life story. When she was 22 years old, she took her 4 young children on a 2-month-long boat trip from Lebanon to Brazil to follow her husband on a business endeavor. While there, she learned Portuguese and gave birth to her fifth child. To this day we always sing happy birthday in three languages: English, Arabic, and Portuguese. Eventually, she and my grandfather would move their family back to Lebanon.

Shortly thereafter, my grandparents had to move to Kuwait for business reasons. They stayed there for several years before moving to the U.S. in the early 1980s. When they came to the U.S., Tayta Margo had to learn yet another new language and build another life from scratch. By

this time she had eight children, most of whom were high school- or college-aged. She ran the house while her husband and older children looked for work and studied. Within 10 years my grandfather would pass away.

As the years went by, her kids got married and started having families of their own. It became tradition for Tayta Margo to give the grandchildren their first bath. Among her 8 children she now has 18 grandchildren and 1 great-grandchild, most of whom are close with each other. People always comment on how refreshing it is to see a large extended family stay so tight-knit. They ask us how we do it, and we all know: it’s because of her. She is a matriarch in the truest sense of the word.

Even later in life, Tayta Margo continues to amaze me. When she was in her 60s she figured out how to watch her favorite T.V. shows on her laptop and created her own Facebook account.

In general, Tayta Margo has taught me how to adapt to changes in life with integrity. That money comes and goes, but a person with good character is priceless. And that faith and family never fade.

Natalie Nicolas, B.S.

Registered Dietician, General Internal Medicine

THE GIVING TREE

I battled that log on and off for over two years. I found it in the garage woodpile, leftover from an overgrown weeping cherry tree I had cut down after it had grown into the garage gutters. In general, I hate cherry wood; it's dense, hard, unforgiving.

As I peeled away the layers, the piece morphed from one possible shape to another, like a wafting cloud, until finally it congealed into a defiant fist. Not bad for some whittling, I guess.

Mortada "Reda" Shams, M.D.

Chief Resident



BEYOND THE MIRROR

In the light, the mirror shines and glimmers so bright.
An image comes into focus—
an image called You—
an image of you in time.

You—it grows, ages, withers.
The image changes from year to year.
Becomes more fragile, more dusky, more worn—with broken pieces, edges sharp.

The reflection dims as You wonders
about successes and failures.
Ponders those who came before,
those who will come after.

As the lights turn off, You becomes
hidden from the mirror.
Now you are able to travel outside
the realm in which you once existed
to return to a time and space that is more
bright.

At that point a gate opens in front of you.
A gate with no locks, no bolts, no chains.
As the threshold is crossed, you see It.

It is unlike any image a mirror could
portray.
It is unlike anything words could explain.
It is unlike anything Others could ever
understand.

Others never had a reflection like you.
Others never grew, never wondered,
never pondered.
Others have always been bound by
chains of addiction and temptation.

And, thus, as the lights turn off for Others
this gate is locked, bolted, and chained
and no brightness is returned for them as
it is for you.

Jacob Jones, M.D.

1st-year Resident

PERSPECTIVE

When I moved to DC a year ago to start my residency, I was brand new to the area. Monuments were novelties. I imagined my life would be full of casual politician sightings and brushing shoulders with giants.

One afternoon, while walking through a traffic circle to go see the White House, a large rat scurried across my path from one patch of green grass to the next, stopping me in my tracks. I took a few steps back and looked around to see if anyone else shared my horror. Much to my surprise, not a single person seemed phased. Pedestrians just kept moving, headphones in and cell phones out.

I took a deep breath and tried to convince myself I'd only seen a squirrel. But sure enough, a few steps later, there was no mistaking the thick, hairless tail that disappeared under the central fountain. I recoiled and took every step with caution the rest of the way.

Later that evening, on my walk home, I saw rats everywhere. The traffic circles were their territories. There were enough of them roaming

about now that they didn't need to run away anymore. In one circle, a few of them grouped together by a trash can, scouring for dinner. What looked like a rat family with a few babies sat comfortably at the base of a tree, squeaking unevenly like an amateur chorus. Another two rats splashed in the fountain, their curved tails sending waves across the water. I walked briskly past a few of them tearing up a leftover sandwich.

That day would become only the first of many rat sightings. I realized I only ever saw rats in traffic circles or small patches of nature. They generally kept to themselves during the day, avoiding people. At night, they would come out to be with each other and share the day's scraps. They rarely ventured out from their circle kingdoms.

Over time, I too became desensitized to the rats' presence. My DC life wasn't as glamorous as I had imagined. I became preoccupied with my own business. I checked my e-mail while walking down the sidewalk. I listened to loud music to drown out the sound of the city.

One afternoon, I stood and waited to cross the street. There was construction going on, and I had cleverly maneuvered my way around the wet cement. A stranger tapped me on the shoulder.

"Can you point me to the White House?" he asked.

I proudly nodded and pointed to the other side of the traffic circle from where we were standing. "Just keep going down Pennsylvania Avenue. You'll see it on your right."

The man thanked me but suddenly jerked his eyes to the side. I turned to see what drew his attention. There behind me, in the wet cement, were several small, unmistakable footprints. I scanned the nearby bushes but didn't catch any signs of life.

"DC is full of rats!" the man exclaimed. "They're everywhere, and it's gross."

I gave him a sideways glance. "There are a lot of them here," I replied slowly. "But they're harmless and they stick to the circles."

The man agreed too readily and headed in the opposite direction from his destination, but I reflected on our conversation even after we parted ways.

These rats knew how to make do with what they had and used limited resources to get by. They minded their own business, shared their territories, and appreciated nature's shelter. I had seen their camaraderie firsthand, and there was no denying their sense of community. They had even left their cement mark on the world.

Perhaps these were the giants from my rose-colored imagined life. Perhaps we could all learn a thing or two from them.

Vani Pyda, M.D.
2nd-year Resident

AGING

Aging is funny.

One minute, you're at a wedding reception, single and sitting at the social junkyard table with the stray aunts and clergy. Then, out of nowhere, you're the one wearing the white dress.

One minute, you have only yourself to worry about. Then, out of nowhere, the nursery rhyme "Hot Cross Buns" is seared into your brain. You enjoy your neighbor who says it like it is—that she gets bored going to the playground every day. (And you thought you were the only bad mother!) Life becomes an endless succession of back-to-school nights. You spend hours cooking in the kitchen, although you're only ever thanked for dinner when you order pizza. No one knows how much time it takes to make a good meal.

Then, before you know it, you're at a ticket window and some clerk asks if you need a senior ticket. You look around to see to whom she's speaking...only to realize that you're the one. That you're a senior and you look like one, too.

Suddenly, almost all of your friends have a kid in college and you realize you've moved into a different age bracket. You find you're spending more money on skin products that delay aging or promote "healthy aging," whatever that means. You hear stories about a friend's spouse battling cancer. As for your parents and their friends, most of them are gone.

But there is so much good going on at this stage. The home is different. Suddenly, 6 PM is not a difficult time. Dinner is actually enjoyable with some in-depth discussions. You look forward to your son getting home. You're in the car all the time picking up and dropping off, but it seems easier somehow than the park.

You start to realize that life is partly yours again. You aren't afraid to say no to some things. You carve out what you want to do with what's left of your career. You don't care about formalities; you hang out with people you like and take a vacation by yourself if you want. You decide to take a trip to Budapest just because there's an ad for it every time an episode of *Downton Abbey* comes on, and you want to be on the Danube. And you do go, and you feel blessed, and you're not embarrassed to tell people why you're there.

You can see the big picture: you're not just teaching a first-year medical school course, you're training new doctors; you're not helping a single difficult patient, you're working toward the greater good. You look at the calendar more. You read the obits. You want to get more and more out of each day.

And you do.

Marijane Hynes, M.D.
Assistant Professor, General Internal Medicine



Flowers with lava rock in the background. Rangitoto Island, New Zealand, January 2015.

RESILIENCE

The ground trembles beneath my feet
Acrid air burns my eyes
Clouds of ash blot out the sun
My life will never be the same

But the grains of time continue to fall
Darkness begins to fade
Life cracks though the ruins of old
And the sun will rise again

Natasha Ang, M.D.

Clinical Instructor, General Internal Medicine

TWO DRAWINGS



The George Washington University Medical Faculty Associates

Left

I drew this as part of an art class I took in the fall of 2015. It's a charcoal sketch of Milanese sculptor Pietro Magni's marble statue *The Reading Girl* from 1861, on view at the National Gallery of Art in the West Building. You can see me sketching at the National Gallery of Art in the *Cuentos* video (smhs.gwu.edu/medicine-residents/cuentos).



Right

My pencil rendition of Vincent van Gogh's 1889 painting *The Large Plane Trees* (Road Menders at Saint-Rémy), which I saw while it was on exhibit at the Phillips Collection.

Angela Ryan, M.D.

2nd-year Resident



ON CREATIVITY



June 2015 at Sullivan's Island, South Carolina. Photo by Amanda Fehr. Painting by Judy Williard.

I am not a creative person by nature. Resourceful, sure. Practical, definitely. But creativity is not my strong suit.

I can't claim the talent for taking the photo. That was the work of a dear friend. Nor can I claim the creativity for the painting inspired by the photo. That was my mother's work. However, I can take a little credit for the subjects of both these images. They're my twin sons.

These two boys have expanded my creativity in so many ways. Their boundless energy and constant curiosity have pushed me to be more adaptable and more inquisitive than I ever could have imagined. In fact, they are perhaps the most creative people I know, as they have created so much in their short lives—a new family, a new mother, a new me.

Cameron Hogg, D.N.P.

Nurse Practitioner, General Internal Medicine

BOWL WITH FLAT RIM



One of the joys of pottery is experimenting with new glaze combinations. For this bowl, I combined Koryo and S.J. Black glazes, which produced this unexpectedly intriguing and beautiful pattern.

Gregg Furie, M.D.

Assistant Professor, General Internal Medicine

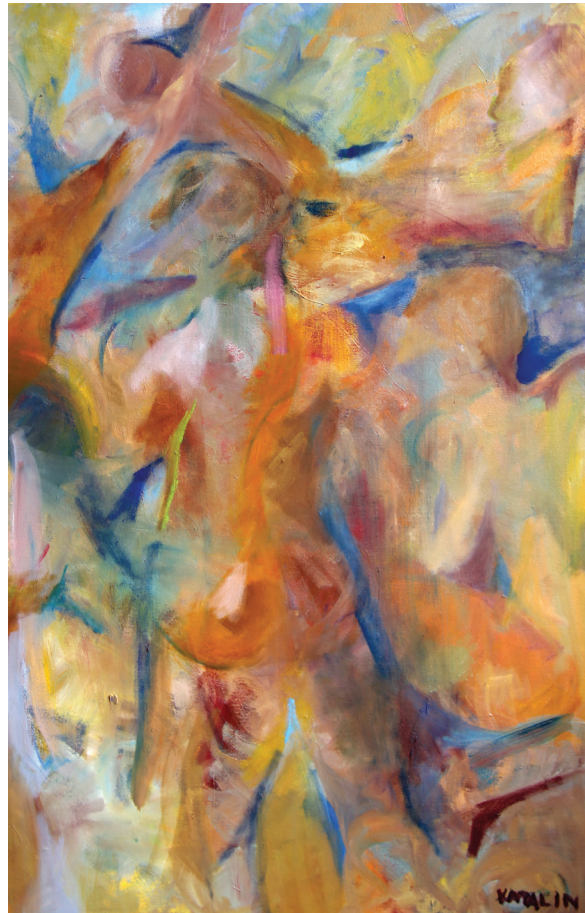
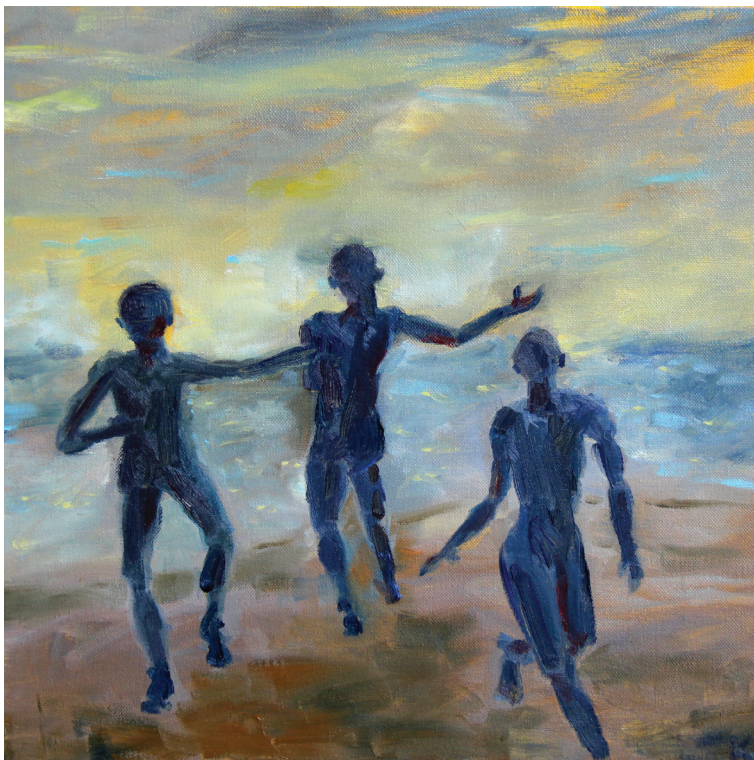


ASHES

Lush, vibrant foliage arising from lava rock in Volcanoes National Park on the island of Hawai'i, where my husband and I spent our honeymoon in July 2015. To me, this image speaks to resilience, to the impermanence of all things (good and bad), and to the beauty that can be found in the most unlikely of places.

Kaylan Baban, M.D.

Assistant Professor, General Internal Medicine



DIGGING DEEPER

Now that I've painted for a while, I want to paint more freely. For the first time, I'm trying to understand abstraction. I wish I had started this process sooner!

Katalin Roth, M.D.

Associate Professor and Director of
the Division of Geriatrics and Palliative Medicine

THE PRESENCE OF A NEWBORN



Filing her nails at one week old, October 2015. Photo by Gene Milder.

Three hours have passed,
Another feed has come fast,
A newborn awaits.

Stillness in the night,
No emails to write,
Full focus on her beauty.

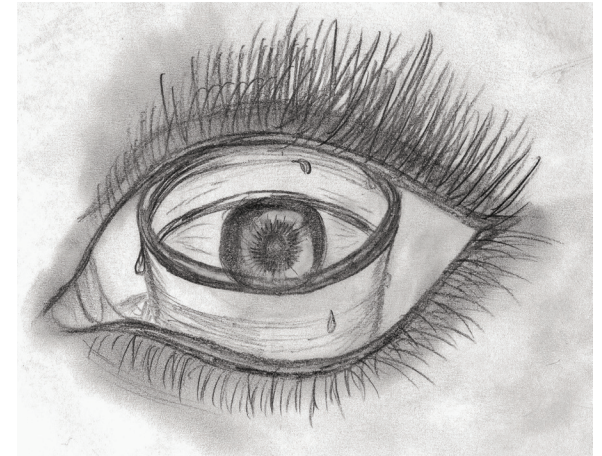
How quickly she will grow,
Oh, where will the time go,
She teaches me to live in the present.

Images ingrained in my mind,
To be recalled for all time,
My soul is finally at peace.

Joanna Milder, M.P.A.S.

Physician Assistant, General Internal Medicine

EYE OF OPTIMISM



Pencil on paper.

With life, it's all about how you see it. Some days, the glass seems half full. Other days, the glass appears half empty. But on all days, which perspective you choose is in your power.

Anonymous Resident

SCENES FROM ROCK CREEK PARK



Taken in November 2015. You can see me capturing these and other photographs, as well as hear my views on the importance of physicians practicing art, in the *Cuentos* video (smhs.gwu.edu/medicine-residents/cuentos).



READ

My wife, Mariam Lodin, and I met during our undergraduate studies. From the outset, I was impressed by her intelligence as she pursued a degree in political science and world religions. However, what really caught my attention was her skill as an artist. She performed poetry onstage, winning several competitions, while also working as a freelance graffiti artist.

Most recently, she's decided to pursue Arabic calligraphy. The piece above is one of her works, based on the word *iqra* which translates as the command "read" and more importantly—through usage in chapter 96, verse 1 of the Quran—as the importance of educating oneself.

This piece inspires me because it reminds me of my wife. She's decided to educate herself in an artistic medium where success can be achieved through creativity, dedication, self-motivation, and perseverance, but is in no way guaranteed. She pursues her dream while raising two young children who are, to put it mildly, a handful. I only hope that my children will grow up to possess the same fortitude as their mother to pursue their own dreams, no matter how difficult.

Omar Siddique, M.D.
3rd-year Resident

LESSONS FROM MY FOUR-YEAR-OLD SON

1. *If you ask for honest feedback, be prepared to receive it.*

When trying to explain to my son the concept of giving good feedback, I asked, "Do you understand, or is this over your head?" He replied, "It's a little on my back."

2. *Interpretation is everything.*

"Thank you, Jesus, for making this meal," my son said while enjoying dinner. When I asked, "Do you think Jesus made it with His own bare hands?" my son exclaimed, "Don't be silly! Jesus doesn't have *bear* hands. He's got regular man hands!"

3. *One thing doesn't necessarily have anything to do with another.*

When my son graciously tended to me after I was stung by a bee, I said, "Thank you, doctor!" He replied, "Yes, I am a doctor...and I have a testicle."

4. *Practice more.*

During a heated debate between my husband and I, my son said, "Okay, guys, stop going back and forth. Dad, you are really great at going back and forth. Mommy, you're a little good at going back and forth." Later, while alone with me, my son said, "I want you to get better at going back and forth. You just have to practice."

Chavon Onumah, M.D.
Assistant Professor, General Internal Medicine

A CHILD'S GRADUATION: A BITTERSWEET MOMENT



Photo by April Rose.

In August 2014, I reached a new milestone as a mother. After his graduation that May (see above photo), I sent my eldest child, Kunal, away to college.

It was a bittersweet moment. On the one hand, I was proud of his accomplishments. On the other hand, I realized that I could no longer see him whenever I wanted. I knew that walking past his empty room at home and not having him at the dinner table recounting his day would evoke pangs of missing him.

Nevertheless, I kept myself composed, as his dreams and ambitions were bigger than my urge to hold on to him. I talked to friends with older children who had left home. They assured me that it would get better with time.

In my quest for inspirational resources, I came across the poem “On Children” by Kahlil Gibran, the 20th-century Lebanese-American artist, poet, and writer. The following excerpt, in particular, resonated with me:

*You are the bows from which your children
as living arrows are sent forth.*

*The Archer sees the mark upon the path of the infinite,
and He bends you with His might
that His arrows may go swift and far.*

*Let your bending in the Archer's hand be for gladness;
For even as He loves the arrow that flies,
so He loves also the bow that is stable.*

It has been over a year since Kunal moved away. I have now transitioned to a “stable bow”—a strong mother who wants her child to be independent, to fly far and reach his true potential.

Parvinder “Sheena” Khurana, M.D.

Assistant Professor, General Internal Medicine

CLOSE TO HOME BUT DECADES TO GET THERE



Photo by Visweswara Sarma Challa, January 2011.

Here I am standing with my husband in front of the *gopuram* (ornate monumental tower) of the Kanaka Durga temple atop Indrakeeladri hill in the city of Vijayawada, India. Hindus believe that Kanaka Durga is a manifestation of Shakthi, the primordial cosmic energy that is all pervading—protecting good and destroying evil.

Growing up, I would often pass by the temple as I traveled from the city of

Visakhapatnam, where I was born, raised, and went to medical school, to Hyderabad to see my grandparents, but I never stopped to visit.

As is often the case for people who live near important sites, I took that geographic closeness for granted. It is only after I migrated to DC, over 8,000 miles away, that I went to visit the temple. The whole experience made it worth the long wait.

Vimala Jayanthi, M.D.

Assistant Professor, General Internal Medicine

DEEP INTO THE CALM

The story behind this photograph, taken in August 2009, started with driving through valleys and gorges, across the Austrian-German border, to the last vehicle-accessible part of Berchtesgaden National Park. I then took a boat on Königssee Lake to see the pilgrimage Church of Saint Bartholomew, only to discover that the church was under renovation.

I had anticipated that the church would be the best site for photography in the park. At that point, I could have waited for the next boat headed back. Instead, out of curiosity, I decided to continue on.

Stepping off the boat at the next stop, I immediately realized how beautifully unspoiled the area was. I followed a path that ran along a small stream, which eventually led me to a second, smaller lake and the breathtaking view featured above. The fishing hut was perfectly located on the water, highlighting the serenity of the scene.

This picture and the story behind it remind me that a photographer is, first and foremost, an explorer.



Hani Alhamoud, M.D.

1st-year Resident

VIRGINIA BEACH FISHING PIER



Acrylic on canvas.

I painted this image several years ago, before I left for college at the University of Virginia, to remind me of home. It's based on a pier in Virginia Beach. It's one of the few possessions that made the trek with me down to Florida for medical school, and now resides in my little DC apartment.

Jennifer Schwenk, M.D.

1st-year Resident



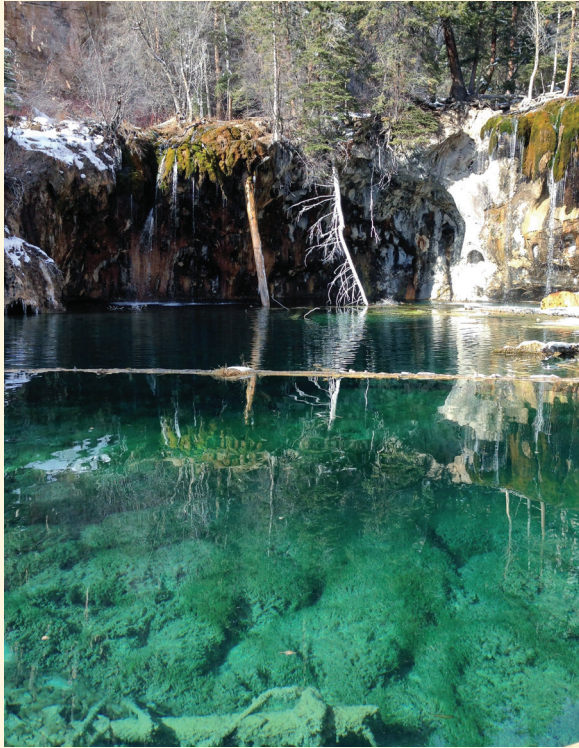
STORM IN ASSISI

Captured at the 10th annual Art of Presence Retreat in August 2015 in Assisi, Italy. Organized by the institute that I direct, the retreat provides a quiet space for clinicians and others in healthcare to reflect on the spiritual aspects of their professional lives.

Usually the sun is shining and the courtyard outside the church of San Damiano is filled with people taking pictures of the beautiful scenery. But on this day of the conference in 2015 it rained and stormed, sending everyone into the church or under the portico to get shelter. There was total silence as we stood in awe of nature.

Christina Puchalski, M.D.

Professor of Medicine and Health Sciences in the Division of Geriatrics and Palliative Medicine, and Director of The George Washington Institute for Spirituality and Health (GWISH)



WINTER SCENE AT HANGING LAKE

Taken in November 2013 during my first winter trip to Colorado with my (now) fiancé. Nestled in Glenwood Canyon, Hanging Lake is a pristinely beautiful and tranquil setting that requires a short but difficult—and, in our case, snow-covered—hike to access.

Joseph Delio, M.D.

2nd-year Resident

HOME IS WHERE THE PALM TREES ARE



Taken on my first trip home to Los Angeles during intern year, in November 2015.

Kusha Davar, M.D.

1st-year Resident



FORGING BRIDGES FOR PEACE

In May 1987, my wife and I attended the International Physicians for the Prevention of Nuclear War (I.P.P.N.W.) conference in Moscow. There we heard speeches from a young Senator named Al Gore, a vigorous 90-year-old Armand Hammer, and numerous Soviet physicians who made ridiculous proclamations such as, “All of the doctors in our country are members of I.P.P.N.W.” We met to protest the world’s mindless march towards the apocalypse.

We were honored guests during the period of *glasnost* or “openness.” Our hosts felt committed to showing us the new and open Soviet Union. We felt there was nothing we couldn’t say or do as we mingled with Soviet medical elite and everyday Russians. We spent our evenings at the Bolshoi Ballet, the Moscow Circus, and at an awkward private concert on national T.V. with a Soviet version of Barry Manilow. We didn’t care whether the U.S.S.R.’s hosting of the conference was out of a genuine

desire for peace or a clever propaganda ploy. It was probably a little of both.

On the second day of the conference, a white Cessna inexplicably circled the Kremlin several times, buzzed a Red Square packed with tourists, landed on a nearby bridge, and then taxied to a stop near St. Basil’s Cathedral. We all presumed it was Gorbachev’s plane, as it was rumored he was planning to meet with representatives of our American delegation. I snapped this picture from the roof of my hotel.

In the usual Soviet fashion, there were no explanations about the plane for over 24 hours. To pick up the B.B.C. broadcast I had to press my shortwave radio against the fifth-floor window of my hotel room. I was astonished to learn that the plane had been piloted by Mathias Rust, an 18-year-old West German. With only 50 hours of flying experience, he had flown in from Helsinki, Finland, over 500 miles away. Several Soviet fighters had intercepted him along the way, but none received an order from confused commanders to shoot down the Cessna. As Rust had exited his plane on Red Square, he claimed he made the flight as a peace mission. He asked to speak with Gorbachev, “to forge a bridge between East and West.”

The embarrassment caused by this 18-year-old’s flight through the supposedly impregnable

SEA RANCH, SONOMA COAST

Soviet air defenses led to the largest firing of Soviet generals since the purges of Stalin and allowed Gorbachev to consolidate his power over the military officials who opposed him. It also decreased the confidence of the entire Soviet population in their military. Some historians say this flight, like the proverbial motion of the butterfly's wings that eventually leads to a tornado, helped set in motion the dissolution of the Soviet Union.

Nearly 30 years later, much has changed. The white Cessna is now displayed in a museum in Berlin. Mathias Rust was freed after a little more than a year in prison as a goodwill gesture following the signing of a nuclear arms accord. And the Soviet Union no longer exists outside of history books.

I no longer lie awake at night worrying about a nuclear war caused by nervous generals. But I do fear hearing of the sudden incineration of one of the world's great cities by a determined band of thugs—probably not even born before 1987—who are unable to find meaning in our modern world.

Robert "Bob" Jayes, M.D.

Associate Professor, Geriatrics and Palliative Medicine



August 2006.

A trail that runs along a crumbling rock face with the Pacific Ocean crashing 80 feet below, then weaves among caverns of windswept, twisted shore pines, through 100-year-old cedar hedgerows, and finally into the silence and peace of an

ancient cathedral-like redwood forest.... It's one of the reasons why my husband and I spend part of every August on the California Mendocino-Sonoma coast.

Lawrence "Bopper" Deyton, M.D.

Professor of Medicine and Health Policy, and Senior Associate Dean for Clinical Public Health

THE WORLD IS MY COUNTRY

The world is my country
Here I'll grow my love tree
I'll raise peace stars
Erase the old scars
Change the face of history

People are my family
We live together happily
All borders demolished
Injustice abolished
Our place more friendly

A dream I feel in my heart
That violence comes apart
That one day peace prevails
That we make happy tales
Together as the journey starts

Hind Rafei, M.D.
1st-year Resident

VIEWS FROM CENTRAL PARK



PARTLY CLOUDY WITH A CHANCE OF LEARNING

David Popiel, M.D.

Assistant Professor, General Internal Medicine

Hind Rafei, M.D.

1st-year Resident



September 2015



We were at a wedding in Wolborz, Poland, when suddenly the sky rapidly changed color. The temperature dropped 15 degrees in 2 minutes. And then it happened—lightning raced through the air, seemingly everywhere.

At that very moment, the earth became a classroom, revealing to us the relationships between lightning, thunder, pressure, humidity, time, and space. No book or YouTube video could ever compete.

OAKLAND, CALIFORNIA



January 2016.

Faryal Osman, M.D.

2nd-year Resident

TWO WORLDS COLLIDE IN RURAL IOWA

Each year for the past several years I've made a pilgrimage to Iowa City, Iowa, to attend The Examined Life conference at the University of Iowa Roy J. and Lucille A. Carver College of Medicine. Focused on the links between the science of medicine and the art of writing, the conference attracts several hundred people—medical educators, practitioners, students, patients, and writers—mainly from the U.S. but also from several other countries. The University of Iowa may seem like an unlikely venue for such a gathering, until one considers it is home to the Iowa Writers' Workshop, a prestigious writing training program.

Iowa and Washington, DC, couldn't be more different. Thus, you can imagine my surprise when, driving through the Iowa countryside in April 2015, I came across an exit for a Pennsylvania Avenue with a hospital



on it! If it weren't for the fact I was in a rental car traveling among fields of corn (as opposed to in a crowded Metro car, sandwiched between lawyers and federal employees), I would have thought I was back home.

Adam Possner, M.D.

Assistant Professor, General Internal Medicine

A bomb dropped here
Another bomb dropped there

A woman beaten here
A child starved there

A teenager shot here
A man tortured there

The world is not okay, the world is going insane
People are promoting hate
No one seems to care
What should be done to set this world straight?

The world is not okay, the world is going insane
Rape, addiction, and war
Poverty, hunger, and homelessness
These diseases are everywhere

The world is suffering, is there any cure?
What kind of medicine can heal all these wounds?
Of a beaten mother
Of a man who lost his son in a senseless fight
Of a person without a country, without a home

The world is sick, is there any cure?
Everyone agrees cancer is a disease
We all hate HIV
Thousands accepted the "Ice Bucket Challenge" for ALS

When will we accept the challenge to address violence?

A WORLD IN PAIN

Samah Nassereddine, M.D.

3rd-year Resident

SCENES FROM BHUTAN



Left: Taktsang (Tiger's Nest), above Punakha Dzong, May 2015

When I decided to travel to Bhutan, the most common questions people asked were “Where is Bhutan?” and “How did you decide to go *there*?” The truth is that a patient of mine, Joe, inspired me to go after regaling me with stories of his post-retirement travels to this small, landlocked country in the Himalayas.

The Punakha Dzong (*above*) is one of the most beautiful structures I’ve ever seen. Although the Bhutanese typically translate *dzong* to mean “fortress,” in this context it’s actually an administrative center where government and religion exist side-by-side. Each region in Bhutan has a *dzong* that includes municipal offices, courts,

and at least one Buddhist temple with living quarters for the region’s monks. Tiger’s Nest (*left*) is a Buddhist temple built in the 17th century on the site of a cave where Guru Padmasambhava, who brought Buddhism to Bhutan, used to meditate. In the foreground are just a few of the colorful prayer flags that can be found in the valley below. According to believers, the wind blows the flags, on which Buddhist mantras are written, which blesses the surrounding area and beyond. Prayer flags decorate the entire Bhutanese countryside. To me, this photograph summarizes the remarkable beauty and remoteness of Bhutan. It also reminds me to bring the mindfulness and peace I felt in Bhutan into my daily life.

Jillian Catalanotti, M.D.

Associate Professor of Medicine and Health Policy, and Director of the Internal Medicine Residency Program

The George Washington University Medical Faculty Associates

ICELANDIC WALKING PATH



Along the water's edge in Reykjavik, Iceland, January 2015.

Anne Cioletti, M.D.

Assistant Professor, General Internal Medicine

IN SEARCH OF LOST TIME

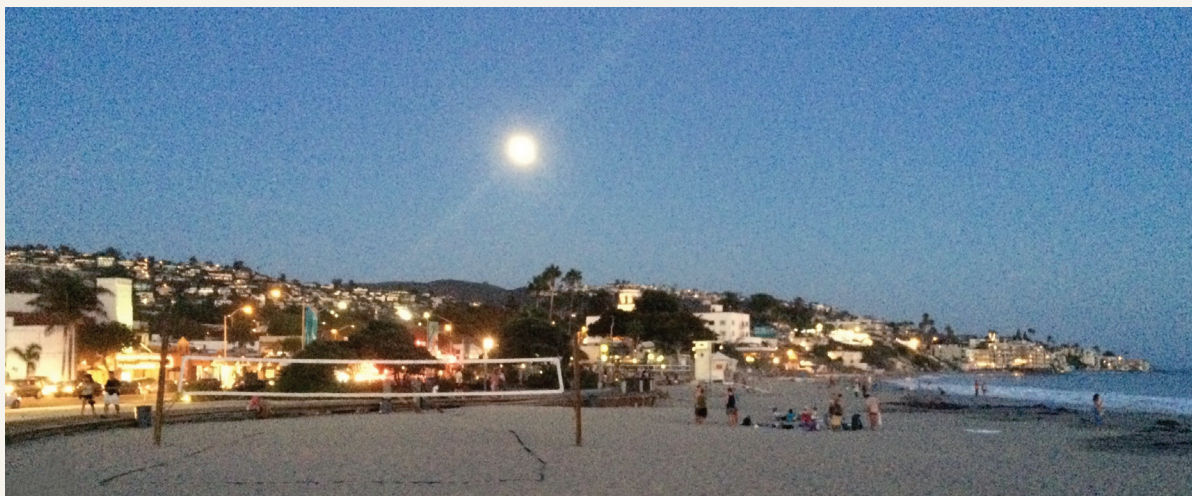
The Old Cataract opened its doors as a destination hotel in 1899 in Aswan, Egypt. Many know it as the backdrop for the Agatha Christie movie *Death on the Nile*. For me, though, it's a place where I can get reacquainted with myself and slow down. It's a place where time is measured in millennia, which helps put everything in perspective.

This photo was taken in November 2015, during a family trip celebrating my brother's 50th birthday. In the distance on the hill is the Aga Khan Mausoleum. If you look very carefully at the rocks on the edges of the Nile, you can read hieroglyphs from ancient Egyptian and Nubian times.

Just the mere utterance of Aswan evokes calm and serenity in me.

Jehan "Gigi" El-Bayoumi, M.D.

Associate Professor of General Internal Medicine, and
Founding Director of the Rodham Institute



MOONRISE OVER LAGUNA BEACH

August 2015.

Sonia Taneja, M.D.

2nd-year Resident

GOLDEN GATE BRIDGE



On a family vacation in San Francisco, June 2015.

Robert Jablonover, M.D.
Assistant Professor, General Internal Medicine

IN FLIGHT



I painted this image in 2008 when I was in medical school, trying to find my way. It's about not knowing where I was going and simply following people and topics on the basis of passion. This principle took

me all over the world to study dengue fever, and eventually home to DC to practice primary care close to my family.

Aileen Chang, M.D.

Assistant Professor, General Internal Medicine



WHEN I MISS BEING AMANI

When I get caught up in the hustle and bustle of medicine and of life, I start to miss myself and who I am. In these moments I take out my colored pencils, charcoal pencil, and paper. My drawings reflect my feelings.

When I sketched this fairy I was sitting with my kids, feeling happy like a little child, smiling and laughing—for a moment, free of all the day-to-day responsibilities I carry on my shoulders.

Amani Alameer, M.D.

3rd-year Resident

'O SOLE MIO



My father, who at the time of this writing is 94 years old and doing very well, had surgery in October 2014 at GW Hospital for an abdominal hernia. Dr. Juliet Lee was his surgeon.

When Dad got into the pre-operative area on the day of the surgery, staff immediately started to get him undressed while simultaneously asking him dozens of questions, all in an effort to move him along to the operating room as efficiently as possible.

After about 15 minutes of this high-intensity preparation, my father turned to me and said, “I am not staying. Take me home.”

Of course, I was worried. He needed this surgery. I looked to Dr. Lee for advice.

She immediately asked everyone to leave the bedside and pulled the curtains closed around us. She sat in silence with him as he talked about all his concerns. Her presence created an oasis of peace and solitude. It was almost as if everyone had left the pre-op area and only the three of us were there, taking all the time needed to help my dad relax.

Eventually Dad relaxed. Dr. Lee, knowing that my father is a former opera singer, invited him to sing an aria. He sang “O Sole Mio.” While he sang, the muted sound of delight from outside the curtain made me aware that indeed we were not alone, that life outside the curtain continued. My dad sang as long as he wanted to. When he was done he turned to me and said, “Now I am ready.”

In the days following the surgery, I learned that Dr. Lee is a trained soprano. She and my father often sang to each other during subsequent visits.

I am immensely grateful to Dr. Lee. I am convinced that her compassion as well as her skill as a surgeon are the reasons my dad did so well and why I am blessed to still have him in my life.

Christina Puchalski, M.D.

Professor of Medicine and Health Sciences in the Division of Geriatrics and Palliative Medicine, and Director of The George Washington Institute for Spirituality and Health (GWISH)



Acrylic on paper.

FIELD OF FLOWERS AT SUNSET

I taught myself how to paint in medical school. It was a way for me to express myself creatively between studying for the boards and shelf exams. Now that I've started residency I have little time to paint large pieces, but I occasionally paint postcards to send to friends and family. This is one of my favorite pieces, which I sent to my sister in San Francisco.

Lauren Choi, M.D.

1st-year Resident

UNEMPLOYED U.S. ARMY VETERAN

He's out there nearly
every day, fighting
the good fight, dug in
at the same stone bench
between the clinic
and the hospital.

Un em ployed! U S!
Ar my! Veteran!

He yells, loud and proud
over exploding
car horns, indifference,
sirens bringing in
MIs, MVAs,
nursing home wounded.

Un em ployed! U S!
Ar my! Veteran!

A roll call for one
in front of a march

of white coats, students,
tourists, back and forth,
left, right, left right left,
eyes fixed dead ahead.
Un em ployed! U S!
Ar my! Veteran!

Sitting or standing,
sometimes with rations,
meals ready to eat
from a fast-food chain,
a styrofoam cup
for the spoils of war.
Un em ployed! U S!
Ar my! Veteran!

A former Private
living openly
under the stars and
cold December sky.
A man left behind
by those he once served.

Adam Possner, M.D.

Assistant Professor, General Internal Medicine

GOING TO THE GRAVEYARD

The graveyard gate was open, and I went in.
I hadn't meant to. I had other places to be—
notes to write, milk that had expired and needed replacing.
But the graveyard gate was open, and I went in.

I wondered if you were here.
The sky was washed-out gray and spitting rain.
It would have been fitting, for you to be here.
It would have given me the chance to say I was sorry.

You died cruelly and in pain.
Maybe if I had done that X-ray sooner it would have changed things.
It wouldn't have changed the cancer,
or the lines and tubes that were keeping you alive.
But maybe it wouldn't have been me there pushing on your chest,
breaking your ribs, and second-guessing myself.

I didn't kill you. I didn't save you.
I didn't do much of anything, really.
I hugged your daughter, after.
Maybe that was something.

I wandered the pathways, thinking to find you
among the limestone and months-old bouquets. I felt stupid.
Graveyards are meant to give peace to the dead;
we living shuffle along in our mortal coils
and are discomfited. Still, I looked.

I reached the center of the graveyard.
The ghosts and I had questions:
Why you? Why me? Why now?
The attendings and the psalms hadn't given us any answers.

Someone once told me that every physician has a graveyard
to which he or she goes to pray from time to time.
It wasn't even your headstone.
But in the fading light of the evening,
I knelt in my graveyard and prayed.

Caitlin Mingey, M.D.
1st-year Resident

PRECIOUS MOMENT



Whenever I look at this photograph from December 2014 of my father and my four-year-old niece, Avery, it warms my heart. My father is a major reason why I decided to pursue medical social work. He's had significant health issues for most of my life. As such, I've grown up around the healthcare system and at times felt that our local hospital was a second home. Without medical advances and medical professionals, this precious moment never would have existed.

Stephanie Clark, L.I.C.S.W.
Social Worker, Geriatric and Palliative Care Medicine

ADDICTION

The internal flame rises uncontrollably. It grows greater. It grows indiscriminate. Fed by fear and tended by pride, it rages. It desiccates my skin, boils my blood, and makes dust of my bones. The torment inside steams over.

A pull of the lungs and the smoke races into my body, abrading its path. It calms me by the will of my charred soul. Charcoal stains the stones that keep me grounded, ashes the trees that shelter my pain, and parches my vaporous resolve. The carbon mist replaces the air and I'm left only with a suffocating heart.

The last of the embers close in on my fingers and sulfur specks disperse with the breeze, tangling into the tumbling snow. Only the stench remains with me, like scars on singed skin. It reeks of regret. With nothing left to burn, I turn to the frost.

Now I've built an igloo and it's lonely inside. A small fire keeps me warm, and I tend to its flames. A fire too large will cost me my shelter; too small and it will cost me my life. I both need and abhor it. It feeds me, yet feeds on me. Surrounded by the serenity of ice and with the flames as my lantern, I see the truth: I have not escaped the fire.

A final flick of the finger and the ashes fall to the ground, twisting and turning along the way. Their path is changed only by the command of the wind and the pull of the earth. Impact. The embers disperse against the black asphalt, like fireworks against the night sky.

I've fed my fire and I've learned to quell it. I've learned to overcome, for fear of being overcome. I've raged, I've simmered, and I've lived.

Sivateja "Teja" Mandava, M.D.
1st-year Resident

INTERN'S OATH

Rise before the sun
At the George Washington U
Save lives all day long

John Tiu, M.D.
1st-year Resident



December 2015.



DAD ON CALL

Taken in December 2015, when my daughter turned three months old and just after she had recovered from her first cold. My third year of residency has been an amazing experience with the arrival of my daughter. Being the parent of an infant can feel like being on call all the time, but it's the best kind of call I could wish for.

Shuo Chen, M.D.
3rd-year Resident

FOLLOW-UP



After 10 years of leading a medical mission team to Honduras, I understand Spanish only marginally better than I speak it, which is not saying much. Nonetheless, amid all the bouncing and the sound of tires splashing through mud, I could tell they were talking about me in the front seat of the Range Rover.

“Blah, blah, la doctora, blah, blah.”

Finally, Jhonny, one of the members of our team, turned around and interpreted: The nurse wanted me to know that the little girl with the heart murmur was back from her surgery and doing well.

I was glad that I was wearing sunglasses, as my eyes filled with tears.

I had diagnosed that little girl with a concerning heart murmur while I was doing physicals in Villa Nueva, a remote village in the eastern mountains of Honduras, a couple of years before. Upon hearing the murmur, I had tried to express to her family through an interpreter the seriousness of what I thought was going on without frightening them. I wasn't sure if they understood what I was saying, and whether or not she would get treatment. To get her treated, the family would need to get her to the U.S. to have surgery. No small feat!

The emotions I felt upon hearing about that little girl during the ride into the mountains were very familiar to me. As a primary care physician, I talk to patients, examine them, order tests, and then go over the results, always trying to convey my concern without upsetting

them. I am often the one making the initial diagnosis. When I diagnose something that needs specialty care, I refer to my colleagues to help with management. Sometimes patients will “get lost” in treatment, and I don't learn how they did until much, much later, if ever.

Riding on that muddy road on my way once again to Villa Nueva, I finally knew that little girl was able to be treated and was doing well. And follow-up like that, for a primary care physician, is always a gift.

April Barbour, M.D.

Associate Professor and Director of
the Division of General Internal Medicine



SYRIAN CHILD AT ZAATARI REFUGEE CAMP

Photo by Jon Gootnick.

In November 2015, I went on a medical mission to Jordan with the Syrian American Medical Society. There were about 40 providers in our group, including surgeons, general internists, dermatologists, nephrologists, endocrinologists, radiologists, pediatricians, OB-GYNs, a nurse practitioner, a physical therapist, and dentists. Each day we were divided into groups, and each group went to either the massive refugee camp of Zaatari or a clinic in the surrounding community. There are roughly 700,000 Syrian refugees in Jordan, 80,000 of whom are housed in Zaatari.

During the 6 days we were in Jordan we saw roughly 5,000 patients—on average, more than 100 patients per provider.

One of the most striking realizations from the trip was how many of the refugees are children. Not too surprising, I guess, when one considers that most families in that part of the world have four-to-six children.

My colleagues and I found the Syrian refugees to be kind and gracious, especially the kids. We had treats for them—candies, stickers, toys—but there was never enough for everyone. We noticed on several occasions older children clamoring to get a toy or sticker only to then turn around and give it to a younger sibling, even if that meant they themselves got nothing (which was often the case). The boy above, photographed by a colleague, is happy to have received a treat.

Margaret “Maggie” Gloria, M.D.

3rd-year Resident

TIME

Before
In the blissful ignorance of youth
It didn't apply to me
Now with age
I can see
I'm not immune
With all of the years
I understand
It's a question
Of when
And for now
Of how
Best
To gracefully pursue
Time's passing

Sharon Baratz, M.D.

Assistant Professor, General Internal Medicine

THE RAV AND "DOC"

Ever since he learned that I was a physician, Rabbi Kalman Winter called me "Doc," even though I was never officially his primary care physician. To be honest, I've never been very fond of the nickname, but he—and later the rest of the Winter family—said it with such respect and affection that I could not object. For my part, I referred to him as "the Rav," which is the title bestowed upon the rabbinic leader of a community.

When the Rav was first diagnosed with pancreatic cancer in November 2010, we spoke on a couple of occasions about the physicians with whom he was consulting and where he might have his surgery. Other than examining a treatment-related lesion on his arm while I was dropping off *mishloach manos* (food treats for the holiday of Purim), my initial involvement in his care was limited to prayers for his recovery.

At first, things seemed to be going well. However, in the fall of 2011, I heard that the Rav had come under the care of an oncologist in New York who specialized in treating people for whom standard chemotherapy approaches had been exhausted or did not exist. Indeed, 35 years prior, this same oncologist had treated my brother-in-law after he had been diagnosed with widely metastatic colon cancer and other oncologists hadn't offered any options.

Over that winter, the Rav dropped from public view. A few weeks before Passover, his son, Rabbi Menachem Winter, approached me and asked if I would be willing to become involved in the Rav's care. The chemotherapy seemed to have put the tumor in almost complete remission but had taken a terrible toll on the Rav's overall condition.

With a profound look of concern and sadness on his face, Rabbi Menachem said, "I think the Rav is dying."

When I went to the house, I indeed found the Rav in a desperate state. I recalled the great physician, Sir William Osler, and his call to maintain equanimity when confronted with a grave situation. It took a mighty effort to mask my shock. The Rav sat slumped in a chair in a stupor. He was massively swollen and he could barely acknowledge my presence.

I reviewed his recent laboratory studies. His tumor markers were virtually normal, but other results were markedly off. His albumin—the main protein in the blood that helps keep fluid from leaking out of capillaries into the tissue—was the lowest I had ever seen. It was clear that unless the albumin could be raised, the Rav's condition would continue to deteriorate and he wouldn't likely survive the couple of weeks until Passover.

I recommended that the Rav get a special catheter in his arm so that he could receive intravenous nutrition. However, I didn't have privileges at the local hospital. Fortunately, another physician who had cared for the Rav in the past came to the rescue. He made the arrangements for the intravenous line and the nutrition was started.

Over the next several weeks, the Rav began to rally. The swelling went down, and he gained strength and an appetite. By early summer 2012, he was able to come downstairs and even venture out of the house. To his great pleasure, he was once again able to meet with people, give them counsel, and study with them. I would come to

visit, bringing my medical bag, but most of the time we would simply talk.

Unfortunately, the reprieve was short lived. Later that summer, the Rav's tumor markers began to climb and his overall condition worsened. Our meetings were now confined to his bedroom. I would come in, and he would sit up and ask, "How am I doing, Doc?" To address his increasing discomfort, a hospice group was brought in and their gentle care was greatly appreciated by the Rav and his family. There was little I could offer other than my presence.



Photo by Three Star Photographers. Dr. Paul Silver (left) and Rabbi Kalman Winter (right).

On October 23, 2012, as Tropical Storm Sandy was gathering force to our south, I visited the Rav one last time. It was clear that his *nesbama*—his soul—was preparing to return to its Maker. Early the next morning, he passed.

After the call came, I drove to the house and walked into the room to find the family at the

bedside. The Rav's formerly piercing eyes were half open, unblinking and dull. I opened my bag, removed my stethoscope, and gently placed it on the Rav's chest. Silence. After several minutes, I finally rose and folded my stethoscope. I cannot recall if I said anything when I stood, but all knew that the end had come.

As is often the case, we do not fully realize what we have until it is taken from us. The Rav and I had a complex relationship. I often got the sense he thought that, spiritually, I was not entirely on the right path. My Hebrew name is *Yisrael*, which means "He wrestled with God and man," and I certainly wrestle. Deep down, I envied the Rav's strong tradition passed to him from his teachers, as well as his unshakable faith and passion. I am reminded of the early sage whose words, it was said, were so fiery that birds flying overhead were incinerated. The Rav's son-in-law, Rabbi Chaim Biberfeld, often describes him as an *adam godol*—a giant. I did not fully appreciate the truth of that statement until it was too late to take full advantage of it.

Hanging on the wall in front of my desk at home is the picture above. It shows the Rav and I at my younger daughter's wedding. Months after the Rav died, I was sitting at my desk when all of a sudden the tears came and would not stop.

The author would like to thank the Winter family for their permission to publish this essay.

Paul Silver, M.D.

Associate Professor, General Internal Medicine

MONDAY MORNING DOCTORING

Even with a good understanding of pathophysiology, the best evidence available, and years of clinical experience, most physicians realize that there is much we don't understand and much we can't control in medicine. While unexpectedly bad outcomes are often discussed in clinical and educational settings, what is often not discussed is the kind of second-guessing that can occur after these outcomes. Unlike the lighthearted Monday morning quarterbacking that goes on in sports, this type of post-event analysis can be emotionally difficult for physicians as well as for patients and their loved ones.

Not too long ago, I found myself in the position of playing a medical "Monday morning quarterback" when I was visited by a former patient's spouse. I had not seen the patient for several years, as he had transitioned to another primary care physician when my practice had changed. The last news I had heard about the patient was over a year ago when his primary care physician, as a courtesy, had informed me that the patient had presented to the ER for a drastic change in health status, which turned out to be metastatic cancer. The patient then left the area to be closer to family, and I hadn't heard anything more about his course.

Even though I hadn't been involved in the patient's care for years, his wife had traveled from out of town just to see me. He had died, and she had questions that she needed to have answered.

When confronted with an adverse patient outcome, physicians often ask themselves what they could have done differently. Even though I had not cared for this patient in many years, this too was my immediate reaction.

Such critical self-reflection is important in professional development and can lead to improved outcomes in the future.

For the loved ones of patients who die unexpectedly, the guilt from second-guessing can be unbearable—almost more devastating than the loss itself. What if I had paid more attention to that symptom? What if I had taken him to the doctor sooner? What if we had chosen to pursue this treatment rather than that one? It was questions like these that my former patient's wife wanted to get answered.

Physicians can have an enormous impact in easing such suffering. A simple "There's nothing more that you could have done," "He wouldn't have wanted to go on like that," or similar statement can have a profound effect in alleviating intense feelings of guilt and anger.

With respect to my patient's wife, she was concerned that certain decisions she had made about his care toward the end of his life had contributed to his death. Her sense of relief was almost palpable when I told her I didn't think this was the case.

The truth is, just like the practice of medicine isn't perfect, neither is the accuracy of post-event analysis. That being said, reassuring a patient's loved one that there was nothing he or she could have done to change the outcome can be one of the most meaningful things a physician can do for another human being.

Matthew Mintz, M.D.

Associate Professor of General Internal Medicine and Assistant
Dean for Pre-Clinical Education

BALANCE

On a family vacation in Jackson Hole, Wyoming, August 2015.



As a physician, I often struggle to achieve balance. Work can be challenging. Raising a family also has its difficulties. Sometimes, however, finding balance is as simple as taking a moment to remark on how breathtakingly beautiful this world is.

Amy Stone, M.D.
Assistant Professor, General Internal Medicine

Still / Creating

MORAINE LAKE

Lauren Ng, M.D., RESD '12

Neurointensivist at the Mayo Clinic
in Jacksonville, Florida

*Banff National Park,
Alberta, Canada, July 2015.*



CAPITAL WHEEL EN SOLIDARITÉ



The Capital Wheel against the backdrop of National Harbor. I took this photo shortly after the November 13th, 2015, terrorist attacks in Paris. The tri-color display of red, white, and blue that night took on another special meaning.

Homan Wai, M.D., RESD '09

Hospitalist and Clerkship Director at
INOVA Fairfax Hospital

WORK OR PLAY?



While visiting my wife's family for Thanksgiving in 2015, I took a few pictures of her nephew at the playground. Using his toy trucks, he gathered and transferred soil with such intense concentration that at times it left me wondering whether he was playing or working. In the end I realized that, like with most things we do in life, he was doing a bit of both. It was a good reminder for me that many enjoyable activities involve some planning and preparation...and that we should always appreciate the joyful side of our work.

Homan Wai, M.D., RESD '09

Hospitalist and Clerkship Director at
INOVA Fairfax Hospital

A DAY IN THE LIFE OF AN INTERN

The following is a reflection I wrote during the first month of my intern year, when my first child was only four months old.

When I wake up at 4:45 AM, my husband and the baby are still asleep. I creep about the room in the semi-darkness, trying not to make too much noise. I grab a shower, get dressed, pump, clean up and organize bottles, then hurry out the door by 5:45.

It's a pleasant and cool 15-minute walk to the Metro station, followed by a 30-minute ride on the Orange Line to Foggy Bottom. The Metro isn't too crowded at this hour, which is good because I'm lugging a breast pump bag, a purse, a portable coffee mug, and another bag to carry my white coat.

The Foggy Bottom stop is only a few yards from the hospital. Once I'm inside, I hurry upstairs to get sign-out on my patients from the night float team, which has been taking care of my patients overnight.

I go to my team room, where I stash my bags in a closet and don my white coat. I take a few more sips of coffee while signing into the computer

to review vital signs and the labs that have come back since I last saw my patients.

Then I visit my patients, room-by-room. I start at the top (fifth floor) and work my way down, all the while trying to save the older and sicker patients for last so that they can sleep the most. I ask my patients how they're feeling and I do a physical exam. I try to give them some general idea about what I have planned for the day.

After I've seen everyone, I return to the computer, review the labs that have resulted since I first arrived, and start my notes. My attending likes to round at 10 AM, so I'm able to get all my notes prepared by the time she is ready to go.

As a team, we go see the patients one-by-one and discuss what the day's plan is for each one. We round quickly, finishing just before noon conference. After conference, I go pump, which entails grabbing my stuff, getting to the lactation room, cleaning up the area beforehand, hooking up the equipment, pumping for seven minutes, capping the bottles, cleaning up again, and putting everything away.

REFRESHED

Afterward, I run around trying to implement the plans devised on rounds. I call and make appointments, arrange transportation, talk to families, write orders, make sure patients are on the schedule for whatever procedures they need, and generally wade through piles and piles of paperwork. Meanwhile, I'm fielding pages from nurses, social workers, physical therapists, consultants, doctors on my team, and others.

When all of the work for my patients is done for the day, I sign out to the night float team. I tell them who the patients are, what kinds of issues they have, and what problems there could be overnight—and, if those problems arise, which interventions I'd recommend.

By the time I get home at 8 PM, Baby is already asleep. If it weren't for the fact that he wakes up at night to eat, I wouldn't ever see him. Since I started working he's been waking up more at night—usually at 10 PM, 2 AM, and around 4 AM.

Tomorrow it will start all over again at 4:45 AM. It all makes for a very tired intern mommy.

Laura Wang Billiet, M.D., RESD '15



Sunset from Pensacola Beach, Florida, January 2009. The beauty that nature reveals to us serves to refresh the palette of our experiences.

Edward J. Galbavy, M.D. '76,
Ph.D. '77, RESD '78

Ophthalmologist in Pensacola, Florida

SLOW FOOD FAST



Lentil Bolognese

Serves 4-6

Freezer bag ingredients:

- 1 c. dried lentils, rinsed
- 1 c. sliced mushrooms
- 1 medium yellow onion, chopped
- 1 medium carrot, chopped
- 1 celery stalk, chopped
- 2 garlic cloves, minced
(or ½ tsp garlic powder)
- 1 c. dry white wine
- 1 c. vegetable or chicken stock
- 1 28-oz can crushed tomatoes
- 2 oz tomato paste

- 2 T olive oil
- 1 tsp dried parsley
- 1 tsp cumin
- ½ tsp salt
- ¼ tsp ground black pepper
- ¼ tsp ground nutmeg
- ¼ tsp ground cloves

Serving day ingredients:

- 1 c. milk
- 14-oz box whole grain pasta
- Grated Parmesan cheese

- 1) Combine freezer bag ingredients in a 1-gallon freezer bag. Store in freezer until ready to use.
- 2) Thaw overnight in refrigerator (or for a few minutes in the microwave).
- 3) Empty contents of freezer bag into slow cooker, and cook on low for 6-8 hours.
- 4) Stir in 1 cup of milk during the last 20 minutes of cooking. Meanwhile, prepare pasta according to package directions.
- 5) Serve Bolognese sauce over pasta. Top with grated Parmesan cheese.

Recommended accompaniment: Asparagus spears.



Chicken Cacciatore

Serves 4-6

Freezer bag ingredients:

- 1 ½ lbs chicken thigh filets
- 2 slices bacon, chopped
- 1 15-oz can cannellini beans, drained and rinsed
- 1 15-oz can diced tomatoes, drained
- 1 medium yellow onion, thinly sliced
- ½ c. white wine
- ½ c. chicken or vegetable stock
- 2 T capers (optional)
- 2 bay leaves
- 1 T olive oil

- 1 tsp dried basil
- 2 garlic cloves, minced (or ½ tsp garlic powder)
- ½ tsp dried rosemary
- ½ tsp sugar
- ¼ tsp black pepper

Serving day ingredients (optional):

- Rice, pasta, or crusty bread cubes that have been tossed with olive oil and red wine vinegar

- 1) Combine freezer bag ingredients in a 1-gallon freezer bag. Store in freezer until ready to use.
- 2) Thaw overnight in refrigerator (or for a few minutes in the microwave).
- 3) Empty contents of freezer bag into slow cooker, and cook on low for 6-8 hours.
- 4) Serve over rice, pasta, crusty bread, or alone!

Recommended accompaniment: French-cut green beans.

During medical school, I quickly realized that I didn't have much time for cooking. Wanting to "practice what I preach" by eating healthy food rather than eating out, I compromised by using a slow cooker. This made it possible to make healthy meals with minimal time investment.

At times, though, even using the slow cooker wasn't easy enough. Sometimes I found myself wishing I could take pre-assembled meals out of the freezer and throw them into the slow cooker in less time than it took to make my morning coffee.

After searching online, I found a dearth of such recipes, particularly ones that both pleased my palate and met my nutritional standards. Encouraged by my sisters who are busy moms, I decided to devise my own recipes. These two recipes were developed out of my love for Italian cooking and are easily accompanied by steam-in-bag veggies from the freezer section.

Buon appetito!

Ashley Styczynski, M.D., RESD '15

Epidemic Intelligence Service Officer at the Centers for Disease Control and Prevention in Atlanta, Georgia

BUSY MR. ZEE

Early in the morning he starts his day
Full of a little work and a lot of play

There are books to read
Play-Doh® to knead

LEGO® towers to build
Toy trucks to be filled

Naps to take
Sandwiches to make

Stories to tell
Just before bidding the day farewell

All this activity and barely three!

I can't wait to see what this next year will be
For busy, busy Mr. Zee



September 2015.

Sylvia Gonsahn-Bollie, M.D. '10,
RESN '13, Chief '14

General Internist in Richmond, Virginia



April 2015.

Saeed Alqahtani, M.D., RESD '12

Vascular Neurology Fellow at the National Institutes of Health
/ National Institute of Neurological Disorders and Stroke in
Bethesda, Maryland

ANATOMY

For me, a vascular neurologist, this photo of a cherry tree from below symbolizes the middle cerebral artery, with its superior and inferior divisions, supplying the structures of the brain responsible for language, judgment, and other higher cognitive functions—the flowers that help make us human.

THE STAR

Christmas 1994

A babe was born, a star shown bright
Far, far away that cold, dark night.
Three wise men came from lands afar
To see the child who raised that star.

The cattle lowed, the donkeys talked,
The blind could see, the lame could walk.
The earth stood still, the moon stayed low
Banished by that star's bright, bright glow.

What meaning can this have for us
2,000 years from then?
After centuries of dark despair,
Evil committed by women and men?

The stars that lit that ancient night
In heaven's orb still do burn.
Few men look up to see their light
And fewer yet their lessons learn.

John Kelly, M.D.

Clinical Professor, Neurology, retired

NIGHT SCENES



For me, photography is not only a hobby but a passion. It provides me a medium in which to express myself. I particularly like capturing peaceful landscapes, especially against the night sky—something that is often hard to appreciate given light pollution in the city. My husband and I thus make it a point to look at the night sky whenever we travel to rural places, even if it means getting up in middle of the night.



These photographs, of the Milky Way and the aurora borealis, were taken in September 2015 during a trip to Banff National Park in Alberta, Canada. They required getting up at 3 AM and standing in the cold for about an hour, but they were definitely worth it!

Shivangi Vachhani (formerly Pandya), M.D.,
RESID '14

Endocrinology Fellow at Georgetown University

TAKE A BREAK



As a cardiology fellow at The Ohio State University, I would take a short break about every four months. This kept me from burning out.

As an electrophysiology fellow at Brigham and Women's Hospital, I haven't been as disciplined in getting away to refresh and recharge. It took me eight months—until January 2016—to take my first vacation. The turquoise waters of the Taj Exotica Resort on South Malé Atoll in the Maldives provided just the break my exhausted body and overworked mind had been yearning for.

Nishaki Mehta, M.D., RESD '12

Clinical Cardiac Electrophysiology Fellow at Brigham and Women's Hospital, Boston, Massachusetts.

THE GENERAL

“Good morning, everyone!”

“Good morning, Dr. Andrew!” the nurses responded in unison as I walked into the medical ward Monday morning at Scottish Livingstone Hospital in Molepolole, Botswana. This was my second month-long stint working in Botswana during residency.

The male section appeared to have more new patients, so I walked over there with one of the nurses, Thebula, for interpretation. The national language in Botswana is Tswana, but all the nurses and many of the younger people speak English.

My first patient looked to be in his 50s with a shaved head, a graying 5 o'clock shadow, no shirt, and old army pants. Given his age, I was surprised when he responded to my southern-twanged “Good morning, sir” with a “Good morning” of his own, in English.

Thebula looked at me and said, “I think you can handle this one.” He then walked off to administer medications and to check Facebook.

“Where did you learn to speak English?” I asked my patient.

“I was a general in the Botswana army for many years and part of my training was to learn English. My name is Tubego.” He told me that he was proud to have served his country, one that “prides itself on treating all its citizens equally.”

This is a common refrain for most citizens in Botswana, where the average income is one of the highest in Africa thanks in part to the country's natural resource of diamonds and a relatively small population.

He then recounted for me, in broken but easily understandable English, that he had felt extremely tired for the past few weeks. Over the weekend this feeling had worsened. Further questioning revealed that he was 52 years old and, other than high blood pressure, he had no known medical problems.

No matter where one lives in the world, fatigue is a pretty ubiquitous complaint. Depending on the context it could mean absolutely nothing...or something very bad.

Worried that he could be bleeding from somewhere, I asked Tubego if he had experienced any bloody stools, vomiting of blood, or any other signs of blood loss. He denied all this.

Depressed people often report fatigue. Tubego was retired. Maybe, after leaving the routine of his job, he was having trouble finding meaning in his life. I had seen this kind of situation more than once in the States. Upon further questioning, though, he talked excitedly about his ongoing hobbies and his loving relationship with his wife, making me less suspicious for depression.

Tuberculosis can cause fatigue. Tubego had been in the military and probably in close quarters with others quite often. Tuberculosis is endemic in Botswana. In fact, Tubego had contracted pulmonary tuberculosis years before and had been treated for it. A chest X-ray showed no signs of new or even the previous tuberculosis.

With a nationwide prevalence near 20%, HIV must always be high on one's differential in Botswana. Tubego and his wife both reported being monogamous for the past 20 years. Even so, an immune system weakened by HIV could lead to an opportunistic infection, which in turn could explain his fatigue. A negative HIV test made this diagnosis very unlikely.

I drew some labs to look at his blood counts and electrolytes. They wouldn't be back until at least the next day, and I needed to know more about why he was so tired. I continued asking about what had happened recently and why he had decided to come in that day.

"Well, three days ago," he said, "I wanted to go to the local doctor, but when I went to stand up I passed out. Then it was the weekend and the clinics were closed. I started to feel a little better but then even worse than before, so I decided to come straight to the hospital."

Alarm bells started going off in my head. Many people get fatigued and feel tired. Some people may feel faint or light-headed. Few people

actually black out. I went back to asking about any recent bleeding.

"Any vomit that looks like blood or coffee grounds?" I asked.

"No."

"Any recent injuries or trauma?"

"No."

"Are you sure you haven't had any bloody or dark stool?"

"Well," he said, "not bloody but definitely darker and more frequent stool."

A rectal exam with a test for microscopic blood confirmed my suspicions. He was bleeding somewhere in his gastrointestinal tract. His red blood cell count came back the following day dangerously low, and so I transfused him. However, this was only a stopgap measure. I needed to determine from where in his gastrointestinal tract he was bleeding. Since the blood was dark and not bright red, it was probably not coming from the end of his intestines. The first step was to look in his stomach.

Scottish Livingstone Hospital did not have upper endoscopy capability. I tried to send him to the only public hospital in Botswana that did, but the scope there was broken. I then attempted

to have him seen at a private hospital but the government refused to pay for the transfer because a public hospital had the equipment, even though it was broken. In Botswana, getting an upper endoscopy at a private hospital can be prohibitively expensive, even for a former general.

So I did the only thing I could do. I started him on an acid blocker for his stomach. Over the course of a week his red blood cell count stabilized, but just barely. I told him it was important that he get an upper endoscopy and a colonoscopy, for that matter, but that neither would be possible while he was in the hospital.

Tubego's response to this news surprised me.

"Thank you, doctor," he said. "I know you did everything you could for me."

He never got upset, never cursed the system that refused to pay to find the answer for his potentially life-threatening illness even though he had spent his professional life helping to defend that system. Honestly, I was more upset about it than he was.

A country that prides itself on equality really did give the same treatment to a general as it would to any other citizen.

Andrew Myers, M.D., RESD '14

Clinical Officer with Partners in Health in Sierra Leone

NEW BREED OF SQUIRRELS?



Roger Egeberg was a former medical school dean and White House advisor when I worked for him. He was also a friend.

Dr. E—I could never bring myself to call this eminent medical leader by his first name—lived in northwestern Washington in a heavily wooded area near the Zoo.

One evening after dinner, his wife heard a scratching noise. Dr. E, who didn't hear the noise, suggested it was perhaps the wind making a branch scrape against the roof, but the next evening he heard it, too, and this time there was no wind.

The noise seemed to come from the ceiling.

“Oooh,” his wife said with her face scrunched up. “Maybe there’s something living in the attic.”

Dr. E grabbed a small flashlight and jerked down the folding attic staircase over the upstairs hallway. He clomped up the staircase and shined the light around the attic. He didn't see anything unusual.

The next day on his way home from work, he stopped by the hardware store and purchased a heavy-duty flashlight. That evening, when he and his wife heard the noise again, he gently lowered the folding attic staircase and slowly crept up. Without making a sound, he stuck his head into the attic just enough to look around, using his new flashlight much like a prison searchlight scanning for escaped convicts. Very slowly he rotated the beam until—there it was—the culprit, staring back with intense immobility.

“It’s a squirrel living in our attic,” he calmly informed his wife as he folded the attic stairway back up.

The next day on the way home from work he again stopped by the hardware store, this time to buy a Havahart® small animal trap. These traps allow an animal to enter and grab a bait snack. The gate then closes and the animal is harmlessly trapped.

They baited the trap with peanuts. The squirrel went for it and got trapped. They removed the live and fussy squirrel and released it in the woods near the Zoo.

There was no scratching noise for the next several days.

Then, there it was again.

“Another squirrel!” Dr. E surmised. The trap was baited, put in the attic, and once again caught a squirrel, which was released in the woods near the Zoo.

M STREET

This went on a third time. “Where are these squirrels coming from?” Dr. E wondered aloud.

“How do we know we’re not just trapping the same squirrel?” his wife responded.

“We’ll investigate,” Dr. E said.

The next day on the way home from work he again stopped by the hardware store and bought a small can of white spray paint. The next squirrel they caught, they sprayed a white stripe down its back before releasing it.

Three days later, *The Washington Post* had a small story with the headline “Zoologists Puzzle over Possible New Breed of Squirrels. Striped Squirrels Observed near Zoo.”

“It was only one,” Dr. E grumbled.

They got their roof repaired, which sealed the attic and solved the problem. The striped squirrel mystery faded away.

At least that’s the way Dr. E told it....

James Cooper, M.D.

Clinical Professor,
Geriatrics and Palliative Medicine, retired



Oil on canvas.

Stephan Hanes, M.D., RESD '12

General Internist at the Veterans Affairs Hospital in Washington, DC

THE TUNNEL

The tunnel runs deep, so deep that it takes most people at least a decade to make it to the end. Few manage to escape. Most will keep going.

Along the way, you will encounter a few checkpoints at which you'll be rewarded. At each of these checkpoints, you will find another series of tunnels from which to choose the next segment of your journey.

Within these tunnels, you'll meet others who are stronger than you. They will try to destroy you. You will have confidants—perhaps you'll go as far as calling them friends. But do not be falsely comforted by these relationships, because at the end you will be alone.

This journey is not for the faint of heart. It's not for the common person. The tunnel was developed for only a select few. Each and every one of you is special in one way or another, which is why you were selected. Now is your time to prove just how special you are.

Today is day 4,847 since I entered the tunnel. I have passed five checkpoints, at each of which I have received a certificate. A certificate suitable for framing—that was my grand reward. I have engaged with 32 confidants, none of whom remain in this tunnel. Up until this point, at least, I have been able to prove that I am indestructible.

But today is unlike any other day in the tunnel. Today, a bright beam penetrates the darkness. It is a light, I think, but I haven't seen light in 4,846 days.

At first, I am blinded, and I think to myself that this light must only be in my imagination. Has insanity finally crept into my mind? I blink a number of times, and yet the beam is still there. This is real. Although my vision is clouded, I sense a glimmer of gold scattered over the wall of my tunnel. I struggle to focus on the source of the light and finally see with clarity that it comes from the end. The light emanates from outside the tunnel.

I am overcome by a burst of energy and sprint towards the light.

I sprint for 49 days, but I feel I get no closer to the end. Finally, on day 4,896, I collapse. I fall to the ground and let my gaze settle on the ceiling and the walls of my tunnel.

For the first time, aided by the beam of light, I examine my surroundings. My tunnel is not as narrow as I thought. In fact, it is quite large with high ceilings. The vast space makes me more aware of my solitude. I reflect on all the tunnelers who could fit in this space with me. I remember the family I left behind. We could have all had a home in here. Every tunneler's family could have fit in here, too.

I can feel myself becoming undone, and so I move to distract myself. The golden glimmer I first noticed on the walls 49 days ago has not faded; in fact, it's grown much more pronounced. I try to focus on one spot and realize that the wall is actually made of gold. Not solid gold, but bits and pieces of gold protruding from the walls.

I rise, dust myself off, and move towards one piece of gold. As I get closer, I realize it's not a piece of gold but a gold-colored door knob. All along the inside of the tunnel, I see hundreds of door knobs. There are doors all along the sides of the tunnel.

How many doors have I passed in the last 4,896 days? Millions, at least? Where do they lead? What have I missed by trying to prove that I am special enough?

I place a hand on a circular knob. It is smooth and as cold as ice. I grasp the knob and turn my wrist. I feel the door unlatch.

Stop. I cannot let myself deviate now, so close to the end. I must make it to the end to see what I have gained after almost a decade-and-a-half in this tunnel. Surely what lies at the end of this tunnel must be grander than whatever is beyond any of these doors. Right?

I step away from the door and once again move towards the light. By now I know for certain that the light is coming from the outside, for I have noticed the cycles of day and night, making it easier to count my days. By now I am certain I am nearing the end. Still, as I pass door after door, I wonder: Did I choose the right path?

Nancy Maaty, M.D. '10,
RESID '13
Critical Care Fellow

PILLS

A previously healthy patient is suddenly diagnosed with a chronic condition for which he must take medications indefinitely.

Why me?

I didn't think this would happen until my 50s or 60s.

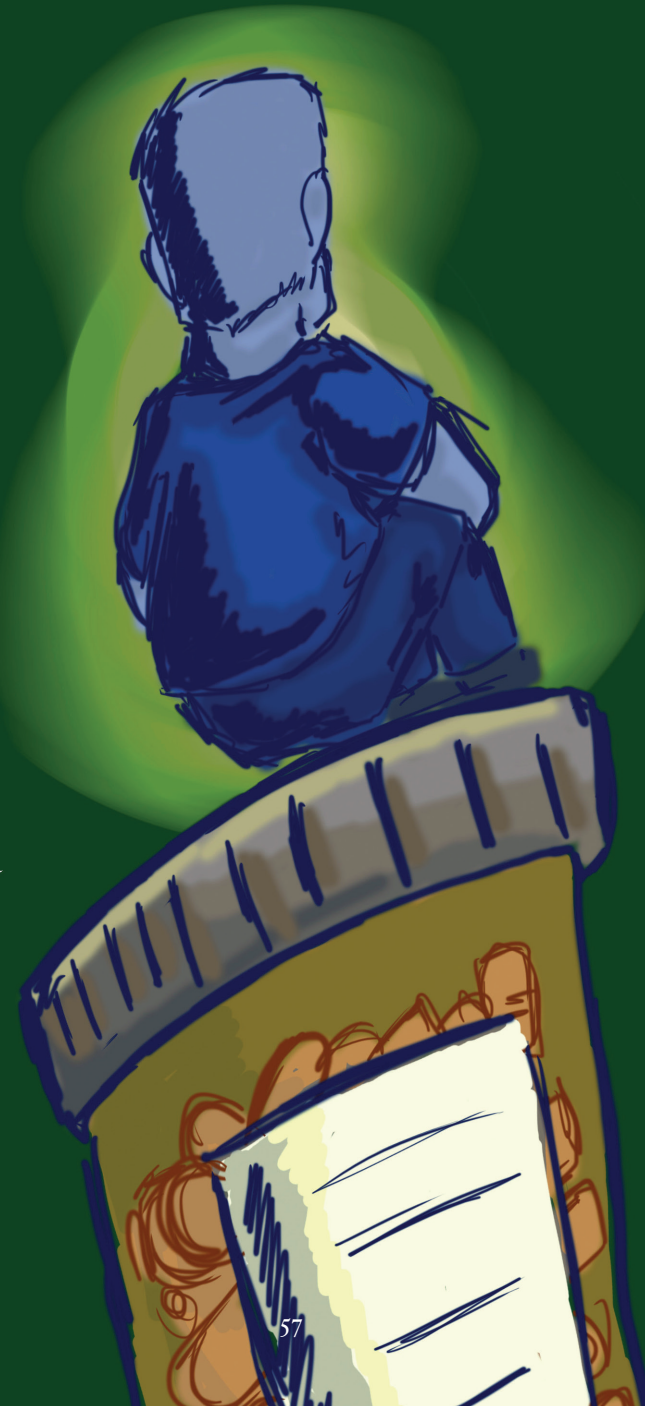
I don't want to be on these meds for the rest of my life.

What about side effects?

My life will never be the same again....

Abdulhameed "Tudi" Al-Sabban, M.D.
RESID '14

Gastroenterology Fellow at Georgetown University



SANTA MONICA PIER



February 2015.

The Ferris wheel where my wife and I shared one of our first dates.

Paul Jain, M.D. '04, RESD '07

Associate Professor in General Internal Medicine at
the University of California San Diego Medical Center

TRANSFORMATION



Painting by Andre Parker.

The skin is not only the largest organ in the body, but it's also the most visible one. For this reason, patients with skin disease can suffer enormously in terms of their self-esteem. Psoriasis, in particular, is one of my favorite diseases to treat because it allows me to develop a close relationship with my patients, and I get to use my knowledge as both an internist and a dermatologist.

I'll never forget a patient of mine from Tiverton, Rhode Island, who suffered from severe psoriasis—the worst I've yet seen. When asked what her day-to-day life was like, she described mostly staying at home due to her condition. Her family followed her around with a vacuum

because of the trail of scale that she constantly left behind. As her psoriasis worsened, she started cutting her own hair because she was too embarrassed to visit her hairdresser. The disease was putting a strain on her marriage, as well.

I started her on a medication that she had not yet tried. Over the next few months, her skin gradually improved. Remarkably, after about six months, this woman—who previously had been covered with scale and who had been a prisoner of her own home because of it—had only a few small residual plaques on her legs. I saw her blossom from a quiet, tearful patient into a lively, joyous person with the world at

her fingertips. She even began taking pottery classes.

I cherish the relationship that this patient and I have developed. In the way she's blossomed, she reminds me of an orchid like the one featured above, painted by my uncle. It brings me tremendous joy when I think about her transformation, and I feel truly privileged to have been a part of it.

Liza McClellan, M.D., RESD '13

Chief Resident in Dermatology Dermatology at Roger Williams Medical Center, Providence, Rhode Island

WATER OVER A DAM



Taken in Philadelphia, off the Schuylkill River Trail near Boathouse Row, July 2015.

David Ni, M.D., RESD '10, Fellowship '13

Endocrinologist at Maryland Endocrine, P.A., in Columbia, Maryland

EVE ON THE GURNEY

First transect
Then bisect my pelvis.
Split the perineum in two
That split me into
The tiller and the hunter.

Wear gloves to balk the
lightening,
Once a thousand miles
And a child away.

Pudendal sparks the romping
Lovers hiding in a garden.
Hide in flesh
Where flesh conspires.
Tag it for the practical.

Six muscles of the eye
And one of upper lid
Gently blink,
Wink the rounded name:
A circle penned in circles
Then all we see is circular?

In my experience,
Yes,
That is so.

Our lives are simple summations
Of what we choose
And what recruits our sight.
The apples that look dangerous probably are.

The mandible's refusal
Potentially more dire
Than the masseter's.
A philosophical dilemma
Posited by the frontal lobe.

Still, taste receptors bind covenants
Carried by the facial nerve.

And all of this
All of me
The brachial plexus,
Its branches,
A tree
Spins into gold
Our tapestry.

Pamela Kasenetz, M.D. '08, RESD '11

General Internist at Falls Church Medical Center in Virginia

RETURNING TO WHERE I STARTED

On January 20, 2016, I returned to the main lecture hall of Seth G.S. Medical College, my alma mater, in Mumbai, India. Fifteen years before, I had entered the hall as a first-year medical student. Now, in celebration of the school's 90th anniversary, I was on the other side of the lectern, delivering a talk to wide-eyed medical students.

Initially, when the school invited me to speak, I didn't know what I could possibly contribute; I still think of myself as a junior physician. I tried to imagine everything Medical Student Nishaki would have wanted to hear. I would have wanted to hear from a speaker with whom I could relate, and of whom I could ask anything, without reservation. I also wanted to use this occasion to give something back to an institution that played a pivotal role in my life.

The medical training at Seth G.S. is impressive. What the school lacks, though, is resources for student-initiated research projects and innovations. For example, as a medical student, I wanted to create an alarm clock based on the body's sleep cycle. I didn't have any support in terms of money, technology, or mentors to make this happen, and so I reluctantly abandoned the idea. A decade later, others would develop smart phone apps based on this concept.



I decided to use my January 20th talk to discuss "Doctors over Chai," an informal on-line forum that I've helped establish with the purpose of facilitating grass-roots research and innovation among medical students and the like. "Doctors over Chai" is my way of sharing the benefit of the professional network and support system that I've built so far over my career.

After my talk, while I was still in the lecture hall, a particularly shy medical student came up

to me to tell me how much she appreciated that I'd addressed one of her questions. I saw a bit of my younger, more reserved self in her and gave her a hug as she teared up.

When I walked back to my car that day, my head was spinning with the energy, questions, brilliant ideas, and potential of the students I had met. I felt even more humble than when I had embarked upon a career in medicine 15 years before.

Nishaki Mehta, M.D., RESD '12

Clinical Cardiac Electrophysiology Fellow at Brigham and Women's Hospital, Boston, Massachusetts.



Ko Olina Beach, November 2015.

SCENES FROM THE ISLAND OF OAHU



Kaneohe Bay, November 2015.



Lanikai Beach, August 2015.

For a while it looked like I would be in the DC-area forever. After coming to GW in 1995 for my undergraduate degree, I stayed on for an MPH, my MD, and residency. Then, in the summer of 2014, I moved to the island of Oahu in Hawaii, where my husband—an active duty gastroenterologist whom I met during our first year of medical school—was assigned. Oahu is a tough place to live...but someone's got to do it.

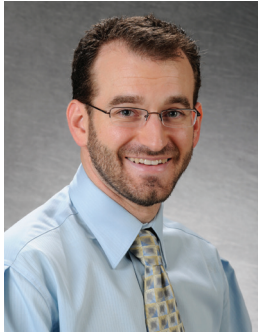
Maryann McYat Ally, M.D. '06, RESD '09

Staff Hospitalist at Tripler Army Medical Center in Honolulu, and Assistant Clinical Professor of Medicine at the University of Hawaii School of Medicine

Al-Sabban, Abdulhameed "Tudi": *Pills*
 Alameer, Amani: *When I Miss Being Amani*
 Alhamoud, Hani: *Deep into the Calm*
 Ally, Maryann McYat: *Scenes from the Island of Oahu*
 Alqahtani, Saeed: *Anatomy*
 Ang, Natasha: *Resilience*
 Anonymous: *Eye of Optimism*
 Baban, Kaylan: *Ashes*
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Letter from the Chief Editor



When I joined the faculty in the Division of General Internal Medicine in July 2010, I had just completed a chief year at Johns Hopkins Bayview in Baltimore. This was going to be my first real job after training. And like all new faculty members, I was in search of a special project—a way in which to make my mark.

At that time, *Cuentos* had barely begun and it looked like it wouldn't continue. The three residents who had created *Cuentos* — Homan Wai, Maryann McYatt, and Mary Reyes — had graduated and, without a point of continuity, the magazine had gone out of print in 2010. Aware of my interest in medical humanities, my Division Chair, Dr. April Barbour, asked if I would take over the helm and Dr. Alan Wasserman, Chairman of the Department of Medicine, pledged the funding.

Since then, we've compiled an edition every year, with each edition proving larger, more inclusive, and more complex than the one before. Most recently, we produced a 15-minute movie highlighting the meaning that *Cuentos* has had for contributors and readers alike (<https://smhs.gwu.edu/medicine-residents/cuentos>).

And this year, for the first time, we plan to conduct workshops at medical conferences to encourage other residency programs to pursue a similar type of publication. Who would have thought that a magazine whose name in Spanish means “stories” would have developed such a rich story itself?

After six years, though, it's time for me to move on. I'll be leaving not only my role as faculty advisor for *Cuentos* but the Medical Faculty Associates, in general, so as to join a private practice closer to my home in Rockville, Maryland.

I want to thank Dr. Barbour, Dr. Wasserman, and the resident editors over the years for their support, as well as the Publications Department in the School of Medicine and Health Sciences for making us look so good. Mostly, though, I want to thank the contributors and the readers. Along with my contribution to patient care and medical student education, my involvement with *Cuentos* will forever remain my pride and joy.

Very best,

Adam Possner, M.D.,

Assistant Professor, General Internal Medicine

Cuentos



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