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Plexus

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Plexus 2022: *Illuminate*

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A night sky photograph featuring the Milky Way galaxy. In the foreground, a dark mountain silhouette is visible with several observatory domes. A bright, curved light trail, likely from a telescope, arcs across the lower right portion of the image. The overall scene is dark and starry.

Illuminate

PLEXUS 2022

Editor's Note

PLEXUS is a student-organized publication that showcases creative work by medical students, physicians, faculty, and others in the UCI medical community. Through the universal language of art, the journal aspires to connect those who seek to heal and to be healed.

We hope that PLEXUS will always be a creative and welcoming space in which we can all reflect and share our experiences in medicine and in life. Medicine, especially in recent years, may feel like a solitary endeavor. Now, more than ever, we hope PLEXUS provides solace and community to all who contribute to and view its pages.

Illumination is the state of being brought to light. This year's 23rd edition of PLEXUS, *Illuminate*, focuses on the action, the process, and the source by which we shine light on the world around us and all that is within ourselves. As a society we are still in a period of reckoning, returning, and reeling from recent changes. As part of a medical community we are committed to a lifelong process of learning and growing. In this issue we invited the UCI community to consider what we would like to bring to light – a question, a story, a cause, or a word of wisdom - to bring forth the things we are passionate about, are coming to terms with, and have newly discovered.

We are incredibly grateful to our amazing community for their support in sustaining PLEXUS. We would like to give special thanks to our faculty advisors Dr Johanna Shapiro, Dr Tan Nguyen, Dr Frank Meyskens, and Dr Juliet McMullin. This journal would not have been possible without their continuous support and guidance.

We hope you enjoy PLEXUS 2022: *Illuminate*.

Ashley Hope (MS3), Celina Yang (MS2), Kenneth Schmitt (MS3)
Editors in Chief

Congratulations to the winners of the 2022 medical student competition!

Fireside with You, by Caroline Frambach (MS4)
Tomatoes and Ice, by Gianna Kroenig (MS1)
Present, by Christopher Sahagian (MS1)
Dream Sequence, by Jessica Wang (MS3)

(Front cover)
The Observatory
By Vinay Sharma, MS1
(center, following page)
The Blue Pump
By Riya Bansal, MS2

Tomatoes and Ice
By Gianna Kroenig, MS1

I walk in the room
You offer a seat
I extend one in return
You don't miss a beat
I'll stay in this seat
Twenty minutes or so
But you'll be here long past
- til my mind lets you go.



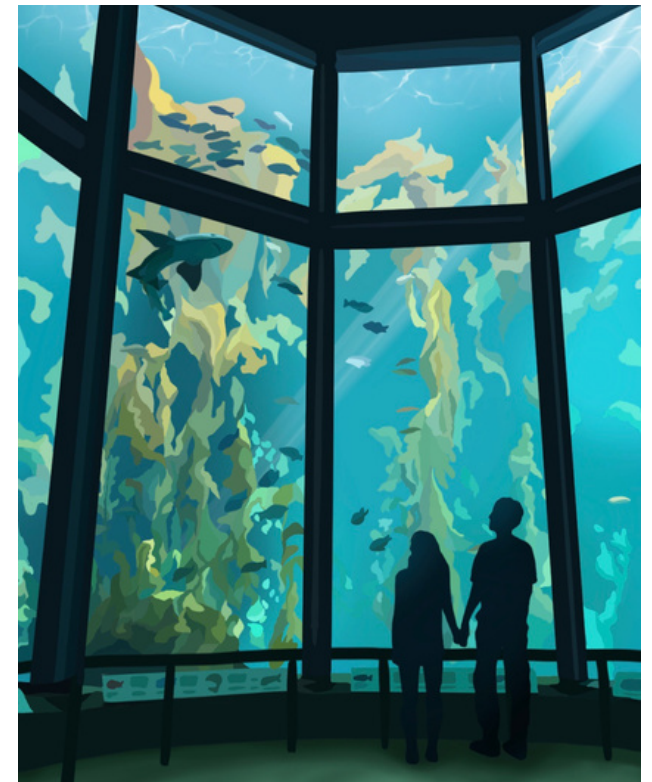
Mr. P and I sat while
His treatment infused
Sharing stories and smiles
And that if we could
choose
We'd have hospital ice
As a snack every day
I knew from that moment
That story would stay.

Ms. S-B and her daughter
Came once every week
And even through chemo
When she became weak
She would glow and tell us
About her dog Scout
Little prompting was needed
For photos to come out.



Moon Jellies
By Caroline Frambach, MS4

Mrs. G and her husband
Kept me long in the room
As we talked of Lou Monte
And those old Italian tunes
"Ask your grandparents," she said,
"Tell me if they knew".
You were gone before I could
Let you know that they do.



Monterey Bay Aquarium
By Caroline Frambach, MS4

From Mrs. F I learned a
New gardening skill
And when I plant tomatoes
I think of her still.

As the years have ticked past
I'm starting to find
That each of these stories
Lives on in my mind.
When school becomes tough
Or my confidence wanes
I visit them there and
Somehow the pains
of the moment, they dim,
and my focus will suffice
On Scout and Lou Monte
Tomatoes and ice.



Every patient I've met
Is a story I hold
You trust me with words
That, to me, weigh as gold.



(lower left)
Fireside With You
By Caroline Frambach, MS4
(top right)
Dusk
By Caroline Frambach, MS4
(lower right)
End of Beginning
By Celina Yang, MS2

Butterfly

By anonymous medical student

Beneath flickering eyelids, your dark pupils
glisten in pain, uncertainty
has been certain and dew drop
tears roll down your face with the distant
sun peeking yet shadows of thieves stealing
light fades into dark, who can you trust?

As though you felt the warmth, your
mourning dew drops gone when the
sun reflects your face,
as though your body aches
were distant memories when
you float through the sky
reflecting lake,

I dream of you at night
your failing heart restored
your broken bones mended
your weakened knees strengthened

I dream of you healed.
Your smile carries me still
illuminating my days,
so let your fluttering lashes
take flight
let them never be still.



(top) The Perfect Landing by Kenneth Schmitt, MS3
(bottom) Time Stood Still by Kenneth Schmitt, MS3

Feet
By Sydney Burger, MS1

In my first year of medical school, I was approaching the end of my first hour ever in a hospital. 10 minutes of that had been spent in the trauma surgery workroom. Another 20 had been spent finding the OR and changing into scrubs. Another 5 traveling the maze down to the ED.

I was now standing in the narrow ED hallway in my too big scrubs, looking as childish as I felt. The trauma bays were empty, but people were slowly gathering. "You're so lucky," a third-year student was telling me as the energy built around us, "big trauma coming in." I tried to feel lucky. I tried to let it suppress the feelings of being overwhelmed and bewildered and nervous.

Eventually I heard the sirens. The stretcher appeared in the doorway not long after. The nurses directed the EMTs surrounding the stretcher to the trauma bay. My eyes were transfixed. Not on the device strapped to the patient's chest providing mechanical CPR, but on his bare feet. I had only met death one month ago in the basement anatomy lab, but I could already recognize it in his pale feet.

As the commotion entered the trauma bay, I tentatively followed. I remembered I was supposed to feel lucky so I took another breath and found a spot where I could see but was also out of the way. There was a person doing CPR now and there was another holding the gunshot wound on his head. I focused on his ever-paling feet.

The rest of my time in the ED was marked closely by epinephrine administrations and rounds of CPR. I tried to observe what was going on in the room. I took mental notes of all the roles and imagined myself in them one day – the trauma surgeon starting access lines, the leading attending, the people performing CPR.

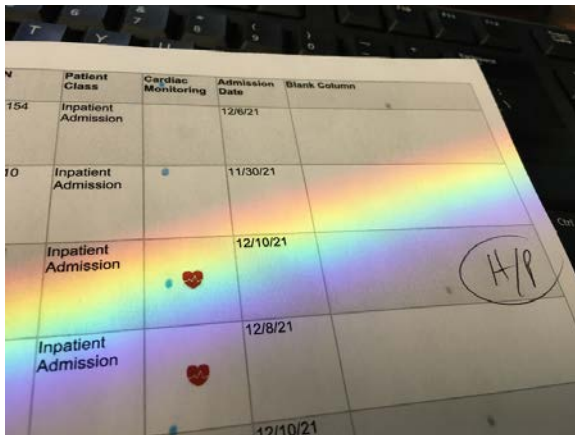
But the slower metronome of my time in the ED was the police, who came in and out with information.

'Self-inflicted...'

'Trying to contact family...'

'No family...'

With every additional piece of information, I found myself slipping further to the back of the room and caring less if I could see. By the end of my 4th hour in the ED, it was time for me to go. As I left the room and the chaos, I tried again for a second to feel lucky. I tried to feel curious or awed or inspired. But all I could think about were feet.



(top)
Finding the rainbow
By Tan Nguyen, MD
(bottom)
A new day
By Tan Nguyen, MD

4 Sheriffs

By Shaili Patel, MS3

Four sheriffs, no masks
In an emergency room, understaffed
For one boy, not yet a man
Shackled by his feet and hands
Three students stand in awe
Walk about and do their job
See an inmate attacked by a mob,
With lacerations, broken nose, and jaw
The patient remains still,
Constantly surveilled,
Not a single complaint,
Though he hasn't peed since yesterday.
Sixteen, needed some cash
Friend said, hey, help me sell some hash,
Then one month his family couldn't make rent,
So he dropped out of school, went full time on this stint,
Little did he know that it would take more,
It wasn't just weed he'd carry to the store,
One evening he got caught,
Got five whole years to be locked up.
Twenty-three, him and me,
Grew up on completely different sides of the street,
He's from the hood, they say,
He's been to prison, stay away
They say...
The things we say, the things we do
Are controlled by me & you,
Are controlled by individual pursuit,
But the schools we attend,
The buses on which we send,
Our kids to school,
These hidden rules,
The floors that creak, the houses that reek,
The unsafe streets, the hovering police,
Living paycheck to paycheck every week,
Worrying if there'll be enough to eat



Present

By Christopher Sahagian, MS2

Age-old wisteria presents its wisdom to the hands of humanity, illuminating a path through the maze-like complexities of our presence. Inspired by our proclivity to elucidate present-day challenges through retrospection.

Unequal opportunity,
Causes disease
Bandage him up,
Sow up the cuts,
Nothing too bad,
They say, "Off with this lad"
Back to the prison,
Five blocks from his school,
Wish he could've gone to college,
Engineering would've be cool
You and me, twenty-three,
Reflect on the resource disparity,
Who had really committed the crime?
The government, the corporations, or the individual who spent time?
Look at how we've been shaped through time,
Then draw the good and bad lines,
Prejudice starts where equity ends,
Let's fix the whole system,
Not just make temporary amends.



Morning Blues

By Cindy Flores, MS1

Ring! Riiiiing! Riiiiing! The alarm ripped through the silence and cold stillness of the air. After three harsh rings, the siren was muffled back into its contraption. Time stood still for a moment. The walls and floor were painted with a soft blue hue, as if the early dawn sky was expanding herself into the room. How could dawn be so invasive yet so fleeting? With each passing second, she grew brighter but simultaneously withered away. The chirps outside poked holes in her silence; the rays of warmth burned away her frost. Her transient arrival mirrored her departure. With one last dying gasp, the rings of morning will welcome her again tomorrow.



(top) Road To Blue Skies by Vinay Sharma, MS1
(bottom) Backbay Sunsets by Elyse Schoenwald, NP

Lamb's Blood
By Amish Dangodara, MD

They trade reason for fear
As dark days appear:
A plague,
A flood
of (mis)information,
False prophets –
Has the apocalypse come?
Men forsake knowledge, the very thing that will save them,
And instead turn to prophets they trust,
But do they lead their flock astray?
They curse me until their time of need... and then,
They look upon me as an angel or some sort of hero,
But I am neither,
I am just a man like any other with a job like so few:
To ignore their ignorance and confront it with compassion,
Instead of the anger that I truly feel.
It wasn't always so, but now, I am no hero.
Shouldn't this be the retribution for their ignorance?
I am no angel.
The best accolade they can give me is to believe it is real.
Have faith in knowledge
With which we are blessed.
Choose to be brave,
Save their prayers for the grave,
I am no savior.
I am just doing my job, just doing my best.
Dark times are indeed upon us:
I am losing myself, my family, my friends, my faith...
Because of sacrifices I have made.
I am no martyr,
And there is only one more to sacrifice to make...
Will you mark the door with my blood?
Help me stave off the drowning flood.
Use your gift of reason, today.
(I am the one who should pray)



(top) Dream Sequence 1: Earth Flight by Jessica Wang, MS3

(bottom) Dream Sequence 2: Logic From Above and Below by Jessica Wang, MS3

Earth Flight and Logic From Above and Below are two drawings I did trying to describe the feeling of finding sudden clarity about something in a dream; to be circling around an idea, brushing past it, having it appear and disappear a thousand times before it finally settles into view.



(top) Life Saving Education
By Zainab Saadi, MD

A critical aspect of medicine is patient education--illuminating the mind. Sharing medical information is helpful in ways that are easy to comprehend, visualize and remember, and images can help us do that.

(right) Sunlight and Self-Love
By Christina Grabar, MS3

MS3 year has been all about finding balance. I have found that I was not able to grow as a future physician without self-love and nurturing myself with hobbies outside of medicine, even just getting more sunlight.



34
Moves his right hand, no more
Just visiting, his trip had more in store
Little did he know his trip would be extended
His world, his health, completely upended
From an unmasked bar, to a night of dancing
He enjoyed life, but took his chances
One week later came down with some chills
Slight fevers, sore throat, loss of smell - no big deal
It's just a flu, it'll get better
But soon enough he was under the weather,
Woke up one day, unable to breathe
Rushed by his friends to the nearest ED
Loaded him with tests, drugs, monitors galore,
Who would have imagined his prognosis would be so poor.
Two months go by,
Hooked onto ECMO, heart barely beating,
Without a lung transplant he'd likely die.
That body once strong,
Without machines won't last very long,
He's alive with dozens of transfusions done per day,
But that freedom to go out, walk on his own — that's gone away.
What does life mean to you and me?
That definition is never discussed openly,
What do we do if all else fails,
Do we keep trying to no avail?
When do we say this is enough,
That I'm tired, stop all this stuff.
A simple poke could have prevented this all,
A vaccine, a shot — not a microchip for Bill Gates to control,
800,000 deaths could have been prevented,
If Facebook, Youtube and WhatsApp were never invented.
The real virus is that of incredulity,
The real virus was this disbelief, alternative truth seeking, insanity,
The real virus was unsupported distrust of authority,
The abuse on historically unprioritized communities
The real virus was how we no longer prioritize humanity —

Exude insanity
Embrace the vanity
Kill our families
Induce calamities
Stop!
Just get the damn vaccine.

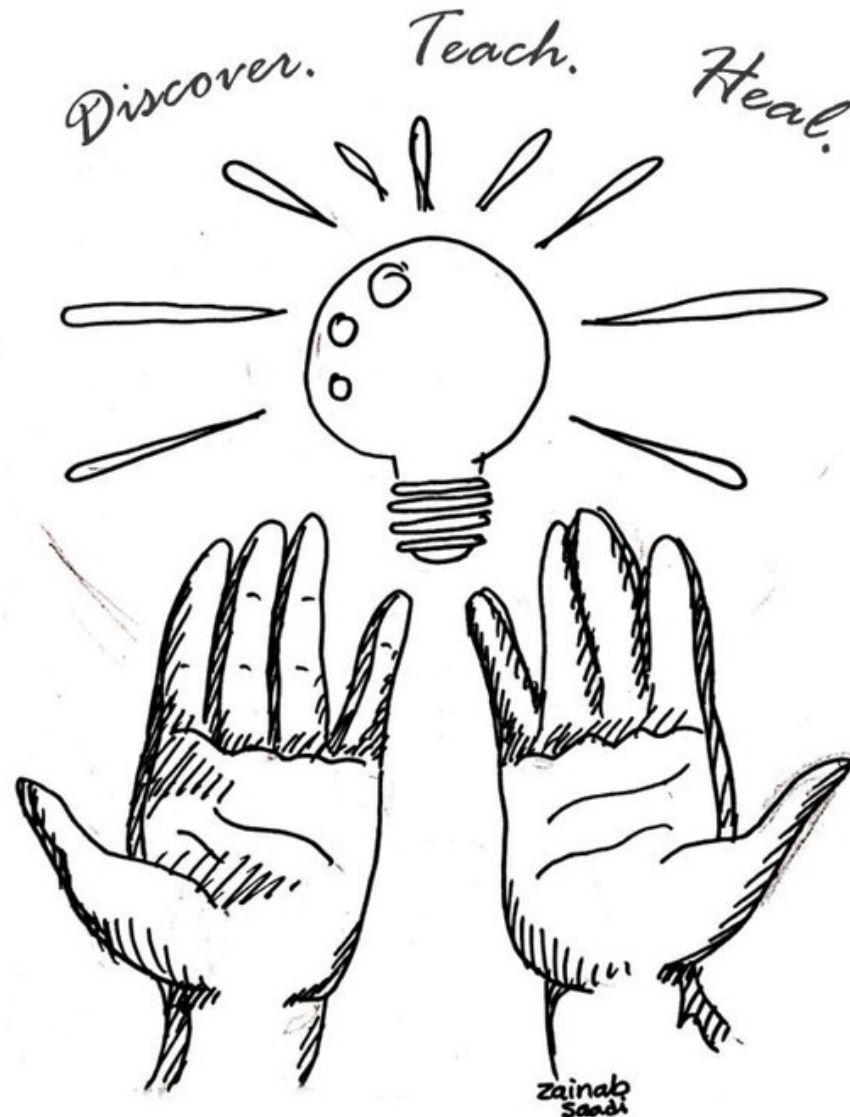
Rare Air
By Shivali Baveja, MSr

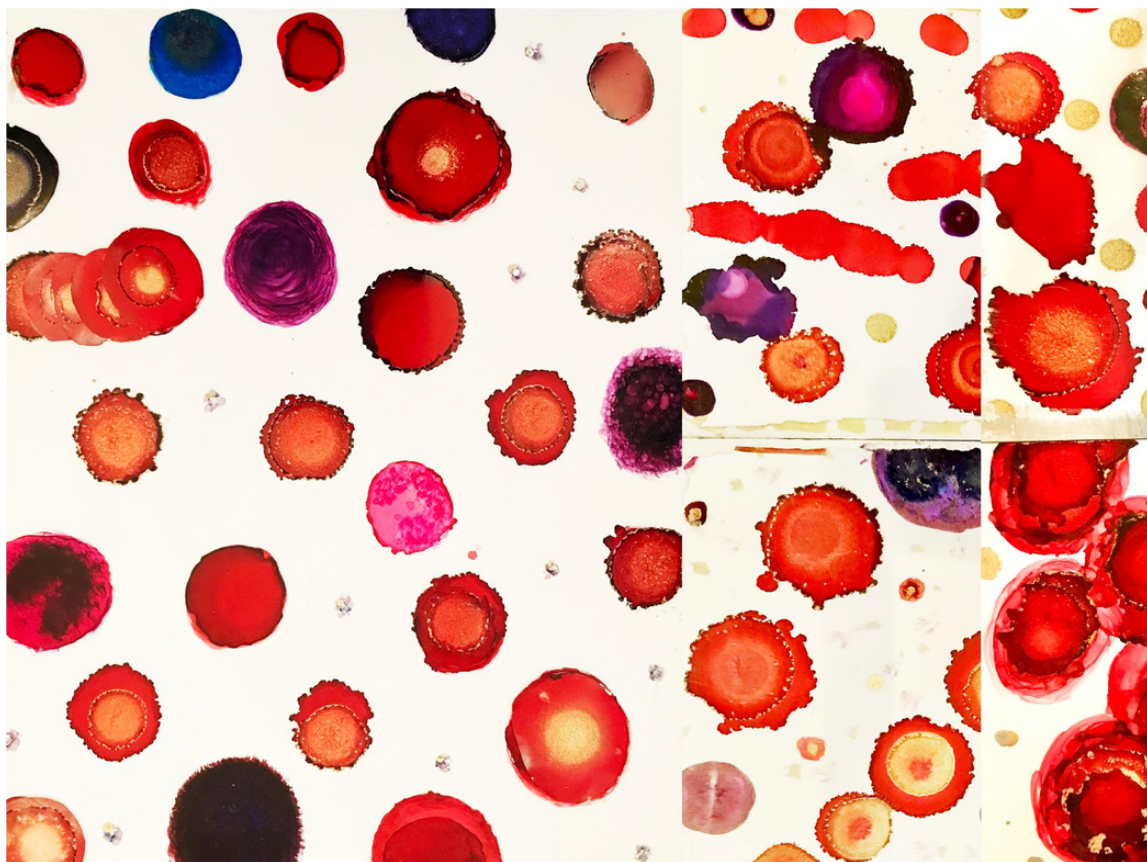
Standing distant from novelty-
pacing footsteps fill our shared

spaces, once foggy marina air
straightening our wrinkled routines.
Dots dance upon the sidewalks,
our minute hands racing each other
in glancing moments till every lecture
room is packed with our time.
They say home is where the heart is
but ours just might be arrhythmic,
skipping beats like class or perhaps
lost in the mindless hours of late nights.
And yet, we find our pulses with ease,
spending evenings chasing friends and
final exams and fleeting glimpses
of fingers crossed futures.
The shouts that echo five stories

below our sleeping beds a testament-
we may stand distant from novelty

but in this room we breathe rare air.





(In a Drop of Blood

By Violeta Osegueda, MS4

I always found stained blood cells beautiful under the microscope. In working with alcohol inks this past year I was struck by how much I was reminded of H&E stains.

A Sonnet to Pre-clinical
By Maddelyn Frank, MS2

Again, space bar. Again. Good, space bar.
Axons, ion channels. Heart sounds, on two time speed.
Innervations, radial medial ulnar.
Guessing B or C, Pass or fail, fail or succeed.

Good, space bar. Again. Good. Again. Space.
Clear to auscultation. Listen then percuss.
Cold emails, lunch talks, board-style case.
Vomit- emesis. Purulent just pus.

Space bar. Good, space bar. Good. Space bar. Again.
The tutu gorilla on a red stool,
campylobacter has a mustache man.
The fire hose, the grind, these last years of school

Until with feigned confidence we answer
When asked "Am I going to be okay?"

Non-Killer Bees
By Jeffrey Suchard, MD

I was passing through the Emergency Department (ED) one day during my toxicology fellowship, when I heard that a patient was arriving by helicopter after a mass bee envenomation. I make the distinction between “mass bee envenomation” and simple bee-sting, since the approach to the medical evaluation and treatment could be quite different. With a single bee-sting, the only medical issue of interest is whether the patient is having a severe allergic reaction. However, with mass bee envenomation, the larger bolus of venom delivered can cause another whole range of potential non-allergic complications, such as kidney, liver, or muscle damage that generally warrants admitting the patient for observation and serial lab testing, even if they look well initially.

I met the patient as he was being wheeled into a treatment room. Frankly, he didn't look too bad, so I was able to gather a fairly detailed history of what happened to him that day. Here is the story he told me:

Jerry was a 57-year-old man who worked on a semi-rural ranch on the outskirts of Phoenix. One year earlier, it had been his job to get rid of the bees that had set up their hive in a post-hole on the ranch. He had sprayed them down with water from a hose and they left. This year, the bees re-established their hive, and Jerry had been assigned the job to evict them once again. He took some precautions, in that he hid behind some stacked bales of hay as he sprayed water into the post-hole from a distance; but this year, the bees swarmed him.

The bees were stinging him all over his face, neck, and hands. He took off his shirt in an attempt to fan them away, which only resulted in more stings to his torso. He then got into his pickup truck and started driving around with the windows rolled down in an attempt to “outrun” the swarm. This method seemed to work, but he began to feel terrible and decided to drive a few miles to his home rather than stay at work. Jerry's wife was home, and he casually told her that he'd been stung by some bees. He went to lie on the couch, but she noticed that he seemed to be having trouble breathing and she called 911. Paramedics arrived, heard his story about the bee-stings, the shortness of breath, and when they were recording his vital signs they found that they couldn't palpate his radial pulse (the pulse you can feel on your own wrist, just below your thumb). The paramedics assumed, and not without some logical justification, that Jerry was having an anaphylactic reaction, so they initiated treatment by injecting him with 0.3 mg epinephrine subcutaneously. This is pretty standard treatment, and indeed it is the same treatment one would get from using an epinephrine auto-injector. One would expect this dose to make a significant difference within just a few minutes. When the paramedics still couldn't palpate a radial pulse, they gave him another dose of 0.3 mg epinephrine; and then they did it again.

Overall Jerry received almost one full milligram (0.9 mg, to be exact) of epinephrine, which is quite a large dose. For comparison, a starting dose of epinephrine to use in cardiac arrest (i.e. when the patient is currently dead) is 1.0 mg. When Jerry did not seem to respond to this large dose of epinephrine, the paramedics called for a helicopter to transport the patient to the hospital faster than by ground ambulance. The helicopter crew arrived shortly thereafter, gave Jerry some IV diphenhydramine (an antihistamine) and methylprednisolone (an anti-inflammatory steroid), both of which are commonly used to treat severe allergic reactions. It was therefore quite surprising to see that Jerry looked so well when he arrived. He didn't have facial or tongue swelling, his breathing was easy, and he didn't appear to have any manifestations of an anaphylactic reaction. Of course, this might have resulted from the desired effects of the drugs he had already received. I proceeded to remove and count the number of bee stingers that were still sticking out of Jerry's skin. There were at least 30 stingers, and there surely had been more that had been dislodged before he arrived. There had certainly been enough stings that we planned on treating this as a mass bee envenomation and admitting Jerry for observation.

When a honeybee nails you, barbs on the end of stinger become embedded in your skin. Many books about first aid and even medical textbooks have some specific, if misguided, advice regarding how best to remove bee stingers. They typically suggest that the stingers be scraped off, as with the edge of a credit card, rather than removed by pinching. The theory here is to avoid squeezing the sac and causing further injection of venom. There are a number of problems with this theory, including the fact that the venom flow is regulated by a tiny pump mechanism that is probably not affected by pressurizing the sac, most of the venom is injected very early after the sting (within seconds), and that the tiny venom sac would be dried up by the time anyone reached medical care. In a very elegant experiment where the authors induced bees to sting their own forearms, Visscher, Vetter, and Camazine demonstrated that there was no difference in the amount of venom injected between the scraping or pinching methods (Lancet 1996;348:301-2).



In Bloom
By Violeta Osegueda, MS4



Comfort
By Sunia Khan, MS1
Through this picture, I wanted to show a few things that bring me comfort and brighten my days - plants and fairy lights.

I started to fill out the necessary paperwork to get Jerry admitted and to dictate my admission note. When I was nearly finished, the patient started to moan in pain. Jerry was holding a clenched fist over his chest and beginning to writhe. He said that he was having pain like a weight bearing down on his chest. Well, this is a pretty classic complaint of patients having a heart attack. It was almost as if Jerry read a medical textbook and was quoting the page verbatim. Holding a clenched fist over one's chest to describe the quality of one's chest pain is known as Levine's sign, and it correlates with the presence of cardiac ischemia. However, the clenched fist on the chest has become so well-known to the general public that it may have become too classic and frankly a bit of a joke. No fictional character can suffer a heart attack on television or in the movies without clutching their chest before they keel over.

We ordered an electrocardiogram, which showed changes consistent with cardiac ischemia. So I called my attending physician to let him know we had a potentially unstable patient. He rushed over to the ED and went to introduce himself and assess the situation first-hand. The patient was still groaning and writhing, but when we asked if he was still having the chest pain, Jerry said, "No doc. It's my ankle. Can you get my wife for me? She knows just how to massage it to make it feel better." He swore that he was not having any more chest pain, but now it was only his ankle, and even that pain went away with a single dose of morphine. A repeat EKG showed no ischemic changes, but we gave him an aspirin for its cardioprotective effects, just in case. Since we were going to admit Jerry anyway, the chest pain episode really didn't change our plans. We already would have admitted him to a bed with continuous cardiac monitoring, and already would have ordered serial tests of cardiac enzymes to detect heart muscle damage, since that is something that might occur from mass bee envenomation alone.

Jerry did great overnight and we met him the next morning while on rounds. He greeted us warmly and wanted to know when he was going home, but we had to give him some bad news. The cardiac enzymes were positive, meaning that they showed evidence of heart muscle damage which could have been either from a heart attack, venom effect, or possibly both. We asked him again if he had ever had any heart troubles in the past, even though he told us the previous day that he hadn't. This time, however, his wife rolled her eyes and related to us that Jerry had a history of

untreated hypertension and that he refused to see a doctor despite recurrent episodes of chest pain. Sometimes Jerry would be driving on the highway when he would develop crushing chest pain. He'd pull over to the side of the road and rest for several minutes until it passed, and then continue on. Thus, although Jerry had never before had any heart problem diagnosed, he almost certainly had unstable angina pectoris as his baseline – he was a heart attack just waiting to happen.

We also discovered that morning that it was very difficult to feel Jerry's wrist pulses even when he was feeling fine. Most people with significant coronary arteriosclerosis have similar problems with other arteries to various degrees. Thus, it was possible that Jerry had been given a triple dose of epinephrine simply because he was a vasculopath and not because he was in shock from the bee stings. You could examine this guy any day of the week and you'd be hard-pressed to feel his pulses, since his arteries were severely diseased. But here's the kicker: epinephrine is exactly the medicine you would like to avoid in a vasculopathic patient with unstable angina, since it will cause the arteries to constrict and possibly induce ischemia or infarction. We asked a cardiologist to consult on the case. That afternoon, the cardiologist asked if it was alright with us to transfer the patient to his service for further work-up related to the heart, and we agreed since there was no continuing evidence of any other complications from the envenomation. Jerry had a coronary angiogram the next day which showed severe triple vessel disease – his right coronary artery and both major branches of the left coronary artery were severely clogged. It is considered too dangerous to perform balloon angioplasty on patients with triple vessel disease, and so Jerry was in turn transferred to the cardiothoracic surgery service. Two days after admission to the toxicology service, Jerry had a quadruple bypass and he ultimately did quite well.

So, did the patient have a severe allergic reaction to the bee stings warranting epinephrine therapy? Did the larger-than-normal dose of epinephrine cause the heart attack? Or was his myocardial damage also caused in part by the mass bee envenomation? These are questions for which we will never have an answer. In retrospect, it was probably a good thing that Jerry got stung and developed chest pain, or he might never have had his heart problem diagnosed and treated before that inevitable day when he would suddenly clutch his chest, clench his fist, and keel over dead.

Puzzle

By Olivia Tsai, MD

Life has a funny way
Of handing us a puzzle
And just when you are about to finish
You find that you are missing a piece
The right person, but the wrong timing,
The preparation, but not the situation,
The opportunity, but not the qualifications.
So on and on we struggle,
Looking for that missing piece
Until one day we may eventually find
That this journey is the piece itself.

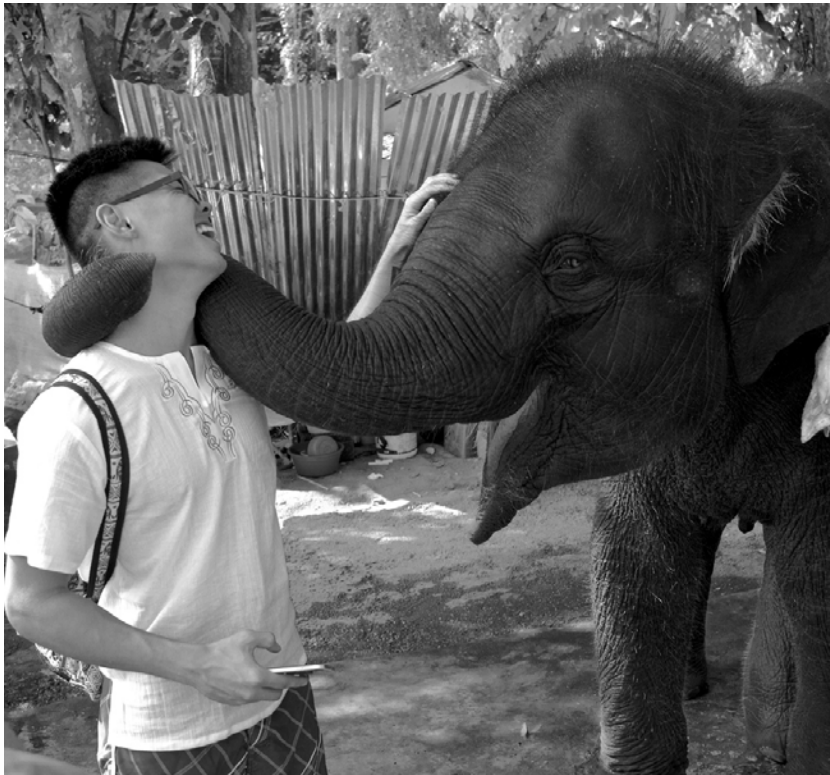


The First Cut
a haiku

By May Hui, MD/PhD student

*Someone once told me - doctor is the only profession where
you can legally cut into another human being.*

The first cut
Was it passion? Or
was it premeditated?
The surgeon's first cut



An Elephants Kiss
By Kenneth Schmitt, MS3

Missed call (4)
a haiku
By May Hui, MD/PhD student

Another late night,
Another missed call from you.
Be home soon - promise.



High Rise, Purple Skies
By Vinay Sharma, MS1

STILLNESS
By Vanessa Rodriguez, FNP

There is something about standing still

Looking over to my left, I see the formations of rock creating its own ocean
To my right, civilization

Something drew me to the left
Perhaps the dried plants or simple desert flora
Perhaps the solitude

As I continued to walk to the left side, it seemed the desert became more alive

The longer I stood still, the more creatures became visible

More birds became vocal
More rattling on the ground

A coyote across the way staring at where I was moving to next
Perhaps protecting its den
Perhaps looking for its next meal

Finding a seat on a rock, I could see the sun starting to set
I found myself breathing deeper
I found myself breathing slower
I found solace in an empty desert
I found hope for a more relaxed tomorrow

Hitting the “reset” button can be many things to different people

For me, resetting from the hustle of work, the worrying about family and health,
the time lost in
sitting in traffic, was TO SIT STILL

Taking time to recollect on things accomplished, and things to continue to
improve, gave me
hope and inspiration to get up and walk towards civilization again.

I began walking around the rocky path, jumping to the next boulder, and
watching for scorpions

I said my goodbye to the temporary high of the solitude of the desert

Hoping to be able to stand still again soon

(previous page, center)

Glow

By Caroline Frambach, MS4

This piece was inspired by my pediatrics sub-internship at CHOC and all of the babies with hyperbilirubinemia our team was able to help. At a time when the world seemed dark, it was a breath of fresh air to see so many success stories and happy beginnings.



(top) Stillness

By Vanessa Rodriguez, FNP

(bottom) The Golden Hour

By Tan Nguyen, MD

inaudible chill
By Deborah Wen, MSr

“you’re so beautiful” he said as he looked at me again
my long black hair
almond shaped eyes
perhaps the brightness on my face trying to welcome him to our clinic
perhaps the softness in my voice trying to comfort him from the cold
from his pain

“exotic
like my ex-wife who ran away”

“i’m sorry...” i began
i tried to sympathize
focus on emotionally supporting him
that was my job after all

i hoped he heard the sympathy in my voice
saw me trying to share his pain through my eyes

instead he saw my body
“Oriental”

his eyes bored into me
mentally removed my stethoscope
unwrapped my scarf
ripped off my maroon turtleneck
perhaps even pulled my boots off

i was twenty
He was sixty five

i hoped he too cared enough to get treatment for his ankle
his PTSD

instead, i was sensual, i was sexual,
i became desire
my petite frame
olive-toned skin
perhaps projecting the passionate past of his ex-wife
perhaps he saw Asian sex workers from the war
in me

“Can I kiss you?”

“i...i don’t thi--”

He didn’t hear me.



Breakthrough

By Christopher Sahagian, MS2

A resolute beam is all it takes to imagine what lies beyond



Conch Shell
by Johanna Shapiro, PhD

Once
on a beach in a distant land
holding my mother's hand
I found a conch

perfectly whole
its smooth pink interior
irresistible
Hold it to your ear
my mother said
You will hear the sea

Now
so many years later
my mother long gone
the shell is with me still

its edges broken
the luminous recesses dulled
The ocean's echo faded

But when I hold it to my ear
I can hear
The sound of my mother's voice



Waiting to Grow Up
by Andrei Novac, MD
Poem dedicated to our forming years and all students.

A metronome outside, awake.
A sound of a rhythm imposed,
A sacred affliction of now.
Impersonal timing, relentless in its pursuit.
An iron hand holding potential energies ready to unfold.

Emerge now,
Sway in spirit, dance, embrace and melt tonight, forever...
A Walpurgis night of resurrection.
Reminder of mortality? Timed by inner vortex?

What is waiting? Why not now and forever?
Take all offerings of bards on all roads of life.

Jump, dance, awaken inside
Allowing hearts of far distance and of near,
Delighting in same secrets, sacrality of oneness.
Rejoice sudden joint sprouting of a new youth,
All, us in one body, our infinite confluence of spirits.



*(top) Serenity by Sunia Khan, MS1
Being in nature, especially the beach, has always been calming for me. I thought this picture would be fitting
for the theme "Illuminate" because of the sunlight illuminating through the clouds.
(bottom) Alone when Surrounded by Celina Yang, MS2*

6pm to 6am

By Jessica Membreno, MD, MBA

Today I did something that I can honestly say I've never done before. I got home and I cried and cried. I couldn't help it. I had a foreign overwhelming feeling of fullness and joy in my heart that culminated in tears I didn't understand as soon as I stepped out of the hospital after my overnight shift. It was almost as if I was so full of happiness that my body had to find some sort of outlet for it and resorted to tears that continued all the way home.

Today there was a patient and mom that refused to talk to any nurses, pediatricians, ER docs, technicians, even the valet guy. I volunteered to go see them even though she wasn't one of my patients. I talked to her the way my father taught me, with humility and respect. When I walked out she yelled that I was an Angel sent to her and that she would be transferring her daughter's care to me when I am finally able to practice medicine.

A different kiddo's mom thanked me for stopping by her room after my shift to check in on her. She hugged me and thanked me for keeping the secrets she has never shared with anyone else. She told me that I was the only person advocating for her and her daughter. She appreciated that I shared my personal experiences with her daughter in an effort to show her just how normal and common struggling with mental health really is. She said her daughter has reminded her everyday that there are no words to describe what she is feeling and no one that can truly say they understand. She found relief in being able to talk to someone that could put her emotions into words and could empathize rather than sympathize. She felt normal again.

There were many other patient encounters this week that I refuse to share with anyone because I selfishly want to cherish and keep to myself.

At times I have struggled to maintain my motivation. 9 years of school has been no easy feat. I have questioned my decision to pursue this career and the personal moments I may have to sacrifice as a result of the demands that come with being a doctor. But today, oh man today, every one of those doubts has left my mind. My efforts, my student loans, my sleep deprivation and many other things have all been validated.

My parents' decision to walk thousands of miles, cross rivers and risk death has culminated in this. The 1 bedroom apartment my family of 5 lived in, the food stamps and free lunches, the worries about paying rent each month that I learned at a very young age, the nights my mom couldn't afford a babysitter so she would sneak me into work and I would sit in a corner as I watched her scrub other people's poop off toilets at 3am, the calluses and blisters I considered normal on my dad's hands from the beautiful construction work he did on houses he could never dream of affording, the 4am footsteps as he left to work never skipping a day, the free resources we waited hours in line for and the gratefulness I would hear all the time about these honorable jobs that provided their only income are now my greatest strengths and the reason why I can genuinely connect and gain the trust of my patients.

I wouldn't change a single damn thing.



From Below The Falls
By Vinay Sharma, MS1

(back cover)
Look Up

By Sunia Khan, MS1

This year has brought about many changes that have immensely impacted many people's lives. Despite the darkness of this year, I've seen so many communities choose to remain positive and to focus on the light. These communities have inspired me to look up towards the light, instead of feeling down about this year.

Illuminate

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