

NEW YORK INSTITUTE
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Medicine



NYITCOM Chapter of the Gold Humanism Honor Society

Humanism In Medicine

New
Beginnings

Cover art by Molly Helie

Vol.01

Yellow buds emerging from brown brambles,
whispers of spring
harboring the hard ground.

An aspergillum holding holy dew drops,
making sacred
the first blooms of spring.

Sweeping down to kiss the crocus,
tender knowing of the season.

Beckoning a body broken and bruised
to stand on the altar
of dying leaves.

A final blessing before the blossoms fall,
warming the thawing earth
in their glow.

The cardinal's song greeting the dawn,
turning the night into day.

~ **Molly Helie**, OMS-I
NYITCOM. Old Westbury

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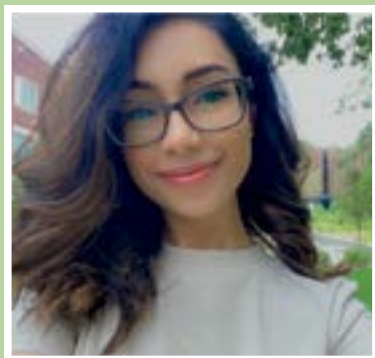
Letter from the Editors



Assma Itani, OMS-IV



Ameer Pansuriya, OMS-IV



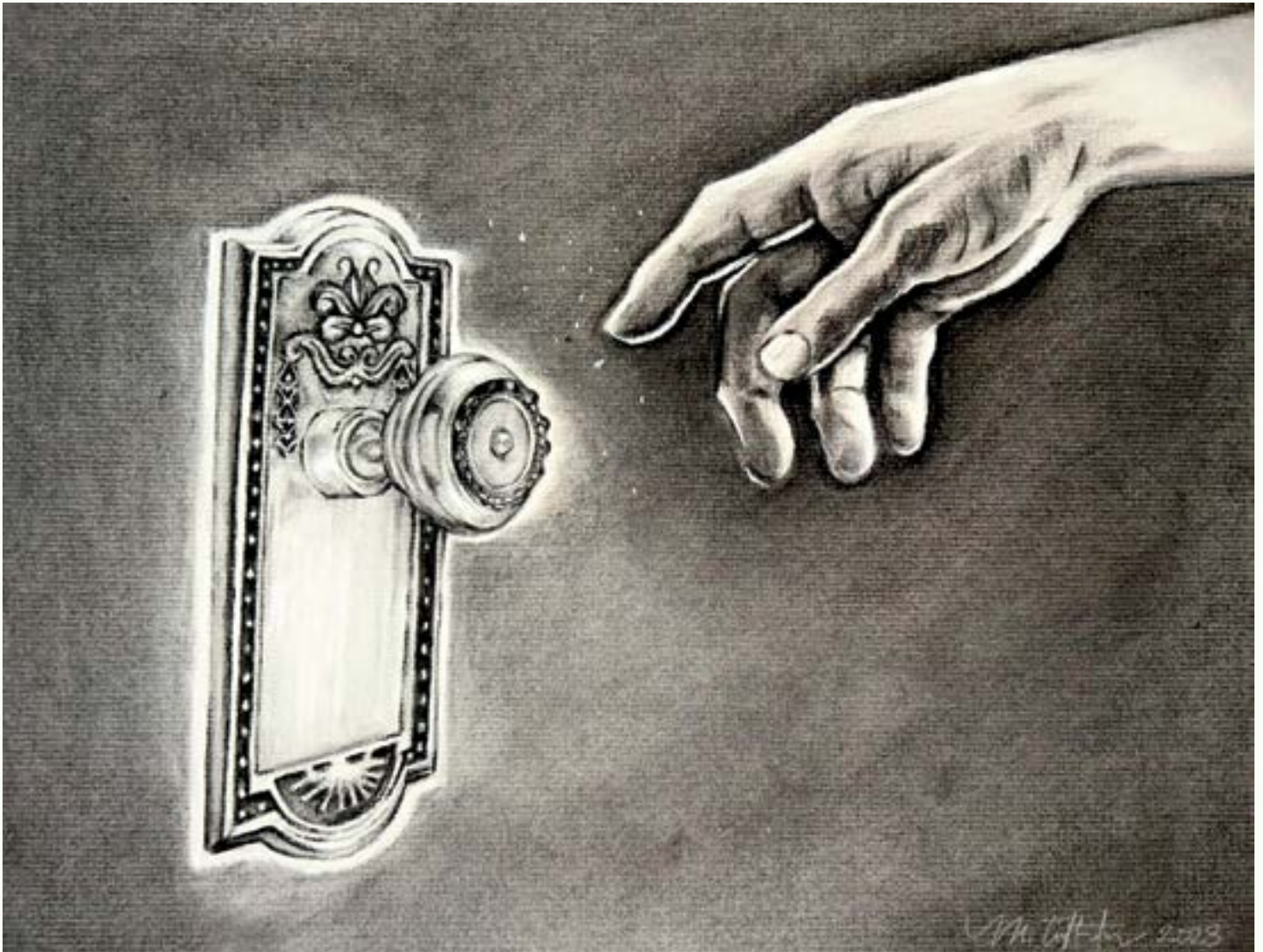
Bharati Dev, OMS-IV

The inspiration for the Humanism In Medicine Newsletter came from moments in my pre-clinical and clinical education that felt disconnected from compassionate care. I remember early on at the start of medical school I would picture a real patient who had the disease we learned about to better contextualize it in the scope of clinical medicine. With every new disease learned, complex pathology memorized, and unique physiology tucked away into another corner of my overflowing brain, I felt less and less connected to the significance these illnesses had on those affected by them. It's as if subconsciously I was resisting the easier path of going through the motions of medical school without ever reflecting on what I learned or ever contextualizing it.

Whenever I talk to people not in the medical field, I find myself casually recalling events of the day, patients with serious illness, and find them taken aback at my nonchalance. A byproduct of the process of medical education is ambivalence toward serious illness we may once have considered to be distressing. I found myself losing the perspective I once had before entering the medical field - the perspective of a disease affecting the day to day life of the individual and their family. My goal with this newsletter was to do just that - to recognize the Humanism In Medicine and allow it to be the center of our future medical practice. In creating the Newsletter, I envisioned a platform to share touching patient encounters and our own personal encounters with medicine throughout the arduous journey of medical school. I hope this newsletter can serve as a beacon of light for anyone who is dealing with similar experiences and can find strength in shared experiences.

Assma Itani

OMS-IV NYITCOM-OW



Open

Maxine Titterton
OMS-II NYITCOM
Old Westbury

In this piece, a hand reaches for a doorknob that represents a new opportunity. The doorknob has no lock to symbolize entry without inhibition. There is also no door, since this piece emphasizes the pursuit rather than the destination. As medical students, this marks the start of our medical careers, with many milestones along the way. When beginning a new journey we can get inundated with anxiety of what lies ahead, or what lies behind a closed door. This piece is meant to show appreciation of the process of starting something new.

Firsts and Lasts

Assma Itani

OMS-IV NYITCOM

Old Westbury

As I reflect on my 3.5 years of medical school, there are distinct moments that stand out in my memory. My first exam - how carefully I reviewed that first month's worth of slides. My first patient encounter - the nerves causing my hands to shake as I scrawled down the patient history. My first anatomy lab - meeting the donors who generously sacrificed their bodies for our medical education. The first time I helped a patient on my clinical rotations.

A particular patient on my internal medicine rotation stands out in my memory. When I first entered his room, he called out "who's there?"

A quick glance at a sign plastered on the wall above his headboard informed me he was legally blind and hard of hearing. He was a 67 year-old, cachectic and unkempt appearing man. He was in the hospital for weeks when I first met him.

"Hello Mr. Bert, my name is Assma and I'm one of the medical students on your care team." I replied. "How are you doing this morning?" A quick glance of the surrounding area told me he had two chest tubes for his pneumonia and wrist restraints to keep him from pulling them out.

"How am I doing today?" He asked, "What time is it?"

"8:30 in the morning," came my reply.

"What day is it today?"

"It's Monday, August 3rd."

"Oh. Well, can I talk to my niece today?"

Mr. Bert, albeit his nearly incapacitated condition, never asked for much. It was one of a handful of things: to know the time and day, request help with his meal, or to speak to his niece. His niece lived in Florida and was hard to reach. I always thought it was because the blue CyraCom telephone set was not working and no one bothered to dial on their cell phone to try and reach her. The last question he might ask was, "Can I speak to Lizzie?"

Lizzie was Mr. Bert's home health aide. Lizzie was his family away from family. She cared for Mr. Bert like he was her father. She was the sweetest, most caring person I'd ever met.

"Let me try calling Lizzie, ok? She said around nine o'clock was a good time for her."

I clicked over to "recently dialed" and hit "call." As the phone dialed and there was a "hello" on the other line, I quickly put the call on speaker and raised the volume so Mr. Bert could hear. With my right arm holding the phone close to his ear, I shouted, "Lizzie, here's Mr. Bert on speaker for you."

"Ello Bert, how are ya doin' today?"

"I'm doing ok," came his grumbled reply. He never liked to admit it, but Lizzie was the only person who could turn his entire day around. Lizzie had that effect on me as well; something about her joking nature and sincere thoughtfulness made it easy to see why he asked to call her every day.

"Not causin' any trouble are ya, Bert?" She teased. I grinned under my mask.

"No, I'm not causing any trouble, but I'll tell you what is causing me trouble is my back. It's killing me."

"Are you eatin' well? Have ya had breakfast yet?"

"No, I haven't had breakfast and I haven't had dinner yesterday. Last thing I ate was some mush they gave me for lunch. Something about a liquid diet, yuck!"

"That's ok Bert, just make sure ya eating well and get betta soon." Then, to me, "Miss, is there someone there to help feed 'im? I'm worried he's not eatin' at all."

"I have been helping him for the past couple of days, but over the weekend there isn't anyone to help since the medical floor is very short staffed."

Given his blindness and contractures, he was unable to feed himself and required help from a nurse's assistant. Another medical student and I took it upon ourselves to assist him during breakfast just after rounds had ended.

One afternoon after I was dismissed for the day, I popped in to check on Mr. Bert and see how he was doing. We planned to call Lizzie that evening and I wanted to make good on my promise.

"Hello, Mr. Bert, it's Assma again."

"Who?" Came the confused voice. I had a tendency to not introduce myself very clearly so I tried again, louder this time.

"Oh ok. Can we call Lizzie now?"

I glanced over at the untouched dinner tray over by his right, dropped off not long ago by dietary services. "Let's call Lizzie then work on dinner, ok?"

After I ended the call, Lizzie's and Mr. Bert's exchanges still echoing in my mind, I caught a glimpse of a nurse's assistant flit into the doorway, checking on her patients very quickly, as I started to spoon more oatmeal mush on a plastic spoon,

"Excuse me, I called out, do you know who is assigned to help this gentleman? I'm concerned he's not getting his meals on time." Hurriedly, she didn't hear me and went on to the next room.

I thought of Lizzie, the kind, caring sweetness of her voice. She was closer to Mr. Bert than his own family was. She'd been the only one calling, concerned for him. She wouldn't leave Mr. Bert unattended. She inspired me to take control of the situation and guarantee that he was taken better care of.

One similar afternoon, Lizzie had missed our usual morning call and was calling me back. I was across the floor in the medical team room when I answered, "Hello Lizzie, how are you? I'm walking over to Mr. Bert's room right now."

"Assma, thank you so much for picking up, I was worried when I saw a missed call. Thank you so much for letting me talk with Bert, I really appreciate it," was her profuse greeting.

"No, not at all, I'm glad I can do this for you both, it's hard not being able to visit and he always asks for you, so thank you for calling back!"

Phone in hand, I extended my arm to Mr. Bert's left ear, the good one, and heard the usual conversation unfold. It continued like this for a few more days until talk of a possible discharge was thrown around. Lizzie was scheduled to come by the hospital and pick him up. And that was that.

For every "first" I experienced in medical school, there was a "last." The last time I cared for a patient as a medical student. The last time I was given feedback as a medical student. The last time I gave a presentation as a medical student. All of that is going to change in the next few months. Those changes are inevitable. None of it worries me more than being unable to care for patients with the attentiveness I had for Mr. Bert. Or Mrs. Valentine. Or to comfort the family of Mrs. Chen who was just put under hospice care. I needed assurance that I would have the time to be there for my patients.

I'm often told by those around me, "if you care enough, you'll find the time to care." Those words I heard then, during my internal medicine rotation trying to decide on a specialty, and I find myself reflecting on now, having applied for internal medicine. There will be change, in numerous ways, but one thing I will not change is how much I will care for my future patients.



Grow Through What You Go Through

Bharati Dev

OMS-IV NYITCOM

Old Westbury

Over the course of my medical school education, I have finally learned to embrace growth, both professionally and personally. Both are crucial to opening new avenues to express and understand empathy with, and for, others. The tortuous roots of plants develop as they grow through rocky terrain. Similarly, my "roots" have evolved through the arduous journey that is medical school: challenging, but rewarding! I have learned to grow around, and even through, some of the most difficult boulders that lay in my path. As my roots have strengthened throughout these last four years, I can now bloom into a new flower, readying to embrace the sunlight and adapting my roots for my next journey: residency!

Lessons from my father

Amees Pansuriya
OMS-IV NYITCOM
Old Westbury

"Your dad is no more." It took me a moment to comprehend the words that came out of my cousin's mouth. I had just spoken to my dad the morning before. I didn't understand how he could have been taken so suddenly.

My dad grew up as one of five siblings in a rural village in Gujarat, India as the son of humble farmers. He was inspired to pursue medicine because he saw that as a physician, he would have the power to help others while also bringing himself out of poverty. He was also motivated to start a new life in a new country – America.

I never imagined that I would lose my dad at the age of 26. I believed it to be certain that he would be there at my Match day, my medical school graduation, my wedding, and for meeting his future grandchildren. I felt guilty for being away from home for 5 years to pursue higher education, although it had become my dad's latest dream to see me follow in his footsteps and become a physician. I lost time with him from his last few years without even knowing it.

It's like I woke up one day and the sky was gone. Our parents anchor us to this world – they're the people we have known since birth. Navigating the world without the protection of my father seems daunting and impossible. To this point, I had always imagined myself as a child standing on two pillars – my mom and my dad. How would I have strength without my pillars? Overnight, I had to grow my own roots with enough strength to support not only myself but also my mom.

Two days before the funeral, my mom asked me, "Would it be possible for us to see his body? Just me and you?" I didn't know what to tell her. I truly wanted to avoid that, but I knew that this was important to her. I asked the mortician, who said that they would try.

The next evening, I drove my mom and I to the funeral home. We decided that I would look at my Dad's body first to judge if my mom would be able to handle it. As I entered the showroom, I thought that I had never been in a quieter place. I saw the coffin in the center of the room. My feet felt stuck to the ground. I realized that the mortician was waiting for me to walk alone. I steeled myself and made my way towards my Dad.

When I saw him, it took me some time to even recognize him. His favorite suit - gray with subtle green lines, paired with a simple white shirt and plain green tie - his favorite color - that I had so intentionally selected engulfed him. His body filled maybe half of the suit. His eyes were shut, his brows furrowed as if he was angry, and his mouth was frowning as if he was disappointed. They had put a shade of foundation on him that didn't look like his real skin tone. The only part I could recognize was his salt and pepper hair. I couldn't match this body I saw to the dear Dad of my memories - always laughing and with a strong zest for life. I turned and left the room to find my mother. I sat down and told her, "Mom, it doesn't even look like Dad. I don't think you should look." The mortician agreed with me and said, "It's better to remember him as he was in life." But she was determined. I once again prepared myself to see Dad. When we left for the final time, I felt as if I were in a daze, and before I could even regain my bearings, the mortician handed me a document to sign saying that I had identified the body. I was in too much shock to be horrified. I quickly signed the form and then my mother and I left, returning home to where all my dad's siblings and families had finally arrived. We once again started our evening prayers.

The day of the funeral felt surreal. In Hinduism, performing the final rites is the responsibility of one's child. I walked through each of the steps as the priestess directed. I read the eulogy I had written, thinking about how I wouldn't have been able to write and present it had my father not stressed the importance of public speaking in my education. The entire atmosphere was somber, and as we paid last respects to my father, our entire family and friends couldn't help but sob at this heinous outcome. The men in my family walked with me as we wheeled my father's remains to the crematorium. It is believed in our faith that if one has too many worldly attachments, it's difficult for the soul to move on to the next life. As my dad's daughter, I knew that I had to be the one to flip the switch. Flipping the switch on the cremator was the hardest thing I have ever had to do in my life. Even though I knew it had to be done, I felt so much hesitation. As the cremator was powered on, I felt an energy and warmth fill my chest. I knew that it was my dad's soul, giving me the strength

I needed. "I'll be okay, Dad," I thought as I finally mustered the strength and courage to ignite the fire, the men in my family holding my shoulder and giving me additional support. I sobbed as I felt the energy fade. At that time I felt like it would be the last time I would feel my dad's presence.

Three weeks after my dad passed, I returned to New York for a rotation. I still felt broken but I was determined to graduate on time. My first patient I saw was named Patricia – a 59 year old woman who was admitted for asthma and COPD exacerbation after she smoked some marijuana. Although she had to use supplemental oxygen and took about a week to recover, she always had a bright and positive disposition. It wasn't until the day of her discharge that she shared that the reason she relapsed into smoking was because she found her best friend of over 40 years dead. My father's face in the coffin flashed in my mind, and I felt sad that she had gone through a comparable pain to what I had. I realized that as physicians, we should never judge a patient's history. When we said bye to her before she was discharged, she told us "God bless you, thank you for everything you're doing. I'm proud of you." Tears filled my eyes, and it was the first moment where I felt myself healing.

After this rotation, luckily I had some time to go back home to rest and grieve at my own pace. I thought my self-imposed exile would be beneficial: immersing myself in literature and film, faith and spirituality, family and my dog. I felt comfortable in my grief cocoon. I felt and still feel isolated from my peers. I no longer relate to some of my friends who haven't experienced loss and who can enjoy their youth carefree. However, with time I've realized that human connection is healing. I've begun to push myself out of my comfort zone and interact with not only family, but also old and new friends. And when needed, I know I can light a candle, wrap myself in a blanket, pick up a book on mourning and find respite.

I've since returned to New York. During emergency medicine, one of my final rotations, I saw one trauma case that was particularly triggering for me. The patient was struck by a car, both legs shattered and blood pooling throughout her body. I was confused as to why the physicians wanted to run a 45-minute code on a patient who had almost no chance of surviving. As I put my entire body weight for chest compressions, I couldn't help but notice that her mouth was blue from hypoxia. After the

patient was officially declared dead, I overheard the two physicians talking at the workstation. "That was fun – we haven't had a good trauma patient in awhile." The other replied, "Yeah – I thought of it as a good opportunity to practice chest tubes." I was disgusted and found them typing notes to bill for critical care time and procedures. The physicians prioritized their own hubris and greed over allowing this patient to die with dignity. I vowed I would never be this kind of physician. I lament not having my dad to coach me through residency - how will I become an honorable physician without Dad?

My faith has comforted and guided me during this difficult time. In the Bhagavad Gita, our holy text, it's said that the soul never ceases to exist. Just like we would discard old clothes, the soul will leave an old body to enter a new one. I feel comforted knowing my dad isn't gone - he will just exist in a different form in a new life. A year after his passing, he'll have a new beginning on this earth.

With this, I impart these lessons from my father:

- Don't just be a doctor. Strive to be a good doctor.
- Always enjoy life. It's important to be silly sometimes.
- Always help your family and community.
- One good friend is better than many fake friends.

Even though I hate that he won't physically be there for many milestones in my life, when I look back I realize he was preparing me for them all along. I was sad and angry that I didn't have a chance to say goodbye – but now I know that a goodbye isn't necessary. He lives on through me, and he's watching every step of the way.

First Steps

Vicki Oladoyin

OMS-III NYITCOM

at A-State University



The photograph, which depicts a young child who has just fallen while learning how to walk, serves as a metaphor for the journey of a medical student starting their studies. The child's wobbly steps and falls serve as a reminder that progress may not always be linear, and that there may be moments of hesitation and uncertainty, but also that falling is a natural part of the learning process. The child just like a medical student, may feel a mix of determination and uncertainty as they stand up again and continue to take steps forward towards their goal. This photograph serves as a reminder of the importance of patience and perseverance in the face of uncertainty and setbacks, which is especially relevant for those new to studying medicine, who may encounter obstacles on their journey.

I am a Pathologist

Maria Plummer, M.D.

Faculty, NYITCOM

Old Westbury

I am a physician, a pathologist. The emotional connection between physician and patient is not usually tangible in this specialty. I argue that all of medicine, from laboratory to bedside, and diagnosis to treatment, is about healing and acknowledging the soul along with the body.

On Mother's day years ago, I was a pathology resident, on-call and very tired. It was a beautiful, warm spring Sunday. I would have been much happier if I was off duty. I did my usual on-call routine and telephoned the hospital inquiring about autopsy requests for the weekend. I was informed that one was pending and felt frustrated that I would have to work on that beautiful spring Sunday, selfishly resentful that someone had died and inconvenienced me.

When I arrived at the hospital I was met by our experienced morgue assistant, also in a bad mood. We read the paper work together and discovered that this would be an infant autopsy. We automatically assumed that this was a stillborn premature death, as most infant autopsies were at our hospital. Often, the cause of death could not be ascertained in these cases since death usually occurred in utero and decomposition changes made it difficult to obtain viable tissue for examination. It was usually a sad and futile attempt at gaining information for the parents to obtain some sense of closure.

So, when the morgue assistant went to take the infant out of the body bag, we both were startled – this was not a macerated, unrecognizable stillborn premature infant. Instead, we were looking at a blue-eyed, curly blond-haired, adorable six-month old baby girl. Neither one of us expected this. The shock and shame was palpable as we realized that this little baby had died in the Neonatal Intensive Care Unit on Mother's day – a beautiful, warm, spring day that would never be the same again for this mother.

We worked quietly and slowly. Eventually our findings showed extensively damaged lungs due to bronchopulmonary dysplasia, a serious chronic respiratory disease which affects mainly premature newborns who need oxygen therapy. This baby had been on oxygen therapy since her premature birth. While oxygen is life-supporting, it also has damaging effects on immature vulnerable lungs. The high amounts of inhaled oxygen and pressure may over-distend the alveoli (lung air sacs), causing inflammation and damage to airway linings, the alveoli, and surrounding blood vessels. When severe enough this can cause death. Although oxygen therapy had helped to keep her alive the persistent use had damaged her lungs severely and caused her death.

Reviewing her chart, I noticed her birth date was coincidentally the same as mine. And as I signed the preliminary autopsy report, I noticed that she had a pretty Irish name. For the sake of anonymity, I will call her Moira O'Shannon.

Sixteen months passed and on a warm early September day I was in the same NICU of that hospital holding my own daughter, my first born, who I had given birth to a few days earlier. She had been born two weeks prior to her due date and was mainly under observation because her Apgar scores at birth indicated "poor transition" with a weak cry and some trouble breathing spontaneously. She did well and was scheduled to be discharged home the following day. I was feeding her while sitting in one of the many rocking chairs in the NICU. When she was finished, I got up from the chair to put her back into her bassinet. As I did so, the rocking chair I had been sitting in came up from behind me and gently hit me. After putting her down I then turned around and saw a bronze colored plaque on the crossbar of the chair. It simply stated, "In memory of Moira O'Shannon, our little Angel." Her birth date (the same as mine) was also present along with her death date, the Mother's day when I had done her autopsy.

I do not believe in coincidences. I believe that my patient, because she was my patient in death, had been with me that day, had never really left me, and was there to remind me that her soul had outlasted her body.



Archimedes Ascension

Minaal Zahid

OMS-III NYITCOM

Old Westbury

It's easy to drown in a sea that has tides ready to engulf you. However, like the phenomenon of water tornadoes, you can rise above and morph the worst, most harrowing and bleak experiences, into a window to a new phase of life. At times, medical education can feel like a long and grueling road riddled with fear and self-doubt. However, when you can look within and seize your passions, you can create a unique path, with no need to compare and feel less than your peers. In this way, you can naturally shed layers of once all-encompassing imposter syndrome to reveal a brazen, authentic self.

Archimedes' principle explains tornado formation, in which a body immersed in a liquid is buoyed up by a force that is equivalent to the weight of the fluid. The density of the object in comparison to the density of the fluid determines whether it will float or sink. In tornadoes: when air is heated, it expands, causing a decrease in its density, which leads to its ultimate rise. Rejecting submergence, I see myself as air—when heated, ascending into a metamorphosed self.

Looking Ahead

Dang Truong

OMS-II NYITCOM

Old Westbury

I came to this land with hopes so high
Dreaming of a future, reaching for the sky
With a stethoscope in hand and a heart so true
I embark on this journey, a physician in view

I left behind my homeland, my culture, my kin
But I carry with me, my passion within
To heal and to serve, with knowledge so sound
To be of service to all, no matter the background

In this place, so new, so full of life
I learn from the experts, put theory to strife
And as I grow strong, raised my competence
I am grateful for the chance to make a difference

My purpose and mission remain the same
To help those in need, to alleviate the pain
Though I may face challenges, and obstacles too
I know I have the strength to see it through

For the love of medicine, and the drive to succeed
I will strive for excellence, with passion and speed
And one day, I hope, I will make my mark
In the annals of history, as a physician of great heart

So I stand here today, with head held high
Ready to embark on this journey, to touch the sky
And I know that with hard work, and determination true
I will fulfill my dream, a physician anew



Sara Orangetip Thyroid Butterfly

Sara Malik

OMS-III NYITCOM
at A-State University

A butterfly is symbolic of new beginnings and is also commonly how the shape of our thyroid gland is described. I have had hypothyroidism for several years and have to take levothyroxine everyday in order to have enough energy to keep up with my daily activities. I have kept my medication bottles over the years and used them to create this piece. I used the plastic parts of the bottles to create a mosaic of half of the thyroid gland, and other parts for the orange tip of the butterfly half of the painting. The butterfly I chose is called a Sara Orangetip butterfly, which I have seen while hiking at home in California and also shares my name. I used the labels from the bottles on parts of the butterfly wing and within the thyroid mosaic with some questions that reflect my experience dealing with hypothyroidism. For me, having a diagnosis and a means to correct how I was feeling was in a way a new beginning and a fresh start.

The Heart of New Beginnings

Zeba Shaik

OMS-III NYITCOM

at A-State University



A symbol of hope and renewal, my watercolor painting depicts an anatomical heart, surrounded by a blend of fresh dried and artificial flowers. Life is unexpected and there is always change - starting a new job, moving to a distant place, or having a second chance at life. Each flower is patched onto a different part of the heart, representing a new beginning. Some beginnings are sweet and everlasting, like the artificial flowers that don't expire. Some, however, are beginnings with an end - the flowers that dry out. Together, this painting represents the course of life, highlighting a person's potential for growth and transformation that are changed by every new experience.

Sometimes

Layla Elkoulily
OMS-I NYITCOM
Old Westbury

Sometimes, when the lecture lags, I think I hear
the doctor informing my father of his diagnosis.
And I find myself mourning, as if to combat
the drought of uncertainty that accompanies treatment.

Sometimes, when he puts on cologne, I think I smell
the formaldehyde that preserves my first patient.
I am standing there with a scalpel in one hand, and the other
palpating
the same type of tumor my father has.

Sometimes, when I am studying, I think I say
the Hippocratic oath as a reminder
that one day I won't be a student or the patient's family,
but a doctor who will assess, diagnose, and treat.



Cultivating Good Health

Maria Canellos
OMS-III NYITCOM
Old Westbury

This is my grandfather, Fotios. One of the things in life that brings him great happiness is gardening. It is something that reminds him of his home in Greece. He used to do this with his grandfather, and he loves carrying on the tradition with his grandchildren. Although these years have brought him great joy, they have also come with many hardships. Complications from his cardiovascular disease have required lifestyle modifications and numerous cardiac procedures. His greatest hobby had to take a backseat. I saw first hand that when he wasn't well, it affected him physically and psychologically. The one thing that he wanted to continue to do is cultivate his garden, which requires significant physical strength and endurance. With the great care given by his physician and medical team, he is still able to physically do what he loves at 83 years old. I saw how his physician not only treated his diagnosis, but truly cared about helping him back on his feet to continue his hobby. This consequently improved his mental well being. By taking the time to get to know my grandfather as a person, his physicians were able to recommend appropriate lifestyle modifications. Since then, he has been able to expand his garden, incorporating a wide variety of fresh fruits and vegetables to his diet. These include tomatoes, figs, watermelons, cucumbers, peppers, eggplants and more! The renewal of his health has provided him with a new beginning. I have learned a great lesson from his experience. As an aspiring physician, I hope to be able to show my patients the care and compassion my grandfather's physicians showed him.

In Pursuit of a New Beginning

Sabrina Schwab

OMS-III NYITCOM
at A-State University

I initially pursued medicine because I needed a new beginning to my life. Forced to abandon my old identity as a gymnast, I desired to create a new identity for myself. An identity that would help people realize they were more than their accomplishments or failures, and more than their diagnosis or prognosis. My path to medicine started blindly. I never imagined becoming a doctor. In fact, my career was headed in a much different direction.

My entire childhood was gymnastics. I trained six hours a day, everyday, starting at just seven years old. I had Russian coaches who instilled a mindset of perfectionism and toughness. I competed on several broken bones on multiple occasions and would often sleep with socks on my hands at night so that my bleeding hands would not stain my bed sheets. I was not allowed to complain, cry, or show any form of emotion or weakness. When my teammates and I would make a mistake at practice, my coaches always had to find a reason for that mistake, which often settled on being "too stupid" or "too fat." Even though I made straight A's in school and never failed a test, I was trained to think I wasn't smart. It was not long before I grew into believing this perception of myself. Becoming a doctor was nowhere near my radar.

Years of perseverance and grit were rewarded when I earned a full-ride gymnastics scholarship to a division one school and later received the honor of Pac-12 Freshman of the Year. My early college years were filled with easy classes that allowed me enough time to perfect my skills and become the best gymnast I could be for my team. My eyes were fixated on winning a national championship with my teammates, therefore hours of training, conditioning, and physical therapy often took precedence over studying. However, in my junior year of college, I suffered a back injury that took me to the orthopedist that ultimately forever altered the course of my life. He medically retired me from the sport of gymnastics, the only thing I had known since I was seven. The way he looked into my eyes with such care and compassion was something I had never experienced. For all my life, my worth was based upon my abilities as a gymnast - how many gold medals I could earn for my coaches and teammates.

The pain, bleeding, and broken bones I suffered had never meant anything to anyone, until that moment when the orthopedic surgeon told me that I would not be able to run around with my future children if I continued gymnastics. He said that though I would not understand now why he was doing what he was doing, that later I would, and that I would thank him. As he said these words to me, and as I experienced the only thing I knew in my life be taken away from me, I unexpectedly felt an overwhelming sense of peace.

His genuine concern for my health and wellbeing gave me a new purpose in life. A purpose that would allow me to show others this same peace and meaning: that their worth is more than their diagnosis, more than their accomplishments, and more than their failures. I left his office uncertain of my future, yet filled with hope to create a new life for myself; a beautiful, new beginning.

Though I went into the medical field blind, the fire lit inside of me to replicate this same level of care I experienced fueled my journey. Despite the fears of being stupid and the fears of starting over as a junior, I trusted that I was doing exactly what I needed to be doing. I never looked back, and found a newly discovered love for life-long learning, service, and healing others. Through changing my major, learning all about biology, chemistry, and physics, I realized that there is nothing in this world we are incapable of learning - it just takes time, patience, and dedication. By volunteering at the hospital and working in a delirium prevention program, I discovered the delicacy and beauty of life.

In medical school, my original desire to dedicate my life to healthcare never changed. It only became stronger, and was reaffirmed in my third year of medical school, when I was able to see and form connections with each patient. Every patient I encountered etched a little mark on my heart, and reaffirmed the privilege it is to be a part of someone's medical journey. Being a patient requires vulnerability, and walking with them through their current phase of life is truly special.

Just as my orthopedic surgeon walked with me through a phase of my life that I did not know how to navigate, I too hope to navigate others through their medical journey. New beginnings can often seem overwhelming, impossible, and frightening, but through trust and faith, I personally realized that new beginnings can actually manifest into a life that unlocks your greatest potentials and desires.



Blooming Onion

David Addepalli

OMS-IV NYITCOM
at A-State University

My mother and I created this painting, capturing the essence of my first year in medical school. Navigating a new beginning and finding different paths can create different layers to a person, highlighting the challenges and personalities we encounter. Yet, it also embodies the humanistic principles at the heart of medicine, showing how working together with others can empower us to break free from feelings of being trapped and finding the strength to keep moving forward. This painting serves as a reminder of the crucial role that collaboration plays in shaping physicians and patients with the mission to heal and improve lives.

A Letter from Your Short White Coat

Srijesa Khasnabish

OMS-IV NYITCOM

Old Westbury

You were so excited to wear me
At your White Coat Ceremony on Long Island
Your mom ironed me and you took an abundance of pictures that day
And I got my first, shiny pin.

I remember collecting your sweat during your first standardized
patient encounter
I felt useful, holding your reflex hammer, notepad, and pens
You wore me a few more times at school,
Before classes became virtual because of the pandemic.

We didn't see each other for a while after that.
You left me in the closet for months,
Then you left Long Island to study for boards at home.

I was moved from one cardboard box to another,
Then I was washed, ironed, and brought to Brooklyn.
Those days were the most fun -
We saw patients together every day.
I was with you for your first solo blood draw
And your first patient death.
My pockets were filled with snacks, printed patient charts, and notes.

Then came boards again
And adventures outside of New York
Because of your sub-internships.
You seemed exhausted, but exhilarated at the same time.

I will forever cherish our adventures
Seeing you grow from your overly detailed patient presentations
To impressing attending physicians at your sub-internships.

I know my era is ending soon
As you have earned the next version of me
(My older sibling, if you will)
When you graduate and start your intern year.



Piaget's Balloons

Tyra Lee

OMS-III NYITCOM

Old Westbury

This painting was inspired by the concept of schemas in psychology, which refers to the frameworks that individuals develop to understand the world around them. I imagined a child beginning to comprehend the world around them by creating frameworks around the objects they encounter and then carrying around their newly acquired conceptualizations with them. Personally, this painting serves as a reminder to reflect on my preconceived notions and how they shape my experiences in the present. As a current medical student and future physician, I like to consider the conceptions of myself and others that I am bringing with me. This process of self-reflection is particularly important for physicians because implicit biases can impact decision making and patient outcomes. I want the viewer to reflect and ask, "Is this schema accurate? Is it more helpful or harmful? Is this idea worth holding onto?" In doing so, I hope the viewer is inspired to approach life with a more childlike openness.

Close to Home

Viktoria Taranto, OMS-II

Navin Arora, D.O.

NYITCOM Old Westbury

Emotional connection, empathy and communication are extremely important for those who choose careers that involve working with people. I believe that a good doctor will always try to find a way to feel and see a patient beyond their disease.

On one of my night calls, we had a patient from Lebanon. She was my very first patient of whom I was taking care of as an OB/GYN intern in Ukraine. She came all the way from Lebanon to deliver her baby in our maternity ward. She spoke Arabic and the only foreign languages she could understand were English and French. No one on the night team spoke those languages. She was alone and afraid since no one was able to communicate with her and understand her concerns. She spent two days in the maternity ward before I met her.

When I walked into the room, I saw five other pregnant patients chatting and laughing, sharing their pregnancy journeys with each other. At the end of the room, I saw her alone, quietly sitting on a bed and fixing her hijab. She looked very lost and shy. I remember her big, beautiful eyes looking at me with fear when I started talking to her. Back then my English wasn't perfect, but it was sufficient enough to communicate with her. She told me that no one was able to communicate with her before. She was rushed to an ultrasound by a doctor who tried explaining the importance of this test as much as he could. She felt alone and scared since she did not understand what was happening, if her baby was okay and what all the tests and exams we were performing on her. She also had a specific request to be treated by a female doctor, but no one had understood her.

I asked how she was doing, explained her condition, and reassured her that her baby was fine based on test results. She started crying and thanking me for listening. Pregnancy is a very vulnerable experience. Being pregnant and alone in a foreign country where no one can understand you is devastating. I felt a special connection with her since I was the only one who could speak with her. The next day she requested to be examined by me. Together with a female attending, we continued to take care of her.

I made it a habit to come and say hi to her after rounds and before going home even if I did not need to see her for medical purposes. I felt that such a simple gesture would make her feel better and would reassure that she was not alone.

I was with her during delivery even though I was not on call that night. She did have complications during labor, but luckily, she delivered a beautiful and healthy baby girl. My attending said that thanks to effective communication between all of us, her delivery went smoothly. That was the first time I realized how communication and empathy could make a difference in patients' medical outcomes.

A few years later I am in the United States, feeling alone and detached from the country I was born in. Last year after Russia invaded Ukraine, the possibility of visiting my family in Ukraine or them visiting me in the U.S. became almost impossible. Having the urge to help my people, I was fortunate to get involved in Teledermatology consultations for Ukrainians. This program was jointly developed by Dr. Navin Arora, D.O., a board-certified dermatologist and U.S. Army Veteran and myself. As I still have family and friends in Ukraine, I was able to connect with Ukrainians that have lost the ability for specialized medical care. In addition, there is a growing Ukrainian refugee community dispersed throughout Europe that is suffering from limited access to medical care, mainly specialty care. Additionally, they tend to trust me more because of my Ukrainian origin.

One of our cases is a Ukrainian Veteran with multiple scars from shrapnel wounds and traumatic amputation. Initially, the Veteran had a hard time talking about the history of his injuries. Eventually, I gained his trust and was able to collect the history. I also learned about his war experience and that only strengthened my empathy and respect. Because of his military background, Dr. Arora connected with our patient and found words of support. Thanks to that, the Ukrainian Veteran was able to fully open up about the nature of his wounds and show us all his injuries. Connecting with people and showing that you really care makes them feel better and improves their medical outcomes.

Establishing a meaningful relationship with patients takes time. However, it is truly rewarding for both you as a physician and your patient. You may not always share a common background with your patient, but you can always try to feel and see the person beyond their disease.

Rebirth

Yasemin Ciftcikal

OMS-I NYITCOM

Old Westbury



As one of our most vital organs, the heart is the center of the circulatory system and has become a symbol of love, life, and strength. Vines grow in sporadic patterns attempting to reach sunlight, which displays their unyielding adaptability. With vines replacing the major vessels of the heart, this piece represents growth, rebirth, and new beginnings.

Start Afresh

Jyoti Bhattarai

OMS-II NYITCOM

Old Westbury

I begin again
Start the journey afresh
Or should I say restart?
Was in a pause but now it's on a synchromesh

Being in service of mankind once
I am a pupil again
People say "starting from scratch"
Or "back to square one"
But I say: learning the things I learnt
With a fresh new outlook
Lemme show how it's undone then outdone

Hurdles, obstacles, come whatever may be
I face with a lion's mentality
Don't be fooled by the silver fox I've got
I may start slow but I leap and jump with authority

By the time I cross finishing line tape
Which once I crossed two decades back
I wonder if I will have deja vu or jamais vu
One thing I will be proud of is I never left the tarmac

Second chances don't come easy
When it comes, grab with both hands
Same goes for opportunity
Blink twice and it's never there
Like water washing away the sands

I'm thankful always and ever to the establishment
Took me in with open arms, without any judgment
I'll make sure I make you proud too
Watch me take down that goal like pheasants in a battue



1998

Jennifer Guo

OMS-III NYITCOM

Old Westbury

As I begin my OB/GYN rotation, I am reminded of my parents. My parents, who immigrated to this country in 1997 with 500 dollars in their pockets. My mother, who gave birth to a 7-pound pink and wailing girl just a year later. My father, who counted my mother's contractions for 10 hours before they met the criteria for true labor, and who took this photo after my mother gave birth before the L&D room was even fully set-up. And my mother again, whose maternity leave was only 2 weeks long.

As I begin my OB/GYN rotation, I will remember how much of a privilege it is to see patients at their most vulnerable. I will remember that our care extends beyond the moments we are treating them for in the hospital, and that we are often treating not just the mother and her child, but their home and family unit. I must also remember that not every mother will be blessed with an uncomplicated first pregnancy like my mother's, and that not everyone will view a new life as a joyous occasion. Some must make peace with an unwanted parenthood. Others may feel an exacerbation of existing burdens, much like how my grandparents raised me in China for 3 years to allow my parents more time to establish their new lives in America. Every circumstance is different, and I must always remember to advocate unbiasedly and justly for my patients' specific wants and needs.

Two Lives in One Lifetime

Iya Agha

OMS-II NYITCOM

Old Westbury

When I first walked into Mr. Adams' room, I was overwhelmed by the smile that the older man looking back at me was beaming. I was not used to someone who was in his position having such a positive disposition so readily on the go. His smile disarmed me. I knew at that moment that he was going to be one of the patients that I loved.

I love all of my patients, but certain people– just as in your regular day-to-day– touch your life in a way that you really can't explain. They make your heart pour open in a way that you never meant to, and you begin to want to know them beyond the way that you had originally intended.

Clark Adams, I would soon come to find out, was an English professor for thirty-five years before he retired because he found himself tired of being away from the love of his life, Marsha. Before he found himself sitting in front of me, attached to ten too many wires and beeps that most people can't differentiate, Clark was exuberant and this came through so clearly as he opened his heart to me and told me of the life that he led. Clark was sitting in front of me because not too long ago, he had been diagnosed with stage four pancreatic cancer.

Clark grew up on the wrong side of the tracks in a small town outside of Galveston, Texas. He was fourteen when his mother checked into the community hospital that was underfunded, understaffed, and overpopulated. She never checked out. His father was a “drunk who was just trying to cope,” and was never home. My time with Clark always consisted of a quick vitals check, an update on his chart, and a discussion about the “whys of life.” He explained that seeing his father ruin his mother so deeply because his first love became the bottle and his second love became the chase led him to avoid drinking as much as possible. He said that he was already too much for Marsha to handle and the last thing that he needed was to have a downer disguised as an upper.

Clark wanted me to understand that people never go into a certain life hoping for the end of it. He said he had always heard about the perils of marriage but thought that he and Julia, his high school sweetheart, were above it. And they were.

They were above the perils of marriage as they made it out of the small town that they grew up in and moved to Houston, Texas to start their life together. They were above it when they passed the five-year anniversary after Clark had earned his master's from UT Houston in higher education and could finally embark on his dream of encouraging undergraduate students to find the beauty in the life that they were living. He lived for helping others find a love for the world of literature.

Clark and Julia brought into the world two beautiful new humans. Clark and Julia almost made it but Clark soon realized that every moment in life cannot be handled, and when Clark and Julia lost their son, Michael, to an unexpected accident, Clark and Julia lost their will to be married. How could their perfect life be broken by this unthinkable tragedy? "No person should have to bury their baby, Doc," I agreed.

Clark questioned why the God that he grew up praying for took his son from him. Why did He take away his mother, his son, his marriage? Why did God want to hurt Clark after he had spent his whole life blindly believing in a faith that isn't supposed to let its followers hurt so badly?

Clark stopped going to church. As someone who is personally a believer in something but who grew up too mixed up in too many religions to have a true relationship with religion outside of some belief, it is always just out of my reach to understand the pain that someone who holds religion as the highest in their life has to question their faith. Watching Clark break down at this memory was a moment that showed me how religion can be at once wholly destructive, deeply convoluted and yet still be his cornerstone.

Clark stopped reading. As a man who found comfort through his darkest times in the stories of the human condition, he realized he was at his lowest not when he stopped praying, but when he stopped having the desire to fall in love with the characters on the page.

I realized that I was crying when I noticed that my hand was wet from the tears that had fallen from inside of me. I had no choice but to fall into the grief that is the human question of "why him?" Clark realized that I was hurting and he told me that he had not yet gotten to the good part. He said that

"life goes in stages, the stages that feel as though they will never end, those that are so deeply dark and full of pain, those are the stages that you will grow into the person you were always meant to be."

He told me that I had to hear the rest of his story.

Clark said that after he had built his hard shell of grief around his broken soul that he didn't like the way that when he looked in the mirror he hated who looked back at him. He realized that he could let these tragedies be the only legacy he left behind. He could stay in this world of utter hate and distaste for other people's happiness– or he could try to heal.

Once he realized that he still had Addison to live for, Clark decided– after experiencing a trauma that will always eat him from the inside out– that he wanted to live again. He started reading again. He relished the fact that while his story is a colossal tragedy, he is not the only one. In the pages of the narratives that he knew so well– the very ones that he went to school to get to teach to his students– he recognized himself. He saw himself in the grief of the characters who turned callous by life's hardships whose pain he could never relate to until he knew it like the back of his hand or the taste of bile that always bubbles up in his throat when he thinks of the life that Michael will never lead. He decided to go to a grief group at the church that he had once forsaken. He decided to live again.

Clark said that when he met Marsha, his life opened up to a world that he had never known before. He met the fabulously wise, and beautiful beyond looks, Marsha at the grief group that Addison had pushed him to attend. After he had agreed to go, he would leave feeling worse than he had before he went. You see, when you live in a bubble of grief, you find ways to paint the world a color that never needs to be bright again. When you open yourself to the trauma that you had lived through by speaking or hearing from others who also had experienced the unimaginable, you are masochistic. He said that when he first went to the group, he would leave with a wound two times the size of the one he came with. This new wound wore him instead of the other way around. The scar that had chelated and became an ugly reminder of the life he could have had in a world where tragedy did not rear its ugly head, had to be revised.

The thing with pain is that you begin to one day feel better. He said that he realized he could live again when he saw a reason worth living for. He said when he saw Marsha for the first time– and he really saw her– his heart opened to the possibility of a new story. One of a life that did not merely crumple at this unfaceable adversity– one that learned that life is not one that is fair, but one that makes you work for the happiness you hope to achieve.

He said that he saw his future in Marsha's chocolate eyes. When I laughed this off, he became more serious than I had seen from him before. He said that he saw in Marsha's eyes their whole life that they would one day live. He said that while he had once thought that Julia was the love of his life... he realized that Marsha was his life and that they were always meant to be. He said that she made the pain in his life have a purpose. He said that Michael's death will forever be the very worst thing that has happened to him. What he could never understand was that there was no purpose to the loss of such a beautiful life.

Like the first sight of spring and the longest night of winter finally becoming shorter, Marsha and Clark healed together. Clark said that when he met Marsha under the church that smelled like mildew and stale coffee, Clark saw that in grief there can be goodness. Marsha had lost her own son to what should have been a curable cancer. They caught it too late and Sam had passed away before his seventh birthday. With a story not unlike his own, Marsha spoke about the marriage that could no longer bend without breaking at the loss of the baby that had made them whole. Marsha spoke of grief so different yet so palpable and recognizable to Clark that he saw a way out.

The first time that Clark worked up the courage to speak to Marsha, he told her that he was going to marry her. He said that their story was not over yet and that he knew if she would let him, he would give her the new life that she deserved.

That is just what they did. Clark and Marsha moved from Houston to a small town outside of Phoenix, Arizona where the streets didn't remind them of the losses that they had to face and the town sweltered under the sun. Clark and Marsha got married 6 months after they met and Clark said it was a love that should be written down because it is a love that every writer, every artist, and every songwriter had tried to capture but simply could not do justice. Marsha and Clark were a love story of perseverance through the deepest levels of darkness that a person should ever have to face.

Clark and Marsha traveled the world. They did this because Marsha told Clark on their second wedding anniversary that she had always wanted to see the Ponte Vecchio. She had seen it in a movie and the women looked so romantic there when they held their cigarettes that she could just die of the chicness of it all. So Clark took her.

They fell in love with a world that neither of them in their previous lives could have ever imagined seeing before. Clark was teaching again at University of Arizona and had the idea to bring his students to Italy one day so that they too could see. He wanted the impressionable young people to have the opportunity in their first go at life at broadening their horizons beyond the beer-stained tables of U of A. He did. He realized that his life had gone down a path that he did not consider when he made the decision to start living again. He realized that he could be bigger than the man who lost everything, he could speak about the human condition and the perils that plague the authors he teaches about on a personal level. He could insight greatness in his students just as he had always meant to be.

Clark enthralled me with his stories. He took me to the places that he had been and let me imagine the taste of the freshly rolled pasta that he had on the first date that he and Marsha went to in Florence. I found myself beginning to mourn the life of the man who was sitting there smiling in the bed that could be his last. I think Clark, so carefully entwined in the intricacies of human emotion, could feel this thought creep into my mind.

He looked at me and told me something that I would never forget. Clark told me that in life, there will be moments that will rock you to the very core of what you thought you were. In those moments you can rise above the shattering of the world that you once knew to become like a phoenix who rises above the ashes to meet the life that they were always meant to lead. He did not want anyone to be sorry because Clark Adams was a man who got to live and love two lifetimes in one. Even if there is no purpose to the thoughtless loss of life that no person or religion can seem to explain—Clark created a purpose for himself. Clark Adams was a man who lived and that was the reason for the smile that every person saw on his face— the smile that cracked my heart open and made me fall in love with the hope of getting to heal again.



Forsythia |

Molly Helie

OMS-I NYITCOM

Old Westbury

The ephemeral blooming of the forsythia flower is one of the first signs of spring, the yellow blossoms lasting only days before being washed away by a cold rain. The wild branches of the forsythia bush return to their winter brown before bearing their summer green leaves.

The last days of my father's life were accompanied by the blooming of the forsythia. The yellow flecks could be seen through the windows of the sunroom where my father laid in his hospital bed. His time of death was marked by the season of new birth and resurrection; his life breathed into the landscape. Each spring the forsythia marks a new season in my grief, a symbol of new beginning and healing.

Our Contributors



Assma Itani is a fourth-year medical student at NYITCOM. She was born and raised in north New Jersey where she currently resides with her family and two cats, Fiona and Zuzu. When she's not on rotation, she spends her time writing, scrapbooking, or baking. To Assma, humanism means seeing the patient as human first and acknowledging the individual challenges each person faces in reaching their desired healthcare goals. She hopes to be an advocate for her patients in her desired career as a primary care physician.

Amee Pansuriya is a fourth-year medical student at NYITCOM. She grew up in Maryland, but has lived in Kentucky, Pennsylvania, Virginia, and now New York! Some of Amee's interests and passions outside of medicine are her German Shepherd named Simba, makeup, reading, and traveling. She is applying for internal medicine residency but is still keeping an open mind in regards to her future career plans.



Bharati Dev is a fourth-year medical student at NYITCOM. She currently resides in Staten Island, where she spends quality time with her family and friends. During the pandemic, she channeled her creativity into digital art and built her small business, Bumblebee.illustrations! Her passion for the arts has served as a bridge for her to connect with others on many levels. After graduation, Bharati hopes to expand her business and find new ways of connecting with others through her art!

Iya Agha is a second-year medical student at NYITCOM. She was born in Cincinnati, Ohio but grew up in Paradise Valley, Arizona. Iya is deeply passionate caring for others. Iya earned a bachelors in English Literature from Barrett, The Honors College at Arizona State University along with a bachelors in science in Biological Sciences. She wrote her undergraduate thesis on understanding the humanities of medicine titled, "Re-Humanizing the Medical Field through Narratives." She then earned her Masters in Science in Bioethics from Columbia University in New York City, where she focused her studies on health disparities. Iya is interested in becoming a dermatologist and hopes to be able to care for and forge a meaningful trusting relationship with her patients.



Our Contributors



Dr. Maria Plummer is an associate professor in the Dept. of Clinical Specialties, Division of Pathology and has been part of NYITCOM for 15 years. She was born and raised in NJ, but has been a Long Islander for almost 33 years. She and her husband raised their children, Gwen and Ian in Garden City, who respectively are pursuing their careers and additional education. She attended Vassar College, earning a degree in Biology, and graduated with an M.D. from Rutgers Medical School in 1990. Vassar really emphasized the importance of liberal arts and being a well-rounded physician. Her favorite activity outside of medical education is winding down every night with a book. To Maria, Humanism must be an essential part of any type of medicine, placing the patient first and honoring their wishes, needs, and goals.

Jyoti Bhattarai is a second year student at NYITCOM, and is part of Émigré Physician Program. He graduated from medical school in 2007 and worked in Nepal as a medical officer for the Pulmonary/Critical Care department. His love for medicine and the magnetism of the subspecialty is never ending and he is hopeful that he will pursue the same specialty after the graduation. Aside from medical school studying, he likes to play guitar, which has helped his concentration and navigate through the bad days. He is also passionate about podcasts and produced his own podcast, titled Medschool2.0! He hopes to continue on this path and use his skills in a safe and positive way to provide the utmost service to the mankind!



Jennifer Guo is a 24-year-old third-year medical student at NYITCOM. She grew up in Queens, attended Stony Brook University for undergrad, and currently lives with her family in Great Neck. Her longest-enduring hobby is dancing; she used to compete on an urban dance team and now performs in showcases. Otherwise, she also enjoys reading and sleeping for long long hours. Jennifer hopes to match into general surgery next year, and one of her silly dreams is to open a cafe across from the hospital she works in.

Minaal Zahid is a third-year medical student at NYITCOM passionate about child neurology with a focus on developmental disabilities and neuroimmunology. She was born in Pakistan, raised in the Bronx, and now lives in Long Island. In her spare time, Minaal likes to illustrate, paint, learn new languages, and campaign in advocacy organizations. Humanism in medicine to Minaal means being a multifaceted being who treats other multidimensional people. Approaching one's patients with this angle of curiosity, compassion, and empathy is integral to her view of humanistic medicine.



Our Contributors



Layla Elkoulily is a first-year medical student at NYITCOM. She was born and raised on Long Island, where she currently resides with her family. When she's not studying for medical school, she enjoys visiting museums, reading, writing, and baking. Layla received a masters from Columbia in Narrative Medicine, where she learned how to apply the skills and values of narrative understanding to improve outcomes for both patients and caregivers. To Layla, humanism means validating the illness experience while seeing the patient as a human first. Layla hopes to advocate for her patients and utilize her narrative medicine skills.

Srijesa Khasnabish is a fourth-year medical student at NYITCOM. She was born in Canada and raised in Massachusetts. In her free time, she likes to explore new cafes, experiment with recipes, or trying new workout classes. She is passionate about diversity, equity, and inclusion initiatives. To Srijesa, humanism means practicing medicine with the heart. She intends to incorporate humanism in her daily practice as a full-spectrum family physician.



Maxine Titterton is a second-year medical student at NYITCOM. She was raised in Brooklyn and moved to Long Island for college, where she attended SUNY Farmingdale. On campus, Maxine is the President of the art in medicine organization, ARTery. When she's not studying, she enjoys painting, drawing, baking, and spending time with her family.

Vicki Oladoyin, a third-year medical student at NYITCOM-AR, was born and raised in Southeast Texas. Her rural upbringing sparked a passion for participating in medical humanitarian organizations that provide healthcare to marginalized communities. In addition to her clinical clerkships, she enjoys exploring local parks, honing her poetry and photography skills in her free time. With her education and training, she aspires to make a significant impact in the field of medicine by developing innovative educational programs and utilizing technology to address global health disparities.



Our Contributors



Yasemin Ciftcikal is a first-year medical student at NYITCOM. She is from Long Island, New York and graduated from Pace University with a BA in Economics. During her free time, she loves drawing and film photography.

Sabrina Schwab is a third year medical student at NYITCOM. She grew up in Lucas, TX and did college gymnastics at the University of Utah. She currently resides in Memphis, TN, and is enjoying putting into practice the things she learned throughout the first two years of medical school while on her rotations. To her, humanism in medicine means caring for every patient as if they are a member of her own family. She believes it is a privilege to care for sick patients while walking alongside them as they journey through difficult times in their life. Regardless of the specialty she chooses, she hopes to be a light and healer in her patient's life, and to always keep the human in medicine.



Sara Malik is a third-year medical student at NYITCOM at Arkansas State University. She grew up in Temecula, California and attended both college and graduate school in southern California before moving to Arkansas for medical school. Her favorite hobbies include exploring new coffee shops, rock climbing and creating art. Her own values align closely with the values reflected in humanism and she hopes to serve both her local community, as well as the global community, as a physician who advocates for the rights of all people.

Zeba Shaik is a third-year medical student at NYITCOM Jonesboro with a passion for all things art. She loves food, coffee, traveling, painting and photography. She was born in India and raised in Texas. When she's not busy with rotations, she dreams of eating at the next best restaurant or planning where she is going to travel next. As a future physician, Zeba values humanism and believes in being a humble and kind caregiver, putting her patients first. She also seeks to incorporate creativity into her medical practice in unique and meaningful ways.



Our Contributors



Viktoria Taranto is a second-year Émigré Physicians Program medical student. She was born and raised in Ukraine. Currently, Viktoria lives in Long Island with her husband and son. In her free time, she enjoys spending time with her family. Viktoria's favorite hobby is dancing. With a degree in classic choreography, Viktoria has recently developed a love for Latin dancing, such as bachata, salsa and merengue. Together with her husband she loves to participate in salsa parties and share her love to dance with other people. Giving back and helping others was always Viktoria's passion. She had been volunteering at hospitals in Ukraine. Currently Viktoria volunteers at LI Heart Rhythm Center and NYIT CFR in HR committee. Additionally, Viktoria helps to provide Teledermatology consultations for Ukrainians.

Dang Truong is a second-year medical student at NYITCOM. He was born in Vietnam and moved to America at the age of 12. His hobbies include going to the gym, playing the guitar, and cooking. He likes to volunteer at Rock Steady Boxing on his days off from school, and snuggling with his cat, Pickles. He's hoping to become a critical care doctor.



Maria Canellos is a third year medical student at NYITCOM. She was raised in Long Island, where she currently lives with her family. In addition to her passion for medicine, Maria enjoys tennis, hiking, and baking. To Maria, humanism means showing respect, kindness, and compassion towards others. She believes medicine to be a partnership built on trust between the physician and patient. She is committed to applying these principles throughout her medical journey.

Molly Helie is a first-year student at NYITCOM from Baltimore, Maryland. Molly graduated from Loyola University New Orleans where she earned a B.A. in Studio Art and Spanish. Through her art making, Molly encountered the intersection between art and medicine which inspired her to practice medicine. In her artwork Molly explores liminal spaces– the spaces between strength and fragility, transience and permanence, beauty and edge. Molly continues to explore these spaces in the lived experiences of persons receiving care and practitioners providing care as well as in the critical convergence of health and the environment.



Our Contributors



Tyra Lee is a third-year medical student at NYITCOM. She grew up in New Jersey, and her hobbies include painting, reading, hiking, and doing yoga. Tyra believes that art is a way to reflect on the richness of human experiences, and she aspires to be a compassionate physician who can connect with her patients at a deeper level.

David Addepalli is a fourth-year medical student at NYITCOM. He was raised in Hot Springs, Arkansas. He has a strong passion for the field of medicine and is determined to fulfill his career goal of becoming a trustworthy physician. In his leisure time, David enjoys the playing disc golf with friends, indulging in video games, and trying out new cooking gadgets. Growing up in Hot Springs has instilled in him a love for his community and a desire to give back by providing quality healthcare to those in need.



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