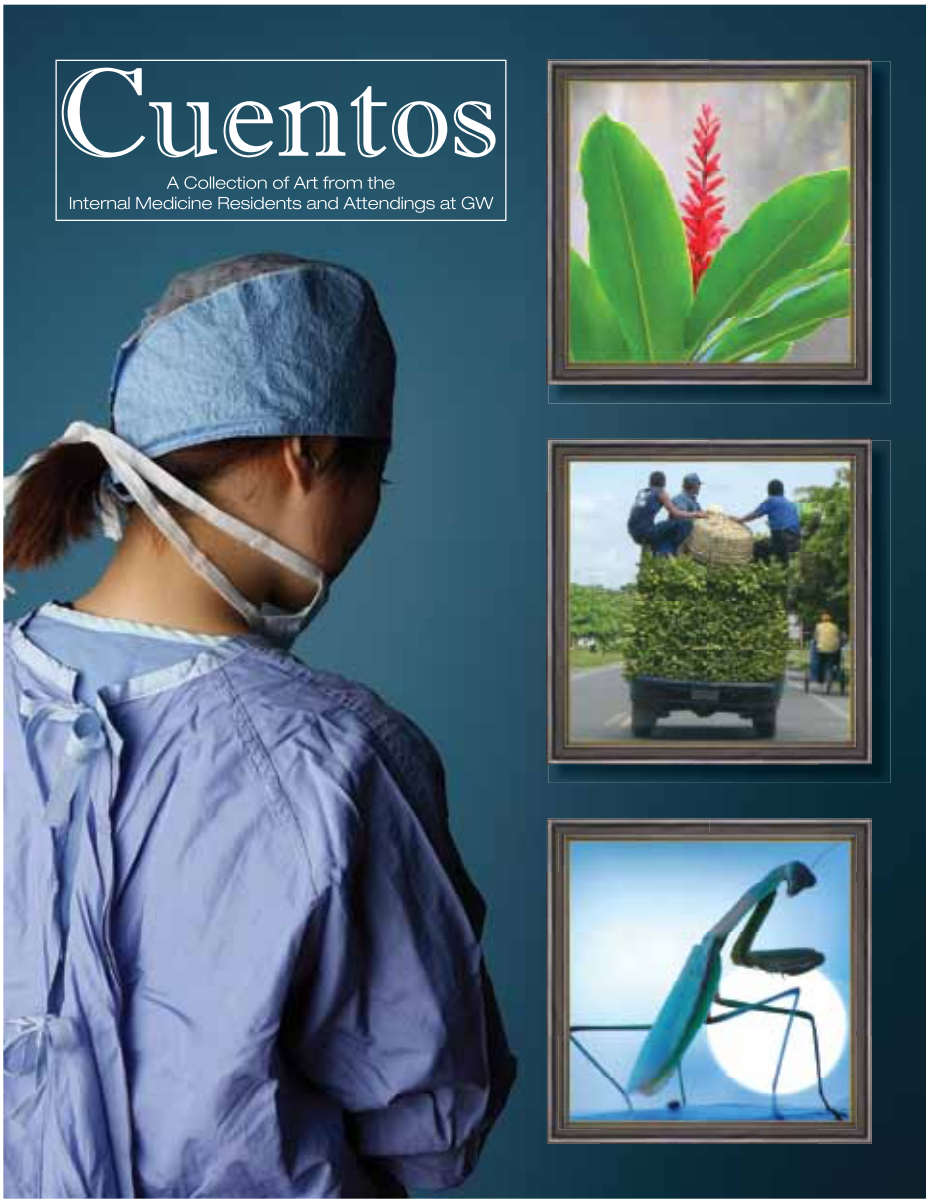
Cuentos

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



Interested in contributing to *Cuentos* 2012? Please contact Dr. Adam Possner at *apossner@mfa.gwu.edu* for more information.

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

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From the Editors

It is with great pleasure that we bring you the 2011 edition of *Cuentos*, a magazine led by George Washington University Internal Medicine residents, featuring the poems, prose, and photographs of fellow Medicine residents and attendings.

"Cuentos" in Spanish means "fairy tales." Here you will find no tales of power-hungry kings, maidens in distress, or fire-breathing dragons, but rather our very own personal experiences and sentiments, from within the four walls of the hospital to within our homes. As you flip through its pages we hope that it will inspire the artist in you.

We would like to thank everyone who has contributed to *Cuentos*. First and foremost, to our featured artists, who display the perfect marriage of art and medicine.

To Dr. Alan Wasserman, Chairman of the Department of Medicine, who provided the financial support for this venture, enabling us to showcase the talents of our peers. Without his support *Cuentos* truly would have been a fairy tale.

To Drs. April Barbour and Gigi El-Bayoumi, who resurrected *Cuentos* after a one-year hiatus and who charged us with building a resident-led magazine that will be continued by generations of GW residents to come.

To Thomas Kohout and Michael Leong in the GW Office of Medical Center Communications and Marketing, who played an integral role in the production of this magazine.

And last but by no means least, to Dr. Adam Possner, our faculty advisor. He brought us together with his enthusiasm, patience, and persistence, fostering our creativity, inspiring us, and helping to channel our ideas and talents. Thanks to the tremendous time and effort he put into this endeavor, we can now proudly hold up our very own copies of *Cuentos* 2011.

We hope you enjoy the trip you are about to take into our story land. We look forward to having even more minds, cameras, and pens come together for *Cuentos* 2012.

With warmest regards,

Dr. Nancy Maaty
First-year Resident

Dr. Nishaki Mehta
Second-year Resident

Dr. Elizabeth Gray
Third-year Resident

From the Chairman

Nothing makes me prouder than having a literary/photographic magazine produced by the house staff and faculty of our Department.

Well … maybe some things would make me prouder. Like election to AOA or publications in a peer-reviewed journal or a K or RO1 award or charges that exceed budget or outstanding evaluations from students or being up-to-date on tasks.

So I guess there are a few things … but in general nothing makes me prouder than seeing the publication of this magazine.

Well … I guess presenting a paper at a national meeting or getting an abstract accepted or being invited as a visiting professor or making it onto the pages of the local "Best Doctors" rag or getting GW Hospital's "Doctor of the Month" award would be pretty good also.

But short of these few things and maybe presenting at Grand Rounds or being invited to give Grand Rounds for another department or being elected as a fellow (or master) in a national medical society or being promoted to a higher academic rank or being awarded the "Faculty of the Year" award at our end-of-the-year gala, nothing makes me prouder.

Therefore, to everyone who was involved in this worthwhile, non-academic endeavor I remain somewhat proud of you for this accomplishment. In fact, I will even add to the literary effort:

Roses are red
Violets are blue
Tell me a little research
Wouldn't hurt to do

Dr. Alan Wasserman
Eugene Meyer Professor of Medicine and
Chairman of the Department of Medicine

Wherever the art of medicine is loved,
there is also a love of humanity.

— *Hippocrates*

A Day's Work in San Pablo

This photo was taken while I was a medical student, serving as part of a medical outreach group based in Philadelphia. Over the course of four weeks we spent each night in Texas and in the morning crossed the border into Mexico to set up clinic in multiple neighborhoods or "barrios," including San Pablo.

Barrio

Taken on the same trip, showing me entertaining the children of a woman who was suffering from diabetic ketoacidosis. I was humbled by working in the Mexican barrios. I am far more fortunate than I could ever imagine.

Dr. Shervin Shafa
Third-year Resident

For Mr. A, My First Patient

I was nervous — you were too.
I, in my starched short white coat,
Ready for the wards.
You, with your big round yellow eyes,
Stuck on the wards.

You taught me the differential for jaundice,
Which included HIV meds.
I didn't know that, but your friends did.
So you were afraid to go home.

You taught me that heroin could be snorted,
And smiled at my naïveté. ("Here in your hospital room?")
It wasn't on my differential for your fever.
You confessed because it was on yours.

I took you out for a cigarette,
So you could get some fresh air.
You smoked and I "supervised."
You told me about your HIV — I told you about my uncle's.

I, skinny and white,
Green with a pocket full of books.
You, skinny and black,
Yellow with a body full of answers.

I kept you in my pocket,
Your notes, results, and pearls.
And in the end I got Honors.
I wonder if you ever got yours.

Dr. Jillian Catalanotti
Assistant Professor of Medicine, General Internal Medicine

Work has to be done.
Postmen like doctors go from house to house.
— From "Aubade" by Philip Larkin

Among the regulars at my deck birdfeeder
Are two turtledoves and a family of cardinals
The females are dun, the males like a flame
On a good day like today I see my favorite
Little woodpecker with the red cap
Dart in for a quick snack
Before flying back up into bare trees
Methodically he marks his territory every morning
My neighbor is driving off to work
In the cold dawn
His car glints silver through the wood
Late March daffodils are finally poking up
Stars of yellow among the brown leaves

Yesterday's patients still sit on my shoulders
K whose father abused her when she was young
M who cannot wait until cocktail hour
R who told me how her husband's hair
Turned white overnight
When she was diagnosed with breast cancer
P who retired last year and yet works hard
To keep his beloved son away from the crystal meth
When the weather warms
The men can hike in the woods
Love of nature is the only treatment that works
I am glad the woodpecker visited me
On this drizzle of a day

Dr. Katalin Eve Roth
Associate Professor of Medicine and Director of the Division of Geriatrics

Why I Love Going to Montaña Verde







I was back about a week from Montaña Verde, Honduras, when I realized I was just happy. I couldn't stop smiling and nothing seemed to get me down.

Why did my experience leave such an afterglow?

I don't think it was the setting, although the mountains are certainly beautiful. Nor do I think it was the accommodations. While bunk beds, cold showers, and outhouses may appeal to some, I tend to prefer more comfortable sleeping arrangements.

It had to be the satisfaction of doing good work. Of the 27 families living in this community, 24 now have latrines thanks to my church's public health mission over the past four years. Being part of a project that has had such a significant impact on people's lives is what made me feel so great!

As physicians, we don't have to travel thousands of miles to experience this feeling. We are incredibly privileged to be part of our patients' lives every day. They come to us suffering — in pain, distressed, or concerned — and we do our best to relieve their pain and worry.

Some of the sweetest words I hear from patients are, "Thanks, Doc, I feel better." My response often is, "Then my work here is done."

In the midst of a busy day filled with endless tasks and many responsibilities, it's easy for me to forget the impact that I have as a doctor. But each year, when I get back from Montaña Verde, the afterglow lasts a bit longer.

Dr. April Barbour
Associate Professor of Medicine and
Director of the Division of General Internal Medicine

Hell's Mouth

uncomfortably aware of your breathing still
plotted like an S curve but now shifted to the right
because precious air scorns the acidic
unsteady passage through tough blood

reach for the inhaler and suck down
a reminder that GlaxoSmithKline takes
ownership of Advair but not your health
that your disease is preventable and reversible but
you grew up too close to the city's incinerator
and nobody knows
whether either will provide
an alternative

the iron remains shielded by four
chains because you have to battle free
radicals instead of oxygen
and our lack of affinity makes it hard
to connect with the other side
of Martin Luther King Boulevard

Form Follows Function

My purpose is defined
by the three-dimensional
shape that I am.

Bind my receptor and
after my conformation
is changed so
too am I.

But please do not saturate
all that
I can be.

I am the Earth, and you
are Humans;
both more than 71% covered in water,
and less than 29% covered in wealth.

Our solvent is sucked dry while Big
Tobacco salts my land

with advertisements for upper crust
instead of top soil.
We are made of infinite
molecules that behave
according to their position
and shape. These
forms are exhausting,
so does my fruit still bear
proteins' sweet strength?

Or do we sew waste
and broken arms,
races instead of hands
joined to take a walk?

It is time to
share everything or
lose everything

We can become.

Dr. Manish Pant
Second-Year Resident

Time on Her Hands

She is a real firecracker
teacher of
high school math for 4 decades
mother to
4 kids and 7 grandkids
in spite of
disfiguring arthritis.

I ask her
now that she is retiring
what she'll do
with all the time on her hands.

She pauses.

I plan on remaining young
she declares
as she reaches out a hand
steeped in time
dripping at the joints with it
skin wrinkled
from being in it so long.

Dr. Adam Possner
Assistant Professor of Medicine, General Internal Medicine

El Stalker

I took this photo for an article about the Internet singer Danielle Anderson (of "Danielle Ate the Sandwich") that ran in my undergraduate school's newspaper. When discussing possibilities for her photo we got on the topic of her fans, especially the weird and crazy ones, which gave me the idea to do a stalker-type picture.

Dr. Sanjay Shah
First-year Resident

Disimpaction Jackson

As I gaze at the census on a calm Sunday afternoon,
Hoping to sign out and go home soon,

Radiology calls and makes me feel like a fool:
Ms. Smith in Room 303 is chock full of stool.

I had neglected a big part of my occupation,
Which is always to aggressively treat constipation.

As a budding nephrologist I find her urine more fun,
But today her #2 is my #1.

With infections, transfusions, and effusions about,
Man I wish I could just sign this out.

But, alas, she deserves my full attention, not just a fraction ….
Disimpaction Jackson must spring into action!

Dr. Ashte' Collins
Nephrology Fellow and Former Cheif Resident (2010)

From Proximal to Distal

Snapshots from the Road

Making a Living

An old truck overloaded with a bountiful harvest, representing one of the idiosyncrasies that define Nicaragua. This photograph was taken along the Pan-American Highway that runs north and south through Central America. The bananas are destined for a local market.

Santorini

At sunset, suspended between the edge of what was once a volcano and the Aegean Sea, the homes of the city of Fira on the island of Santorini, Greece. It's arguably one of the most beautiful places in the world to capture the close of a day.

Dr. Juan Reyes

Hospitalist at The George Washington University Hospital and
Former Chief Resident (2008)

Morning Rounds

I encountered this scene around the base of Uluru (also known as Ayers Rock) in Australia. I am reminded of this picture every time I enter a patient's room. Like the center tree my patient is bare, surrounded by a large group of mostly young and healthy students and doctors.

Dr. Nancy Maaty
First-year Resident

BeiLin

This photograph, with the edges of the architecture highlighted, was taken at BeiLin, the forest of calligraphic tablets in Xi'an, China.

Dr. Homan Wai
Former Resident (2009)

Here Kitty, Kitty

Kneeling with a lioness while on safari in South Africa in 2010. The idea for the trip was my wife's, which — looking back on this picture — kind of makes me wonder … .

A Minor Disagreement About Turf

Two elephants locked in combat during the same safari. The battle lasted for at least 15 minutes and appeared to end in a draw.

Dr. Lowell Weiss
Professor of Medicine, General Internal Medicine

Eruption at Arenal Volcano

In Costa Rica at the base of Arenal Volcano, an active volcano with almost daily minor eruptions. When I was there clouds surrounded the top of the volcano and so I didn't get to see any lava. But I did get to see this. It was one of those scenes in nature that looked absolutely perfect; the red flower erupting from the base of pristine leaves on a backdrop of fine white mist.

Dr. Adam Possner
Assistant Professor of Medicine, General Internal Medicine

Let me recommend the best medicine in the world: a long journey, at a mild season, through a pleasant country, in easy stages.

— James Madison

Hippocampal Connections

Memories from Medical School and Residency

Life After Chief Residency

People say that being chosen to be a chief resident is an honor …. But those who have served may beg to differ! It is a tough year where sometimes you feel that you can make no one happy and just have to enforce the rules. Truth be told, it is one of the best years for on-the-job leadership training, no matter which specialty one pursues. These pictures show that there really is life after chief residency.

Dr. Gigi El-Bayoumi
Associate Professor of Medicine and
Director of the Internal Medicine Residency Program

Six Pounds Lighter, Seven Pounds Wiser

It was the first day of my third-year Internal Medicine rotation. In my white coat pockets I carried my smart phone (containing a pharmacopoeia and several textbooks), the most recent edition of *Pocket Medicine* red and gleaming, *Maxwell's Pocket Guide, The George Washington University Guide to Physical Examination,* a Littmann's stethoscope (much fancier than my attending's), a tuning fork, a reflex hammer, a small notebook, several pens, a highlighter, a penlight, gum, and my wallet (a reminder of my identity outside of medicine).

This six-pound garment was my basic armor for the wards.

I had been informed by upperclassmen that these were the basic tools, regardless of the specialty rotation, that would make me feel like a somewhat useful, productive member of the team.

And they were right. For instance, once on Internal Medicine rounds the attending needed to check the pupillary light reflex, so he asked the team, "Does anyone have a pen light?" Like a Western showdown we med students raced to be the first to pull out a pen light. I won, feeling like I had redeemed myself for not checking the medicine administration record, which I hadn't known existed, before rounds.

As third year progressed my white coat lost some of its luster, and what I carried varied based on the rotation. For Surgery, the tuning fork was replaced by sutures, scissors, gauze, and *Surgical Recall*, and I taped a copy of the "Serenity Prayer" in my *Maxwell's* to help me stay calm after "pimping" sessions in the OR. For Ob/Gyn I kept the sutures and replaced the *Surgical Recall* with a pregnancy wheel and a book on contraception. For Peds I retired the *Pocket Medicine* and added an even heavier book, *Harriet Lane*, and colorful stickers to soothe and reward my patients. For Psychiatry I hung up my white coat altogether (my back thanked me) and only brought my stethoscope and *First Aid for Psychiatry*.

Although I exchanged items in my white coat, what I carried in my mind and soul compounded with each specialty. Each experience brought new knowledge – academic and otherwise. As I learned to tie a suture knot under my surgical attending's watchful eye, confidence in the face of pressure was birthed. Delivering a baby reinforced the glorious mystery and joy of life. Witnessing a single mother choose to stay with her sick child in the hospital rather than return to work, her only source of income, flooded me with gratitude as I remembered my own mother's sacrifices that allowed me to excel. Memorizing the DSM-IV criteria for depression reminded me not to neglect the well-being of myself or my loved ones.

I'm a first-year resident in Internal Medicine now. Compared to when I was a medical student, my white coat is longer and the pockets are once again filled with the likes of *Pocket Medicine* and *Maxwell's Pocket Guide*. Even so, I know that the most important references in medicine are not worn externally but carried deep inside.

Dr. Sylvia Gonsahn-Bollie
First-year Resident

A Gray Zone

The doctor-patient relationship can lead to nerve-racking situations when we doctors are faced with patients who are "difficult." I found myself in quite the conundrum this past year when taking care of one such patient.

He was a middle-aged man battling infection and psychological illness. The infection mainly involved his feet. According to the podiatrist on the case, they were the most necrotic feet he had ever seen – which, for a podiatrist, is saying a lot. As the medical team, we diagnosed him with osteomyelitis due to multi-drug resistant *Acinetobacter baumanii* and Methicillin-Resistant *Staphyloccocus aureus* requiring intensive, prolonged IV antibiotic treatment.

A psychiatric diagnosis, however, was more elusive. Mood disorder secondary to general medical condition? Schizophrenia? Depression with paranoid features? We weren't quite sure. A frequent-flyer through our ED and hospital for years for various and sundry issues, he often left against medical advice in a dramatic fashion after trashing hospital property like a celebrity. This time was no different. He wanted to leave almost as soon as he arrived.

The bottom line: my patient was suffering from a terrible infection, the severity of which he could not comprehend. Psychiatry agreed, and he was deemed to lack capacity to make his own medical decisions.

At first, things went pretty smoothly. Even though he asked to leave the hospital every day — indeed, multiple times a day — my patient was usually pleasant and seemed to appreciate medical care. He allowed us to give him the antibiotics. We eventually found a family member who said she would help care for him after discharge.

Then, one day, without letting anyone know, he rolled his wheelchair into the elevator and left the hospital. By the time he was discovered missing, it was too late. Security was unable to locate him.

Several days later, while driving home from work on the last day of my rotation, I saw him. He was rolling at full speed right outside the Ritz-Carlton, part of his Ace bandage from his feet flying in the air.

What do I do now?

I was stuck in traffic on a one-way street. If I parked illegally somewhere and found him, would I try to talk him into returning to the hospital? Would he cooperate? Would I call the police if he didn't? After all, he lacked capacity to make his own medical decisions, right?

As I waited to circle the block, my mind was awash with thoughts. My patient had let down family members, physicians, nurses, and everyone else who had tried to make him "healthy" from our perspective for decades. He clearly wanted his freedom, although not the kind of freedom that most people would desire. Care was clearly available. The hospital was just two blocks away. He had heard multiple speeches on a daily basis from me and his podiatrist about why he needed antibiotics. As an advocate for his healthcare, my goal was for him to get treatment. However, as his advocate, I also knew he would be unwilling to spend time in the hospital ….

By the time I could circle the block, he was gone.

Dr. Swathi Namburi
First-year Resident

Heartbreaking

We'll never forget that day on the wards when we admitted a 30-year-old woman with HIV who had to receive a blood transfusion.

After explaining to her the standard benefits and risks of the procedure, we asked her if she had any questions.

She looked up, her eyes prominent in her cachectic face, and asked, "Will you be giving me the useless blood?"

We looked at her questioningly.

"I mean, the HIV-positive blood that no one else can use?"

And our hearts broke ….

Drs. Nishaki Mehta and Sarah Doaty
Second-year Resident and First-year Resident (respectively)

The Box

I touched the box but couldn't open it. I was more afraid than Pandora could have been for whatever dystopian nightmare might erupt from within.

Now your hands have touched the cover. Its secrets are for you alone until another does what you have done.

I knew Miriam's voice would sound different underneath the cellar doors, but for some reason it was rendered almost unrecognizable. A plume of dust terrorized the dehydrated cilia lining my windpipe, and I coughed. Streaks of blood reminded me of the long hours I exhausted to get here, but now I wondered what it all meant.

Remember also, child, that with this box comes awesome responsibility — the responsibility of life, her voice resonated. *But only of your own*. Miriam had a knack for the intentionally ambiguous.

So essentially what you're saying is, Don't die?

It is irrelevant what I am saying — but then you already knew that. Your responsibility is life, and no lecture can remind you any better of that task than this box.

Miriam was already walking back up the steps, and the syncopated tapping of her boots evoked the uncomfortably loud drip, drip, drip of a kitchen sink.

I tried drinking some water but it only made me gag. I tried erasing thoughts but it only made me die faster. As I watched the white paper towel in front of my mouth turn maroon, my eyes closed. When I opened them, I was sobered by the persistent darkness that enveloped my gaze.

You're not gonna have some moment of clarity, son. It's time to get to work.

And she was right. There would be no enlightenment from my meditation — only resolve. The task at hand is life; to protect it, arm it, and even lose it sometimes.

I tucked the box under my arm to join Miriam outside, and took a deep breath. My heart was beating fast.

Dr. Manish Pant
Second-year Resident

He Gestured, We Listened

I was the resident on the wards in the midst of a busy call night when my team received him from the ICU. A physician in his mid-50s, he had initially been admitted for acute pancreatitis secondary to alcohol abuse, complicated by respiratory failure requiring prolonged ventilation and a tracheostomy. At the time of transfer we were told that he was "stable but delirious." The usual delirium work-up by the ICU had been unrevealing.

Over the course of the next few days we tried to reorient him to his surroundings. However, despite the window in the room, the presence of his family, and the addition of a low-dose antipsychotic, we couldn't gain any ground. He remained agitated, and so for his and our safety we kept him in the four-point restraints that had been started in the ICU.

By the third day, he still wasn't any better. We were puzzled. Our management for his delirium was straight out of the textbook.

As a last resort, our attending decided to untie his hand restraints and see what would happen. Our entire team — at least half a dozen people — apprehensively watched as our attending gently talked to him and undid the knots.

In a sudden almost violent motion our patient reached up toward his tracheostomy collar. Some among us audibly gasped.

He then touched the edge of his lower lip and started swallowing.

We immediately asked in unison, "Are you thirsty?" He eagerly nodded yes. Our medical student quickly got a cup of ice water. I held the edge to his lips and carefully observed him; Speech Therapy had repeatedly advised that he was unsafe to eat or drink. He took a sip. No choking, no gurgling. His eyes pleaded for more.

After drinking a few cups of water, he motioned that he would like to sit up. With his legs dangling off the bed, he started talking. His first few words were hoarse but coherent.

Within three days he was ready for rehab placement. The evenings preceding his discharge he would ask me to sit by his bedside and we would talk as peers, doctor to doctor.

I often think back to where my team started with this patient. Was it the medicine, the water, or simply listening to his gestures that helped him heal?

Dr. Nishaki Mehta
Second-year Resident

A Doctor's Bucket List

My first day as an intern in the ICU, I was assigned a patient with end-stage sarcoidosis who had just come off the ventilator and was put on an oxymizer. I had never seen an oxymizer before — a nasal cannula with a small plastic bulb that gives you about 10–15 L/min of oxygen. Between the novelty of the device and my pre-rounding flurry of "Hi, good morning, sir, how was your night, any chest pain, chest pressure, shortness of breath" and so forth, I barely looked at Mr. S' face.

The next day I noticed his grey hair, white beard, and the freckles around his nose. When he told me that he hadn't had a bowel movement for three days, I felt horrible that I had forgotten to ask him about constipation the previous day.

"No problem, sir," I reassured him. "I'll order a pill for you."

"Pills don't work for me," Mr. S said. "Only liquid stuff and I don't want no enema. Lactulose works."

He was already on Miralax. I added lactulose.

The next day when I came in to pre-round, before I could even ask, Mr. S winked at me and said, "No, Doc, still nothing." Despite the constipation he had a voracious appetite; he was asking for double portions and had no abdominal pain. I wasn't worried about an obstruction.

The TV was on in the background. I asked him what he was watching.

"This woman doesn't know her child's father and came on TV to find out." He chuckled and went on to tell me about his estranged daughter and how much he missed her. I felt really sorry for him, but no words seemed to form in my head.

I then turned my attention to more familiar territory.… Still no bowel movement? Strange, I thought to myself.

A few hours later the nurse paged to inform me that Mr. S had just had a small bowel movement. I felt like a star.

The next day Mr. S told me about his "bucket list" — the things he wanted to do before he died, just like in the movie by the same name. I told him a few of the things on mine. For example, we both wanted to go bungee jumping at some point.

Shortly thereafter, his diabetic diet portion size was doubled since he was getting hungrier on high-dose steroids for his sarcoidosis. His diabetes regimen was Lantus 80 units in the morning and 50 units at night. I carefully tweaked his insulin regimen to perfection, so that all of his fasting and postprandial readings would be within range. When he complained about the tasteless diabetic diet and asked for "regular" food, I convinced him to hold the course.

A couple of days later, my attending announced on rounds that he thought Mr. S would be better served on the palliative care wing.

Palliative care? I didn't realize that Mr. S was that sick. Plus, I thought to myself, he has at least 10 more things to do on his bucket list. He wants better control of his diabetes to prevent long-term cardiovascular complications. He wants to spend time with his daughter and grandkids….

While waiting for a palliative care bed, Mr. S was asked again about his code status. Up until that point he had been full code. After members of my team talked to him about his poor prognosis, he made up his mind to be DNR/DNI. I still didn't see him as being that sick.

On rounds we talked about him extensively. One morning my attending said, "I don't see this man as being in the terminal stage of a terminal disease. He could probably get set up with a nursing home."

I was so happy to hear this and I told Mr. S. But by then he wanted to go to the palliative care wing.

Continued on page 25

A Doctor's Bucket List

Continued from page 25

The day that Mr. S was transferred out of the ICU I had some other patients assigned to me and so I couldn't see him. In a way I felt relieved that I didn't have to say goodbye. I sat in front of the computer that afternoon and finished his extensive transfer summary, in which I carefully spelled out my plan for his insulin regimen and steroid taper. I wanted him to follow up with Endocrine and Pulmonary once he was discharged from hospice.

Three days later I was in the ICU when the phone rang. My resident aswered. It was the palliative care team calling to let us know that Mr. S had just died. One of my patients started having chest pain, and so I couldn't listen to the rest of the conversation.

When I came back, the resident who had been on the phone said, "Hey Chino, Mr. S, your patient from last week, died."

I gave her a sage nod. I wanted it to seem like I wasn't surprised.

I stepped outside the ICU. My mind was racing. How could Mr. S have died? He still had a lot more to do. Did he ever have a good bowel movement since he left the ICU? Was his blood sugar controlled this morning? Was anyone even checking it? Did he get his double-portion diabetic diet today?

Did his daughter ever know that he was hospitalized? Did he want to tell me anything the day he was transferred? Did anyone else know that he wanted to go bungee jumping from the second level of the Eiffel Tower?

Had I believed that he was going to die so soon I would have let him eat whatever he wanted. I would have spent more time with him. I would have —

My pager went off. It was my resident. "Chino, someone for you in the ER. 78-year-old man with shortness of breath and chest pain."

I headed down to greet my new patient and tried to put on a smile.

"Hi, I'm Dr. Mannikarottu …."

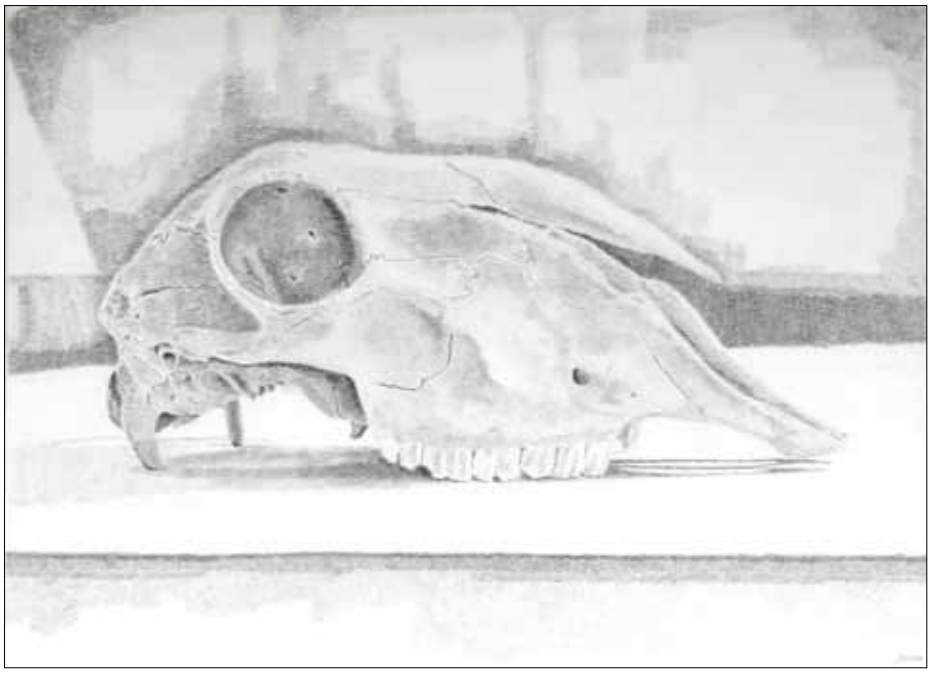
Dr. Chino Mannikarottu
First-year Resident

Study of Paper Bags

This painting (oil on canvas) was a still life assignment for a college studio art class. My professor complained that I was too married to realism, which she derided as "A-to-Z" painting. She asked me to "let loose" and work more abstractly. This was the result. She did give me credit for using "abstract-like objects."

Friday

I also drew this animal skull (pencil on paper), presumably of a cow, for a college studio art class. It hangs in my dining room. Dinner guests' comments range from "It's hideous" to "Why would you draw that?!" Instead of banishing it to the furthest recesses of my home, I have grown fond of it. This way, while enjoying a hamburger or steak, I can ponder the source of my food.



Dr. Stephan Hanses
Second-year Resident

Farewell

Alexandria, Virginia, near the Eisenhower Avenue Metro stop and Interstate 495 at sunset, the day before Valentine's Day. I took this photograph after spending the day with my boyfriend, Eric, who was visiting from North Carolina. The image represents a moment of beauty, which is how I feel about my time with Eric.

Dr. Zayn Copeland
Clinical Professor of Medicine, General Internal Medicine

Awakening By Hammerblow

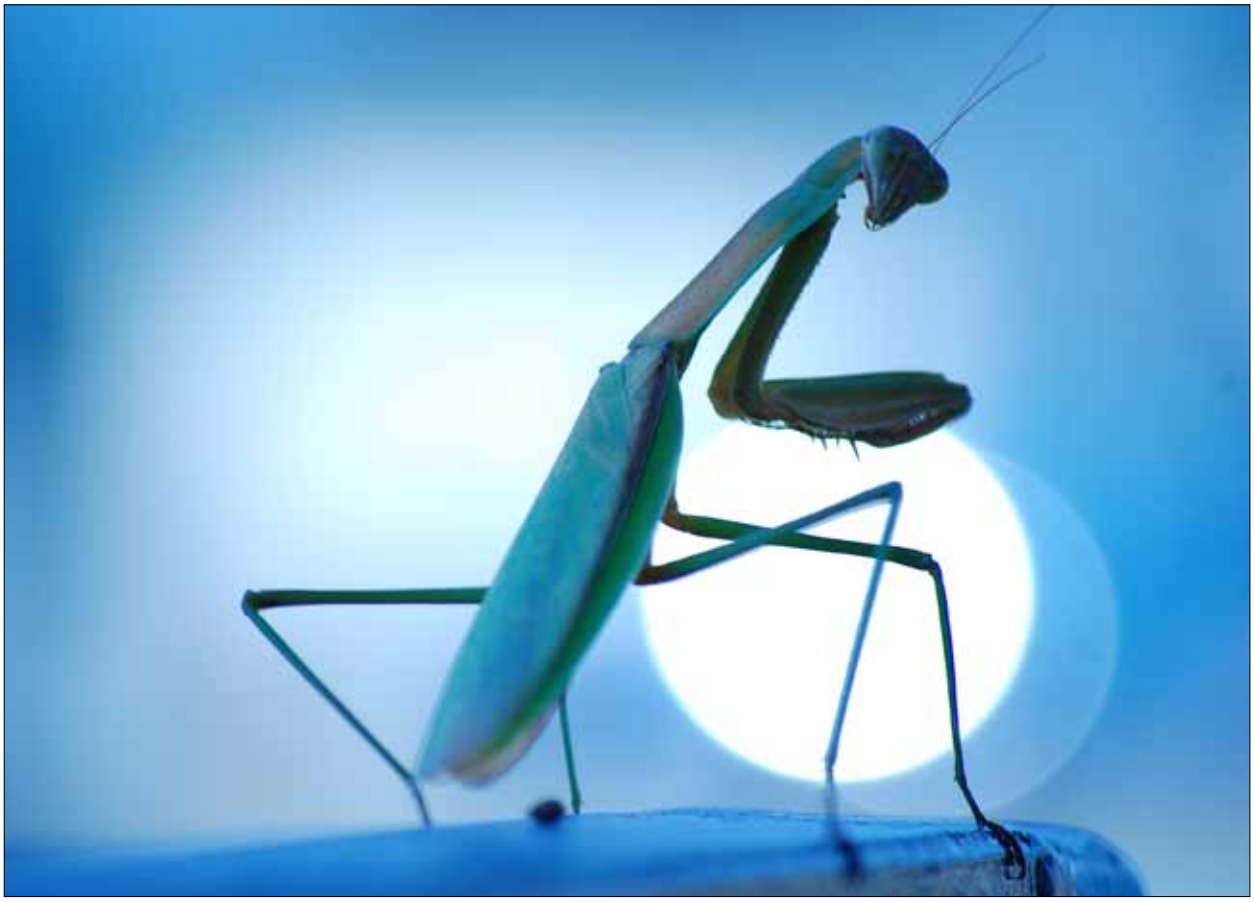
The hammer falls.
Striking the tense skin of the drum,
Sending waves across the stage.
Powerful waves
Pushing forward under the seats of the musicians,
Rattling the conductor's podium.
Agitating him, moving him.
Large waves travel down through the floor of the auditorium,
Gyrating between the cracks in the concrete.
Up 100 steps into the audience.
With every step the waves intensify,
Approaching the ground directly below my feet.
The floor quivers with vibrations.
Waves of sound
Pierce through the skin at the tips of my toes,
Into my blood stream.
Flowing up through my legs,
Into my hips
Perforating up through my spine.
Goosebumps
Mark the location of the waves under my skin,
Continuing to grow stronger during their ascension.
Tumbling, the waves meet the shore;
My heart swells as they gush in.
Reflex — I breathe.
Inhaling.
The sounds from the woodwinds and brass
Enter my lungs.
An intricate weave
Diffusing into my bloodstream,
Intertwining with the drum's waves.
They kiss,
The first signs of resolution

Interrupted.

A violinist brings his bow up against the strings.
He pulls.
The strings oscillate, moving the air around them.
Another wave is sent my way.
Gentle,
I feel it brush against my skin,
Eyes closed.
I am lost.

Dr. Nancy Maaty
First-year Resident

Mantis



A portrait of a praying mantis that I discovered on a railing in my parking lot. I must have spent at least 45 minutes photographing it from various angles as it watched, absolutely still and curious.

Dr. Homan Wai
Former Resident (2009)

The Beginning

At the start of our wedding in Mumbai on December 11, 2010. According to Hindu tradition, strangers and acquaintances sit on one's right. After the priest recited the holy mantras in front of the holy fire and we were declared married, Nishaki moved to my left side — the sign that we had become a family.

Drs. Veeral Oza and Nishaki Mehta
Second-year Residents

Falling

Step, step … Is she sleeping yet?
Step, step … Will she love us? Does she even know what love is?
Step, step … Can she understand emotion? Does she think I'm funny? She sure smiles a lot.

Step, step … Is she sleeping now?

Step, step … Does she see in color? Black and white? Or maybe sepia?
Step, step … Does she dream in color? Or maybe just some colors?

Step, step … Is she sleeping now?

Step, step … Will she sleep through the night again?
Step, step … Do I need to clean her nose boogies again?

Step, step … She's asleep!

Step, step to the crib, gently into the crib, and … mission accomplished.

Dr. David Popiel
Chief Resident, The George Washington University Hospital

Observe, record, tabulate, communicate. Use your five senses .... Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone you can become expert.

— *William Osler*

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