

# Night float



## CREATIVE DIRECTOR

Yu Fei Xia

## CONTENT CURATOR

Veronica Stewart

## ARTISTIC DIRECTOR

Adhora Mir

## EDITORS

Sama Anvari  
Quinten Clarke  
Daniel Lazzam  
Serena Ho  
Catherine Lee  
Kara Yeung  
Asmarah Amin  
Rhea D'Souza

## DESIGN

David Shin  
April Liu  
Michael Sun  
Ashley Eom  
Angela Li  
Peter Youssef  
Tony Chen  
Alice Xia Lu

To contact *Night Float*:  
[nightfloat.macmed@gmail.ca](mailto:nightfloat.macmed@gmail.ca)

McMaster University  
ISSN: 2562-9956 (Print)  
ISSN: 2562-9964 (Online)

*Night Float* is published once a year, both online and in print.



# TO THE READER

Thank you for picking up our inaugural issue! You might be wondering, what is this book about? Certainly not a proclamation of love to our call schedule, mind you.

Night Float is McMaster Medicine's arts and creative writing publication. We chose the title because it represents an aspect of medicine that is as grueling as it is rewarding, but also brings to mind a change in perspective, has an air of mystery, and fuels the imagination. While the professional responsibilities we slowly take on are not something that can easily be untangled from other aspects of our lives, they should not consume us. We believe that in addition to clinical or academic medicine, creativity should be promoted and celebrated on our pathway to practice. After all, medicine is a science, an art, and above all a human interaction.

As you peruse these pages, we hope to bring you a sense of wonder and reflection. May you be refreshed and inspired to look at your own journey in medicine, ready to subvert the obvious and uncover new perspectives. Ultimately, we hope that you connect with our emotions and find echoes of your own voice in these tales of medicine, fantasy, satire, comedy, heartbreak, revelation, and so much more. After all, MacMed is our community and your story is our story.

**Please enjoy this first issue of Night Float: Our Stories.**



# TABLE OF CONTENTS

Old Things	4	22	Bending Time
The Calling	5	23	Night Sink
Pay Attention	6	24	Troika: A Modern Cento
July & August	8	27	Freedom & Chaos
Barbara Palvin	10	28	Have Feet, Will Travel
So She Doesn't Speak English?	11	30	Woven Fibres
What Have I Done?!	12	31	Donuts
Overthinking	14	32	Barton Bus
Self Acceptance	15	33	Growing
Whispers	16	34	Prowling In The Dark
Inside	17	36	Empathy, Privilege, and Gratitude
Why I Used Play-Doh on Medical School	18	38	#MyCMAMedStudent
Ireland	20	39	Viewing the Eye with a Different Perspective



## Old Things

By: Alexandra Hildebrand

Artist: April Liu

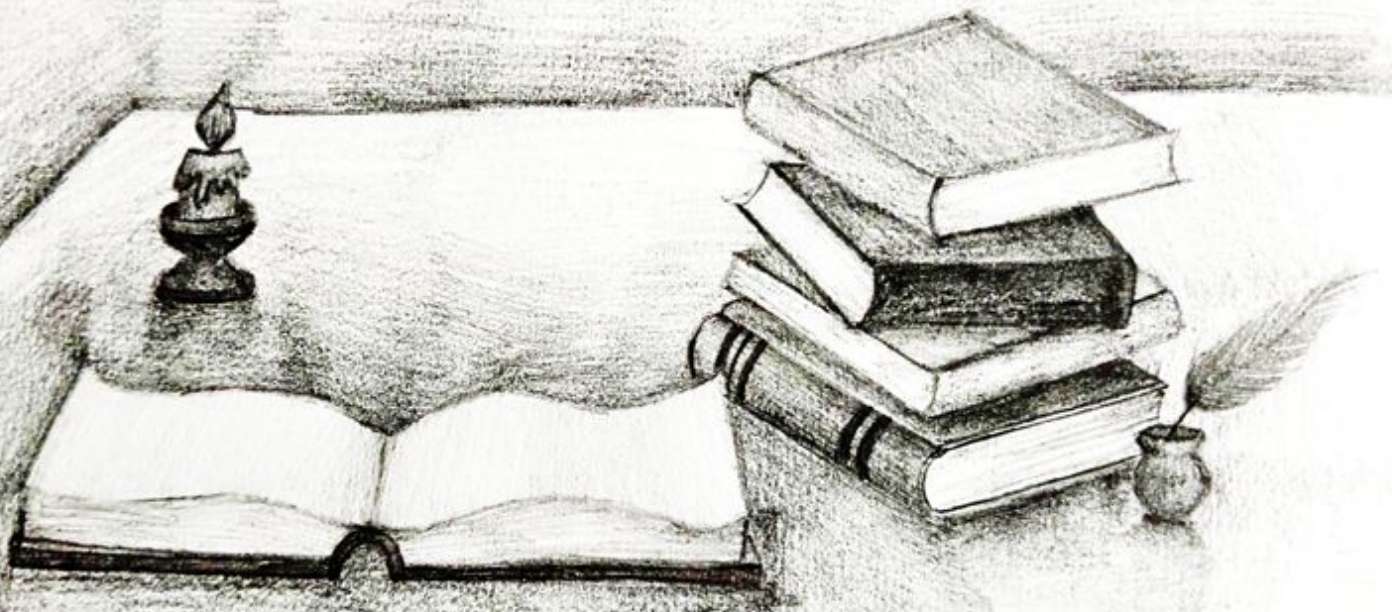
Old buildings, old things  
Where do they all go from here?  
They must go somewhere.

And what about us  
With our to-do lists, secrets, dreams;  
Do they all scatter

I like to think that  
They take their spirits with them  
And hold them safely,

After we are torn,  
Not down, but from each other  
To be somewhere else?

Away from piers  
Who try to know their meaning  
By tearing them down.





# The Calling

**By: Betty Huiyu Zhang**



# Pay attention

By:  
Chris Arsenault

“Ritalin robbed me of my  
love and wonder, and  
ultimately of myself.”

**W**HEN I was quite young, I was diagnosed with attention-deficit hyperactivity disorder (ADHD), for which I was prescribed methylphenidate (Ritalin). What it did to me has two stories. The first story is the one told by clinicians: I got better at paying attention. In some sense, I did; I could focus on a single thing rather than bouncing back and forth between multiple points of focus. My grades went up. It did what it was meant to do.

The other story, the one missing from clinicians' account, is the one I will tell here: I lost myself. This is because of a fundamental difference in ADHD, or at least in mine, seen from the outside versus the inside. Looking at me from the outside, I have trouble paying attention for long periods of time, so I have an attention problem. Looking at myself from within, however, what is most apparent is not my inability to attend to any one thing for a long time, but my deep desire to attend to everything at once. I love the world around me, and am constantly captivated and enraptured by its beauty. I am always shocked at how everyone around me lets the artistry of the everyday - artistry that bring me to tears - slip by unnoticed.

How could I ever focus on just one thing? Even as I write now, I am at once captivated by the music in this café, the feeling of the keys under my fingers, the lingering taste of coffee and chocolate on my lips, the soft pattern of raindrops falling in the puddles outside, the uncomfortable seat under me, the nagging of my sore back, the pastel quality of the grey-white light filtering through the clouds, the invigorating rush of my own breath. Each moment, pleasant or painful or both or neither or anything, is filled with the vigour, the wonder, the absolute presence of its own

precious transience. Each moment is full of itself and complete in itself, and leaves me with nothing more to want in life. I will never have this moment again, but it is a blessing that I did have it.

Breathe this moment in. Feel its movement as it fills and invigorates your body. It is here now.

Breathe it out. Feel its transience as it inevitably escapes you. It will never return.

Breathe in.

The river of time roars in my ears. My many minutes slip between my fingers as water, and I am forever grasping at these fleeting bits of beauty. My mortality, the shortness of my wonderful stay here, is always present with me, and it blesses my days with the drive to attend to the wondrousness of each and every bit of time while I still have it.

It's taken me much longer to write this than it would have taken most folks to do the same, because I stop often to attend to something else. That's what the medication sought to fix. It did its job. It took from me of the loveliness of each second, my love for these seconds, and my desire to take them all in. I went from drinking fully from the goblet of life, holding it with both hands and letting it spill from the corners of my mouth, to sipping through a thin straw. Ritalin robbed me of my love and wonder, and ultimately of myself.

I am constantly aware of the beauty around me, and constantly striving to take it all in. I feel my mortality flowing through me, it is always with me. It is always with you, too, if only you would pay attention - but you say I'm the one with the attention problem.

# July & August

*By: Veronica Stewart*

*Artist: Angela Li*

I hear them come in  
they've been here awhile already  
standing outside  
it's early but they're used to it  
I'm not.

They circle and hover  
near the foot of the bed  
one of them nudges me  
I'm already awake  
they ask me how I'm feeling  
I lie.

They poke and prod  
they look me over  
as if the answers they seek  
will reveal themselves on my skin  
I ask them when I can go home  
They lie.

Tomorrow.  
It's always tomorrow.

Now I stand outside the door  
I rub my hands together  
and I listen  
someone more senior than me  
is explaining.





I feel the weight  
the stethoscope around my neck  
we enter.

We hover at the foot of the bed  
I look down  
and I remember looking up.

We wake her  
we smile  
her eyes are kind  
but they've seen suffering  
I know.

But she's strong  
you have to be  
I want to tell her  
I understand  
I get it.

The divide between us  
isn't so large  
we're not really so different  
it's all time and space  
and science and luck.

But I don't speak  
I can't  
they're looking at me  
they don't know.

I'm on the other side.

So instead I ask,  
I ask her how she's feeling.





# Barbara Palvin

By:  
Kim  
Poung



## so she doesn't speak

I was at my first horizontal elective in an endoscopy clinic. I arrived before the physician, so I introduced myself to the patient, who was waiting on the bed, and settled into a corner of the room. Without warning, both the physician and nurse entered the room and began to prepare for the procedure, without acknowledging me or the patient.

As they started working, I heard the nurse mutter to the physician, "So, the patient doesn't speak English?"

The doctor looked over at me and replied, "No, I think she does." and, referring to me, said just assumed she was family. Flustered, I held up my badge and said I was the medical student watching that afternoon.

the patient and The nurse turned casually, "Oh, I here to translate." and explained that watching scopes

At that point, the patient spoke up and said, in perfect English, "Before I retired, I taught biology at a university in England for over 20 years."

The nurse shrugged and went back to her preparations. This encounter was a stark reminder that my ethnicity is part of my professional identity, whether I like it or not.

By: Rina Patel



# WhathaveIdone?!

*By: Prasiddha Prathasarathy*

*Artist: Alice X Lu*

The day before med school  
Was full of nervous excitement.  
In 24 hours, I would step closer to my dream,  
Ready to meet the class of 2022 – my forever team.

I was both excited and sleepy when the morning came,  
Note: the previous night's adrenaline was to blame.  
I couldn't believe I was meeting my future colleagues,  
Everything felt larger than life, a grand scene.  
(*What have I done?!*)

The fashion world was rocked as the sea of green rolled in,  
When the green backpacks were adopted as new skin.  
I have come to embrace the colour as the sign of determination it can mean,  
But the backpack is the [#campuscelebrity](#), it can be hard to go unseen.  
(*What have I done?!*)

With clinical skills, there was a humbling of my mentality.  
Because we became the medical meme: expectation vs reality.  
While facilitators navigated histories and exams with ease,  
To students, everything was dull to percussion, SOS please!  
(*What have I done?!*)

But looking back weeks later, even memes aren't stagnant.  
They reflect the times and how things have changed.  
Who says the "reality" - half of the meme can't improve?  
Make its way to the expectation side of the page?

The questionable percussion is a starting point for improvement,  
We're investing the future into refining our skills.  
We still have lots of time to perfect our craft,  
But I hope we have each other and reasons to smile, still.

"What have I done?" fails by presuming we have reached an end.  
But this is the beginning, stay tuned for updates – the best is still ahead!

InstaKilo



Liked by McDorad\_199X and others

newstudent - Starting new chapter! #preparing

View all 33 comments

Art by Alice Xu

# Overthinking

By: Kay Wu

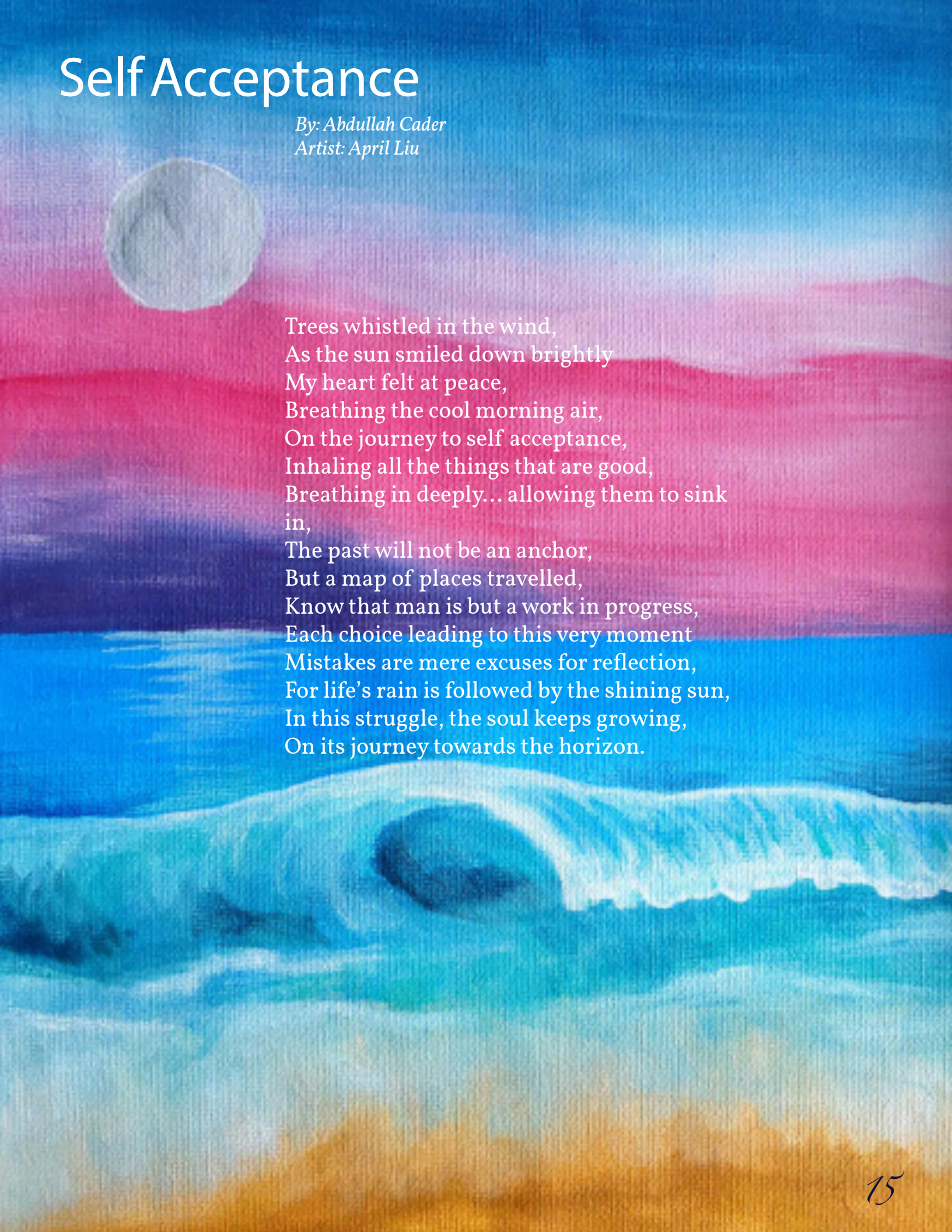




# Self Acceptance

*By: Abdullah Cader*

*Artist: April Liu*



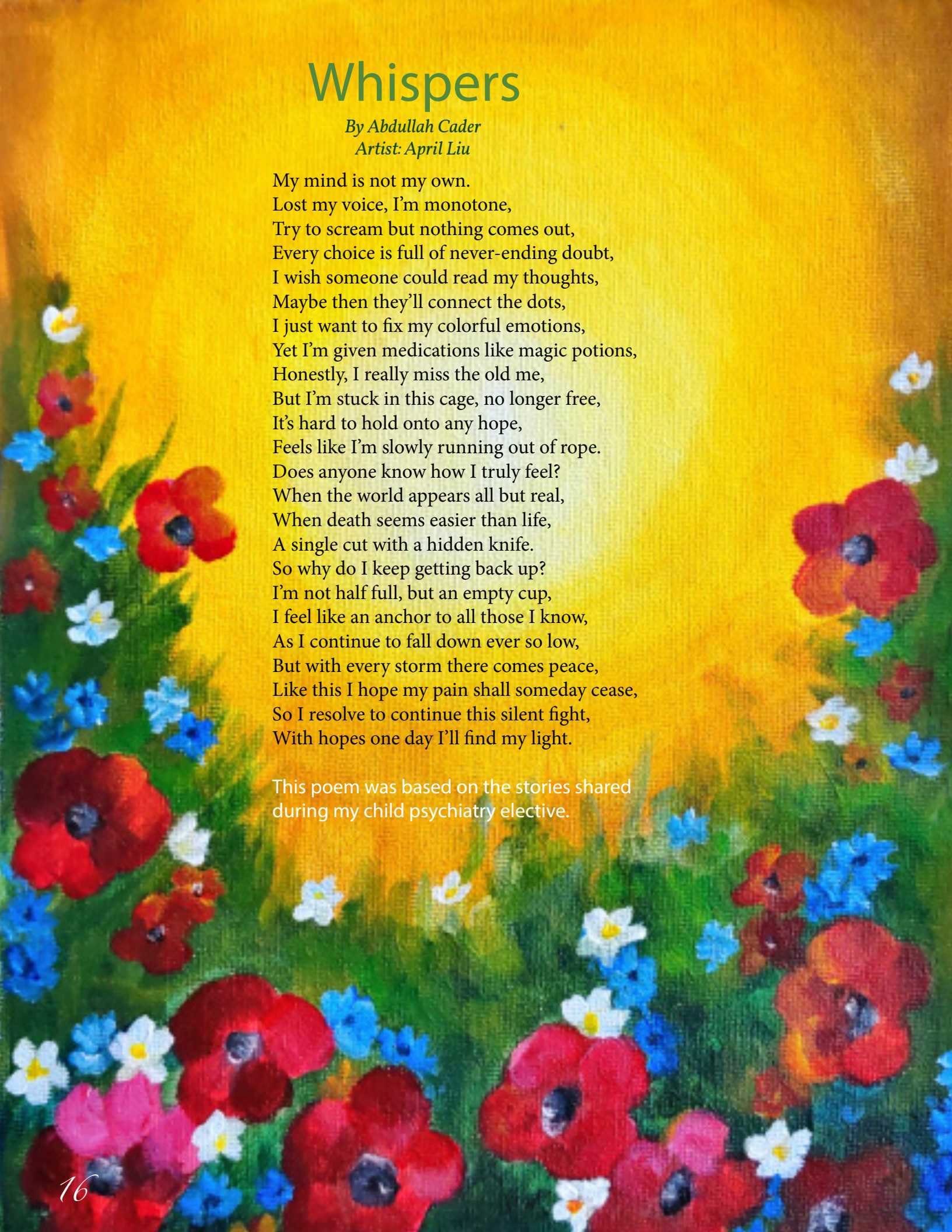
Trees whistled in the wind,  
As the sun smiled down brightly  
My heart felt at peace,  
Breathing the cool morning air,  
On the journey to self acceptance,  
Inhaling all the things that are good,  
Breathing in deeply... allowing them to sink  
in,  
The past will not be an anchor,  
But a map of places travelled,  
Know that man is but a work in progress,  
Each choice leading to this very moment  
Mistakes are mere excuses for reflection,  
For life's rain is followed by the shining sun,  
In this struggle, the soul keeps growing,  
On its journey towards the horizon.



# Whispers

*By Abdullah Cader*

*Artist: April Liu*



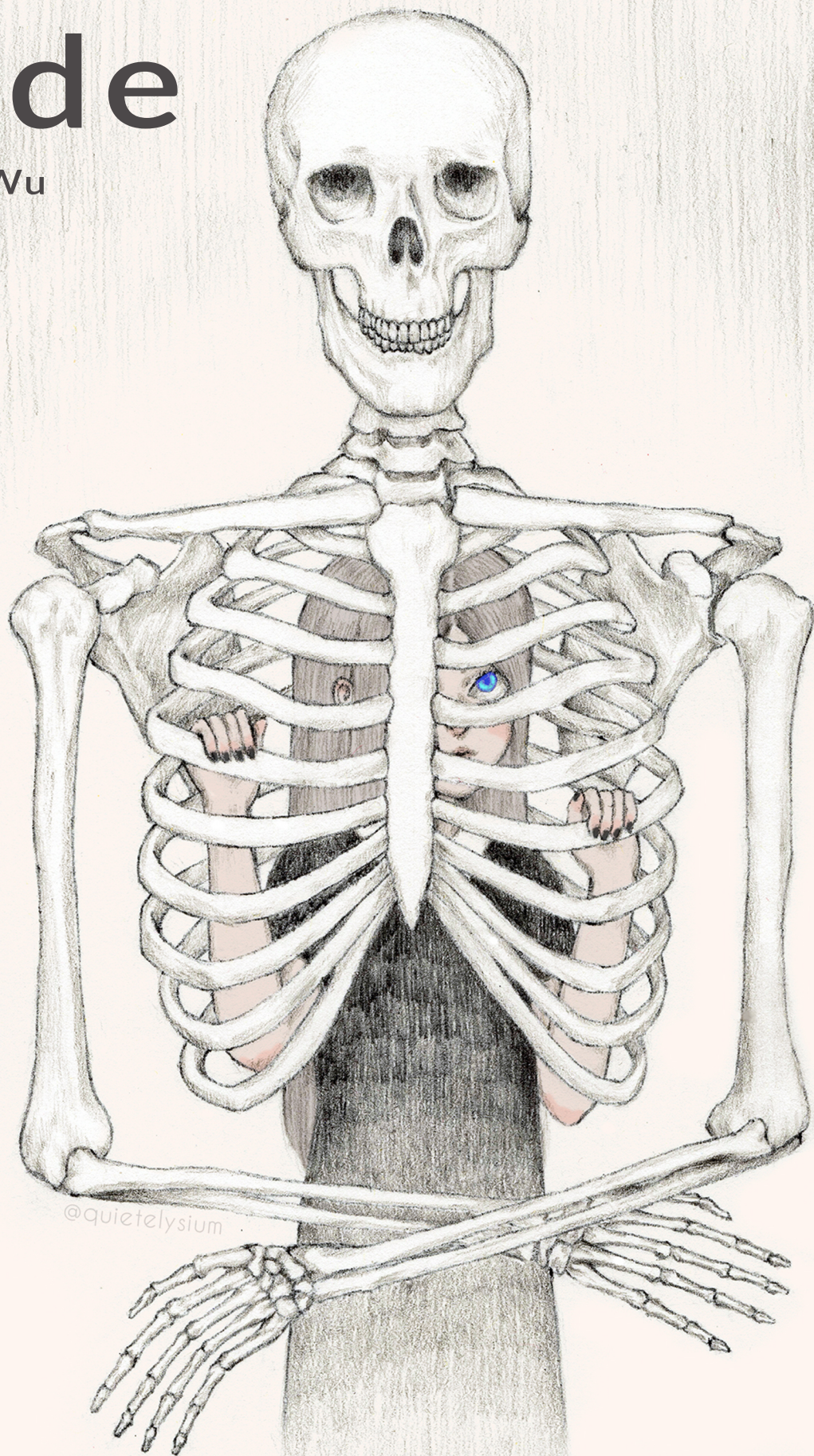
My mind is not my own.  
Lost my voice, I'm monotone,  
Try to scream but nothing comes out,  
Every choice is full of never-ending doubt,  
I wish someone could read my thoughts,  
Maybe then they'll connect the dots,  
I just want to fix my colorful emotions,  
Yet I'm given medications like magic potions,  
Honestly, I really miss the old me,  
But I'm stuck in this cage, no longer free,  
It's hard to hold onto any hope,  
Feels like I'm slowly running out of rope.  
Does anyone know how I truly feel?  
When the world appears all but real,  
When death seems easier than life,  
A single cut with a hidden knife.  
So why do I keep getting back up?  
I'm not half full, but an empty cup,  
I feel like an anchor to all those I know,  
As I continue to fall down ever so low,  
But with every storm there comes peace,  
Like this I hope my pain shall someday cease,  
So I resolve to continue this silent fight,  
With hopes one day I'll find my light.

This poem was based on the stories shared  
during my child psychiatry elective.



# Inside

By: Kay Wu



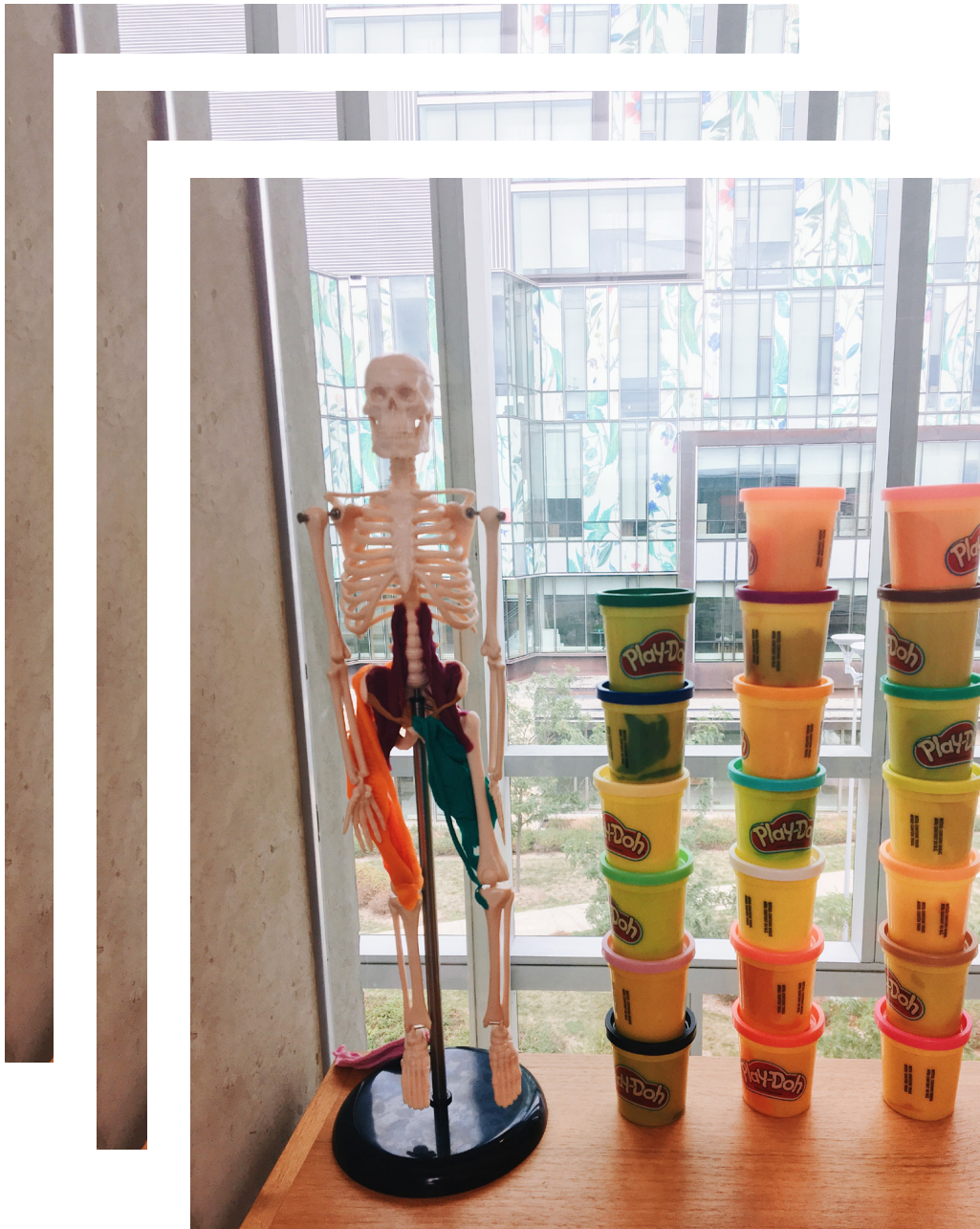


why i used


# play doh

in medical school

By: Adhora Mir







**T**HERE IS a great deal of controversy surrounding the classification of individuals based off their learning styles into the widely known categories of verbal, auditory, literary, and kinesthetic learners. Recent studies suggest that instruction with a single preferred method is not associated with improved objective outcomes<sup>1,2,3</sup>. A truth closer to reality may be that we need to utilize a variety of methods in order to learn effectively.

I have always thought of myself as a visual learner who found it difficult to follow along with content while listening to a lecture, but much easier to comprehend when reviewing presentation slides. However, reflecting back, the learning techniques that were most useful in my undergraduate studies were a combination of writing notes, rewriting quicksheets using keywords, clustering information into meaningful categories, and rehearsing information out loud as though I was teaching it. These strategies were useful in learning information for the first time, although much of it would fade away after a period of time. As a medical student, I am constantly attempting to retain information for long periods of time, and to my dismay, the strategies used in undergraduate studies are suddenly not enough.

I've since discovered new strategies that have been useful in my retention. The first is embedded within the McMaster curriculum, and that is associating information with real people and situations. I've found that this was especially effective when I experienced

the case in a clinical setting as a part of the patient's healthcare team. The second is synthesis, for instance synthesizing mnemonics. Personally, while learning the musculoskeletal system I was overwhelmed by learning much of the anatomy for the first time. To my surprise, a strategy that was useful was using Play-Doh to map out the origin and insertion for muscles onto a small skeleton. Then, when in the anatomy lab, I was able to orient myself to muscles and overlay new details onto my existing knowledge foundation. As someone who enjoys creating Powerpoints, I've also found it useful to create Powerpoints of information from previous Medical Foundations as if I was teaching it. This allowed me to revisit what I had previously learned.

With many strategies discovered, there are many more undiscovered. In addition to the strategies I have used, there are still others that I would like to incorporate further into my learning. I would like to consistently test myself on knowledge retention, whether through flashcards or participating in group tutorial without any notes. I have also noticed that group discussion occasionally introduces questions which transiently throw everything I know into turmoil. I would like to use this more often as a medium to challenge the depth of what I have learnt.

Memory seems to be a "use it or lose it" phenomenon and only time will tell which, if any, of these strategies will be effective. Until then, I will keep learning how to learn.

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By:  
Candice  
Luo











# *Bending Time*

By: Yu Fei Xia

The flow of time is very relative during summer electives. Like the homunculus, this body of time has been disproportionately stretched to emphasize odd places so that, on reflection, it forms an odd caricature.

Sometimes the series of events in a day flash past like an angry flock of pigeons, so fast that there is no time to understand even half the things that are going on. Yet despite these mass migrations of knowledge and people, days are also endlessly long. It's as if you are stuck in a turbulent traffic jam, with incidents and exchanges happening all around while you crawl along at a snail's pace towards the next intersection. You can barely see the sky through the windshield. It's cloudy and tinged off-yellow from all the smoke and exhaust. A trip that was supposed to take two weeks can stretch into two months, or even two years if you're being really dramatic.

Stretch something too much and it tends to break or become distorted. Summertime is no different. Memories engraved in stone tumble and pile up with raw emotion as often as they smudge and erode into boredom and banality. In the end, you can barely distinguish one rock from the next. 7:15am teaching. Three-hour rounds. How long did that patient have hyperacute T-waves? How many seconds do you take to check the pulse between rounds of compressions? What deserves your time, lunch, or afternoon teaching? Amongst these piles of broken and distorted experiences, what is left of the image of yourself?

My answer to all of this madness is that I've decided to learn how to bend time, so to speak. At first, I did it without realizing. For example, after being aurally pelted by many an early morning alarm, my mornings seemed longer and 6am was not such an atrocious time. With practice, I've had varying success. Sometimes I could pull my attention away from mindless circling during rounds and learn something useful. Other times, I had to rely on patience. Eventually, when those two years in that ICU elective finally did end, I emerged from the wards on the last day shocked at how fast it all flew by.

Bending time was most important one morning on a bus to the hospital. I looked out the window and saw sunlight through a wispy blue silkscreen of clouds. The breeze was soft on my cheek, the city sounds were sleepy and hopeful, and flowers lined the roadsides where I travelled. On that morning, for a split second, I stretched time into beautiful infinity.

# *Night Sink*

By: Michael Sun






# Troika

a modern cento

By: Quinten Clarke  
Artist: Michael Sun





everything is free now  
that's what they say,  
she is blonde and barefoot  
a child of paradise  
in a frangipani lei  
and she does not  
understand  
why she cannot  
go to the beach,  
that this might really be  
the real end,  
the cancer [has] taken  
both of her breasts  
and I imagine wherever  
cancerous breasts  
get thrown  
two of them  
mourn their  
lost body,  
someday she might  
replace whatever of her  
[has] gone away  
by some prosthetic device  
a dress  
of a certain colour  
a phrase in a letter  
another  
lover

\*

illness is the night side of life  
a more onerous citizenship,  
I won't be here next spring.  
in whatever kind of a race life may  
be  
I have very abruptly  
become a  
finalist

\*

if I were an angel  
of the Lord  
I would mark the doors  
of each of my children's  
homes with an X  
so that plague  
and misfortune  
would pass  
over them,  
then the edge  
asserts itself  
you are not a god  
you are not that enlarged  
self,  
in the end we had the pieces  
of the puzzle  
but no matter how we put them  
together  
gaps remained  
oddly shaped emptinesses  
mapped  
by what surrounded them  
like countries  
we couldn't name

# AUTHOR'S NOTES

Please note that each of phrases in this poem have been sourced from other literary, poetic and lyrical works. This is typical for a cento. Minor grammatical and tense changes may have been made to the original text.

1. "everything is free/that's what they say" is from the song **Everything is Free** written by Gillian Welch and David Rawlings. I am partial to the Sylvan Esso/Flock of Dimes live cover.

2. "she is blonde and barefoot" to "go to the beach" is from Joan Didion's essay **In the Islands** found in her 1979 essay collection **The White Album**. An essay on her and her husband's trip to Hawaii at a particular fragile point in their relationship, it is one of the clearest examples of honest writing that I have ever read.

3. "that this might really be the real end" is from Tim McGraw's song "**Live Like You Were Dying**" written by Tim Nichols and Craig Wiseman. Banal, saccharine, and cliché, it offers little new to the genre. An appropriate alternative would be Regina Spektor's **Samson** or **Laughing With** but unfortunately those songs didn't have the right words.

4. "the cancer [has] taken" to "lost body" is from Shane L. Koyczan's poem **Visiting Hours** found in his 2005 poetry collection **Visiting Hours**. An early work from a widely celebrated Canadian poet, this poem and indeed this collection is one of my favourites.

5. "someday she might" to "lover" is from Thomas Pynchon's 1966 novel **The Crying of Lot 49**. A truly complex postmodern novel exploring the chaos of the 1960s through metaphor.

6. "illness is the night side of life/a more onerous citizenship" is from Susan Sontag's 1978 book **Illness as Metaphor**. Written while Sontag was undergoing treatment for breast cancer, it is a criticism of the way that metaphors have come to define the illness experience for patients. It, and its sequel **Aids and its Metaphors**, are worthwhile reads for anyone entering healthcare.

7. "I won't be here next spring" is from Renata Adler's 1976 novel **Speedboat**. A truly unique experimental novel that is difficult to classify. Adler's use of grammar is inimitable and memorable.

8. "in whatever kind of a race life may be" to "finalist" is from Christopher Hitchens' **Mortality**. Written while he was dying of esophageal cancer, it is some of Hitchens' final work. It is clear-eyed despite the period of his life in which it was written.

9. "if I were an angel" to "over them" is from Mordecai Richler's 1997 Giller-prize winning novel **Barney's Version**. A quintessential Canadian novel and a seminal meditation on aging, it is a worthy read.

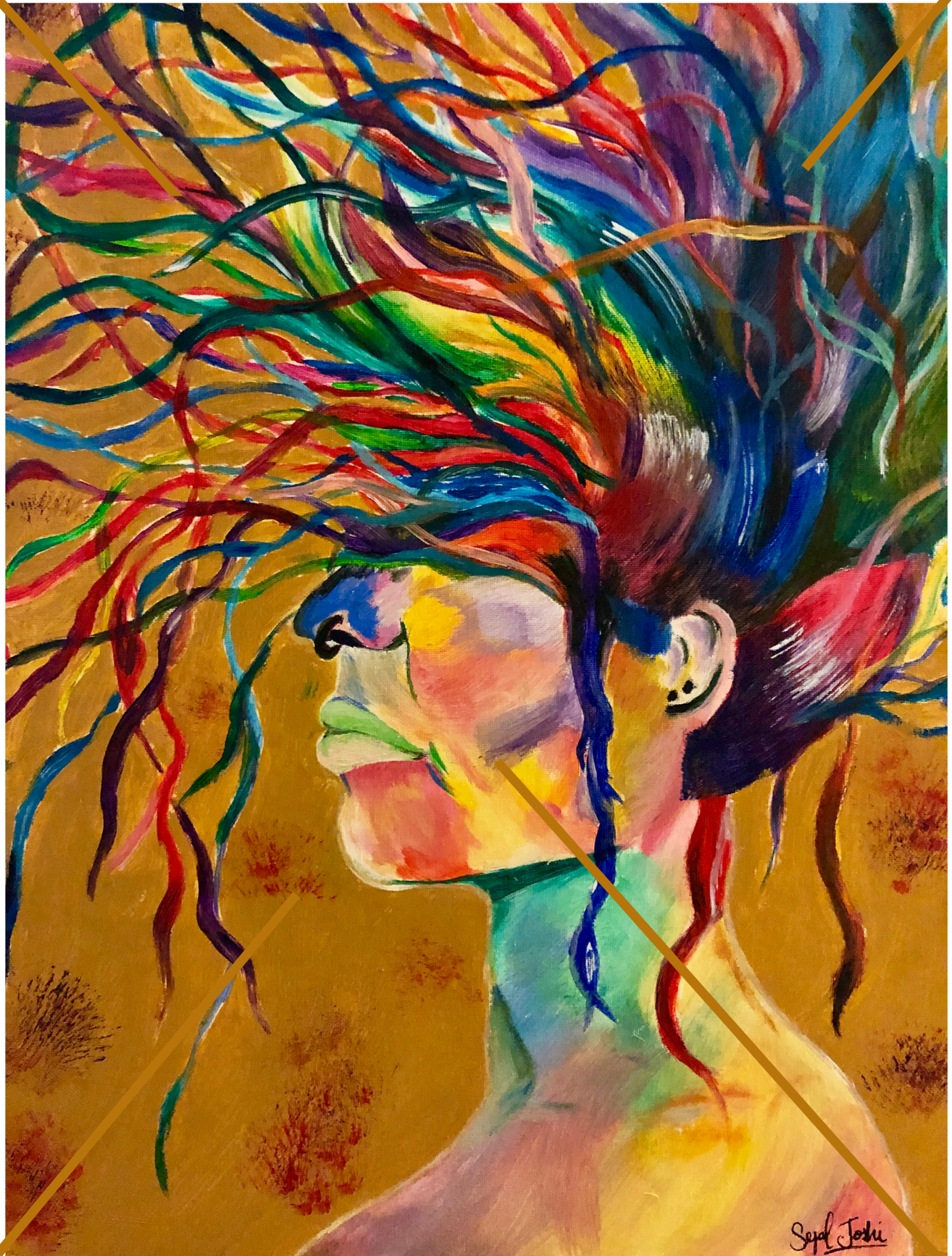
10. "then the edge" to "self" is from Anne Carson's 1986 **Eros the Bittersweet**. Quite possibly the most beautiful academic text ever written, Carson explores erotic love and Sappho's poetry.

11. "in the end we had" to "countries we couldn't name" is from Jeffrey Eugenides' 1993 novel **The Virgin Suicides**. A devastating novel that mediates on the limits of understanding, empathy, female identity, and suburban isolation.





# Freedom & Chaos



By: Sejal Joshi





# Have Feet, Will Travel

## Surviving medical school without a car

By: Sarina Lalla  
Artist: Michael Sun

Before medical school, I lived in downtown Montreal, where everywhere I needed to go was completely accessible by foot or public transit. In those years, I found myself making active efforts to get outside and be active: it kept me physically well in between long hours of sitting and studying. I found stress relief in



the activity of walking, with music playing in my ears, to where I needed to go. In fact, it is known that populations living in urban settings tend to be healthier than those in suburban populations due to a lower reliance on cars for transportation. Moreover, it is an inexpensive and great way to explore the city in which you live.

When I moved to Hamilton to begin medical school, I was determined to preserve this lifestyle. I knew that the stress of my studies would challenge me and, due in part to the prospect of no significant vacation for 3 years, would require practicing wellness. I also recognized that the costly bills from my studies, on top of rent, travel requirements, CaRMS, insurance (I can go on and on...), were high enough without purchasing a car. Buying a car is not that expensive in the long run. What is expensive is the insurance (particularly in the age group of the average medical student), gas, repairs, tires, maintenance, and parking (particularly in Hamilton where it is rarely free and often quite expensive at local hospitals where we are expected to work). This is not to mention the implications that single-occupancy vehicles have on our already disintegrating environment. Additionally, having a friend who suffered a concussion in a serious collision caused by a staff doctor driving after a call shift, I did not want to risk driving early in the morning or late at night when I am extremely tired or sleep-deprived.

All of these factors were extremely important to me, so I remained adamant about not purchasing a

vehicle. I will be graduating in 9 months' time and I can proudly say that I am one of the few people in my medical class that has not had a car during medical school.

I know that a car can be seen as a necessity for many and that my choice is not possible in some contexts. The way that our program is set up, with many placements in community or rural sites, sometimes makes car ownership necessary (particularly if you are based out of a regional site). In fact, the program made us sign a waiver that said we would have access to a car to reach placements (which I can always rent if needed, I have a license). In my case, like most medical students, I live downtown, close to all major bus lines, and within 30 minutes of any of the HHS and SJH centers, either by foot or by bus. If I am in a pinch, pressed for time or leaving work late, I use taxis and Ubers; the cost is never more than \$15 per way for all of the surrounding hospitals, which is cheaper than most hospital day parking costs. When I finish a shift extremely late and have to come back very early in the morning, I get a call room and sleep at the hospital.

I am cognizant that my choice requires some work, but this has taught me how to be a more responsible adult. I am more punctual and organized now that I rely on public transit itineraries. I have gained significant lower body strength from long walks, often walking an average of ten kilometres three times a week. It keeps my sleep schedule, heart health, and weight in check (this is a personal choice as I could very

well take a bus instead of walking). I know the city of Hamilton very well, having wandered as far as Stoney Creek, Ancaster and Dundas, up the mountain and near the waterfront, for work.

I have also successfully been able to travel outside of Hamilton on numerous occasions for placements and electives. When ranking community sites, I specifically research which sites have available housing and which are accessible by public transit, which is many of them if you are flexible.

I lived in Newmarket, north of Toronto, for a month on my obstetrics and gynecology rotation, and got there thanks to a bus to Toronto and a train ride. Mac-CARE paid for my housing accommodations in the community for the month.

There is an Ontario clerkship travel grant for any elective 100 km from your home campus at another Ontario university that pays for housing and travel expenses which I intend to use in the Spring. During electives, I used trains, carpooling, and buses to reach communities as East as Quebec City, and as South as Niagara Falls. Most people fly to electives outside of the province anyway.

This has been my experience so far without a car, and I hope that sharing it will inspire other people to consider this lifestyle if they are unsure about purchasing a vehicle. Further, I hope that sharing it has dispelled the pervasive myth that you absolutely need a car.



# woven fibres

by:adib shamsuddin

“Red would be nice,” I thought, and placed the yarn in my shopping bag. I perused the aisles of the department store, looking for colours to suit the occasion. Adhora, Xinxin, Laura, and I were crocheting dolls for significantly underprivileged children, and it was necessary to choose a cheerful color. I loved to crochet: I learned from various YouTube grandmothers in order to participate in a high school club where we made mats from milk bags. The videos made it seem deceptively easy as my clumsy fingers could only construct disfigured clumps of plastic; I always felt a little sweaty afterwards from the elaborate handwork. Over time, though, my parents received various hats, scarves and shawls— each successively less terrible. It was a relaxing hobby, but also time consuming, and, after making enough lace doilies to cover every tabletop in my house, I put away my hook for a good while.

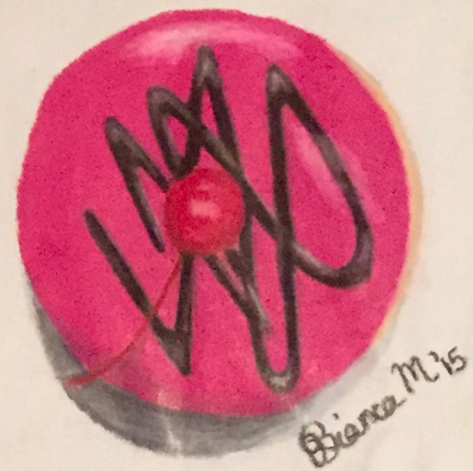
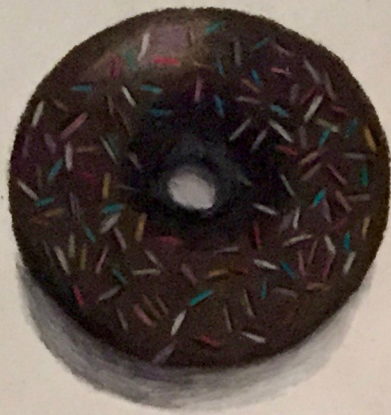
In September, after crawling away from a particularly exhaustive tutorial, Adhora mentioned starting some kind of community outreach project. We had begun to feel somewhat removed from real people; tutorial prep necessitated hours of staring at blue screens that were no doubt causing some sort of degenerative oculopathy and probably not enhancing our connectedness to others. Xinxin suggested crocheting hats, to which I recalled the poor efficacy of my mom’s hole-laden toque at keeping out the gusts of the Windy City (Wind-sor). Laura remembered that her aunt in BC crocheted “Izzy Dolls”, and a quick internet search revealed a program through Health Partners International of Canada, wherein community-made dolls were used in lieu of Styrofoam packaging to ship medical supplies. It was a triple win: healthcare, the kids and the environment. Reading the stories about how these dolls put smiles on the faces of underprivileged children put smiles on each of our faces. And so, our Waterloo Regional Campus initiative was born.



The production of Izzy Dolls carries layers of wellness. When taking breaks from studying, we sat in the common area, hooks in hand and yarns at bay. At first, we listened to music and spilled some tea while drinking hot chocolate. As we increased in skill, we watched shows like *Diagnosis* and the hit Korean drama *Vagabond*, although, I will admit we had to take breaks during more complex maneuvers. Reliance on our dorsal column proprioception was inadequate and visual necessity made it impossible to read the subtitles concurrently. We look forward to organizing a day when we share this skill and project with our classmates whom we otherwise only see on videoconference. Crocheting is a great craft. It’s a nice way to produce articles to adorn your home, but it’s a lot more rewarding when you weave something for others.



# DONUTS



Bianca M15

By:  
Bianca McLean



# BARTON BUS

KATHLEEN HUGHES

I rode east on the Barton bus, with Gem  
the spectre of *professionalism* newly hitched to my heart

Past Hamilton Strip, Mary Street, The General  
A town of Catholics

Hair fresh-dyed  
washed  
hiding lavender wisp

*You can tell a lot about a place by its bus ads*

I saw myself, tattooing my ankles  
spilling secrets into zines

The wide rectangular ads  
hung over us

*Pornography hurts*  
and a sketch of a weeping child

*They will hate me*



# *Growing*

By: Charlotte McEwan





# Prowling in the Dark

By: Anonymous  
Artist: David Shin



*Written November 2018.*

The reality of medicine somehow hits me every time I walk on the wards. Some poignant moment will trail just behind the thoughts of which bus to take back to campus and whether I should buy lunch or wait until I get home to eat. Kind of like the neighbourhood cat following you home at night: you don't realize it's followed you until it wraps around your legs and meows for food. And then sometimes it feels like I'm Pi, sitting in a rickety boat, thoughts consumed by the tiger prowling before me.

I went to the pediatric intensive care unit on Friday at McMaster Children's Hospital for a four-hour horizontal. It was my first time in any sort of ICU and I was surprised at the small number of beds available (only around 10-12 I believe). I was grateful to be able to observe a few hours of the hustle and bustle of the staff, but it was also one of those experiences that sent me back to the boat.

One pre-teen boy's past medical history and presenting concerns listed during hand-over were overflowing with medical terms; some, I had slowly become acquainted with in our first medical foundation, but others were still unfamiliar. (New terms are no longer medicalesse, just unfamiliar at the moment. It's the difference between seeing and knowing that a word is in French yet not understanding it, and seeing a word in a language that you don't even know the name of. What an interesting transition in perspectives between what I now consider jargon and what used to be. Education is powerful—and learning comes fast!)

Back to the boy: I asked the resident I was following about his history and she responded that he had spent more time in the hospital than not throughout his life. As I looked back through the giant glass window, I saw a poster that said “Sam’s\* Nail Salon”. I looked past the sign and saw several nail polish bottles laid out on the bedside table. I later overheard two nurses talking light-heartedly about having to book an appointment at the salon soon. Then it clicked why I had seen so many nurses with the same glittery silver nail polish.

I feel a jumble of emotions about this experience and I’m not quite sure what exactly they are. Awe, sadness, compassion, humour, and many more indescribable, heavy feelings. I wonder how he started his nail salon. I wonder how he feels. I wonder if resiliency is something we can ever understand without trials by fire.

Another case that day also made me pause. It was a baby girl, barely a few months old, brought in for seizures and head trauma. Her abdomen was twitching in random phases and her hand rhythmically contracted as if she were squeezing someone’s invisible finger.

Listening to the case presentation during rounds and consultation was hard because it was clear that there was nothing much to be done. Her mother was only twenty-two—just one year older than me—and had disclosed her mental health issues to her social worker. The gist of it was that she was already on the precipice and any bad news about her baby would easily blow her over.

I realized how complex care can be in pediatric patients—how much teamwork and coordination it took to bring together people from all professional backgrounds to work towards helping one child and one family. I truly appreciated being able to see that collaboration.

I watched quietly as the team discussed the case and further steps. The most feasible option, based on her prognosis, would be to withdraw care. It was disheartening to listen to the entire discussion and realize that these conversations happen all the time whether I hear them or not. I can’t help but think about how fortunate I am to have experienced twenty-one years of life when this baby girl most likely wouldn’t even make it to one.

I don’t know if I’m suited for a career in pediatrics if I’m going to be treating sick children day in and day out. That’s okay; there are lots of other specialties out there. Now I wonder about how much more familiar I’ll become with mortality and sickness throughout my education and career. It seems so removed from my daily life as of now, and I hope clerkship will show me more of these realities in medicine. I don’t want to shy away, because death is inescapable, but I also don’t want to be overwhelmed by the heaviness of my emotions and thoughts.

I hope that there will be someone experienced nearby when I have those moments and that they will be able to walk me through their experiences and thoughts. In the meantime, I’m glad to have the chance to attend horizontals and prime myself during those few hours for the experiences that await beyond textbooks and tutorials.

What an honor and privilege we have to sit and dwell in the discomfort, to be reminded so clearly of our mortality and humanity. But the dissonance between those moments and the rest of my daily life resounds deeply. Too often, deliberate forgetfulness, not reconciliation, is my respite.

But some nights, walking back from the bus stop, I still feel those watchful eyes behind me, glowing in the dark. Only time and experience will tell how close of a friend it’ll become.



By: Sarah Kimber

# Empathy, Privilege and Gratitude:

## Lessons Learned from My First Patient History



The first months of medical school are exciting. We are taught physiology and anatomy, terminology and pharmacology. We spend hours poring over books and articles, learning material that we will someday understand well enough to apply to patient care. Perhaps most thrillingly, we begin to learn our clinical skill set. These are the techniques that will take us through the practicalities of meeting with patients: the conducting of a physical examination and the taking of a history. There are acronyms and mnemonics to help us remember what to ask our patients, and scenarios to help us practice when best to ask which questions. There are, however, skills that can't be memorized or rehearsed, that we only learn through experience: listening, providing comfort, understanding what the patient is saying when they squeeze your hand or cast a sideways glance. The earlier in our training we start practicing these abstract skills the better, both for us and for our patients.

I saw my first patient only 15 days after starting medical school.

During this visit, I had no responsibility to diagnose. I had no responsibility to treat, or even examine the patient. My knowledge and abilities were not yet up to any of these tasks. I did, however, have other responsibilities, both to the patient and myself. I owed the patient kindness, empathy, and confidentiality. I owed them gratitude for giving me the opportunity to learn. I owed it to myself to be prepared, so I could take full advantage of the opportunity, and forgiveness should I fumble my approach. It was, after all, my first time.

My job was to take a history from a patient in a stroke rehabilitation unit. It was doubtful that anything earth-shattering would come from this. The patient had been asked these questions time and time again by residents and physicians with knowledge and skills far exceeding my own. The purpose of my task was to practice asking the questions I had so diligently studied, in the order in which I had so diligently studied them, to utilize my communication skills and begin adjusting to this new relationship dynamic.

From my point of view, things went well and the experience was immensely gratifying, but there were a few glaring adjustments that I quickly realized I needed to make. I had to adjust to the idea that this was not really a conversation at all, not in the traditional sense of the word and the way I was used to experiencing communication. When speaking with friends, family members, or colleagues, conversations tend towards equal exchange. Those conversations are as much about me as they are about you, and it is often appropriate to share stories or thoughts from my own life experience.

A consultation with a patient is different; it is not about me at all. Rather, I must find ways to relate and to empathize with patients without actually sharing any of my own life, without making the conversation about me or assuming my experience is the same as that of the patient. It is about actively listening and trying to understand through their words, not mine.

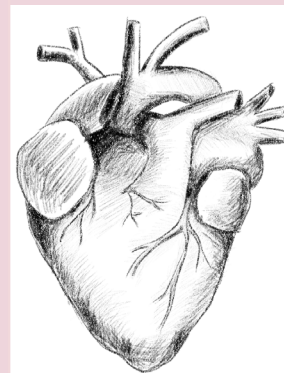
I was also struck by the amount of privilege suddenly bestowed on me by my medical school acceptance letter, ID card, and the stethoscope around my neck. In my experience as a new medical student, I had often been told of this privilege: told to be aware of it, to be respectful of it, to use it for good. There is, however, no way to fully understand this until it confronts you; until a patient many years your senior, with so much more life experience, puts their story in your hands, with all of their joy, pain, heartache, and worry.

I was suddenly privy to an extraordinary amount of personal information. This patient was happy to tell me about their bowel movements, sexual history, and family difficulties. They told me that they were afraid of growing older, and of what might happen to them next. They had absolute trust in me. They trusted that I would keep their information safe, and use it only to benefit them. They trusted that I knew what to do with it.

It seemed much harder for me to ask these questions than for them to answer. I had to adjust to the fact that collecting this information is part of my job, and that doing it properly is necessary for me to determine how best to help the patient. It is a true privilege, and one that hit me much harder than I had expected.

Lastly, while it may sound trite, the truth is that I experienced profound gratitude. I felt so incredibly fortunate to have had this experience at such an early point in my training. I worry that as my medical knowledge increases and I start interviewing patients with the goals of diagnosis and treatment at the forefront, some humanity and empathy will be lost. Add to that the inevitable time constraints under which all physicians seem forced to operate, and I imagine that it will at times be difficult to remember that I am speaking with a whole person and not just an illness.

It was of huge benefit to have had this conversation without any of those constraints; to learn what it felt like just to talk to a patient who was vulnerable and scared and looking to me for help. I tried to take note of what about my demeanor made the patient more or less comfortable, and what made me a more or less effective interviewer. The lessons I gained in communication through this one simple encounter are ones that I hope stay with me, even as time constraints and the demands of medicine get in the way. Onward.



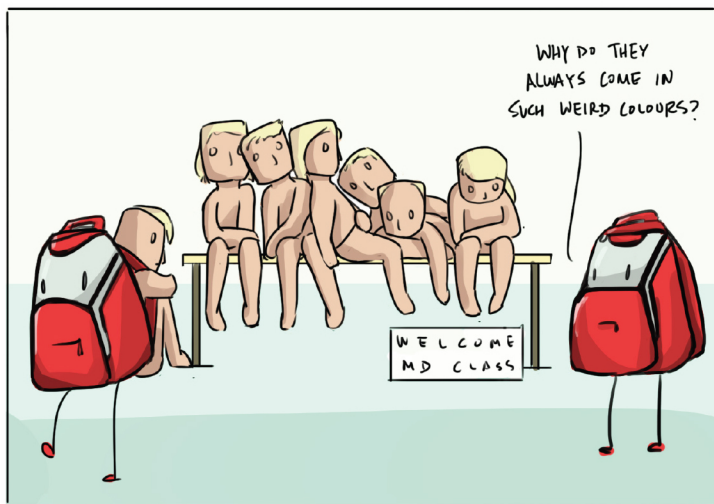


## #MyCMAMedStudent

The truth of the matter is, some backpacks are luckier than others. The ones made with silver spoons in their pockets get the truly dedicated: hikers, intrepid travellers, excited elementary school children on their first day. The less well-off get paired with businesspeople, disengaged seniors, and the ilk. But the truly unfortunate, bottom barrel scrapers get the worst of the worst: medical students. You get a certain kind of look when you're built for hiking and yet are wearing a cushy, sedentary student who certainly doesn't need all your straps to get to the library. Here, we've gathered a few opinions from backpacks in our cohort, paired with this year's incoming class of med students to see what they think.

### ■ Ninja Turtle Green (2022)

I love wearing my student! I think getting a med student is a privilege. And why not show it off? I love when others start whispering in the hall because they've noticed the white coat on my student. I even love it when other backpacks move out of the way because they don't want to get hit by the stethoscope. Look: there's only two hundred of us that get to have a med student in all the thousands of backpacks on campus here, so why not? I worked hard to get here, and I certainly think I deserve to flaunt it a little. I don't see what the fuss is about.



### ■ Scotiabank Red (2021)

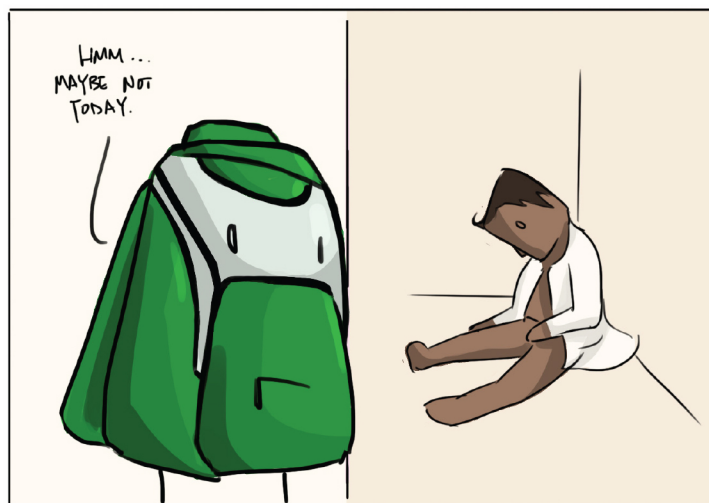
Here's the thing: I never thought I'd be a med school backpack. All the way through the assembly line, I thought: this is the end for me! I'm going to end up as a high schooler's neglected bag, I'm going to get dirt stains all on my pockets, it's going to be a miserable time, but I'm resigned to it. But then, I saw a backpack get a CMA stamp ahead of me, and that's when I started to get my hopes up. I still think it might be a mistake. But that's why I wear my student, because I can't exactly stop and stare at that shiny, beautiful caduceus logo every time I get insecure, so I might as well have something to reinforce that I'm finally here, you know?

### ■ Green With Envy (2022)

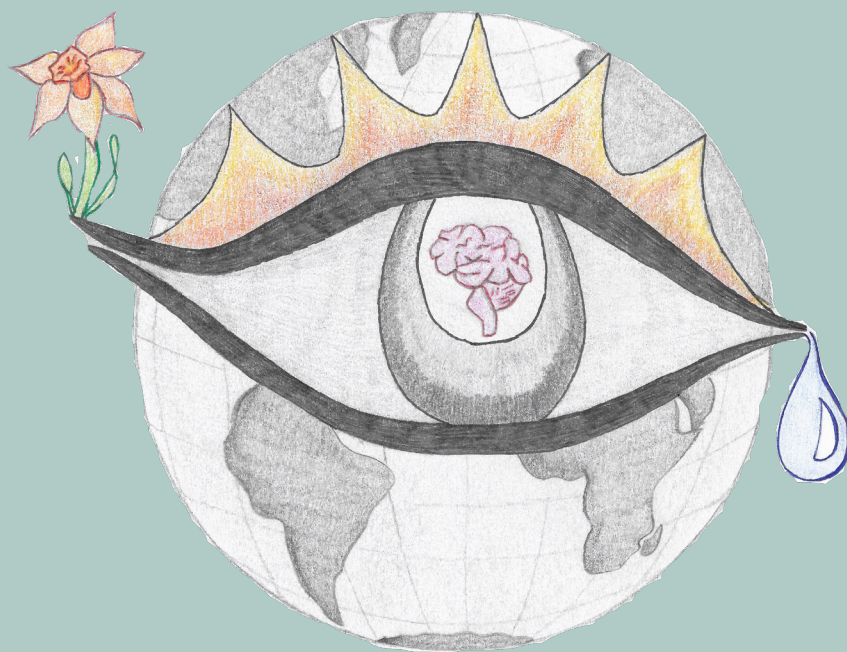
I'm... conflicted. I've always been conflicted, truth be told. I feel so conspicuous. People say I'm not olive, that it's more of a... forest colour, but I look in the mirror and I still just see Shrek. I'm hesitant to wear my student. I feel like I'll stand out too much, you know? You take one look and you know that I'm a med school backpack! If I don't wear my student, at least I'm just a backpack—I could be getting ready to go for a trip to Europe! I might not even have a student! Sometimes I wish I could. I see all these backpacks hanging around, students in tow, and they look so cool. But I just don't know...

### ■ Two Shades Shy Of Neon Orange (2020)

Honestly, it's been so long, I think I lost my student.



By: Tony Chen & Marina Liu



# Viewing the Eye with a

*By: Gaurav Talwar*

**Our eyes** express, represent, and guide us.

They project the image of our past experiences, our present, and our future ambitions. During each blink, we are reminded of the importance of stopping to reflect on our actions. Thus, as we gently open them to observe our surroundings, we look with a refreshed perspective. Bridging the gap between idealism and realism, the eyes guide us through our goals. When we look deeply, our eyes have much to shed light on. Our eyes show that as individuals, we need to be a complete system. The tears remind us of the importance for humans to be able to confront reality and to accept a loss. However, as we wipe our sorrows away and the eyes glimmer red, we gain a new motivation to attain our goals. Thus, we are reminded the importance of being able to maintain a balance between a defensive and an offensive mindset. However, we must remember that we also have our conscience, our inner eye. It is this eye that defines our morals and ethics. It is how we use the two together that determines our perspective of the world and the world's perspective of us.

Different Perspective



What thoughts keep  
you up at night?  
What are the things  
you see while the  
rest of the world  
is asleep, the  
people and  
passions you keep  
vigil for?

