stimulus

a medical humanities journal

UNIVERSITY OF TEXAS ARLINGTON | LIBRARIES

Volume I, 2021

WHAT'S INSIDE THIS ISSUE:

A collection of poetry, short stories, digital art, graphics, research, sculptures, essays, and experiences from the students, faculty, and alumni of UTA

NOTE TO READER

From the editors of Stimulus

Stimulus: A Medical Humanities Journal was created to be an experience for its readers. Unlike other academic journals, it contains a unique combination of academic works, personal experiences, and artistic expressions. In this way, *Stimulus* can be seen as a portable art gallery.

Just as any piece of art can be interpreted in a number of different ways, so too can the articles that follow. We invite you to gain insight on the creators' interpretation of their own work by referencing the creator biographies at the end of this journal, in which our creators shared their purpose, artistic choices, and the underlying meaning(s) of their submission.

MAY 2021 | VOLUME I

stimulus

a medical humanities journal

THE UNIVERSITY OF
TEXAS AT ARLINGTON

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FROM THE DEAN OF THE COLLEGE OF LIBERAL ARTS

On behalf of the College of Liberal Arts, I congratulate the editors and contributors to the UTA Medical Humanities Journal *Stimulus*. Medical humanities is an exciting area of study that appeals to and benefits UTA students in multiple majors. It is a wonderful example of how students can broaden their academic paths beyond one discipline. No longer do students have to choose a specialty in science or liberal arts; rather through medical humanities they can combine seemingly disparate fields. In addition, medical humanities enhances students' perspectives as they prepare to consider careers related to medicine, the humanities, and the arts.

My own interest in medical humanities runs deep. Trained as a legal scholar, as a graduate student I often gravitated toward topics that related to both the courtroom and medicine—forensic psychology, for example, and the professionalization of coroners. Likewise, I chose every opportunity to learn about law, medicine, and the visual arts—depictions of dissection, for instance, and the use of photography in criminal evidence. And so the work that students do within medical humanities at UTA is fascinating to this medico-legal aficionado.

I also see real promise in this area of inquiry, because medical humanities prepares students for their lives after university study. Whether students go on to attend medical school, or to write about medicine, or to impact policy related to medicine, or to any number of possible careers, their understanding of the human aspects of medicine will be invaluable. In highly competitive job and professional school applications, people who have studied medical humanities will shine as versatile and accomplished.

It is a pleasure not only to support this multidisciplinary initiative in the UTA curriculum, but also to spotlight you putting the good word on medical humanities into journal form.

Elisabeth Cawthon, PhD
Dean of the College of Liberal Arts

LETTER FROM DR. GELLMAN

May 2021

Dear *Stimulus* staff –

Congratulations on this first issue of *Stimulus: A Medical Humanities Journal*. The name, *Stimulus*, truly describes the purpose of the new publication, to inspire our energy and imagination. Your excellent efforts represent a great accomplishment for our team and for medical humanities learning at UTA!

Stimulus is an outgrowth of the new Mavericks for Medical Humanities student club and medical humanities learning at UTA. Future professionals are developing their insight into the human condition. During our age of advancing technology, we welcome this emphasis on empathetic personal inter-relationships and compassionate care. This renewed appreciation will apply to a wide variety of professional careers, including healthcare.

The need for a humanistic approach to problem solving has been further highlighted by our world pandemic. This unprecedented opportunity for the humanities and sciences to work together toward common goals is at the very core of medical humanities pedagogy.

I hope that you will pass this torch of medical humanities journaling to future students. This will be a wonderful tradition that highlights the creative efforts and warmhearted spirit of our fine University.

Sincerely,

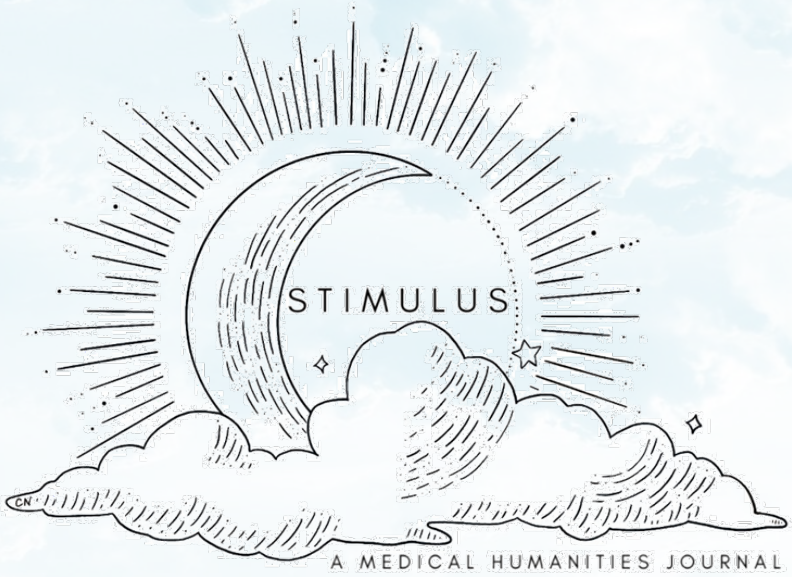
Dr. G

LETTER FROM THE EDITORS

Welcome to the very first edition of *Stimulus: A Medical Humanities Journal.*

This is the first collection featuring prose, visual arts, and media contributed by the community of the University of Texas at Arlington (UTA), ranging from students, faculty, staff, alumni, and affiliates. This journal is a student-led journal supported by the UTA College of Liberal Arts.

The medical humanities is a unique crossover of the fine arts and medical sciences that explores the ethical, historical, literary, philosophical, and religious dimensions of medicine or health. We believe it to be an especially important field in today's world, as it provides an approach to examining and understanding the effects that health and medicine have on humanity and the human experience. Medical humanities is open to creative thought and looks at health and medicine while taking into account the human as a whole, including the brain, body, emotions, mentality, relations, and environments. We want to highlight the importance of ethics and empathy in healthcare providers while simultaneously recognizing that healthcare providers, just as their patients, are mutlifaceted: they are artists, writers, musicians, poets, photographers, story-tellers, or researchers, and they each has a unique experience with and understanding of the healthcare field. We hope to provide a space for our students and staff, many of which are current or future healthcare workers, not only to keep their passions alive but to find a way to incorporate their art into their role as a provider.



STIMULUS
**stim·u·lus | \ ˈstim-yə-ləs **
n. something that incites change, action, or response.

Our journal name, *Stimulus*, has a double meaning: first, it represents a stimulus for change in the healthcare field as a result of the medical humanities. Secondly, it represents the purpose that underlies every artform: to stimulate the audience's emotions.

Our logo was designed by Caroline Nguyen. The elements present in the logo are the sun, the moon, and clouds. As Caroline states, "[These elements] have assisted life on Earth for billions of years. The sun provides the Earth with heat, light, and energy, and without the sun, life could not exist. The moon lights up the dark night sky and controls the tides, which have guided humans for thousands of years. Lastly, I thought of clouds because they can symbolize many things. White clouds are associated with positive feelings, while dark clouds are associated with negative feelings. I thought these three elements tie in nicely with the title of the journal because all of them stimulate processes of life, and they cannot function without one or the other."

The mission of *Stimulus: A Medical Humanities Journal* is to provide insights into human experiences in both the context of medicine and the humanities. Our purpose for creating this journal is to highlight the diverse and multifaceted talents of our students, staff, and alumni, with the hope that the future of healthcare is empathetic, passionate, and ethical as a result of the incredible people who will lead it. We heavily emphasize topics such as hope, grief, the art of listening, human connection, and the unique human experience in our studies, and believe that difficult topics such as these go hand in hand with medical education. It is no longer enough to view a patient as a list of symptoms: they are deeply complex human beings who expect and deserve empathetic and well-rounded care. No one person has the exact same experiences as another person, for this reason we put heavy emphasis on diversity, reaching out to as many disciplines as possible across UTA and allowing for the submission of virtually every artform. Here at *Stimulus*, we want creators to have as many ways of expressing themselves as possible within the context of the medical humanities.

As we began the process of putting together the submissions from our wonderful creators that you will find in the pages that follow, we began to plan the type of experience we hope our audience will

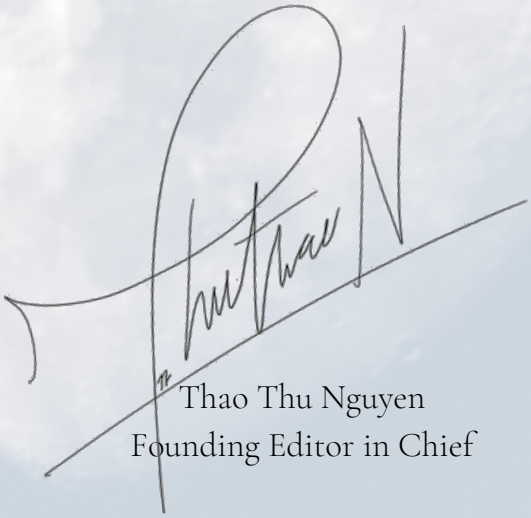
gain from reading through *Stimulus*. We hoped that *Stimulus* would be both a compilation of art and a piece of artwork in and of itself. Because of this, you will find imagery scattered throughout the pages, much of which has a double meaning or is meant to highlight the creator's purpose. We hope that each time you pass through the pages of *Stimulus*, you find something new to take with you.

The *Stimulus* team would like to thank all creators for their contribution to the journal. We hope our readers enjoy the works and insights creators have brought forth to share, and that they serve as a reminder that experiences and perceptions in regard to medicine are diverse. We hope that *Stimulus* will inspire others and motivate people to express themselves both as individuals and as professionals in all of their respective fields.

Lastly, we would like to thank the UTA faculty and staff who have helped and given support to the establishment of Stimulus: to Digital Publishing Librarian Yumi Ohira, Librarian Emilie Algenio, and Copyeditor Janet Long for their efforts in helping to put the journal together, the Dean of the College of Liberal Arts Dr. Elisabeth Cawthon for her advocacy of this journal and medical humanities at UTA, Dr. Eli Shupe, Caroline Nguyen for creating the Stimulus logo, and the President of Mavericks for Medical Humanities Prishmi Nagarajan for collaborating with us. Finally, a very special thanks to Dr. Steven Gellman for coming to us with the idea that sparked the creation of *Stimulus* and for entrusting us with his vision of creating a medical humanities journal at UTA.

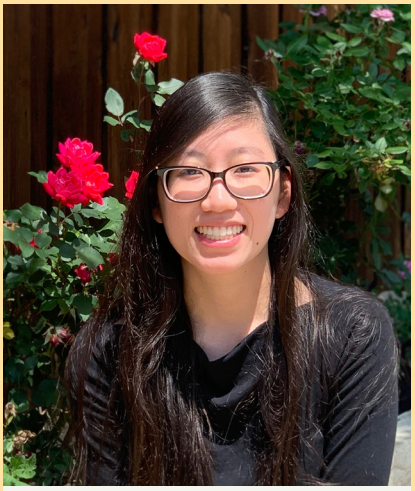
Thao Thu Nguyen & Karyssa Nelson
Co-Editors-in-Chief

Karyssa Nelson
Founding Editor in Chief



Thao Thu Nguyen
Founding Editor in Chief

Stimulus Team



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The Nature of Our Nature

Ellis Jones

Nature has unrelenting rules
Death and rebirth are its handy tools

Whether fruition bears a lovely fruit,
Or so begins the hum of hibernation
This cyclical pattern seems fair for the forest,
But for a human? There mustn't be a relation

We rambunctiously rule the world of our own volition
Remiss that the ego commands our condition

But when the pale horse rears its ugly head,
And fate we eventually draw
Quickly one will realize,
The nature of our nature after all

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Disconnected

Kathleen Dao

Smriti Ghimire

The Dr. presents his diagnosis,
Symptoms point to scoliosis.
Laptop in hand, he walks away,
Drowning in fear, I wish he'd stay.
Sure the visits are expedited,
But at what cost? A patient misguided.

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Speaking Spanish in the Healthcare System

Alfredo Palacios

Introduction

In the past 30 years, the Hispanic population has grown by 10% in the United States, with the current percentage being about 19% of the entire US population. With the Hispanic population also being one of the groups hardest hit by conditions like COVID-19, kidney failure and type 2 diabetes, the American healthcare system has a duty to help and serve this community (U.S. 2019). However, less than 6% of all American physicians identify themselves as Spanish-speaking despite projections of Hispanic people making up a quarter of the US population by 2045 (Abuelo 2020). The lack of Spanish-speaking physicians within a country that has a such high need for them often results in the small number of Spanish-speaking physicians being overwhelmed or relying on other faculty for support they may or may not be certified to perform within a medical setting. In my study, I interviewed five native Spanish speakers to investigate the effects of language disparity between patients and healthcare providers and to see how their experiences within the medical field may have affected their views on the American healthcare system as a whole and how they believe such interactions may have affected the service they received. Based on the results I received from my participants, all five (1) believe that not speaking English as one's native language puts patients at a disadvantage in terms of receiving adequate healthcare (even with the help of translators) and (2) have an overall negative view of the healthcare system. Additionally, most believe that their lack of exposure to medical terminology in Spanish makes it hard for them to serve as effective translators for loved ones.

Methods

In my study, I aimed to gather data from a wide variety of people in order to make generalizations that better reflected the views of the entire community rather than just a particular minority. In order to do this, I gathered participants that ranged in age, English proficiency, Spanish proficiency, and country of origin. All of my interviews were conducted in person, and I remained quiet for the majority of the interview to prevent any manipulation, influence, or suggestion of the participant's answers and to allow them to be as accurate as possible. I also carefully designed the questions that I asked my participants to allow them to be as open ended as possible but still specific enough to elicit responses that had to do with the premise of my study. During each interview, I asked the following questions in this order: "Have you ever been belittled, attacked, or targeted for speaking the way that you do? Has that ever happened to you for speaking your first language?"; "Has anything like this ever happened in a medical setting?"; "Have you ever experienced a language barrier between your doctor/nurse and yourself? If so, how extensive was it and how do you think it affected the care they gave you?"; "Have you ever served as an interpreter for a loved one or someone you know? If so, how difficult was it to do this accurately?"; and finally "In what ways have these experiences affected your views on the medical field and/or healthcare system?" In addition to these questions, I also asked each participant if there was anything else they wanted to add about

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the matter in order to allow them to freely express any opinions, comments, or experiences. Furthermore, most of my initial questions had smaller follow-up questions to prompt the participant to expand on certain concepts and/or details that would aid me in my data gathering. Finally, for my participant that spoke no English, I directly translated all words into Spanish in order for her to answer the questions sufficiently.

Data

Considering that my participants varied greatly in language proficiency, age, and upbringing, I was able to receive a wide range of answers for the questions I asked. Upon being asked the first question, many of my participants recalled experiences they had in public places where they would often get ugly looks, snickers, or passive-aggressive comments when using their first language with friends and/or family, and some noticed that this was especially common in predominantly Caucasian areas. In one case, one of my participants was actually called racial slurs for using her first language as a child and would often be bullied for the way she spoke in English. However, a few of my participants said that they had never experienced such things within public spaces. When asked the second question, many of the participants responded that such things also occurred within the medical setting, with some instances being much more obvious than others. For example, in one of my interviews, the participant, who spoke Spanish as proficiently as English, described an experience she had when she had just given birth to her son. Since her son was born with acid reflux, she asked her physician what the difference was between "vomit" and "throw up" and in response to her simple question her physician ran out to get a medical translator to aid in their communication. In another case, one participant was considered to not speak English at all and was passed off to a translator before she even had a chance to speak. In another example, one participant served as a translator for her grandmother when she was eight, and because of her age she was unable to translate things correctly and would often receive confused or "funny" looks from the physician. However, some participants reported that they do not believe they have experienced such things and that speaking Spanish was never a problem for them. After asking my interviewees the third question, many of them said that they had either experienced the language barrier personally or witnessed someone go through it as they served as a translator. Many of the participants said they had been required and expected to accurately translate advanced English and medical terminology from as early as the age of six. Additionally, when the participant was unable to translate things accurately or efficiently enough, they were often ridiculed by either their doctor or the person they were translating for. In one interview, the participant noted that when she spoke to medical faculty their attitudes would drastically change from when she spoke Spanish to when she spoke English. She claims that it would seem like "they were trying to get rid of her faster" when she spoke in Spanish and were a bit more considerate to her when she spoke her second language.

Many of the participants felt that, even today, it is very hard to translate things from a doctor to a loved one within a medical context. According to many of the interviewees, their lack of exposure to medical terminology made it very hard to translate efficiently and they usually resorted to translating only the "main points." In one case, due to lack of translation, the participant was completely unaware that she was not supposed to consume grapefruit while on her medications until about two

weeks after they had been prescribed to her. Generally, most of the participants that have served as interpreters to their loved ones have agreed that it is very difficult to accurately translate things and affects the service they receive, particularly within a medical setting. When asked the final question, all of the participants, regardless of age, upbringing, and language proficiency, agreed that the American health system was designed in a way that prevents anyone that is not a native English speaker from receiving adequate healthcare. However, the reasoning behind this statement varied. In some interviews, the person being interviewed said that in most cases the doctors they went to spoke only English and that they therefore had to take more time to find—and then compete against other patients for appointments with—the few doctors that did speak both languages. As a result, one participant now hates going to the doctor for that reason and fears that if they had an emergency they would not be helped because of the language barrier. Another reason that some participants made this statement was because they believe the healthcare system as a whole does not do enough to support patients that do not claim English as their native language. According to one participant, "It's very unpredictable whether we will actually be helped because if there is no one on shift that knows Spanish then there is no way to communicate what I am feeling or experiencing." Others reported that usually the clinic or hospital they visit is "underprepared" in translators, which results in a "delayed" response in helping the patient. Overall, it is clear that in not having English as their native language patients have gone through many negative experiences with medical faculty that greatly affects their views on the healthcare system.

Discussion

As someone who has experienced the same things many of the participants discussed with me, my opinion was not changed by this study and was only reconfirmed by it. Many people assume that if there is a language barrier within a situation, that it is easy to pull out an electronic translator and expect everything to be communicated effectively. In reality, this is very far from the truth in that no electronic translator is ever 100% accurate let alone effective. For example, Gerrish et al. (2004) found that many patients viewed interpreting services to be inadequate and that many of the nurses were accepting of this inadequacy and prepared to rely on family members of the patient to accurately interpret for them rather than look for other ways to improve interpreting services. Additionally, a 2014 news report stated that many Latinos are discouraged from asking for help or from even understanding the healthcare information available to them (e.g., resources such as the Obamacare website) due to the language barrier (Machado 2014). In fact, there are many articles and studies that have shown direct correlations between lack of effective communication and negative overall patient experience. One such study observed the impact of the language barrier in healthcare in urban underserved Hispanic communities and it found that the language barrier correlated negatively with overall patient satisfaction (David et al. 1998). Additionally, this same study also found that this language barrier pushed many physicians to not thoroughly explain medication side effects, which correlated with less compliance with taking medications (David and Rhee 1998). However, the effects of the language barrier do not just end with low patient satisfaction but actually manifest themselves in a profound effect on the patient's health. In a 2010 study, data found that language barriers play a large role in health disparities among Latinos, especially with diabetes (Fernandez et al. 2011). In fact, the study even claims that limited English proficiency can

be used as a predictor for poor glycemic control among insured Latinos within the US (Fernandez et al. 2011). However, it is not only the patients but also many faculty who see language barriers as a problem when addressing health concerns. In a small study performed at a hospital, 95% of all nurses believed that the language barrier is an impediment to quality care, while 88% of physicians said they believed the same thing (Bernard et al. 2006). This is not helped by the fact that only about 6% of all physicians identify as bilingual while the Spanish-speaking population continues to grow at an exponential rate within the US (Abuelo 2020). Sadder still, it seems that some medical institutions are not willing or cannot afford to make changes to aid non-English speaking patients. As stated above, many workers usually expect a family member of the patient to provide translation rather than trying to improve interpreting services that have been shown to be inadequate (Gerrish et. al 2014). For example, one article described how faculty would often rationalize against the need for Spanish-speaking healthcare professionals with such excuses as "Spanish, like medical terms, is based on Latin and therefore Spanish speaking patients should be able to understand the terminology"; "Usually Latino patients have a family member who can interpret and therefore I do not need to learn it"; or "Spanish is too difficult and I am too busy" (Bennink 2013). In many cases, the patients are blamed for not knowing English, which leads to further discrimination toward these groups since language is the means by which the patient accesses healthcare, learns about its services, and makes decisions about their behavior (Bennink 2013).

"Language plays a vital role in patients' access to healthcare and their overall views of it."

The data that I gathered from my interviews and that which was gathered from the studies above, greatly support each other in the conclusion that language plays a vital role in patients' access to healthcare and their overall views of it. It is clear that this country's healthcare system is not suited well enough to provide adequate services to those who do not have English as their first language, which leads to disproportionately low rates of healthcare visits and patient satisfaction. Spanish-speaking communities are projected to continue growing over the next few decades, and it is time for the healthcare system to accept this and make accommodations for a future that isn't solely Anglophonic.

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Peace at Heart

Caroline Nguyen

Everything in life is connected with each other; and this includes nature and our health. However with the digital world on the rise, a lot of people are feeling a disconnect with the universe. I named this piece, "'Peace at Heart,'" because being in nature brings us comfort and makes us happier, but not only that, it also contributes to our physical well-being. There is another meaning to my work that is very personal to me, and it represents that my late uncle is finally at peace and reunited with nature after suffering from cardiovascular disease.

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Ingrained Patriarchy, Opportunity Lost

Barbara Chiarello, PhD

Back in 1966, when I was a pre-med major at Brooklyn College, I was the victim of one of those freak accidents that occur in organic chemistry labs.

As I was inserting a glass rod into a rubber stopper, the rod broke and the needlelike tip of one part of the fragment pierced the lowest part of my left index finger, traveled under the skin and came out the front.

I stared in disbelief. *What has just happened?* The pain and the dripping blood propelled me to find my lab instructor. He had me sit down, then he took out the rod, wrapped a towel around my finger and called my father, who took me by subway to a nearby emergency room.

I was taking cough medicine and aspirin that day to lessen severe cold symptoms because I dared not miss a single class, especially since I was barely passing organic chemistry, a requirement for medical school. Perhaps I was in a drug-induced fog, or perhaps the glass rod had an imperfection. No matter, as neither explanation mitigated my fate.

Here I was, trying not to faint, sitting in a large exam room with two interns, one of whom would stitch up both gashes in my finger.

I studied the interns, one a male and one a female. As they worked on the patients who had arrived before me, I remember fervently wishing that the male doctor would tend my wound.

And so it was.

After, doctors couldn't sew up people without the use of both hands, especially their dominant hand.

Suddenly, I saw myself back in the hospital and realized that far from supporting the female intern that I hoped to be, I favored her male counterpart.

Not until decades later, when I learned how patriarchal discourses permeate the very air we breathe, did I retroactively understand why I never thought the female competent enough to perform a routine procedure.

In the two years I attended medical school, I experienced blatant sexism—*Playboy* centerfolds interspersed with more traditional anatomy slides; nurses who flirtatiously helped male medical students while ignoring members of their own sex who needed a patient's chart; being mistaken for a nurse despite wearing a name tag with M.D. after my name.

But those incidents were foisted on me. I was the passive recipient of longstanding assumptions about who did and who did not belong in medical school.

More disturbing was that I had been complicit in perpetuating misogynist stereotypes.After all, I could have *requested the female intern*.

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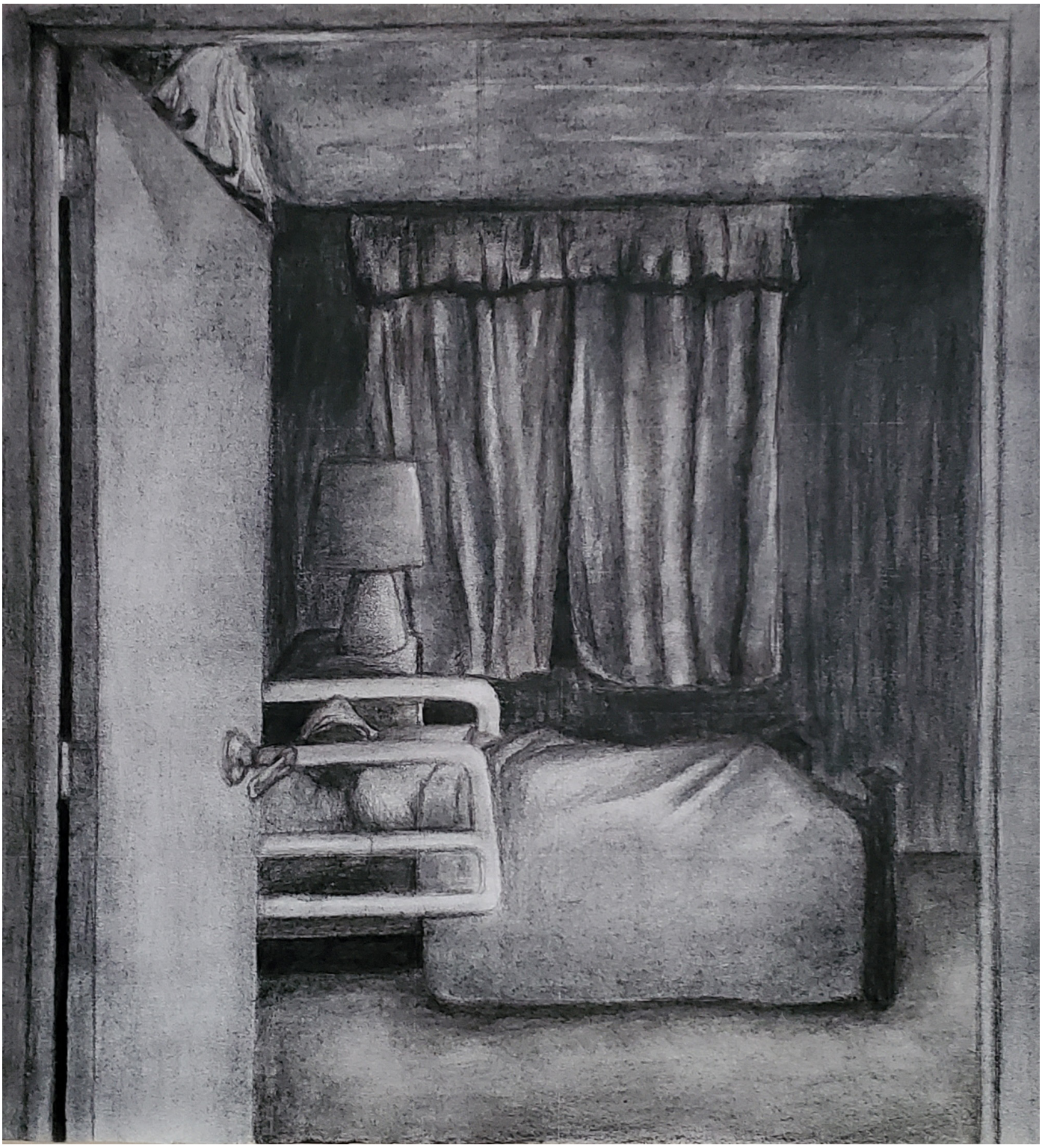
A Resident

Alison Ngo



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Dinner Is at 10 pm

Thao Thu Nguyen

7:30 pm. Time for my mother to start cooking dinner. In a few hours, my father would be home.

The garage door rumbles open. The car door slams shut. The younger children run to the door to greet their father after a long day at work. He walks into the house and smells the aroma of food. Walking to the dining room, he sees the table is all set and the food is ready to be eaten.

It's 10:00 pm now. Time for dinner! One by one, everyone sits in their designated spots. Grace is said and we begin to eat.

Meals in my family were far from quiet. It was one of the few times we had to spend together as a whole family. We would talk about how our days had been, tell stories of the past, or explain our plans for the week. Dinner was our family bonding time. There are eight of us, my father, my mother, and six children; so, there was always at least one person who had something to talk about.

It's a crowded dinner table, we're sitting next to each other, elbow to elbow, talking and enjoying the time. Suddenly the phone rings, the chattering slowly stops. My father picks it up and leaves the dinner table. As he walks away, we hear a faded, "Dr. Nguyen." A few minutes later, he reappears in his signature blue scrubs and we know we won't be seeing him until the morning of the next day.

Being a doctor on-call meant my father's time with the family was limited, but he always tried making as much time for us as possible outside of his schedule. Nevertheless, there would be times when emergencies occurred during a family outing. If a single car was taken, then we would all head to the hospital with him to drop him off. If it were a quick matter, we would stay and wait in the car. If it was a time-consuming matter, we would head home first. Later someone would come pick him up. Days spent at home were usually spent playing with us, fixing things here and there around the house, or catching up on sleep. However, that didn't mean he was "off of work." He could be called in at any time. The sound of his pager was something we were all accustomed. To us, beeping meant an emergency at the hospital. Whenever his pager wasn't on his person, we would grab the pager and run around the house trying to find him in order to give it to him, knowing that he was being called in to the hospital. In a few minutes he would be out of the house and on his way to work once again. He'll be home by dinner.

Dinner is over and the family has dispersed to finish his or her own business before heading to bed. Today my father wasn't called in to work. A struggling 10-year-old me walks up to him with a math book in hand asking, "Do you have time to help me?"

"Do you have time?"—a phrase I would ask him often, whether it was about school, or if I got hurt or wanted advice on life. At that time, I didn't really think about the weight of the question and what it really meant. My father was (and still is) my go-to person when I needed help. I would wait until late for him, not realizing that he was probably tired from work. Despite that, he would always stay up,

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often passing midnight, to help me. This simple and innocent question had yet another meaning. It meant that we were aware of but respected his absence from the family. That absence was never put into question. True, there were times when we were upset that he would have to leave in the middle of our time but we, as his family, felt it was our own responsibility to make sure my father was able to fulfill his own duties has a physician. This is just one of the untold sacrifices that the family of a doctor must make.

Fast forward to present day, we've all grown older. Some of us have moved out, while others are still at home. We're no longer the ones asking if he has time to help us or do things as a family. Now he's the one asking us if we're too busy with our own schedules, whether it be work, school, or any other activity. My father is no longer on-call but still occasionally receives emergency calls. We no longer hear the beeping of the pager resonating throughout the house.

"This is just one of the untold sacrifices that the family of a doctor must make."

Some things don't change. My father's pager no longer exists but now when we hear the phone ringing and see the hospital name show up as the caller ID, we run around the house with a phone in our hands trying to find him. He may or may not have to leave right away, depending on the situation. As the years in his practice increase and he nears retirement age, my father's daily schedule has shortened, and he comes home earlier. For the rest of the day, he completes his paperwork in his home office, watches the news or some dramas, fixes things around the house, attempts to garden, or takes a nap. He has more time on his hands to rest from work. We now have the time where we can sit down and have long talks without getting interrupted. Some days he will be fixing things around the house and he will randomly call me over to teach me how to do things, saying I need to learn these skills for my own future. He has been planning these family trips that range from out of state to abroad. From the little interactions to the big events, this is his way of making up for the lost time and trying to make the most of the time left before we all go on to lead our own lives.

As for dinner? It's still at 10 pm.

Technical Writing Pedagogy and Empathetic Medical Intervention: Using Design Thinking to Teach Wholistic Patient Care

Timothy Ponce, PhD

When my nursing students walk into the first day of my Introduction to Technical Writing course at the University of Texas Arlington (UTA), many come with assumptions about the content of the class and its purpose within the nursing curriculum. The infographics, graphs, tables, ordered lists, and data visualizations from their nursing textbooks swirl in their minds as they take their seat. After the standard pleasantries and first day introductions, I project the collage from figure 1 on the main screen to begin addressing my student's assumptions about technical writing.

Figure 1: Visualization to emphasize the humanity of the user. Photos licensed from Envato Elements

Rather than starting with best practices for communicating complex information, one of the primary aims of technical writing, I instead begin with the human receiving that information—the "user" in technical communication parlance. "This course will focus on meeting the needs of users, users that possess mission critical knowledge you lack," I announce while confused students look on, wondering where all the pie charts and data tables went. The confusion created by the inclusion of a human variable amid a topic they assumed was based solely on facts, figures, and procedures extends, however, beyond their technical writing class.

In recent years, more and more health professionals have called for a wholistic approach to medical care, seeing psychological and emotional needs as vital variables to consider when crafting medical interventions. While some have tied the concern for wholistic care to a religious zeitgeist (Luk et al., 2007; Schuster, 1997; Ziebarth, 2016), others have more broadly considered its importance, calling for both primary and continuing medical education to include training on wholistic care (Booth & Kaylor, 2018; Kulla & Slettebø, 2020; Willis & Leone-Sheehan, 2019). These calls to see the whole person sitting on the examination table, to create a partnership between medical professional and patient, parallels the user emphasis found in technical communication, particularly for those technical communicators that ascribe to design thinking, a heuristic that emphasizes a partnership between subject matter expert and user. In this article, I will explain how I teach design thinking to the aspiring medical professionals in my Introduction to Technical Writing class to help reinforce the importance of wholistic, empathetic, and patient-centered medical care, concluding with practical suggestions of how educators can implement a design thinking pedagogy in their courses, regardless of discipline.

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Technical Communication Pedagogy, Design Thinking, and Wholistic Care

While all theoretical approaches to technical communication share a focus on the end user, the layperson on the other end of the communication experience, few schools of thought in the milieux of technical communication emphasize the user as heavily as the Scandinavian cooperative design models, or design thinking, developed as part of the Utopia Project. Starting from roots in Norway in the early 1970s and fleshed out a decade later as part of the Utopia Project, cooperative design heuristics teach that the end user is not merely a passive receiver of information but rather a valuable partner in developing the strongest designs.

While the origins of cooperative design may have begun as a regional movement in Europe, its core mission to empower the user as an active and vital member of a production team has made worldwide impact (Bødker et al., 2020; Sundblad, 2008). This prolific impact stems from the components of design thinking, which utilizes the heuristic found in figure 2. Unlike linear, top-down problem-solution models, design thinking, to borrow terminology from Arne Van Oosterom, senior partner and founder of Designthinkers Group, is a "mindset" in which the user is part of the problem-solving team rather than a mere recipient of a solution (Allen, 2017). As subject matter experts (SMEs) partner with users through the five design thinking components (figure 2), they combine their expertise with the user's experience and perspective to produce a stronger intervention than those created without the input of the user. This partnership between SME and user mirrors the spirit and practices of wholistic care.

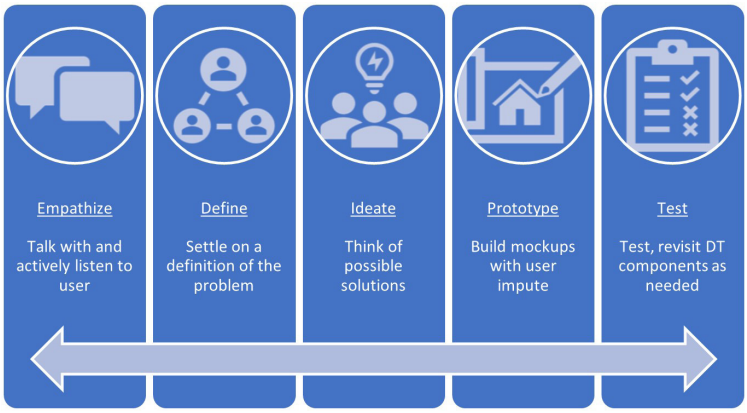

Figure 2: Components of Design Thinking

While the term "wholistic care" remains nebulous and subjective, most agree that the practice, in general, centers on an attempt to meet the patient's physical, mental, emotional, and spiritual needs through patient-centered care, a biopsychosocial framework that leads to stronger medical outcomes (Bullington & Fagerberg, 2013; Strandberg et al., 2007). The concept of wholistic care and patient-centered care are so interconnected that a 2017 study found the terms were used interchangeably by participants (Jasemi et al.). This practice of achieving better health outcomes through a therapeutic alliance between provider and patient mirrors the partnership between technical communicator and user emphasized in design thinking. Just as the technical communicator and user journey together toward the most effective communication experience (e.g., form, website, mobile application, manual, instructions), similarly providers and patients partner in crafting a wholistic medical intervention that contextualizes the expertise of the provider within the experiential knowledge of the patient. To help my aspiring medical professionals inculcate this cooperative mindset, I utilize a design thinking framework in my Introduction to Technical Writing course.

Design Thinking for Aspiring Medical Professionals in the Technical Communication Classroom and Beyond

UTA is home to one of the nation's largest and most successful nursing schools, offering Commission on Collegiate Nursing Education certified degrees at the baccalaureate, masters, and doctoral level. The undergraduate program, which was one of nine programs out of 100 to be recognized as "high-achieving" by the Texas Higher Education Coordinating Board, requires every nursing candidate to successfully complete Introduction to Technical Writing before they can apply for admission to the nursing program itself. As a result, UTA Introduction to Technical Writing courses tend to attract primarily "pre-nursing" students. Given medical professionals' need for concise, precise, and clear communication, the UTA College of Nursing and Health Innovation's technical writing requirement aligns with the writing skills needed for professional success. This professionalization alone makes the course highly valuable, yet teaching the framework of design thinking, with its parallels to wholistic, patient-centered care, makes the course even more so. And while scholars such as Jason Tham have explored the benefits of design thinking's user focus in the technical writing classroom, the benefits that such a framework offers to aspiring medical professionals has yet to be discussed (2020).

To introduce the cooperative frame of mind associated with design thinking, I partner with the UTA FabLab, a maker space housed in the UTA Central Library. Similar to scholars such as Estee Beck, who explores the impact such a space has within multimodal composition (2020), I walk my students through an iterative design process utilizing the equipment in the maker space. I design my course project, which I schedule at the end of the first unit in the course, to highlight the mission critical information possessed by the user.

To begin the project, I divide my nursing students into groups of three and deliver a week of instruction in vector graphic creation. On the last day of exercises, I inform each group that they have received a request from a fictional home health agency—played by me—to create a logo, one that embodies the brand of the company. Once the logo receives approval from the company, each group must then use the logo to create a branded promotional item (mug, hat, 3D printed object, etc.) that would be enjoyed by their clients.

Without much hesitation, my students typically jump right in, sketching possible logos and thinking of the kinds of promotional items they can make with the equipment in the UTA FabLab. About ten to fifteen minutes into the project, though, they realize that the only information they are using to inform their logo design is a company name that I said out loud. They know nothing of the corporate culture, location of the company, or its primary patient demographic. The previous week of course instruction in the finer points of vector graphic design was not enough to produce a successful product. In other words, for all their subject matter expertise, they do not have the mission critical contextual knowledge, something possessed only by their client. After hitting this intellectual hurdle, I suggest that each group compose a message to their client requesting additional information. This message kicks off a dialogue between the group and their client, with groups combining the client's contextual knowledge with their subject matter expertise.

After each group receives logo approval, they begin the difficult task of matching the spirit of the company to a physical object, something they have only assessed through a few emails. Once again, my students hit a purposefully placed problem. Just as reading data from an electronic health record can only provide a small window into a patient's needs, so also the general email exchanges they have sent to their client up to this point prove to be too limited to offer the wholistic perspective they need. Through coaching from me, the groups begin to ask more specific questions about the spirit of the organization, the experience of the patients, and many other "human" elements left out of previous exchanges. This again demonstrates the importance of a partnership between user and SME.

The final projects—which have ranged from a shaker cup for a company working with athletes to a laser cut wood puzzle for one working with children—act as a physical testimony to the importance of a cooperative mindset. Whether creating a logo or developing a care plan, SMEs only possess a portion of the knowledge needed to create the most effective intervention. To maximize potential, content area experts and users must partner together, with each seeing the other as a vital member of a team headed toward a shared goal.

While design thinking may be associated with technical communication and design, its cooperative frame of mind can be used in a variety of courses to help aspiring medical professionals to hone their wholistic approach to patient-centered care. The following are easy ways to integrate design thinking into your class:

1. **Create Opportunities for Design Thinking:** When constructing courses and assignments, try to make space for multiple drafts or iterations of a project. This offers students the opportunity to practice actively listening and responding appropriately: the foundation of any cooperative partnership.
2. **Incorporate Service-Learning:** While some see "service-learning" and think "volunteerism," the two are quite different. Service-learning is marked by reciprocity in which both community partner and student obtain value. By partnering with a community partner for a service-learning project, you enable your students to engage the components of design thinking—empathize, ideate, design, prototype, and test—all with a live partner. For more on service-learning in the medical classroom, see Groh, Stallwood, and Daniels (2011).
3. **Embrace Cooperative Design in Your Own Course Development:** Instructors at the collegiate level may be SMEs in their field, but the students in our courses possess a contextual knowledge that we lack. Dialogue with your students about the course design, making changes that maintain course integrity yet enhance your ability to reach course outcomes by contextualizing your expertise.

The cooperative spirit of design thinking can be used in any course to help students develop a mental framework that emphasizes equity, inclusion, and partnership. It takes traditionally privileged forms of knowledge and shows how, in isolation, they are insufficient to produce optimum outcomes. For my aspiring medical professionals, teaching this frame of mind in one of their first courses prepares them to be empathetically engaged, patient-centered practitioners who partner with their patient, contextualizing their subject matter expertise within the mission-critical knowledge of the human sitting on the exam table.

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Souls Tearing Apart

Sami Ali

Mental health issues are on the rise during the pandemic. Covid-19 has restricted people around the world to isolate themselves at home. No one really knows when this time of uncertainty will end. The art piece depicts two hands, trying to get hold of each other, but Covid-19 (represented by the paper tear) has disconnected them. The contrast between the colors helps to visualize the deep emotions people are feeling during the pandemic around the world.

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Impediments to Patient-Physician Communication in a Hospital Setting

Jacob M Litsey

Communication is undoubtedly one of the most critical aspects of maintaining a healthy and strong relationship. Without constant, two-way communication, a marriage is bound to crumble under the weight of misunderstandings and unspoken words. The necessity of good communication, however, is obviously not limited to romantically involved relationships. A lack of effective communication can also lead to the ruination of friendships, poor workplace efficiency, and the erosion of the patient-physician relationship in a hospital setting (the topic of this paper). All too often within the realm of healthcare, patients feel as though their doctor is un-empathetic to their situation (although in actuality, this is rarely the case). They find themselves overwhelmed by the use of medical jargon from their attending physician, anxious in regard to the spectrum of potential diagnoses, and the time spent visiting with their physician rushed. All of these shortcomings, however, are not the result of a mass group of doctors who care little for their patients. And I certainly do not wish to paint doctors as individuals lacking emotions, who continuously fail to connect with their patients. Those persons who feel called to enter into the practice of medicine do so because they care so much about the human condition. Therefore, it is misplaced judgement to assume that potential inconsistencies in patient-physician communication fall entirely on the shoulders of the physician. Rather, I believe that it is the increasing corporatization of the medical field, in combination with a lack of intensive medical humanities training during undergraduate, that partly contributes to the creation of this communication barrier between patient and physician. By addressing these two contributing factors, I firmly believe that major strides can be made in improving patient-physician communication.

Like everything else, medicine has continuously evolved over time to meet the present demands of our society and the needs of human beings. The corporatization of the medical field was a necessary part of this evolution due to the rapid growth of the global population and the just pursuit of improving the quality of life for our fellow humans. Although this corporate takeover was inevitable and needed, its implementation was not met without undesirable outcomes. The involvement of drug companies, medical technology manufacturers, and corporate boards with margins to meet has placed additional strain on an already stressed out population of health care workers. These days, doctors are not only concerned with the health of their patients, but also with trying to see as many patients as possible in a given day in order to meet the demands of a business-modeled health care system. These pressures naturally affect the patient-doctor relationship and can impede good communication. Recalling my own past first-hand experience, I had the very fortunate opportunity to shadow a fantastic hospitalist over a period of several months. While shadowing this physician, we were often moving between multiple levels and wings of the hospital to keep up with each of her patients. The time spent with each patient was also limited due to the number of those assigned to her, as well as additional responsibilities of charting, daily meetings, and seeing newly admitted patients. Due to the short time frame allotted to each patient, doctors are often times forced to hit the "bullet points" of important information regarding the patient's diagnosis and prognosis. Therefore, it's easy to get lost in the use of medical jargon and worried over the potential worst-case scenarios of a disease or injury.

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This is one of the downsides of a corporatized health care system. Quality, one-on-one patient-physician interaction is limited by time constraints and the tendency to view patients as sources of income for the hospital (a view not held by the physicians necessarily, but the "industry" as a whole, to reiterate). What then, is a possible solution to this "fast-food" style of medical care? In truth, there is no one simple path to take that will put a reemphasis on the patient-physician interaction and thus improve communication between these two parties. Rather, there must be an effort on all fronts to reduce drug prices, restructure political involvement in health care, increase health education for all individuals (regardless of socio-economic status), and provide our physicians with more time to spend with their patients. Another way in which to improve patient-physician communication, and one which is unrelated to the corporatization of health care, is to increase medical humanities/ethics training and community involvement for pre-health and health care students.

Medical humanities and medical ethics courses are becoming more widely available across universities as the realization of the importance of these subjects continues to grow. I would like to argue, however, that medical humanities and clinical ethics should be part of the required pre-medical curriculum for those students wishing to work in health care (not just those seeking a medical degree). I also believe that community outreach programs targeted at helping the underprivileged and homeless should be more widely implemented by universities in order to increase students' exposure to the human condition. A background in these types of courses and easier access to becoming involved in community programs through universities would create a generation of medical students better prepared to communicate with their future patients.

It is important to note that the patient-physician communication barrier is a multifactorial issue, and therefore, it is safe to assume that there are number of additional elements to be considered outside of those addressed in this paper. One must also recognize that each patient-physician relationship is unique and dynamic in its own right, and thus generalizing every interaction to formulate solutions can be difficult. Realistically, an in-depth and extended research study would need to be conducted in order to develop effective solutions. The open discussion of this topic will at least begin the process of implementing the change necessary to further improve our health care system and thus improve the quality of life for our fellow humans.

Students Wellness: Mental Health

Skylar Robinson

As college students, it isn't easy to maintain our mental health while focusing and excelling in school. Mental health is an important issue to discuss among students, as problems can potentially lead to stress, anxiety, depression, suicidal thoughts, and eating disorders. Below are some tips to help students deal with their mental health.

Do activities and hobbies that you enjoy; doing this can improve your mental and psychological well-being. Give yourself time away from school and focus on doing other things outside of academic work. Activities such as attending local art therapy classes, including painting, sculpting, or drawing, help you to express yourself and improve your mental health.Other activities, such as yoga, walking, meditating, dancing, and playing sports with friends, can drastically improve your mental health. Giving yourself 15 minutes to an hour every day to get away to attend art therapy or exercise could be beneficial for students.

The most crucial tip is to seek help from a professional if needed. Students might feel uncomfortable or ashamed to get help, and it's important to know that it's okay to talk to someone. UTA provides free psychological and counseling services, called CAPS, and accommodations for students. CAPS offers mental health services by providing individual and group counseling. Students are given free sessions during the semesters; counselors develop a personal plan to help students cope with their mental health. Finally, UTA provides accommodations for students struggling with their mental health with the Student Access & Resource Center. Students must receive documentation from their physician confirming theirtreatment for their mental health. Accommodations can include the ability to record lectures, extra time for exams, and taking exams outside of their courses in an isolated room in the SARS Office.

COUNSELING AND PSYCHOLOGICAL SERVICES at UTA

- Individual & group counseling
- Consultation & referral services
- Psychiatry services
- Events & outreach programs.
- Mental Health Resources
- Services are currently via telehealth until it's safe for in person sessions

Visit: https://www.uta.edu/student-affairs/caps

Locations:

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  602 W. 2nd St. 303 Ransom Hall
  817-272-3671

- CAPS AT THE MAC
  500 W. Nedderman Dr. 212
  Maverick Activites Center
  817-272-1888

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24 HOUR MAVS TALK CRISIS LINE
817-272-8255

PSYCHIATRY & HEALTH SERVICES
605 W. 1st Street
Arlington, TX 76019
817-272-2771

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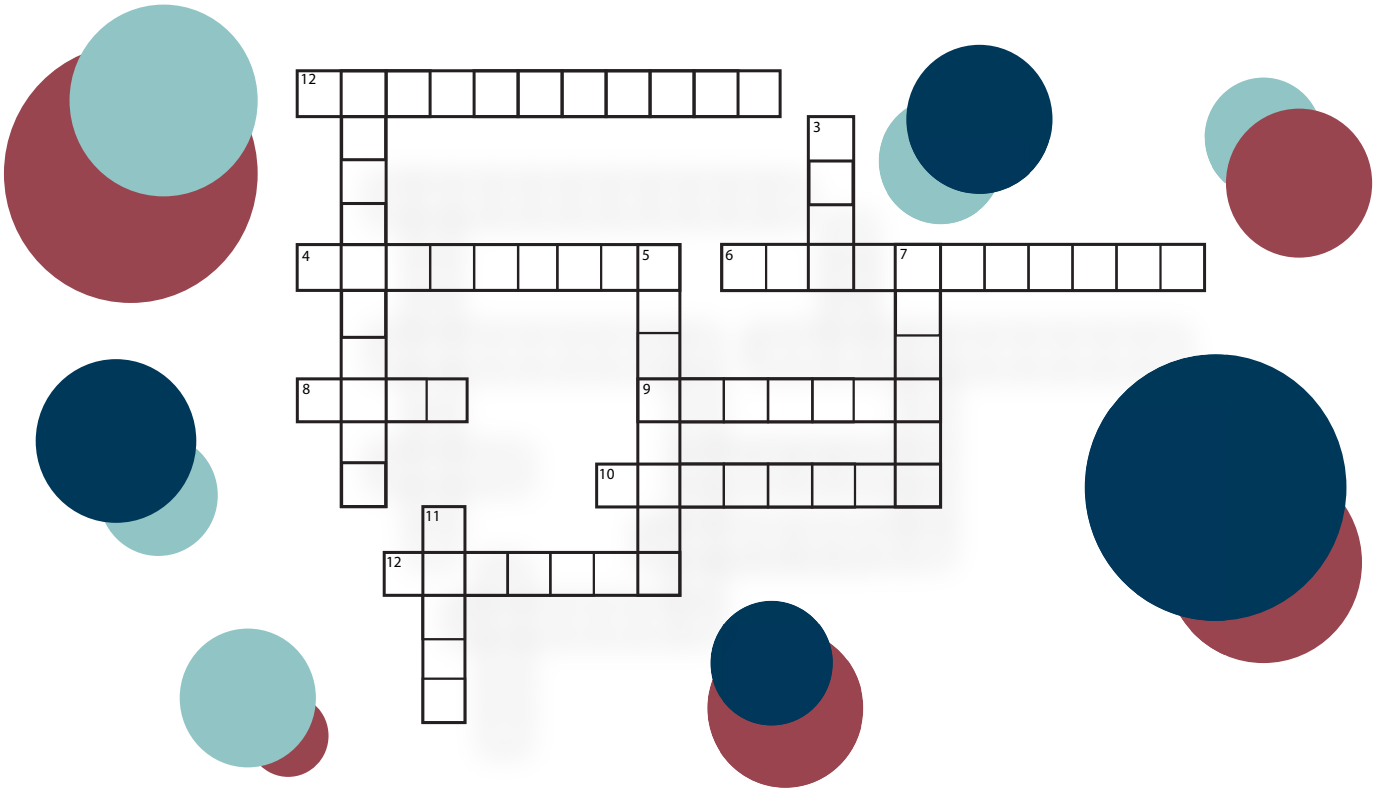
College Student Wellness

Asma Fuad Saleh

The daily life of a college student can be overwhelming with work and deadline, but the prioritization of an individual's health never changes. It is imperative for students to take a break when necessary and organize their time in a manageable and healthy style. Creating a routine and staying up-to-date on all the necessary vaccinations and immunization shots is imperative to ones health. The diet and fitness of a student not only affects their physical well-being, but their mental health as well, which in turn, can affect their ability to study and learn effectively.



ACROSS

1 Abnormal low levels of water in the body
4 A specified time used to relax or take off from work or an activity
6 Setting a desired achievement
8 Designating a select variety of food and drinks to improve one's health
9 A habitual course of procedure- an unchanging formula
10 Organic compounds that can be found in foods to help increase nutritional value, and each plays a specific role in the body
12 A preventative action used to create or build immunity against a specific disease

DOWN

2 Brain produced substance that creates a painkiller effect on the body
3 A process of physical and mental discipline in which an individual is disconnected from worldly material
5 Body exertion with the goal of improving physical physique or health
7 A result from worry
11 A liquid drink needed for the survival of a living organism

WORD BANK: BREAKTIME, DEHYDRATION, DIET, ENDORPHINS, EXERCISE, GOALSETTING, ROUTINE, STRESS, VACCINE, VITAMINS, WATER, YOGA

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Language Learning

Michael Ibeke

Language learning is a beautiful art that is very helpful for our mental health. I always tell people that language is a beautiful thing and that it is very creative. It is a beautiful thing in art, music, dance, literature, TV, films, entertainment, communication, and so forth. Languages are in the liberal arts category in most colleges because speaking a language is a beautiful kind of art and language learning makes people who know two or more languages creative. Language is also very important in medical humanities, medicine, healthcare, and in everyday life as a whole. Language learning is a great experience for everyone because we are a society where diversity is rapidly growing and growing. As diversity keeps growing, the number of different languages is growing as well. The population of people who speak these various languages is huge, and the growth will also be huge. Even though English is the number one universally spoken language, more people speak Chinese as their first native language than any other language in the world. In that same category Spanish comes in second, and then English is third on that list. This shows us that it is very important for people to become bilingual and even multilingual in this society. It is very beneficial in medicine in the sense that language is one of the main universal sources of sincere caring. To speak another language or two that is valued in your community is a huge factor. Knowing more than one language is also very important because of how high the demand is for multilingual speakers. Most states in the United States, for example, Texas, have a huge demand for more Spanish speakers in all categories, especially in healthcare and security. In Texas, Vietnamese comes in as the next essential language right after Spanish in Texas. Some states have a huge demand for other languages, such as French and Chinese. As well as other Asian and African languages and dialects. It's not only vocal languages that are growing; sign language is a big deal as well. Sign language is an overlooked language that is also in high demand. Many people communicate with sign language, but there are not many people in healthcare who can provide healthcare services through sign language. This shows us why it is very important to know more than one language.

Being bilingual or multilingual in the community is very beneficial. Knowing more than one language opens up more opportunities for a bilingual or multilingual person. At most jobs, people who speak more than one language get paid more than the person that speaks only one language. Even though that sounds great, this should not be someone's only motivation to become bilingual or multilingual. Plus, there are more benefits for speaking more than one language. Having great communication and a great connection with someone in another language is another benefit for being bilingual or multilingual, especially in healthcare, because a patient will have a better connection and professional relationship with a healthcare provider who knows the language that they speak. Another advantage is that knowing more than one language helps improve problem-solving, multitasking and decision-making. This makes bilingual and multilingual people competitive in medicine and explains why they would get paid more for having bilingual and multilingual communication skills. Another benefit of knowing another language or languages is that it will give a greater chance at living long and slowing the effects of old age by delaying diseases and illnesses like Alzheimer's disease and dementia. Multilingualism also helps improve and strengthen our brain memory and attention span. This goes to show that language learning is very beneficial for improving

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and strengthening our mental health. Being bilingual or multilingual also opens people up to more social and cultural opportunities in life. Being bilingual or multilingual will open people up to more real human experiences in medicine and beyond.

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Reading the Pandemic

Eli Shupe, PhD

As a professor in UTA's philosophy department, I teach a variety of classes, but no matter the subject, there's one thing that's always on the syllabus: fiction. Like the philosophical readings I assign, fiction challenges us to think deeply and imaginatively about what matters most. An essay or a lecture can teach you about a moral dilemma, but a short story can bring that dilemma to life.

This has been a year of moral dilemmas. Certainly, doctors have had to make hard choices about how best to care for their patients; but more than that, all of us have had to make hard decisions about how best to care for one another.

Here are four works of fiction that imagine pandemics, some similar to COVID-19 and some very different. Each of them has something special to say about our current moment, and two of them are available to read for free online.

Station Eleven (Emily St. John Mandel)

"Because survival is insufficient." That's the motto of the Shakespearean theater company touring the post-pandemic ruins of civilization in this provocative novel by St. John Mandel. *Station Eleven* explores the value of art as a consolation, an inspiration, and a cultural inheritance, and asks us what we'd sacrifice to save it.

Year of Wonders: A Novel of the Plague (Geraldine Brooks)

In the year 1666, a traveling tailor brings the bubonic plague to a small English village. Rather than attempt to flee, the townsfolk decide to quarantine their village to stop the spread of the disease. Brooks' novel is based on the real history of the village of Eyam, where only a quarter of the population survived the outbreak in question. *Year of Wonders* is essential reading after a long year of isolation and lockdown. It also contains what I consider the best fictional account of the way misinformation and superstition spread during times of crisis.

Stand Still. Stay Silent (Minna Sundberg)

Stand Still. Stay Silent is a webcomic set a century after a devastating (and supernatural) pandemic. It follows a group of explorers from the last stronghold of human civilization as they embark on a research expedition into the "Silent World" beyond their borders. Sundberg's comic is gorgeous, gripping, and fun, and all of it is worth reading—but I particularly recommend its opening Prologue chapter, which takes place generations earlier, during the initial outbreak of disease.

Stand Still. Stay Silent is available to read free online at https://sssscomic.com/.

doi:10.32855/stimulus.2021.014

Unlocked: An Oral History of Haden's Syndrome (John Scalzi)

When I teach the COVID-19 pandemic in my Contemporary Moral Problems class, this is the book that I ask my students to read. Although it is fiction, Scalzi's novella is written as if it were a real medical history, describing events following the emergence of a deadly virus that leaves many of its survivors disabled, fully conscious but unable to move their bodies. U*nlocked* is a wide-ranging look at how we experience and respond to both disease and disability, politically, medically, and socially.

Unlocked is available to read free online at https://www.tor.com/2014/05/13/unlocked-an-oral-history-of-hadens-syndrome-john-scalzi/.

From Division, To Relation

Katherine Tran

Health professionals have to treat many patients from in various situations. Whether in cases of chronic diseases or, acute diseases, or when a patient's life is on the line, health professionals are always there to aid their patients. Although, health professionals have to face what comes their way if something happens to their patients. Two flowers represent the two types of encounter health professionals have withs their patients. The iris (left) symbolizes "hope,", which is what health professionals strive for their patients to have. To hope for a healthier life is mainly what health professionals want for their patients. The gold chrysanthemum (right) symbolizes "death", one of the most difficult situations that health professionals have to face. This results with health professionals to have many emotions when it comes to these events come upon their patients. There are many obstacles that health professionals have to face. Whether in the successful or in the toughest times, one thing such obstacles have in common is the providence of love and support from health professionals who are willing to give every minute of their time for their patients.

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In Loving Memory of Gulzar Ali

Waris M. Khuwaja

April 30th, 1995—just like any other day, Gulzar left his house with his friends to have some leisure time with them. Late that night, Gulzar's family got a call from a friend of Gulzar, stating that Gulzar had met with an accident and was in a well-known hospital in Karachi, an urban city in Pakistan. At the hospital, it was found that Gulzar had a compound fracture of his right leg and he was scheduled for an internal procedure to fix it. As any other hospital would do, the facility documented in the emergency room that he was allergic to penicillin. Soon after the surgery Gulzar became unconscious, and three days later his status was recommended as DNR, or Do-Not-Resuscitate, due to permanent brain damage. During his twenty-four hours of initial hospitalization, Gulzar, a young man in his thirties entered a vegetative state and spent the rest of his life in hospital. Soon after the incident, a root cause analysis was carried out. The root cause analysis indicated that the physician had prescribed 10000u of benzyl penicillin, the pharmacy had supplied streptomycin 10 Gm in place of benzyl penicillin, and the nurse had given those 10 vials stat IV (intravenous) in place of IM (intramuscular). This gross negligence by all three players, physician, pharmacist, and nurse, not only killed Gulzar but also victimized his whole family. At the time of this incident, Gulzar's youngest daughter was just nine months old. Due to the hospital error, all of Gulzar's responsibilities were placed on the shoulders of his wife, who was just thirty-four at that time. A young woman who had always been dependent on her husband had to become self-dependent. Along with the responsibilities of a father, Gulzar's wife also had to face tremendous hardships concerning her rights from her family.

On February 17th, 2008, Gulzar took his last breath. He choked while being fed his food through a feeding tube. During those thirteen years, Gulzar faced many hardships as a patient in hospital, but his family also faced some huge dilemmas. In 1995, when Gulzar began his new "vegetative" life in hospital, his family started a new life too, a life that was the opposite of what it used to be. Overnight, Gulzar's family lost possession of all the property that had been owned by Gulzar, because according to the rules in rural areas of Pakistan, the true inheritor of a father is his son. Gulzar had four daughters but no son. Gulzar's family was left with nothing but a few pennies. The family that had everything was reduced to nothing in just a day, but Gulzar's wife did not lose hope. As the hospital had admitted their mistake, Gulzar's family was compensated financially. However, that money was not enough to cover the living expenses for a mother and four daughters who had no other support. Also, this monetary compensation could never cover the

Gulzar Ali

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cost of the dreams that Gulzar's wife had for her daughters, that they would become lawyers and doctors. Gulzar's wife soon began fighting for her right to the property of the husband she had lost. In 2005, Gulzar's wife started another battle in her life, and that was with breast cancer. After many years of struggles in hospitals and courtrooms, Gulzar's wife successfully won the battle with cancer and was able to get a small portion of Gulzar's property for her and her daughters. During his time in the hospital, Gulzar's three daughters got married and he became the grandfather of five children, including me.

Hospital error not only made Gulzar, my grandfather, vegetative for the rest of his life but also deprived a wife, a daughter, and a grandchild of the love of a spouse, parent, and grandparent. A hospital error turned over the lives of every member of Gulzar's family. This story serves as a great example of why every person that works in a healthcare organization bears a great responsibility for each and every patient. Every decision made in the healthcare organization about a patient's life not only affects that patient but also his or her whole family. Gulzar left us with a great example of this. Every healthcare professional should always keep in mind patient safety before making any decision and always abide by the Hippocratic Oath to treat each patient to the best of his or her ability, so that hospital errors are minimized as much as possible.

To Doors that Lead to Nowhere

Karyssa Nelson

During my first day on UTA's campus in 2018, I took the same tour that each new student takes as a part of their freshman orientation. My tour guide, whilst walking backwards across the campus, pointed out a series of small doors that I likely would not have noticed otherwise. He told us that they held a sort of legacy at UTA and had become something of an inside joke between the tour guides and many of the students. These doors, positioned arbitrarily throughout the entire campus, seemingly lead nowhere. No one has ever seen a person enter or exit them; in fact, they appear to be too small to allow for anyone to make much use of them at all. And so, rumors began about the true purpose of the doors, with the most prominent one being that they lead to a series of tunnels—that they are all interconnected, forming a secret, second campus underneath the one we know and love. But the truth is that no one will ever know where they lead, as they remain locked and largely unnoticed. Each time we passed one during my tour, however, the tour guide would distract us from whichever building we were passing by to point them out. As someone who loves learning, one of the things I hate most in this world is having a question that I know I will never know the answer to. In this reflection, I found many things in life and in medicine that find their origin in metaphorically locked doors that may lead to a number of unknown tunnels, and suddenly the tiny doors sprinkled across our campus became something else to me entirely. To this day, I am unable to pass one without wondering what lies behind it.

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To doors that lead to nowhere,
You mock me as I pass.
I glance and you stare back through me,
As I pass from class to class.
Sturdy, but unyielding,
You stay stuck to your one spot.
I long to see behind your lock,
To know what you've forgot.

I never got the chance to see
What's there behind your frame.
I'm scared that if I don't ask now
I'll never have the chance again.

I've been told a labyrinth lies beneath
The ground on which I walk.
So, when no one is looking,
Perhaps I'll try to knock.
And when that fails, I'll try again—
This time, I'll pick the lock.

To doors that lead to nowhere,
I fumble with my keys
A photograph, a hand-sewn dress—
Anything to appease.
I beg for you to open,
Just for a moment? Please.
I feel stupid even trying.
I feel impuissant to this disease.

So, I take a different route to class
To save myself from my own blame.
But I can't stand not knowing,
And when I return, there you remain.

To doors that lead to nowhere,
I tried again today.
And though I was afraid to ask,
I said, "remember me?"
At first, you did not answer,
I did not expect you to.
Disappointed but accepting,
I reach out my hand to you.

I gaze down at our shadows,
Intertwined, but still, separate.
When suddenly, the handle moves.
I hear the lock click.

You say something familiar
But in a breath, the moment's passed.
And all I see before me
Is a blank face looking back.

-15°

Steven Gellman, MD, MFA

Lake Grapevine, at -15 degrees on a record setting February 2021 morning, showcases nature's might and magnificence.

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Nature's Conquest

Kendall Hayes

Blinking red lights of storefronts
Rush hour still arriving on its timetable
Sunday mornings with filled tables at restaurants
The idea of global change just a fable.

Not a week in and everything changes.
Ever-vigilant cities finally rest their wary eyes
The once ever-present closeness of man now spread so far.
Sun-bleached outlines of names visible on storefronts.
Grounded planes stranded in their hangars.
Hopeful checks received by many.

In this time of rusting cars and lost jobs,
Lives fought and lives lost.
Freedoms were pressed.
Political trials were tested.
We kept our distance and stood together.

Where movie theaters and parks lacked
Grocery stores gathered the populace.
Empty shelves desperately trying to be restocked
Sanitation finally becoming concerned for health.
Sanitizer,
Soap,
Toilet paper.
The invisible backbones of the nation.

Once more Texas fell silent.
Empty roads turned white with snow
Birds' toes marked the only travelled paths
Snowmen replacing the places where friends once stood.
All was powerless to the might of nature once more.

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Clear tight ties,
Black slick suits,
White filled hats,
Trends of Animal's clothing of last year.
The protections of man they now wore
A sign of pained rebellion and struggles they carried.

The Global Era only pressed further by this distance
The emotions we were once used to now hidden
Smiles turned into barely visible creases
Words muffled into moans and groans.
Behind computer screens,
We do our calls and talks,
Our whispers and games,
Our meetings and reunions.

> "We had become immune to the changes"

Khan's forty souls reaped
Fifteen years under The Great's control
The Great Mortality turned fifty million blue
Yet
The time was now for the most successful conquest

We had become immune to the changes
Our minds had settled.
The panic now gone.
Separation is routine now.
One years,
Two years,
Three years.

Scentless nights draw to an end
With sweet dreams of
Freedom,
Celebrations,
Nights out,
Sports,
Gathering.
An end to this Nature's Conquest.

The Gifted Yet Broken Healer

Rumaila Hussain

Gifted healer she called me

Drawn to the world of medicine like a moth to a flame to heal those broken

Yet, I became broken in the process

Eat, sleep, breathe, medicine, they warned me, but little did I know what they truly meant

I chose to devote myself to my future patients, but I forgot to nurture my own soul, I forgot who I was, I lost my identity

I forgot that I too was a daughter, sister, aunt, girlfriend

Medicine does not mean you must become a martyr

Love yourself, as you cannot heal others when you are broken

Illustrated By: Jaime Hernandez

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Don't Be Perfect: Just Be You

Jade Amerilda Scielzo Irving

The transition from high school to a college has been a challenging one for me. Independent of the issues from the pandemic, and having been somewhat underprepared academically, I have learned one important point that I hope will help others: Just be you.

Most of my high school years were spent on the ice. As the sun came up, you could typically find me at the ice skating rink; hours of jumping, spinning, and frequently, falling. Hour after hour, day after day, I typically spent around 60 hours a week skating. Bruises oftentimes covered my body. But I honestly kind of hated studying—so skating gave me purpose.

However, that all changed one day in my junior year. I had the opportunity to shadow a team of resident trainees at a university medical center, and suddenly realized where I wanted to be in life. Watching these physician trainees go from patient to patient—helping to save lives and giving hope to their patients—was the most powerful, inspirational thing I had ever seen. Empowered with incredible skills and knowledge, they were devoting their lives to helping others. This was what I wanted to do. I wanted this type of meaning in my life.

> *"I have learned to embrace my academic jumps, spins and falls."*

Now, I just needed to work on the skills and knowledge. Yikes… Catch-up commences. I suddenly felt like I had just taken one of the worst falls ever on the ice. I was paralyzed—and realized it was going to be pretty hard to get back up where I wanted to be. I enrolled in a small private school for my final year of high school and fully dedicated myself to studying. I eagerly applied to colleges—and was so excited to get accepted. I started.

My first few weeks in college were terrifying. I had no idea what I was doing. There were assignments—tons and tons of assignments – that I wholeheartedly felt underprepared to complete. I studied, but I didn't really understand how to study. I tried to complete assignments, but I always felt they needed to be better. I hated my work—but the deadlines came, and I submitted it. Sometimes I cried… I felt like I was going to a big figure skating competition without having learned my routine. How was I truly going to be worthy of being a physician if I couldn't even create an amazingly inspirational paragraph in Canvas?

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I reached out. I talked to my faculty. I talked to the few friends that I was able to make. (Making friends has been really challenging given the pandemic and being virtual.) I talked to my parents. I realized that I didn't need to strive for the perfection that I had always sought of myself—I realized that I needed to just do the best that I could within the parameters that I had. I just needed to keep strong—keep remembering my passion—and to keep pushing forward. Try, try again. I get up from the ice, and just pick up the pieces each time I fall. Excellence comes from practice. Learning comes from mistakes (and wow, I have made a lot).

I now do my best every day, but have self-compassion. I always reflect on what I did well—and pick a few things to do better. Every day I want to be a better version of myself—so that I can eventually be a wonderful physician. I have learned to embrace my academic jumps, spins and falls. Even then I am sure I will continually challenge myself to be the best I can be, but in the interim, I have decided that I will enjoy my education. I will find passion in every class—and will love the road that I am on. I don't want to be perfect—I just want to be me. So to all my peers and future aspiring students that have similar aspirational goals, I encourage you to join me in this quest. Let's make our educational experience as awesome as possible—and just work on being the best we can be together. Soon we'll master these jumps and spins, and take on the world!
Remember, just be you.

Come Hither

Marcy Davis

"Come Hither" is a mixed-media sculpture that revolves around human connection, specifically hope and grief. The three hands symbolize the human bond that people share on Earth while the flying bird resembles the loss of a loved one. "Come Hither" shows how the boundary between a physical presence and a spiritual presence are intertwined with each other, that the loss of a loved one does not mean the end. It means only that we find their presence through signs on Earth.

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Duplication of Cases

Jano Venter

Throughout my professional career, I've heard some of the worldlier and enlightened gentlemen of the age say that we surgeons, as members of the medical industry, must have nerves of steel and an idealistic outlook on life while somehow keeping ourselves stern and practical. If we lacked fortitude, they argue, we would lose all hope and be defeated by the sheer gloom of our professions. While their view makes for a useful parable, here is no truth to it. Ever since I retired from the army, my sanity was kept in check by nothing more than apathy and morbid cynicism. Not that I neglected to do my duty as mandated by the Hippocratic Oath, far from it. In fact, I sincerely doubt that they would have allowed a tired country sawbones like me sully the prestige of a hospital like Galahad the Pure without expecting results beyond expectations. Still, sometimes I have my doubts about whether nature's expectations can always be met, and in the case of one specific patient, I start to question whether those cases that spiral beyond our control are more due to the inadequacies of medical science or the unbiased scythe of circumstances.

While Artimus Thaler was never a patient of mine, I chanced to meet the fellow while attending to one of my charges in the same ward.
Thaler's case at once piqued my curiosity due to the bizarreness of it all. He had been transferred from the best hospital in the urban north to one in London where doctors thoroughly examined him with the best of medical technology and could find nothing wrong with him. That analysis vexed London's medical elite to no end since Thaler was clearly withering away. Even after he was taken in by Galahad the Pure's most ambitious physician, the condition of the man who lay before my eyes told a different tale than all the futile expectations of our leading minds. Thaler's skin was a sickly shade of grey, wrinkled and scabby to the point where his limp face seemed to be some twisted carnivale mask hiding features with as much life as his eyes. In fact, the eyes would fool any well trained doctor to believe that behind the macabre facsimile of a face was a malingering young prankster cleansed of all the ills of the world. When I spoke to Thaler that day, he did indeed seem in worryingly good-spirits. Through dry lips, he whispered to me of his fiancé's visit and spoke of her impending arrival with such vehement melodrama I thought it may become necessary to sedate him. Luckily he overextended his physical energy and passed out before the grips of hysteria took him.

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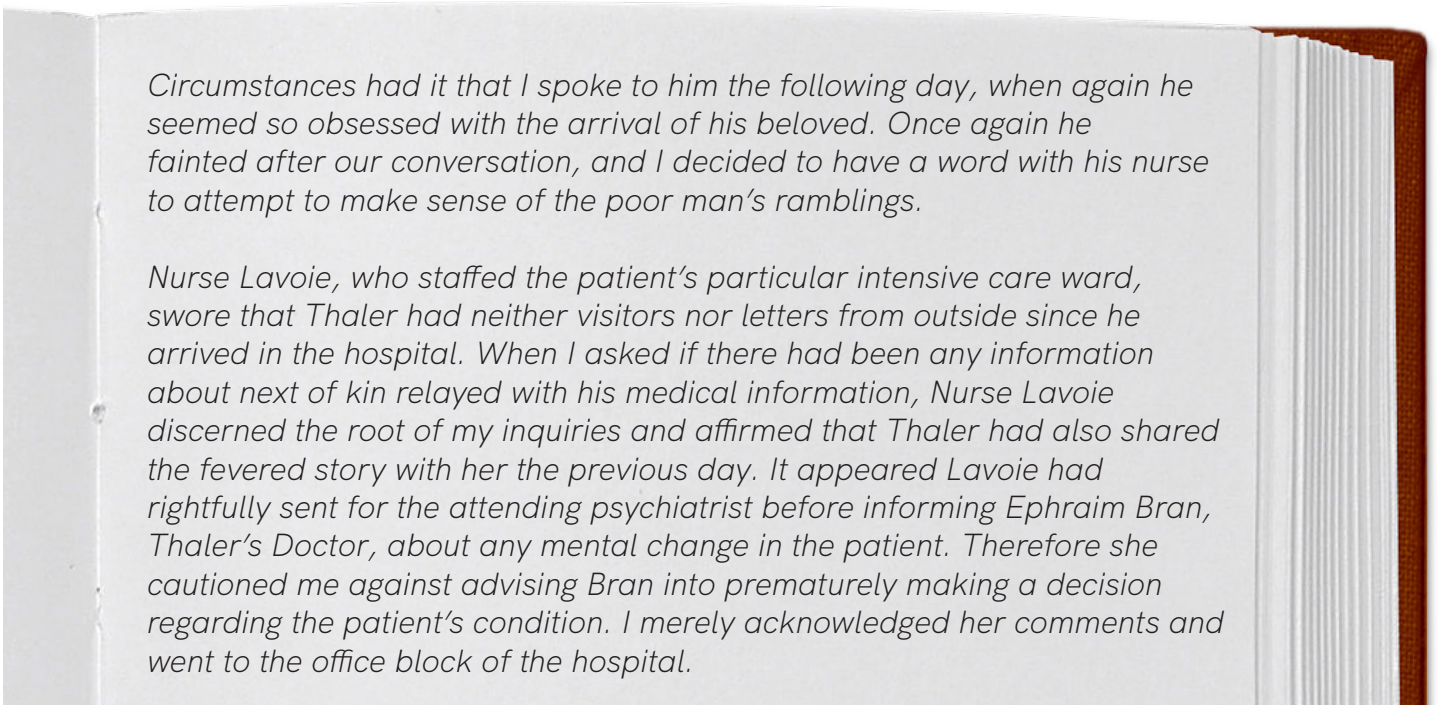

Author's Commentary:

For this story I wanted to blend Steampunk and traditional mythology in a way that is different from the typical gaslight-fantasy speculative fiction or generic social commentary with fantasy races or tropes copy-pasted instead of original writing. What I ended up doing was taking the super-science edge of steampunk in the medical direction. The medical devices are clunkier and cruder versions of our advanced medical equipment and the psychological sciences are developed beyond the Freudian level that would have emerged in the Edwardian cut-off of the steampunk timeframe. But there is also the obligatory romanticization of the "arcane old ways" some circles of Victorian scholarship were so fond of, exemplified by the character of Dr. Bran.

In my opinion, there is some sense in the idea that certain of the Victorian esoterica had merit, as the overwhelming majority of the scientific mysticism was superseded by more advanced scientific theories that essentially corrected the nebulous and fantastic of the pseudosciences. Phrenology and humorism, for example, turned out to be proto-scientific forebears of localized cognitive functions and chemical neurology, respectively. Though these disciplines died out as science improved, were a supernatural entity to come along, then science would find itself less able to make sense of the new discovery unless they defaulted back to the folklore and mythology surrounding that type of entity. And that is exactly what happens in this story. When the best doctors in Western Civilization are unable to find out what is wrong with Artimus Thaler, it is exactly that sort of unnatural malady the physical sciences cannot make sense of because they do not understand where it comes from. Without spoiling the story, I will reveal that Algernon Blackwood's "Transference" was a big inspiration for me in writing it, as I like unusual stories of vampirism. So, taking cues from Blackwood and drawing on my love for Irish mythology, I had modern medicine confront an unusual disease. In fact I'll venture there is no classification of disease that would match the criteria of an attack by the Leanán Sídhe.

Link to Full Story: https://ln.sync.com/dl/7b5ffc030/dz3nijxh-872xcuvq-x2vj8udk-uwufca79

Understanding Disability in Literature Through Graphic Novels

Kelle Plummer

Creative expression is as varied as the number of stars in the sky. The same is true of literature. A play by Shakespeare, a sonnet by Dickinson, or a memoir about mortality each use eloquent phrasing to deepen understanding of the human condition. The medium of comics and graphic novels may not seem to Þt into the traditional literature genre; however, comics and graphic novels have long been a medium used to tell stories. And much of this medium has focused on disability.

Comics initially originated as commentary about issues, typically politics, and evolved into a marketing technique for attracting readers to the Sunday newspapers. In the early 1900s, comics gained popularity in the United States by Þrst publishing compilations of Sunday comics and original content serialized over volumes. Superman created the demand for superhero comics and became the most popular subject for comic books (Bui n.d.).

Other early narratives of comics portrayed disabilities through comedic characters. Looney Tunes, Disney, and Marvel characters were not monstrous or evil, and some were very beloved through story or Þlm (Jadir 2019). As comics became more sophisticated, the genre turned to a depiction of disabled characters as superheroes. Batman was said to have suffered from post-traumatic stress disorder, a bullet from the Joker paralyzed Batgirl, and Daredevil was a crime Þghter blinded by a chemical accident.

Graphic novels grew out of the serialization of comics into book-length stories. Modern graphic novels currently occupy a distinct publishing category and include Þction, non-Þction, and memoirs. Author and illustrator Mark Siegel spoke of the power of the graphic novel, saying,

> We're moving into an age where there's a visual literacy that can go as deep and as substantive as prose literacy. People are being raised to think both visually and verbally. The graphic novel does those two things, and the dance of those two produces an experience. (Siegel 2017)

An author's reasons to choose to represent literature visually are as varied as the authors themselves. Contemporary children's book writer Cece Bell wrote about her own experience as a deaf child, choosing the graphic novel format.

> The main reason that I believed the graphic novel format was the best format for my story is: SPEECH BALLOONS. They are awesome. They let me show the reader exactly what my character is hearing, or not hearing—a very important thing to show in a story about deafness. (Bell 2015)

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Author Ellen Forney wrote the graphic novel *Marbles* to share the very personal story of her journey through a bipolar diagnosis. Being a storyteller by trade, the graphic novel format allowed Forney to draw what it felt like. She described pictures as intuitive and able to convey her story more fully (Forney 2019). Illustrator David Small described his book *Stitches* as "a silent movie masquerading as a book… a memoir as a tale of redemption that informs us that things can get better, that good can emerge from evil, and that art has the power to transform." In discussing this deeply troubling story of a boy with a physical disability living in an abusive home, the author revealed that the emotions of his experience emerged when he began to draw (Small n.d.).

The simple comic submitted was created on the program Pixton. The story centers on a child first diagnosed with a learning disability and the experience of starting language therapy. It tells of the emotions felt by a helpless parent and the mixture of support from school administrators, teachers, diagnosticians, and a language therapist. Although this story is about a child with a disability, she exists in the background, a metaphor for families who struggle to cope with and support loved ones facing disability.

A graphic novel is not a simplistic form. In some ways, the process adds more complexity to the written words due to the ability to visually interpret and show an additional layer of emotions. As health practitioners seek a deeper understanding of the human condition, it is valuable to be open to the many different forms of expression others may use to tell their stories. A realistic portrayal of all kinds of disability could help shift the perspective from ableism as the norm to greater inclusion for everyone.

"See Molly's Magical World on following page"

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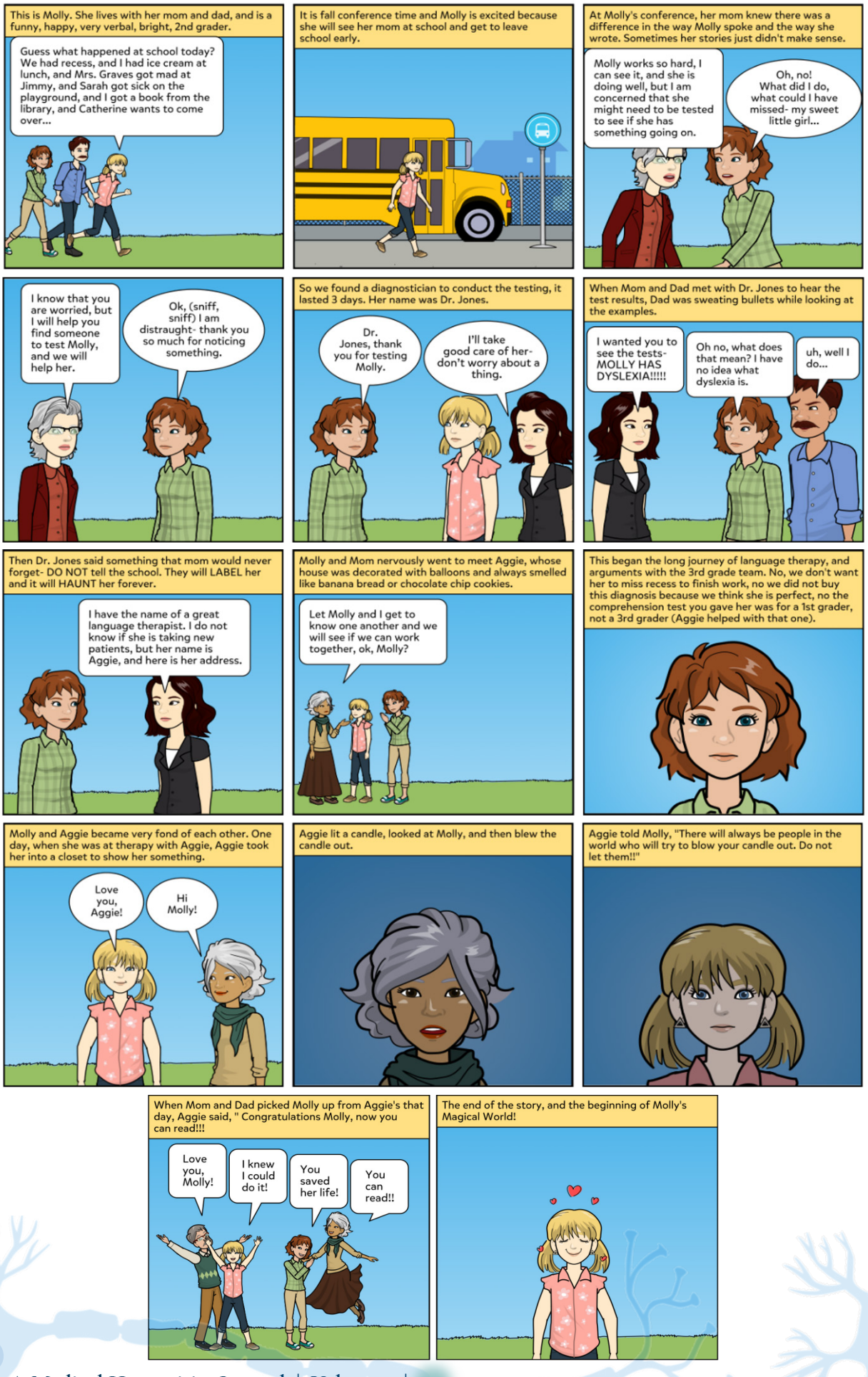
Molly's Magical World



You Live and You Learn

JaiAnna Megahan

I was only nineteen when I danced with the Grim Reaper.

Prior to being a student at UTA, I was at University of Houston. It was close enough to home that my parents could come down if something happened, but far enough away that I felt I could focus on who I was outside of the family home.

My first semester at college, I made friends with a very diverse group of people. We were this beautifully dysfunctional family that stuck with each other through the good times and the bad. Especially the bad.

My friends helped me decide to start taking birth control. "You would rather have it and not need it than need it and not have it, right?" It made sense enough to me although history never expressed a need for it, so I "got on the pill."

After a fun semester focusing on my new friends, breaking records in the bowling alley, all-nighters during exam weeks, and midnight snacks at our 24-hour dining hall, I began feeling under the weather. I noticed it slowly over the start of the second semester. I couldn't run as fast during our weekly basketball games because my heart would race more than usual. I would start coughing out of nowhere, barely able to stop once I started. Then I noticed that I would start panting just from changing my clothes or leisurely walking to my class. I had this intense, unfamiliar pain in my calves. Me being me and how I was raised, I worked through the pain because I thought it was all in my head. In fact, I thought that everything I was experiencing just meant that I was more out of shape than I realized, so I decided to push myself harder in the gym.

However, one day I was walking to my dorm and my mom heard how out of breath I was. "JaiAnna, that isn't normal, and you need to go to the campus clinic as soon as possible."

The nurse practitioner was very intrigued by everything I was feeling and seemed to already come to a secret diagnosis. She sent me on my way with an inhaler, some antibiotics, and told me to come see her at the end of the week for a follow-up. She said to pay close attention to how the pain in my calves felt as time went by.

On February 15th, it was time for my follow-up appointment. As I was walking to the clinic, every step felt like someone was taking a steak knife and going at my calf like a ribeye. I was incredibly out of breath by the time I made it and mentally making plans to ice my leg and hit the gym the next day to continue getting myself in shape. When I walked in the examination room, she didn't waste time with initial greetings. "How are your legs feeling? Is it any different from when you came in at the beginning of the week?" When I told her the pain was localized to just my right calf, she looked at me like my head was becoming a headstone. She asked me if I was on birth control, and when I said yes she told me she was sending me to get an emergent ultrasound.

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"I think you have a blood clot in your leg."

The feeling of dread that bubbled in my stomach and sent my mind spiraling was a feeling I'll never forget.

My head was spinning with so many thoughts that my mouth didn't know which one to pick.
My entire body disguised itself in goosebumps as I left her office in a daze.

The journey from her office to the imaging center was filled with muffled tears in the back of an Uber. I remember the driver saying words but not being able to process them.

The imaging center had the lighting of every Harry Potter film: dim. It was as if no happiness resided there. And for good reason.

The technician and radiologist shared bewildered stares between each other with hushed whispers to match as they went over my results. They didn't include me in their conversation. They didn't realize that I needed to be a part of that conversation. Instead I was just given orders and a CD.

"You need to go to a hospital immediately. You have a very large blood clot in your right leg."

Honestly, I didn't really know what this meant. I was only nineteen years old. I wasn't a doctor. I was only a freshman pre-med student. I didn't even know what questions to ask.

They didn't explain what this meant. They didn't tell me why this was bad. They just sent me on my way and moved on to the next patient as if I knew what to do.

My friend Robin met me at the hospital to wait with me until my family arrived. We were unknowingly sitting in a trauma hospital. I thought my leg, being four times the size it was normally, was traumatic. Well, it was for me. It wasn't so much for them.

Four hours passed when my family arrived from Dallas and switched shifts with Robin. My mom gave them another two until she decided her child wasn't going to be waiting any longer without at least the possibility of being seen. We ended up going to this triage center that was separate from its parent hospital.

In that triage center I saw five doctors.

The first one took my vitals and sent me back into the lobby.

The second one took me to get a CAT scan with a contrast that made you feel like you were peeing yourself.

After that I was rolled away to a room where another doctor took a second ultrasound from my ankle up to my hips.

The fourth doctor was my absolute favorite. He had been given the results of my ultrasound that showed I didn't have a blood clot in my calf. He tried to explain to my mother and me (two black women), in the most condescending way, that I had only pulled a muscle. He dumbed down his explanation the way an adult tries to explain the mechanics of a clock to a child. However, he spoke to my father (a white man) in a more scientific way. He used medical terminology and spoke the way two adults of academia speak to each other.

That was the first time I had ever experienced a white doctor casting aside what a black patient was feeling and dumbing down the results to fit the stereotype he already had for us.

The fifth doctor, I assumed he was a radiologist, escorted the fourth out of the room to discuss the results of my CAT scan. Then the same doctor who was trying to write off my symptoms as omething as common as a pulled muscle came bursting into the room, smiling from ear to ear.

"We found the clot! It dislodged and went in your lungs! Actually, there are a lot of them in your lungs! We are going to have an ambulance come get you and take you to our primary hospital location so you can be admitted and treated accordingly!"

He acted as if he had won the lottery, not thinking about how his excitement would affect my parents. Or me.

I hadn't even noticed my tear-stained hospital gown until my mom was reassuring me that everything was going to be okay.

Everything was happening *to* me.

Everyone was speaking *at* me.

I was engulfed with anxiety, and no one was giving me time to just breathe.

It was well past midnight by the time we arrived at our last destination. The night doctors, in my personal opinion and experience with them over the next week, did not care as much as the doctors in the daytime. I was more of an inconvenience to them than a teenager who just had their world turned upside down.

> "Everything was happening *to* me
>
> Everyone was speaking *at* me"

Before I could attempt to get a couple of hours of sleep, my doctor and nurse had a very vocal fight about starting me on a heparin (blood thinner) drip. My nurse fought hard for me to be put on it because she believed it would make sure I got through the night. Luckily for me, she won the fight, and I honestly can't thank her enough.

I spent a week in that hospital surrounded by doctors and nurses saying things like, "It's a miracle you're alive," "We call pulmonary embolisms the silent killer," and "If you hadn't have come in tonight you probably would've died in your sleep." My mother had to ask the doctor to explain what was happening to me. She had to ask them to tell me how the clot in my leg basically swam up my vein, went through my heart, and decided to make a home within my lungs. Then they told me that this clot actually saved my life because "my lungs were covered with so many clots they couldn't count them" and the clot in my leg helped bring attention to a far more worrisome problem. I even learned that I have a clotting factor that puts me more at risk than others to develop blood clots.

That entire week I felt like a limited time only museum exhibit that everyone had a ticket to.

Everyone but me.

I had never felt more alone, more confused, more frightened, than I did in that week in the hospital.

But I lived.

But not only did I live, I learned.

When you go through school as an aspiring physician, you are taught techniques, theories, and told to see the body as a machine. You are the mechanic looking for what caused the car to breakdown, pulling out the tools you need, and fixing it up quickly so you can get to the next one.

However, that week in the hospital allowed me to experience medicine as a patient.

I wasn't a broken machine that needed to be sent down an assembly line to fix before heading to the next one.

I wasn't the individual body part or condition that brought me to the hospital.

I was a human being.

I had emotions and feelings that weren't being seen.

I was scared, confused, anxious, sad, angry, and everything in between.

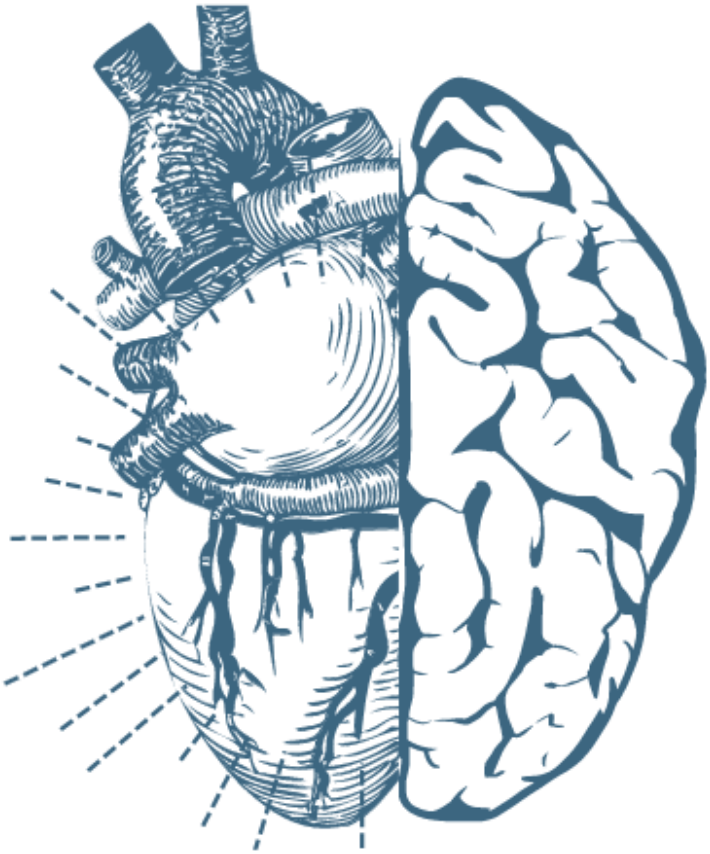
But most importantly, I was vulnerable.

I came in not knowing what was happening to me, not being told anything, but trusting multiple doctors to take complete control over my body and care for me. Giving in to having no control or no say because I trusted them to help heal me and help me understand what was going on.

This feeling of basically being helpless isn't something you can read in a textbook.

As a future physician, I want to create a more humane medical practice. This has been a hot topic for a very long time within the medical field. It is known and discussed that doctors aren't always the most empathetic professionals you'll come across. We are striving to bring the knowledge of medical humanities into the healthcare profession. However, the best lesson I learned about how to be the doctor I aspire to be was by being the patient I aspire to treat. The saying "Before you judge a man, walk a mile in his shoes" is what we should keep in mind as we are entrusted with patient's lives and feelings.

The majority of students go into the medical field to help people. We can only go so far with the technical information that we learn in the classroom. We must learn the science, practice the compassion, and teach both.



Hope's Fall

Prishmi Nagarajan

Another friend becomes a memory to hold,
as the cruelties of life slows time to a crawl.
A hand filled with so much warmth lays cold
While one fights the bite of hope's fall.

The battles of our past shape who we are,
Reflecting lessons from an innocent time.
To have courage is to look beyond our scars,
For the possible future beyond the climb.
To dare to dream, a choice unclear.

Taking a leap of faith to lower one's inner wall.
For the essence of hope demands to release fear,
To blindly believe in the face of hope's fall.

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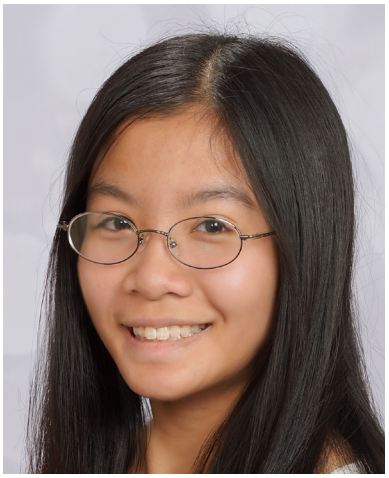
Creator Biographies

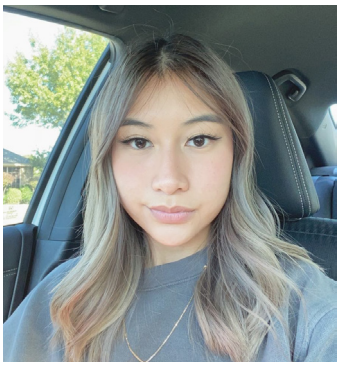
Ellis Jones, the author of "The Nature of Our Nature," is a master's student in UTA's Industrial Organization program.
"I wrote this poem on my back porch as the sun was setting on Earth Day in 2020. This poem was written to reflect on the honest and stark truth that we humans must face: the certainty of our own death. We fight it, try to forget it, and live to escape it. Through this poem, I hoped to remind people of the naturalness of this process. And that it is just that, a process. It was never for us to fight but embrace."

Smriti Ghimire, the collaborating author of "Disconnected," is an undergraduate student at UTA studying Biology.
"As a premedical student, I have been exposed to the many ways in which healthcare is changing as a result of continuous technological advancements. Though technology is helping to make treatment more efficient, there have been several concerns from patients about the lack of connection with their physicians. 'Disconnected' is a piece that serves to illustrate this issue in healthcare and highlight the importance of the medical humanities. I wrote the poem in a free-form couplet style and in a manner that walks the reader through the modern patient experience. I also meant for the title to hold a double meaning so that it emphasizes the irony in modern healthcare practices. The final takeaway is that efficiency doesn't necessarily equate to effectiveness, and that is something for current and future healthcare providers to keep in mind."



Kathleen Dao, the collaborating illustrator of "Disconnected," is an undergraduate student at UTA studying Biology.
"I'm a premed student, and all my life, so many people have told me to focus on the science of medicine, that helping people has more to do with medications and treatments than anything. It wasn't really until I entered college that I began to hear more about the issue of patients feeling that they weren't being seen or heard by their doctors. Therefore, I decided to draw this picture to represent this problem. I used warmer tones on the patient and cooler tones on the doctor to show the disconnect between them. Instead of providing the patient with the attention and warmth that they are seeking, the doctor instead focuses more on their laptop, prioritizing the science of medicine over its humanity."

Alfredo Palacios, author of "Speaking Spanish in the Healthcare System," is an undergraduate at UTA studying Linguistics and Biology.
"As someone who has worked with the Hispanic community his entire life, I know how severe the language barrier is between patients and medical staff and how it can even manifest itself in very deadly ways. The Spanish-English language barrier is considered one of the biggest factors in the disproportionate rates of diabetes and hypertension in the Hispanic community and I hope that this small study of mine can bring some light and spread awareness of what a dire issue this is."



Caroline Nguyen, the author of "Peace at Heart," is an undergraduate student studying Biology at UTA.

"This work is really important to me because I was finally able to showcase my creative side, which I haven't been able to tap a lot during undergrad. I used an iPad with the app Procreate to make my art piece because it is easier to fix mistakes on a digital medium compared to a physical one. The first inspiration behind my piece is my uncle who passed away from cardiovascular disease. The other inspiration is the general public because they often get 'lost' on the internet and don't realize that the true beauty of life is right in front of them."

Dr. Barbara Chiarello, the author of "Ingrained Patriarchy, Opportunity Lost," is an adjunct assistant professor in the UTA English Department.

"I have taught multicultural American literature for over 20 years. I use various critical approaches, including feminist theory and cultural studies, to enable marginalized voices to be heard more fully, as they must be to sustain justice in a democratic society. The vignette that I submitted illustrates how we often understand past events in terms of current knowledge. Graduate school gave me the language to re-see a traumatic moment in terms of the systemic sexism that continues to influence us all. As more of us become aware of our implicit biases, if even retroactively, as I did, maybe we can let them go."

Alison Ngo, the author of "A Resident," is an undergraduate student studying Biology at UTA.

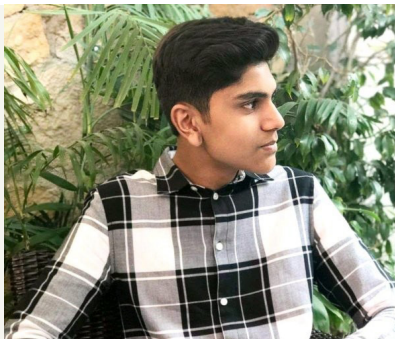
"My name is Alison Ngo and I am a born and raised Texan. I am currently studying Biology hoping to pursue a career in the medical field. My goal is to become a pediatrician as I have always enjoyed working with kids. I grew up being the eldest of three, so I have always looked after my younger siblings and have taken on jobs to babysit or tutor children. Being able to combine my love of helping others and working with children is so fulfilling for me and is my ultimate aspiration. I have gained some experience in the medical field as a certified nurse assistant, and while working I have noticed the elderly are left alone a lot of the time with little to do but eat, sleep, and watch television. I wanted to capture this bleak and bland kind of lifestyle in their points of view. They are oftentimes very lonely and bored and family members can only visit so much. This has worsened with the onset of the pandemic where visits are restricted in many facilities. I wanted to portray this unique perspective, which we may not actively think about regarding the daily lives of our grandfathers and grandmothers."

Thao Thu Nguyen, the author of "Dinner Is at 10 pm," is a UTA alumnus who graduated in the Fall of 2020 with a Bachelor of Science in Biomedical Engineering and a minor in Disability Studies.

"I have read many stories about the experiences from the physician's view, the patient's view, and the patient's family's view. As I placed myself in each of their shoes, I thought to myself that there was still missing another point of view. Not often do I come across stories told from the physician's family's standpoint. I realized that I fit into this category and was inspired to write about my experiences growing up in a physician's household. As you read the story, you will notice that I only mention my father's profession as a doctor, never specifying what kind. Depending on what kind of doctor one is, daily life differs. However, I purposefully omitted this specification to emphasize that despite his vocation shaping his lifestyle, in my eyes he is my father before he is a doctor."

Dr. Timothy Ponce, author of "Technical Writing Pedagogy and Empathetic Medical Intervention," is a Senior Lecturer of Technical Writing and Professional Design at the UTA Department of English.
"I hold a PhD in Literature and a certificate in Teaching Technical Writing from the University of North Texas. I currently serve as a senior lecturer of Technical Writing and Professional Design and as Coordinator of Internships in the Department of English at the University of Texas at Arlington. While my doctoral research focused on perceptions of heroism in sixteenth and seventeenth century England, I have since published and presented papers focused on technical communication, writing pedagogy, literary pedagogy, and curricular accreditation, with an overarching research agenda that addresses the intersections of pedagogy, professional skills, and employment. In addition to my teaching and research, I also serve as a board member at the Society for Technical Communication Loan Star Chapter, as well as on grant review committees for the Texas Higher Education Coordinating Board. In this article, I demonstrate the value of technical communication courses—particularly those informed by design thinking—to aspiring medical professionals. Due to technical communication's user-centered approach to writing, the theoretical framework taught in technical writing courses helps prepare these students to offer empathetic, wholistic, patient-centered care."

Sami Ali, author of "Souls Tearing Apart," is a Freshman undergraduate student at UTA studying Marketing.
"Born and raised in Pakistan, I have been making digital art since 2018. I am a proactive student with skills revolving around marketing strategy and content creation. I have been interested in arts my entire life. My art is heavily influenced by the styles, ideas, and techniques of Surrealism. I try to focus on these ideas of chaos and unconscious desires in an effort to dig deep into the unconscious mind to find inspiration for artistic creativity."



Jacob Litsey, the author of "Impediments to Patient-Physician Communication in a Hospital Setting," is a senior undergraduate student at UTA studying Biology with a minor in Biochemistry.
"I plan on pursuing a medical degree after I complete my undergrad and hope to specialize in cardiovascular surgery. My inspiration for this paper came from a combination of my own experience in clinical medicine (both as a volunteer in the ICU and as a student shadowing physicians), as well as the topics discussed in Dr. Gellman's Clinical Medicine and the Human Experience course. It is a well-known fact that communication is the key to the healthy development of any type of relationship, and the patient-physician relationship is no exception to this. I believe improvements can be made in the communication between physicians and their patients. In order to bring about this positive change, however, potential contributing factors and solutions must be discussed and public awareness must increase. Ultimately, I hope that this short essay will play a part in achieving that."

Skylar Robinson, the author of "Student Wellness: Mental Health," is a junior undergraduate student at UTA studying Public Health with a minor in Data Science.
"My article about mental health is important because many students often don't talk about their well-being. Mental health awareness is something that should be talked about to help those who are going through hard times. The subject I chose for my art-form is student wellness, because students need to have good mental health. The inspiration behind the article is that I once struggled with mental health as a student, but because I sought professional help from CAPS and my professors, I have excelled in school since."

Asma Fuad Saleh, the creator of the crossword, "College Student Wellness," is an undergraduate at UTA studying History.

"I plan on pursuing a law degree and am studying to become a medical lawyer. Throughout my time at UTA, I noticed that stress often more than not gets the best of my peers. Students with poor management skills often crumble under pressure and end up sacrificing their sleep and health to get assignments turned in. These seemingly innocent all-nighters can cause insomnia in the long run and can lead to weight fluctuations and health issues in the future. The reason I decided on addressing this issue through a crossword puzzle, is that this activity both boosts brain productivity, as well as serves as a relaxing activity for said students."

Michael Ibeke, the author of "Language Learning," is a senior undergraduate student at UTA studying Biology with a minor in Spanish and a certificate in Medical Humanities.

"For all of these reasons that I mentioned in my article I decided to become trilingual in English, Spanish, and a Nigerian language of mine called Igbo. These three languages have a personal relevance to my life. My parents are Nigerian-born immigrants, and they are fluent in English and Igbo. In June 2018, I started to take learning Igbo a lot more seriously. I went to Nigeria, where I was around so many people that spoke Igbo, which was why I made an effort to start my journey to fluency in the Igbo language. I also started learning Spanish last fall semester at UT Arlington. I decided to get my minor in Spanish because I plan to go to medical school in Texas and to continue on to practice medicine in Texas when I become a doctor. I am making an effort to become fluent in Spanish because I realize that when I get done with school, the Spanish-speaking population in Texas will have doubled. I do plan on learning more languages in the future as well."

Dr. Eli Shupe, the author of "Reading the Pandemic," is a professor in the Department of Philosophy and the Humanities and is the co-director of the Medical Humanities Program at UTA. In Fall 2021, she will be teaching Healthcare Through Fiction (HUMA 3340) and Biomedical Ethics (PHIL 3319).

"As Co-Director of the Medical Humanities program here at UTA, I am extraordinarily proud of our students. This first issue of Stimulus is a product of their passion and hard work, and I am honored to contribute an article to it. The arts have tremendous power to enrich our lives and deepen our understanding of the world around us. I hope that my article helps to bring out the ways in which literature can help us to understand—or at least to endure—this particular moment in the history of our species."

Katherine Tran, the author of "From Division, To Relation," is a sophomore undergraduate student at UTA studying Biology.

"Drawing has been one of my hobbies for a long time as a way to express my own creativity. My career aspiration is to become a physician assistant, a job which I understand requires risk-taking skills. This artwork is about why it is important to provide quality care and love for the patients, despite facing obstacles in the healthcare industry. I think it is rare to hear any healthcare professionals' experiences when it comes to coping with a difficult task for their patients, which this is why this artwork means a lot to me as an understanding about the emotion it can bring to anyone. The connection between the health professionals and patients made me think of flowers, with their meanings and how they intertwine with each other. I use the symbolism art practice, which it is one of my favorite art concepts to portray meaning behind these ideas. Initially, the artwork was supposed to have a different flower, inspired by some of my other hobbies. I hesitated, because the audience might not like it; instead, I used a gold chrysanthemum. This flower is used in a Vietnamese tradition to pay respect to loved ones that have passed. Additionally, I thought about using an iris, based on its meaning of hope, which made me combine it with the gold chrysanthemum."

Waris Khuwaja, the author of "In Loving Memory of Gulzar Ali," is an undergraduate student at UTA studying Biology.

"The essay that I have written for Stimulus talks about an important aspect of medical humanities and gives a real-life example of negligence in patient safety and its consequences. This work of mine is very close to me because it showcases my family's experience. I was born in Pakistan and for the most of my childhood I visited a hospital to meet a person very dear to me and that was my maternal grandfather, who had become vegetative for the rest of his life due to a hospital error. I used to see others' maternal grandfathers expressing love to their grandchildren but I never experienced that love because of a mistake made by a healthcare worker. I could never understand who a maternal grandfather was because of a hospital error. The only way I could imagine my maternal grandfather's love for me was through the stories told by others about how he treated them with love and respect. The inspiration for this article is my grandfather as his life story can serve as a great lesson for future healthcare workers. Even though he is no longer with us today, his life's story and its moral will always be alive."

Karyssa Nelson, the author of "To Doors that Lead to Nowhere," is a senior undergraduate student studying Psychology with a minor in Biology.

"The inspiration behind my poem is rooted in my experience living with my grandmother since she was diagnosed with vascular dementia 12 years ago. To me, dementia is one of the most dehumanizing diseases there is: as it progresses, the line between the illness and the person's identity begins to blur. This is why at the beginning of the poem, it may seem as though the door is being anthropomorphized to seem like a person, but you may quickly realize as the poem continues that it is actually a person who is being dehumanized to seem like a door. There are flashes of what lies behind this door, however, when memories occasionally resurface. I find myself often trying to replicate those moments of lucidity by showing her old photographs or her creations as a seamstress, hoping that something will trigger a memory. The result of this is often defeat, leaving me wondering why I would think that I could hold the keys to a door that is not my own. It is a strange thing to have been shaped and molded as a person by someone who can never know the impact that she has had on the woman I am today. Although I miss the woman I once knew my grandmother to be, growing up with her beside me has given me many gifts; the dearest to me being empathy and patience for others. I find solace in knowing that she is always surrounded by those who love her deeply, whether she knows it or not."

Dr. Steven Gellman MD, MFA, the author of "-15°," is the founder of the Medical Humanities program at UTA. He became an educator of humanities within the Philosophy Department at UTA after retiring from his career as a physician in family practice.

"I am a physician, teacher, and advisor; however, when people ask who I am—I am a photographer. Ever since I could hold a camera, here is where my creative spirit lives, and my passions are unleashed. I have always been drawn to the shoreline as my constant source of spirit and inspiration. The cold spell of 2021 offered a unique opportunity to visualize -15 degrees at a place where I find respite and solace."

Kendall Hayes, the author of "Nature's Conquest," is an undergraduate student at UTA studying Computer Science.
"The events and effects of current health involving COVID-19 brought about some personal experiences with me, as an African American male that had just started working at a grocery store. I chose to put together a poem for my submission because poetry makes it easier to look at the pandemic with a more social and nature-based side from the effects. Poetry is one of the most effective ways for an author to express their feelings to a large audience. This leads to a more appropriate atmosphere for the reader to understand the author's feelings, and for them to create their own interpretations and feelings toward how others saw the events that happened during COVID-19. Though a lot of people tend to look at what the virus does to other humans, I prefer to look at it from an outside view, from other objects, in order to give a wider view on the happenings. I believe that the social and natural world will be changed far more than the physical sphere that people live in currently."

Rumaila Hussain, the author of "The Gifted Yet, Broken Healer," is a UTA alumnus who graduated in the Fall of 2019 with a Bachelor of Science in Biology. She is now a first-year medical student.
"My inspiration for this poem and drawing stem from the loss of identity that many medical students face when they embark on this journey. I was able to describe the image that I wanted to portray to a talented friend of mine who was able to bring that to life, so the credit for the drawing goes to Jaime Hernandez. The poem was written by me to describe how the loss of identity is all too common for medical students. It is a reminder to all students who embark on long journeys to hold on to their other identities and not to neglect the other important things in their lives. We must remember not to be consumed by our careers as we are more than just that. Love yourself and take care of yourself, so that you are able to care for your patients in the best possible manner."

Jaime Hernandez, the illustrator of "The Gifted Yet, Broken Healer," is a recent high school graduate and independent artist.

Jade Amerilda Scielzo Irving, the author of "Don't Be Perfect: Just Be You" is a freshman undergraduate student at UTA studying Biology.
"I am hopeful of being accepted to a medical school (to achieve my goal of eventually becoming a physician). I am also a United States Figure Skating Association senior-level figure skater. In my spare time, I enjoy cooking vegan meals and playing with my pets: a Hahn's macaw and two pugs. This essay is important to me—not only because it allowed me to reflect on my past, but also because it may potentially help others who will follow my path. This freshman year has been very challenging with many ups and downs for me, but I hope that I can help inspire others to keep pushing and to succeed. I am grateful for the opportunity to share my experience!"

Marcy Davis, the author of "Come Hither," is a junior undergraduate student at UTA studying Sculpture.
"I am prone to exploring the influence of texture with material as well as the use of intricate detail in my sculptures. Creating subtle hidden details has been an interest to me with my current concentration on marine and woodland terrains. Intentionally, I use the psychology of texture to display the mood of the sculptures. In my sculptures, the materials included are just as intentional as the sculpture itself. Media for this sculpture include wood, cement, gems, wire, feathers, plaster, and resin. Specific media such as plaster and wood were intentionally used for representing mankind and nature. Other media like the cement and gems were intended to bring weight and color into this sculpture. 'Come Hither' was inspired by hope and grief that comes from human connection. The three hands are realistic and as the eye travels upwards, the sculpture transitions into an abstracted style to depict the uncertainty that comes after losing a loved one. The proximity of the bird and hands symbolize that the loss of a loved one does not mean the end. Instead, it only means that we rediscover their presence through signs on Earth as a new way to grow closer to them. These signs remind us that death does not mean the end of their presence."

Jano Venter, the author of " 'Duplication of Cases'," is an undergraduate student at UTA studying History and Psychology.
"I was born in South Africa and moved to the states because my father got a job here. Originally I came to UT Arlington with the intent of studying aerospace engineering, but after I graduated from the IB program I found my calling in history of ideas, especially when I realized the potential of psychology to innovate the way Cultural History and Historical analysis is done. At some point in my career, I wish to approach history with a more scientific psychological approach drawing from social psychology to see if it is possible to trace the morphology of cultural institutions throughout history and perhaps one day measure them in a way that makes historical analysis meaningful, but for now I need to get my degree and get through my exploratory research. Because history of ideas and literature has always been dear to me, I decided to write a new type of science fiction story, one dealing exclusively with medicine, but in the traditions of the steampunk genre. I also always wanted to write a vampire story, and I felt Algernon Blackwood's 'Transference' was a hallmark of vampire stories in its original subject matter. In that vein I wanted to write something that is in effect a 'medical mystery' that also draws on Celtic folklore and some gothic elements. Essentially I wrote what I would want to read, and I can only hope others enjoy it as much as I enjoyed writing it. In my spare time I write reviews for the website folk-metal.nl and I also have one comedic piece published titled 'The True Cost of Misconduct,' which is available on amazon."

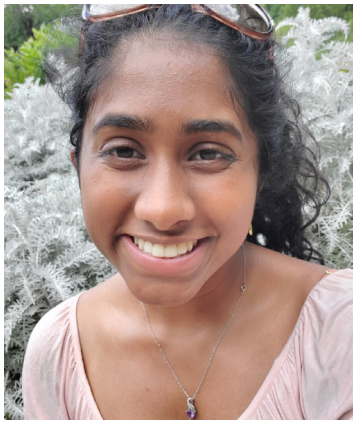
Kelle McVey Plummer, the author of "Understanding Disability in Literature Through Graphic Novels," is a UTA alumnus who graduated in the Fall of 2020 with a Bachelor of Arts in Interdisciplinary Studies and minors in English and Disability Studies.
"I am a native Texan, mother, wife, passionate advocate for learning, and a community servant. My research interests are multicultural literature, creative writing, and disability studies. I am particularly inspired after helping my two children navigate literacy and learning disabilities throughout their educational lives."

JaiAnna Megahan, the author of "You Live and You Learn," is a junior undergraduate student at UTA studying Biology and Psychology

"I am very excited to be in UTA's first edition of Stimulus: A Medical Humanities Journal. As an aspiring child and adolescent psychiatrist, I believe that mental health and physical health are not only equal, but also reliant on each other. Likewise, I believe that a patient's experience in any aspect of the medical field will play a pivotal role in their mental and physical well-being. In my short story, 'You Live and You Learn,' I am not a pre-medical student learning about disorders and illnesses, but instead a scared and confused patient. Seeing and interacting with medical professionals while at my most vulnerable allowed me to learn something that isn't commonly taught in textbooks—compassion. We all start our journey in medicine with the same basic notion: "I want to help people." We all begin that journey with compassion and empathy, but I believe somewhere down the line we forget how to express it. As I progress in my studies, I plan to be an advocate for relearning how to express humanity the way a patient needs. I hope you enjoyed my story and thank you for reading!"

Prishmi Nagarajan, the author of "Hope's Fall," is a senior Biology Student at UTA studying Biology and the first president of the Mavericks for Medical Humanities student organization.

"A topic that's always been of interest to me is hope. Although there are many miracles in the medical field, there are just as many, if not more, hope-shattering moments. In a simple sense, hope is uplifting and pure, pushing people forward during the dark times of their life. But when looking deeper, I couldn't help but think about how much courage it takes to continue to hope. My goal with this poem was to discuss the complexity of hope and the courage of those that are able to keep holding onto it, despite the pain of the past."



WHAT'S AT UTA

Pre-health

Please be sure to visit the UTA Health Professions Office: https://www.uta.edu/science/programs/health-professions/index.php.

You can meet our Academic Advisor Sandy Hobart, Pre-med Consultant Dr. Gellman, and Assistant Dean Dr. Greg Hale. In addition, UTA has a great variety of pre-health student organizations serving the comprehensive needs of a variety of pre-health career needs.

Symposium

We hope you were able to attend the first annual Medical Humanities Symposium on April 9, 2021, and look forward to seeing you at next year's symposium.

Mavericks for Medical Humanities Organization

Medical, dental, pharmacy schools, etc., no longer look exclusively at test scores and grades: It is important that applicants are well-rounded and have a firm grasp on bioethics. Mavericks for Medical Humanities is a brand new organization at UTA that is a fun, interactive way to begin incorporating ethics, empathy, and the humanities into your education! Plus, we are all good friends here and we love a good discussion that goes beyond the bounds of your typical pre-req course! We hope that you will join our meetings this upcoming year- our club is open to all majors and we have big plans in store. To stay updated on meeting times, follow the links provided to join our groupme, see meeting topics on the instagram, and explore the medical humanities at UTA!

Contacts:

https://linktr.ee/med.humanitiesUTA

medhumanities.uta@gmail.com

Medical Humanities Program and ertificate

The Medical Humanities Certificate Program includes a 12-credit plan. The HUMA 3300 course is required along with a variety of elective options in multiple disciplines.

UTA now offers four courses in Medical Humanities taught by Dr. Gellman: HUMA 3300: Medical Humanities; HUMA 3360/SCIE 4301: Issues in American Healthcare thru Film; SCIE 4303: Clinical Medicine and the Human Experience; and SCIE 4304: The Art of Diagnosing Disease in Humans.

Dr. Eli Shupe is overseeing the Bioethics courses, including: PHIL 3319: Biomedical Ethics; HUMA 3340: Healthcare Through Fiction; and PHIL: 3341: Topics in Bioethics.

Dr. Sarah Rose is overseeing the Disability Studies Program which includes multiple possible course selections.

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ART IS NEVER FINISHED, ONLY ABANDONED.

Leonardo da Vinci

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