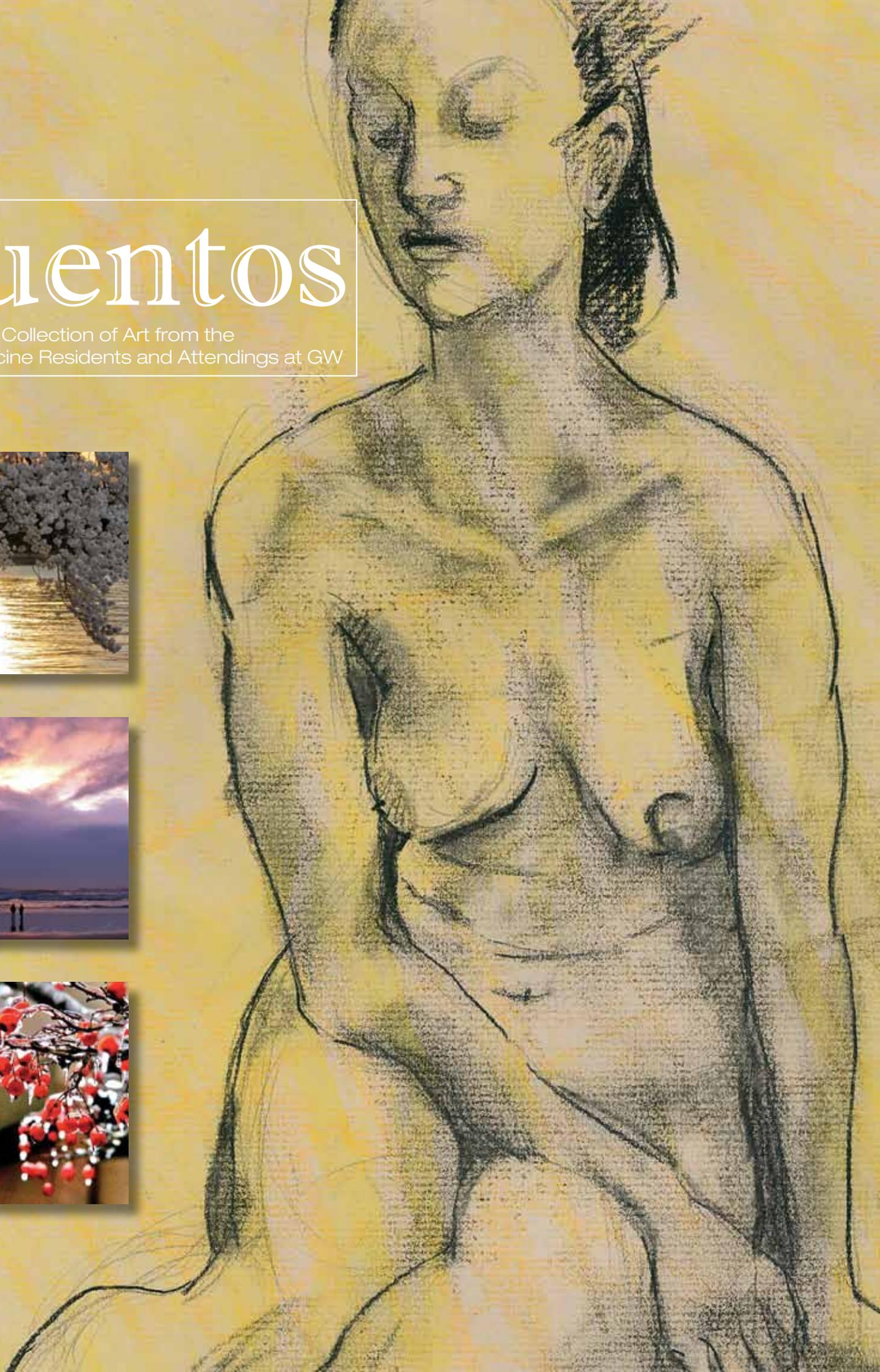
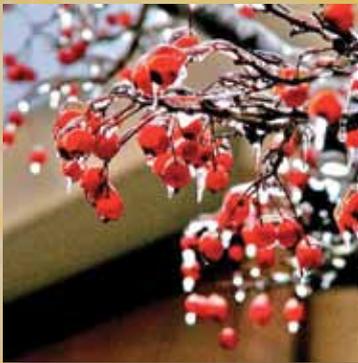


Cuentos

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



From the Editors

It is with great pleasure that we bring you this year's edition of *Cuentos*, the humanities magazine of The George Washington University Department of Internal Medicine.

As you may recall from our previous edition, “cuentos” in Spanish means “fairy tales.” Along these lines, it only seems fitting that we begin this edition with the story of the (re)creation of this magazine.

Although prior to 2011 there had been some form of printed humanities expression in the GW Internal Medicine Residency Program — first *Sueños* 2008 and then *Cuentos* 2009 — they had been challenging to sustain.

Last year, with the encouragement and financial support of Drs. Alan Wasserman, Gigi El-Bayoumi, and April Barbour, mentorship from Dr. Adam Possner, as well as production help from Thomas Kohout and Michael Leong, the house staff revived *Cuentos*. It was a massive undertaking, which culminated in the initial distribution of the magazine at the Department of Medicine's end-of-the-academic-year gala, in June 2011.

The excitement that *Cuentos* 2011 generated — among patients, house staff, and attendings — was both humbling and inspiring. It helped propel us toward the edition you hold in your hands, *Cuentos* 2012.

The first thing you may notice about *Cuentos* 2012 is that it's quite a bit heftier than last year's version. For good reason; *Cuentos* 2012 includes 12 more contributions than last year for a total of 43 photographs, drawings, poems, and short stories coming from 41 different authors, which represents an astounding 86% increase in authorship. Of our authors, 61% were not featured in last year's magazine. Furthermore, true to our mission of being an endeavor with house staff at the core, 63% of pieces this year are from house staff and their significant others; last year it was 50%.

With an eye toward next year, we hope to create a section of the magazine just for GW Internal Medicine Residency Alumni. So, if you're a 3rd-year resident and you're graduating, or if you're a graduate already a few years out, make sure you keep in touch with your artistic side ... and with us (apossner@mfa.gwu.edu).

Now, for some thanks.

First and foremost, to our featured artists. Without their talent and courage, this magazine would not exist. To them we express our deepest gratitude.

To Dr. Alan Wasserman, Chair of the Department of Medicine and President of the Medical Faculty Associates. Without his continued support over the past two years, this rebirth would not have been possible.

To Drs. Gigi El-Bayoumi and April Barbour, who have provided not only the impetus to revive *Cuentos* but also artistic creations of their own each year.

And, last but not least, to Dr. Adam Possner, our faculty advisor, whose dedication to *Cuentos* is unmatched. He has stood by us from the beginning, forever pushing and challenging us to create the very best magazine possible. As a mentor to the house staff, his message is simple: take the time to reflect, to share our experiences — both medical and non-medical — with our families, friends, colleagues, and patients. It will make us better people and, in turn, better doctors.

That's our story. But there are still many more to come. Page by page, discover for yourself the amazing talent we have here in the GW Department of Internal Medicine beyond the stethoscope.

With warmest regards,

The Editors

Ashley Freeman, MD
1st-year Resident

Nancy Maaty, MD
2nd-year Resident

Sylvia Gonsahn-Bollie, MD
2nd-year Resident

Nishaki Mehta Oza, MD
3rd-year Resident



There are many journals that never make a second edition so for this literary compilation to appear for the third year is quite an accomplishment. It either bespeaks the artistic talent of so many of our faculty and house staff or the incredible extra time that people have to become prolific in other areas.

No less than Sir William Osler commented on the importance of Art in Medicine: “There is no more difficult art to acquire than the art of observation, and for some men it is quite as difficult to record an observation in brief and plain language.”

And this was in the era when observation thru history and physical diagnosis was all that practitioners had at their disposal. Can you imagine; no echo or ultrasound, no CAT scan or MRI, not even an xray? The power of observation and an ability to recall, gained thru years of experience, was all that was available.

How well would that work today when we rely so heavily on the images that we obtain? If he were alive today, Sir William would agree with the photographer John E. Burkowski, who said, “I have a very good memory, but it’s short. Thank god for photography.”

Finally, even poetry has a place in the field of Medicine, exemplified by this quote from an unknown author: “Poetry heals the wounds inflicted by reason.”

So when you view the pages in *Cuentos* 2012, do it with a sense of wonder and as an exercise to heighten your powers of observation and understanding.

And then go read a journal!

Alan Wasserman, MD, MACP

Eugene Meyer Professor and
Chair, Department of Medicine
The George Washington University School of Medicine

Cuentos 2012

Reflections on Patient Encounters

Ali Boushahri, MD "In Retrospect" (Poem)	3
Anonymous "Doubts" (Poem)	4
Tudi Al-Sabban, MD "In the Waiting Room" (Cartoon)	4
Swathi Namburi, MD "Your War" (Poem)	5
Gigi El-Bayoumi, MD "Love: The Newest Four-letter Word?" (Poem)	5
Andrew Myers, MD "A Case of Need" (Prose)	6
Laura Perry, MD "Night Float, Intern Year" (Poem)	7
Sylvia Gonsahn-Bollie, MD "Heroin's Wasteland" (Poem)	8
Mahsa Tehrani, MD "Conquering Fear" (Prose)	9
Within the District	
Zayn Copeland, MD "Serpentine" (Photo)	10
Bonita Coe, MD "Beacon of Light Through the Clouds" (Photo)	11
Zayn Copeland, MD "Casting Shadows" (Photo)	11
Bonita Coe, MD "Artistic Side Rising" (Photo)	12
Sarah Doaty, MD "Cherry Blossoms at Sunset" (Photo)	13
Adam Possner, MD "Washington Monument in Miniature" (Photo)	14
Outside the Beltway	
Ishita Prakash, MD "Perspective" (Photo)	15
Chad Henson, MD "Spanish Reawakening" (Photos)	16
April Barbour, MD "Mysteries" (Photo)	17
Lauren Ng, MD "Innocence" (Photo)	18
Catherine Boinest, MD, and Amy Stone, MD "A Rare Day Off" (Photo)	19
Lowell "Bud" Weiss, MD "Lake Country, Northern Italy and the Matterhorn" (Photos)	19

Anne Cioletti, MD "Waiting" (Photo)	20
Sabeen Medvedev, MD "The Tate" (Photo)	20
The Natural World	
Wes Fiser, MD "Yosemite Sunrise" (Photo)	21
Chi Kim, MD "Snow Lake" (Photo)	22
Saeed Alqahtani, MD "I'm Still Here" (Photo)	22
Wai, Homan "Bon Appetit" (Photo)	23
Tony Sheh and Natasha Ang, MD "Berry-cicles" (Photo)	23
Brad Moore, MD "Old Medicine in the Troll Forest" (Photo)	24
Nathan, Nisha "Genius Monkey" (Photo)	25
Ashley Freeman, MD "Dragonfly" (Photo)	25
Sreenivasan, Meera "Sunset in Kaziranga National Park" (Photos)	26
Various and Sundry	
Katalin Eve Roth, MD "Her Thoughts Are Elsewhere" (Drawing)	27
Nancy Maaty, MD "The Day After 72" (Prose)	28
Nishaki Mehta Oza, MD, and Veeral Oza, MD "Our First Book" (Prose)	30
Nishaki Mehta Oza, MD, and Nirmi Shah "Bliss" (Painting)	31
Chino Mannikarottu, MD, and Carthi Mannikarottu "The Last Leaf" (Photo)	32
Manish Pant, MD "A Man-made Disaster" (Poem)	33
Adam Possner, MD "Neuro Exam" (Poem)	33
Tudi Al-Sabban, MD "Dermatologist Tested" (Cartoon)	34
David Popiel, MD "Enjoying the Ride" (Photos)	35
Homan Wai, MD "Carnival" (Photo)	36

Reflections on Patient Encounters

"... For the secret of the care of the patient
is in caring for the patient."

— Francis W. Peabody, MD

In Retrospect

In retrospect you should have known,
In retrospect you should have checked.

In retrospect you should have called,
In retrospect you should have sought help.

In retrospect this should not have happened,
In retrospect something should have been done.

But

In retrospect you were only human,
And humans make mistakes.

Ali Boushahri, MD
3rd-year Resident

Doubts

“Congratulations”

The word squeezes past a lump in my throat

A first love

A best friend

A root in my past

I will be there

Poised

Breathless

A veiled weight crushing my chest with the final vow

Doubts creep in

The path to ambition

Away from simplicity

Away from love

Then back to this life

No one will know

No one will ask

Doubt interrupted by “Code Blue”

Anonymous

In the Waiting Room



Tudi Al-Sabban, MD
1st-year Resident

Your War

The weight of an ocean,
floating away
fleeting sounds, no longer a noise.
Pushing with all your might
heaviness in and out of your electric chest
where a lover's head once rested
as a part of you, your hair now
stripped bare as you lie naked.
Burning for release from a tether — taut, full.
Melting skin filled with thin water
threatening to burst, pustular or not.
Solitude in numbers
surrounded by white
aware of every movement of life.
Asleep whether it be day or night.
Sweet night which once brought calm
cool, silence, dreams, communion.

Your life is now mine to guard.
Watching over all that touches you, enters you
leaves you, beholds you.
Together we wait as a civil war pillages.
I am desperate to be your General,
wrecked inside as a pawn
like you.

Swathi Namburi, MD
2nd-year Resident

Love: The Newest Four-letter Word?

In this time of polarized political discord,
hatred, profanity, and vicious rhetoric,
it seems naïve, almost quaint
to speak of love.

Not the love that occupies
almost every movie or teenage fantasy,
but love in its purest, most
comprehensive and holistic form.

And here I'd like to take a moment
to suggest why most of us have chosen
Medicine as a profession.

It is because of love.

Love, of people — the fat ones,
the thin ones, the healthy ones,
the sick ones, the kind ones, and yes,
even the mean ones,
especially the mean ones,
for those are the ones that need
our love the most.

All of our patients help us grow
to become better, more
compassionate versions of ourselves.

Gigi El-Bayoumi, MD
Associate Professor of Medicine
and Director of the Internal Medicine
Residency Program

A Case of Need

“Move over, Dolly! I’ll do it!” Kathryn shouted. The secretions were so copious Dolly wasn’t able to visualize the cords to intubate. She’d been trying for around five minutes and the patient, Alfred, wasn’t going to make it much longer.

*Why had I
spent three
hours on
one patient
when
there were
dozens
also dying,
just a little
more
slowly?*

With speed that was more indicative of necessity than skill, Kathryn found the cords in 30 seconds, which she announced with “Got it,” a statement of fact rather than an exclamation of joy.

My muscles were aching from the suspense. Working in Soweto, the largest shantytown in South Africa, made you used to this type of thing, but I was still new there.

I had met Alfred — 18 years old — only an hour before. I didn’t need to be a medical student to know he was sick. Soon after he arrived, he had started vomiting. Then he started sweating profusely. Shortly thereafter, he became confused. He urinated on himself. He started to seize. He was going downhill fast.

I had called for Kathryn, one of the medicine residents with whom I worked. As I had tried to position Alfred’s head for intubation I looked into his eyes and saw miosis — a constriction of his pupils — as if taken from a textbook. Once he was intubated I continued squeezing air into him for the next three

hours, until our shift was over and the night team assumed his care.

Alfred had initially been seen in the Emergency Room, from where he was admitted to the medicine floor for observation for organophosphate (i.e., fertilizer) exposure. “Admission to medicine” meant patients walked (or were wheeled) to a small room with eight stretchers and a myriad of patients in chairs. Once the stretchers and chairs were full, patients spilled out into the halls.

Patients didn’t have any labwork before they came to us on the medicine floor, and they carried their own medical records. It was left to one resident (Kathryn), one intern (Dolly), and me — a visiting medical student — to “intake” all these patients. If the patients could be sent home, then we sent them home. Otherwise, they were admitted to our team. No cap.

I went home that night feeling great about myself. I had worked hard with the team and had (hopefully) saved someone’s life. To do that sort of work was one of the reasons I had wanted to get some training in Africa.

Still, in the back of my mind, I had a nagging doubt. Why had I spent three hours on one patient when there were dozens also dying, just a little more slowly? How could I have spent so many precious resources on just one person?

When I arrived at work the next morning, only a few hours later, I had my answer. Alfred was awake, extubated and walking! In fact, his swelling had resolved to such an extent that I didn’t even recognize him at first.

When we got to his bed during rounds he recognized me. “Thank you for saving my life, Doctor,” he said. “Now could you please take this tube out of my penis?”

Andrew Myers, MD
1st-year Resident

Night Float, Intern Year

There are very few calls
I wish to receive at 3 in the morning.

If I were my old self,
a ring at that time would have only meant
a loved one with terrifying news, or —
an intoxicated friend.

Now I am a Doctor Type Person.
A call at 3 in the morning means
a nurse with terrifying news, or —
a patient requesting intoxicants.

The first call sets my adrenal glands to stun,
my sweat glands to 11 out of 10,
my circadian-addled brain struggling to remember
mnemonics
as I huff and puff up staircases to find
a person a soul a life
staring at me with the terror that unequivocally states,
Something Bad Is Happening And They Sent You To
Fix It?
And I wonder how I became the one
with the letters after my name.

The second kind of call is a request
for the pharmaceutical equivalent of a strong drink.
I think of my old professor, the one who would stare

straight at me (I was certain)
from the bottom of the lecture hall
with accusations against those who ignore pain.
Then I think of the lecture yet to come, entitled
“This Patient Is Taking Advantage Of You
And Your Prescription Pad” while I look at
a person a soul a life
and I wonder how to decide between
Callous Masochist and Reckless Pusher.

Nights are lonely for a reason:
we’re not our best after the sun goes down.
That’s why the myths of vampires and werewolves
persist.
We’ve all seen that monster in the bathroom mirror
when waking for a midnight pee.

Nights in the hospital are a different kind of lonely.
A building packed full of strangers sleeping in the
same room,
side by side yet utterly alone. And then there’s me
to watch over this boarding house of the infirm,
praying for the phone not to ring.

Laura Perry, MD
1st-year Resident

Heroin's Wasteland

3 am — a page: “Doctor, the patient has lost IV access.”
I stand bedside, examining his upper extremity.

A well-travelled terrain — Heroin's Wasteland.
If I'd allow, he'd tell me where to find each vein.

Instead I choose to explore the once lush land on my own,
confident I'll find a flowing spring.

What I discover: his veins are hidden like dried rivers amid a desert
with occasional craters, steep gorges — a truly desolate country.

Finally, just west of the brachial vein, I see a glimmer of hope —
a mirage that quickly disappears.

Thus begins the hunt again until at last I stop
and lock eyes with the man who knows this land like no other.

Silently and patiently, he guides.
This time, blood flows into the catheter.

Sylvia Gonsahn-Bollie, MD
2nd-year Resident

Conquering Fear

It was my first day back in the DC Veterans Affairs Hospital medical intensive care unit (MICU). I had spent many days (and nights) there as an intern, but this time was different. I was a brand

*As I whipped
the code
cards from
my front
coat pocket,
I knew this
was it, I was
by myself,
and I had to
help save
a life.*

spanking new second-year resident.

Oh, the fear I felt that very first day on call as the MICU resident! *Focus*, I kept saying to myself that morning on rounds. *You are responsible for every single patient here tonight.*

“Don’t worry,” the nurses, fellow, and attending kept assuring me. “Usually it’s not that bad in the MICU at night.” “You should have a quiet night tonight,” everyone said.

Yet almost immediately after the fellow said her goodbyes and the other residents left for the day, I heard that

dreaded, piercing sound. The code pager.

What do I do? I had only witnessed two codes as an intern, with very minimal roles in each.

For starters, I thought, I better walk (make that run) to the smoking deck, the announced location of the code. Except. . . . Where’s the smoking deck? Fortunately, I had a MICU nurse to follow.

Upon our arrival, the code was canceled — false alarm — everyone was alive.

Just 30 minutes later, I was running to another code, and this time it was for real. As I whipped the code cards from my front coat pocket, I knew this was it, I was by myself, and I had to help save a life.

What followed was an eternity of directing chest compressions, shocks, and medication administration. Then, suddenly, I heard someone yell, “We got a good rhythm!”

Hours later, after transferring the patient from the general floor to the MICU, struggling to get an arterial line, having the pharmacy send up all the meds, and contacting the family, I finally had a moment to sit back and reflect in the team room. Wow! I had done it. I had faced my most feared part of residency and survived.

Just then, a nurse came in saying that the ER was on the phone. Apparently they wanted to admit to the MICU a patient without symptoms and with a blood pressure of 160/90 for “hypertensive emergency.”

On to my second battle: blocking an inappropriate admission.

Mahsa Tehrani, MD
3rd-year Resident

Within the District

"And the Congress of the United States . . . authorized the President of the United States to appoint three commissioners to survey under his direction and by proper metes and bounds to limit a district of territory, not exceeding 10 miles square, on the river Potomac . . . as the district for the permanent seat of the Government of the United States."

— George Washington



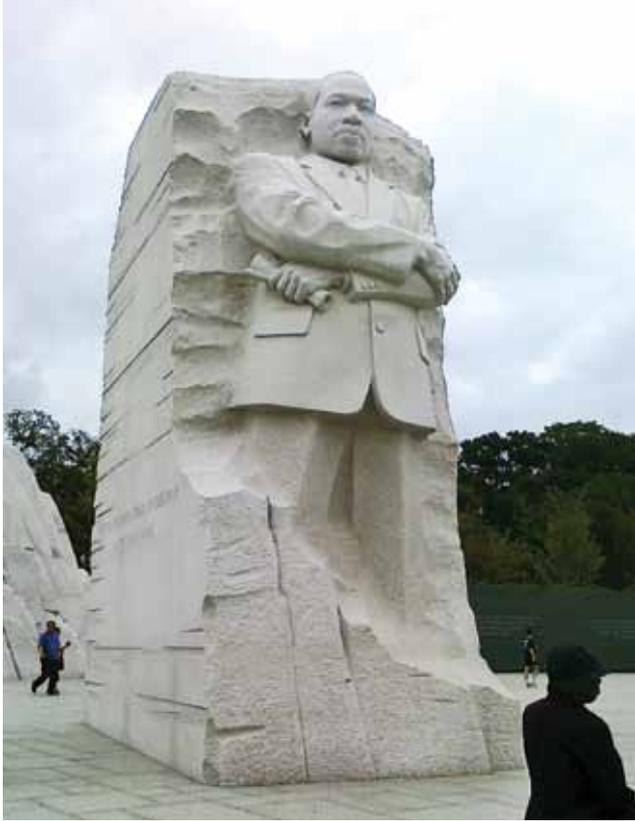
Serpentine

A double-inverse print of a photo I took of two people ahead of me on the escalator exiting the Dupont Circle metro stop. As a solo print with normal orientation it was less interesting, so I decided to double and rotate it, to render it a little more dynamic.

Zayn Copeland, MD

Assistant Clinical Professor of Medicine, General Internal Medicine

Beacon of Light Through the Clouds



When I moved to Washington, DC, from Cleveland, Ohio, in September 2011, my mother offered to come along for the ride. Although her main motivation was to assist me in the transition, I knew that she was also eager to see the Martin Luther King, Jr. National Memorial. We were both in for a wonderful surprise and this picture captures our moment of awe. In the face of downcast skies, Dr. King's resolute figure and stern look of determination give the viewer a sense of pride as well as a feeling of hope for the future and the courage to live for what the future holds.

Bonita Coe, MD

Assistant Clinical Professor of Medicine,
General Internal Medicine

Casting Shadows

The Lincoln Memorial has always been one of my favorites on account of its grand scale and impressive views of the city. This photo, which I printed myself, captures the weight and imposing nature of the memorial, blocking out the sun and casting shadows over the small silhouetted figures that transcend its stairs on a daily basis. I find that the contrasting parallel lines of the columns and stairs create a dominating background that captures the memorial's essence.

Zayn Copeland, MD

Assistant Clinical Professor of Medicine,
General Internal Medicine



Artistic Side Rising

My painting, writing, singing, and scrapbooking have taken a back seat in my life since I started practicing medicine 14 years ago. Therefore, I surprised myself when I took this picture off the roof of a building on Constitution Avenue NW while attending the Michigan Delegation party during the Congressional Black Caucus Annual Legislative Conference in September 2011. The photo was spur-of-the-moment, captured with my phone's camera (which accounts for the graininess).

Bonita Coe, MD

Assistant Clinical Professor of Medicine,
General Internal Medicine



Cherry Blossoms at Sunset

opposite page

Washington, DC, is such a fantastic city in which to live and work, with few times of year as beautiful as the two weeks each spring when the Tidal Basin is surrounded by the delicate pink and white petals of the Japanese cherry blossoms. I've been living in the District for 11 years and have attended the festival every year, but last spring — during my intern year — was my first time seeing the blossoms at sunset.

Sarah Doaty, MD
2nd-year Resident



Washington Monument in Miniature

When it comes to the National Mall, I'm definitely what you would call a West-ender. As much as I enjoy walking around the Capitol Building and the museums on the East-end, my heart lies with the Washington Monument and the Lincoln Memorial. Before coming to work in Washington, during one of my many pilgrimages to the city I happened upon a tourist (or a local) literally kicking back at the Washington Monument. It made me see that epic structure — a structure that I had been accustomed to seeing in its entirety, all 555 feet of it — on a more human scale.

Adam Possner, MD

Assistant Professor
of Medicine, General
Internal Medicine



Outside the Beltway

"In the White House of Richard M. Nixon, it was said that Watergate would become serious only if it 'got outside the Washington Beltway'"

Nicholas M. Horrock



Perspective

This scene reminds me of a quote I once heard: "I love places that are so big that they remind me of how small we all are." In Medicine, it's easy to feel overwhelmed by the amount of work and the emotional demands. A sunset on the West Coast, and a remembered quote, helped me to take a step back and put things into perspective.

Ishita Prakash, MD
2nd-year Resident

Spanish Reawakening

On a recent trip to Barcelona, I was introduced to the architecture of Antoni Gaudí. Known throughout Spain as “God’s Architect,” he was a man of great talent, transcending every genre of art. Throughout the streets of Barcelona are homes and office buildings that are uniquely Gaudí, with dramatic three-dimensional shapes and such character that they nearly come to life before one’s eyes. His greatest work, the Sagrada Família (the two bottom photos), is breathtaking even in its unfinished state.

While it’s impossible to pass a Gaudí masterpiece without being mesmerized by both its presence and its influence on Spanish history, Gaudí himself was a “John Doe” to most people of his time. His simple appearance and reclusive nature due to a fear of public transportation kept his visage

Throughout the streets of Barcelona are homes and office buildings that are uniquely Gaudí. . . .

largely unknown. In fact, after a tram struck him on his way to church just shy of his 75th birthday, he remained unidentified for two days before succumbing to his injuries.

Learning of Gaudí’s tragic death led me to reflect on my own



interaction with patients. Every patient I’ve had the privilege of meeting is a completely new face to me, a “John” or “Jane Doe” of sorts. In truth, each of these men and women is a Gaudí, or a Gauguin, or an O’Keeffe, or a Springsteen. All too often we doctors ask just enough questions to treat John’s appendicitis or Jane’s headache, and we forget to delve deeper to learn more about what makes him or her unique.

When I was a medical student, I spent a great deal of time getting to know my patients as people. As

I wrap up my first year of being a doctor, have I lost some of that humanism I had as a medical student? Do I still see my patients as three-dimensional individuals full of character?

I suddenly feel renewed and revitalized to appreciate the art of Medicine. I’m so fortunate to experience the gift of meeting new, diverse, talented people every day. Gaudí is just what I needed to remind myself of the big picture.

Chad Henson, MD
1st-year Resident

Mysteries

I was late coming off the Inca Trail in Peru. Hiking it was a lot harder than I had anticipated; however, this is why I got to see Machu Picchu with no one else around. These days, not many people can say that. I know this isn't exactly how it looked when Hiram Bingham stumbled upon it in 1911, but I suspect we had similar thoughts. Wow!

Like many ancient peoples, the Incas were amazingly resourceful. Their buildings have stood the test of time. But as researchers learn more about their culture, more questions are uncovered. Where did they go? Why did they leave? And how on earth did they

get the blocks of limestone up those mountains?

Today we often think that we can find an answer to any question if we look hard enough. After all, we have access to so much information at our fingertips. But I like a good mystery, especially one like this — one that we will probably never fully answer. I like it that some things are just unknowable.

April Barbour, MD

Associate Professor of Medicine and Director of the
Division of General Internal Medicine



Innocence



Taken during a November 2009 trip to Thiruvananthapuram, the capital city of the Indian state of Kerala, where I was working with the India Bible Faith Mission to provide medical care for the Dalit caste in the area. The Dalit caste is known as the “untouchable” caste in India — similar to the way African Americans were regarded in this country prior to the civil rights movement. To me the photo symbolizes the innocence and curiosity buried deep within us all.

Lauren Ng, MD
3rd-year Resident

A Rare Day Off



Drs. Amy Stone (left) and Catherine Boinest while on a field trip with their children to historic Williamsburg, Virginia. Each year 4th-graders at Chesterbrook Elementary School of McLean, Virginia, visit Jamestown and Williamsburg after studying Virginia history. Apparently Dr. Stone's son, Ben, and Dr. Boinest's daughter, Laura, had had enough of their chaperones.

*Catherine Boinest, MD,
and Amy Stone, MD*
Assistant Professors of Medicine,
General Internal Medicine



Lake Country, Northern Italy and the Matterhorn

For my wife and I, Italy has become one of our favorite places to visit. This particular trip was especially exciting as it was our first time to northern Italy. We also made a limited foray into Switzerland, since several of the lakes are partly there. The first photo shows a typical grouping of buildings along one of the spectacular lakes of the region with mountains in the background. The second features the majestic Matterhorn. Next stop — Spain!

Lowell "Bud" Weiss, MD
Professor of Medicine, General Internal Medicine

Waiting

In April 2008, while in medical school, I took a trip to India. What you see is the “waiting room” for a clinic in one of the mountain villages outside the city of Vellore. It wasn’t uncommon for folks to wait hours in the stifling heat for their number to be called. The woman in the pink sari and the man are married; the other woman (in the orange sari) is the woman’s sister. I thought it was quite interesting that the wife chose to sit closer to her sister as they waited. I don’t know whether this was out of comfort or the cultural taboo of the public display of affection.



Anne Cioletti, MD

Chief Resident, The George Washington University Hospital

The Tate



A moment captured at the Tate Modern Museum in London, England, during a backpacking trip to Europe in November 2003. The sun in the distance is not really the sun but an artificial structure emanating light and heat, part of an exhibit called “The Weather Project” by Danish-Icelandic artist Olafur Eliasson. As I entered the gallery it was truly an awe-inspiring sight. That day I sat under the big yellow globe and relaxed without burden. Each time I look at this picture the warm memory of that time instantly lifts my mood.

Sabeen Medvedev, MD

1st-year Resident

The Natural World

"Keep close to Nature's heart ... and break clear away, once in awhile, and climb a mountain or spend a week in the woods. Wash your spirit clean."

— John Muir



Yosemite Sunrise

While on a day hike through Cook's Meadow in Yosemite Valley last autumn, I caught this sunrise over Half Dome. The sun seemed to wake up the colors, smells, and dimensions of the valley that cold morning. This same backlit elm tree was (more famously) photographed by Ansel Adams in the late 1930s.

Wes Fiser, MD
1st-year Resident

Snow Lake

Snow Lake is an idyllic alpine lake in the Mount Rainier National Park that I like to hike to every summer. I took this photo in August 2011. Hiking through old growth forests, alpine meadows, and rugged terrain provides a revitalizing challenge that helps me clear my mind, find perspective, and rejuvenate. Taking the time to recharge through Nature allows me to bring that healing energy and positive perspective back to my patients.

Chi Kim, MD

Assistant Professor of
Medicine, General Internal
Medicine



I'm Still Here

A photo captured at the Natural History Museum in New York City. I was saddened to learn that this beautiful animal, the oryx, is in danger of extinction. By framing the photo to include only half of the oryx's face, I intended to suggest that one day the world will likely be unable to see this animal anymore.

Saeed Alqahtani, MD
1st-year Resident



Bon Appetit

At Angkor Wat in Siem Reap, Cambodia. As we stared in amazement at the magnificent ruins, this monkey was staring at us, quite unimpressed, eating his fruit. That is, until I interrupted his meal with the click of the shutter.

Homan Wai, MD

2009 Graduate, Internal
Medicine Residency



Berry-cicles

I took this photo in the winter of 2007 on the engineering quad at the University of Michigan. Freezing rain had fallen the night before, encasing the berries pictured and the rest of the world in a thin layer of ice. I was still in grad school at the time, and Natasha and I had just started dating. I admit I sent this photo to Natasha with the intention of showing off an artistic streak. I think it worked, considering she remembers this photo better than I do.

Tony Sheh and Natasha Ang, MD
1st-year Resident

Old Medicine in the Troll Forest



Inside a magical “troll forest” in Smoland, Sweden. Swedish folk tradition holds that whoever crawls through a gnarled root like this will be healed of all their ills.

Brad Moore, MD

Associate Professor of Medicine, General Internal Medicine

Genius Monkey

A scene from my visit this past year to the Vishnu / Murugan Temple in Alagarkoil, which is in southern India, very close to Madurai. The temple is renowned, in part, for being overrun with monkeys. One of my earliest memories is of walking up to the temple while eating cereal (I must have been five years old) and having several monkeys descend upon my head while another stole the bag of cereal out of my hand! Two decades later, I was smarter this time around and didn't carry anything edible. The monkey featured in this picture was especially persistent. He frantically emptied a satchel — of a small mirror, a comb, and a handkerchief — in his futile attempt to find food.

Nisha Nathan, MD
2nd-year Resident



Dragonfly

Dragonflies are among the oldest species on earth. Every summer millions descend on the lake in British Columbia, Canada, where I grew up. It was not until I looked closely one day that I realized how each dragonfly differs from the next, and how each one changes from moment to moment as it reflects the changing light. This one stayed still long enough for me to catch it on film.

Ashley Freeman, MD
1st-year Resident

Sunset in Kaziranga National Park



Scenes from the state of Assam, India, Thanksgiving Day 2011. On this day of giving thanks, I was grateful to be in an amazing part of India for the first time with my family: my son, my husband, and my parents. We rode on elephants and went on a jeep safari in search of tigers but, as my son would say, found only tiger poop. The park was spectacular — Mother Nature at her finest.

*Meera
Sreenivasan,
MD*

Assistant Professor of Medicine,
General Internal
Medicine

Various and Sundry

"Of different kinds, miscellaneous. This expression is a redundancy, the two adjectives meaning just about the same thing."

Dictionary.com

Her Thoughts Are Elsewhere



When I draw I think only of the figure in front of me. Form, negative space, materials, paper. My mind is empty of everything else. I prefer quick sketches, too. This was a 20-minute pose. I was fully present there with the model, but — with eyes closed — she seemed to be thinking of something far away.

*Katalin Eve
Roth, MD*

Associate Professor of Medicine
and Director of the Division of
Geriatrics

The Day After 72

This piece was inspired by my encounters with a patient who, despite being critically ill, managed to find humor in his situation and encouraged the staff to do the same. I dedicate this piece to him and to patients like him who manage to retain their humor and, in essence, their humanity despite their illness.

An eternity of boredom. At least that's what my "afterlife" has been like so far. Every minute that passes

*And what's
this doc-
tor thing?
Why call the
doctor? I
mean, I'm
dead, right?
What's he
gonna do?*

in your world seems to last hours in mine. And what is "my world," anyway? Certainly not Heaven. No enjoyment here, that's for sure. Hell? Maybe. I mean, I've spent nearly 73 days in a hospital bed, in the same room, staring down at my near-mutilated body. Sounds sort of like Hell, doesn't it? But there's no fire here, no pain really, none of the gruesome stories they tell us. No, just time ticking away slowly.

How did this happen, you ask? Well, where do

you want me to start?

Would you believe that at 89 years old I had visited a doctor only once in my entire life? My first and only time was the day I went to the Emergency Room after falling while playing with this new gadget my grandson got, the "Connecting Xbox," or something like that. I wanted to show him that Grandad still had some moves. Apparently those moves were no good,

because pretty soon I was on my butt with a busted hip. Thinking back, I probably should have stopped after the first three songs, but it was such a fascinating machine!

Long story short, what should have been just a few days in the hospital turned into 72 and counting... until today, at least. "A complicated medical course" the docs like to call it.

During those 72-plus days, I was left searching for simple pleasures. Such as Jessie, the beautiful nurse who always wears a choker. At first I found that choker insulting. I couldn't help thinking she was making fun of the collar around my neck holding in place my breathing tube. That was before I got to know her. Truth is, without Jessie most of my days would have been truly miserable. She made the times she was working tolerable. Her smile — oh, that smile! — it would light up the room as she walked to the dry erase board at the start of her shift to write her name (as if I could ever forget it). "Mr. Smith, what's your joke of the day?" she would ask me. And no matter how horrible my joke was, her laugh would echo off the walls.

Today, she won't get a joke. Unless ghosts are real like in the movies. Maybe I can go up to the board and just write: "The joke's on you, kid."

Here comes Jessie now.

"Goooooooood morning, Mr. Smith!" she says without really looking at me yet.

A few seconds go by.

She tries to goad me. "Well, this is unlike you to be asleep while I've been waiting to hear your joke all morning!"

I'm not asleep, I want to tell her.

Now she comes closer.

"Mr. Smith? Mr. Smith?... Brad, call the doctor. I think Mr. Smith just passed."

Just passed? I so desperately want to say. *The only thing I'm good at passing is gas.* But I know she can't

hear me. Oh, what I would give to hear that laugh again!

And what's this doctor thing? Why call the doctor? I mean, I'm dead, right? What's he gonna do? Unless... the reason I'm still floating up here is just in case they start pushing on my chest and bring me back to life. Impossible! I've been dead for hours. Unless...I haven't. I can't keep track of time anymore.

Well, let me tell you, I ain't going back! Even if I have to be stuck on this ceiling forever, not feeling anything and just staring at the doctors and nurses and patients going in and out of my old room. I had more than enough time to try to "get back to my old self." Whoever this doctor is, I hope he's a decent man and lets me be.

Here's the doctor now. A lady doctor — a young little thing I've never seen before.

"Mr. Smith. Mr. Smith? Jessie, can you get me his family's number please?"

This doctor looks not a day over 16, except for the large bags under her eyes. I feel sorry for her; she probably didn't sleep a wink. Maybe she was just about ready to put her head on the pillow when she got the call from Brad. One thing's for sure — she hasn't had time to brush her teeth this morning. Oo-wee!

Maybe I should tell her to add that to her To Do list! I yell to Jessie Again, judging from the silence in the room, Jessie probably didn't hear that one, either.

His family, the doctor had said. I love them more than anything. In fact, my last day with them is what gave me the courage to move on. I could tell they felt my suffering. With my voice stolen by my breathing

tube, all I had were my shaky hands to write a small message on my dry erase board. I'm glad I got a chance to write "I love you" before they left yesterday afternoon.

And there's my distraught doctor here. She never did introduce herself. She takes her (cold) stethoscope and listens to my chest for what seems like an eternity (in your time and mine). I wonder what it sounds like. A hollow cave? Emptiness? Even with an empty sea shell you can hear the sound of waves beating against the shore. But the chest cavity of a dead body There you find pure silence.

She flashes a bright light in my eyes. Over her shoulder I see that my blue eyes have nearly disap-

Even with an empty sea shell you can hear the sound of waves beating against the shore. But the chest cavity of a dead body.... There you find pure silence.

peared, overcome by the blackness of my pupils. Darkness.

"Time of death: 6:23 AM."

I'm about to argue the time of my death, which I still believe to have been at least an hour earlier than pronounced, when a bright flash devours my room.

As for the rest, I'll fill you in when I see you in Heaven.

Nancy Maaty, MD
2nd-year Resident

Our First Book

Signing the author contract for our first book was a surreal experience.

The impetus for writing a book can be traced back to our intern year, when we began dating long-distance. We would spend hours talking on the phone about how our respective days went — our thoughts, surprises, joys, and disappointments. We quickly realized that despite having different patient populations and colleagues, we were learning essentially the same lessons along the way. By the end of our intern year, we had picked up very similar “on-the-go” intern survival skills.

Second year marked a steep learning curve for us. While guiding our interns, we would often reflect on our own intern year and how the current interns were having experiences similar to ours.

One day, while talking on the phone with my mother about these experiences, she asked me a rather simple and obvious question: “Why don’t you guys share these lessons on paper with the forthcoming generations of interns?” If the skills that we were learning were universal, then why not share them universally through a book?

Soon Veeral and I were not just talking about our daily experiences in medical training, but penning them down. Reflecting on what we were learning in writing helped us realize just how much we were learning every single day. As Veeral would say, “Aaj kuch naya seekhne ko milenge,” which comes from a famous Bollywood movie and translates as “Today we will learn something new, yet again!”

While talking to others about this project, one of my ultra-creative medical school friends came up with the idea of starting off each chapter with a sketch — a visual summary of what’s to come. Her drawings were mind-blowing. As a tribute to her skill, we decided to introduce each chapter with one of her cartoons.

After many months, we finally had a first draft. We sent copies to our friends, co-residents, interns, and attendings for their feedback. The response was informative, with healthy doses of criticism and encouragement.

The only thing that remained was to give the book a name. Although the punch lines and the cartoons with the chapters could make the book sound like a self-help guide, it was a personal recollection from our

As doctors, we all have stories we can share — stories that are engaging, instructive, and motivating. The proof is in this publication you hold in your hands.

own lives, so we named it *The Diary of Two Interns*.

With bated breath, we sent a chapter to a local publisher to test the waters. Within a few weeks, we heard back. The publisher loved it! Within a few more months we had the first printed copy. What an ecstatic moment for us. It was, in so many words, our first creation together!

As doctors, we all have stories we can share — stories that are engaging, instructive, and motivating. The proof is in this publication you hold in your hands.

As for Veeral and me, what’s next? Who knows, maybe *The Memoir of Two Residents*, or *The Lives of Two Fellows*, coming to a bookstore near you . . .

*Nishaki Mehta Oza, MD,
and Veeral Oza, MD*
3rd-year Residents

Bliss



If you've ever seen my cell phone screen-saver, this picture will be familiar. It's of an oil painting I did with a friend a few years ago, depicting the panchbhuta, or the five essential elements described in Hinduism: Earth (Prithvi); Water (Jal); Fire (Agni); Air (Vayu); and Ether (Akasha).

Earth is represented by the brown layer at the bottom, followed by water (blue layer above it), followed by fire (yellow-orange flaming layers). Air is at the very top of the painting. The fifth element is the only eternal concept: ether, or divine sound, as represented by the symbol of OM.

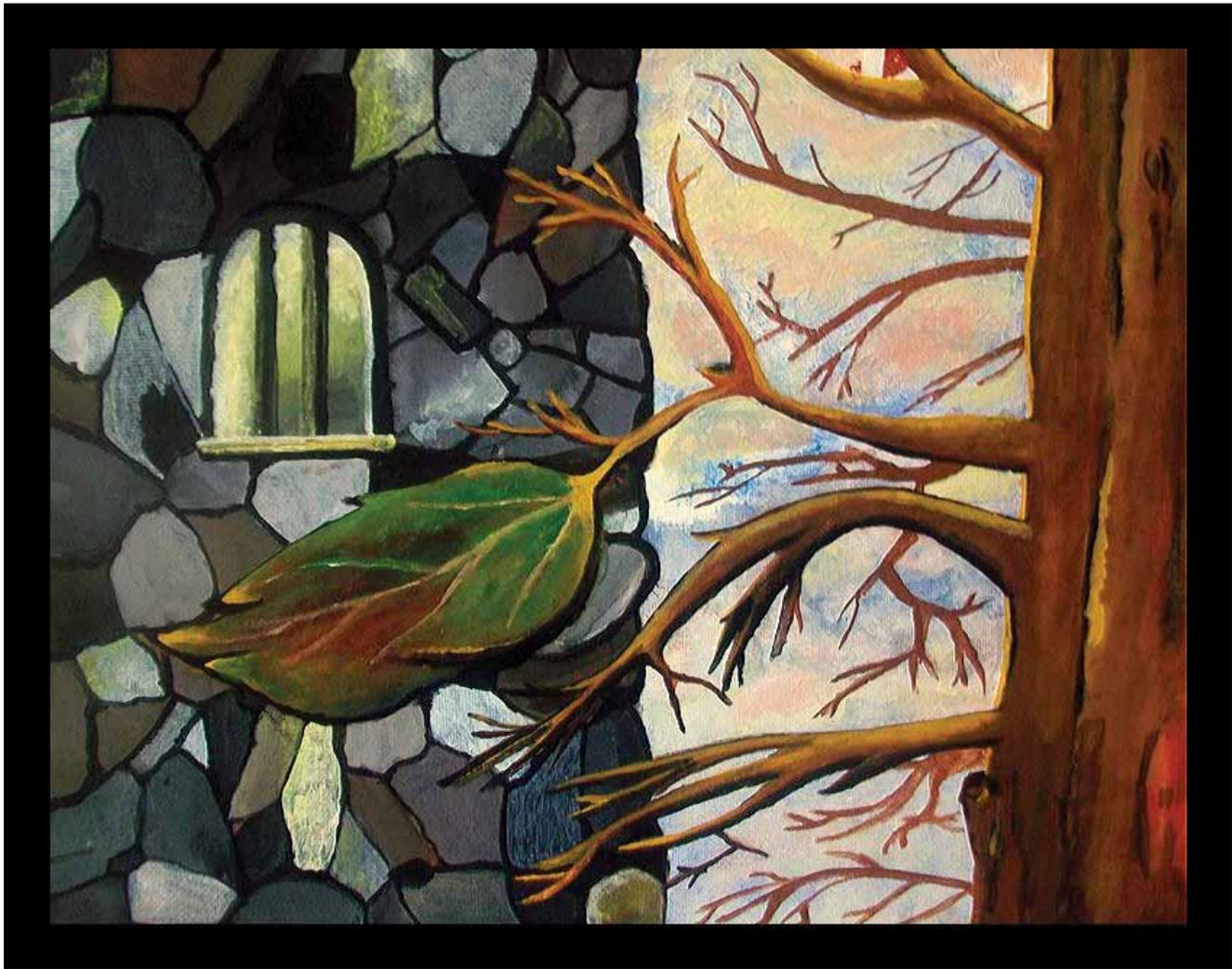
The sacred recitation of OM or A-U-M, where each symbol denotes the three Gods — A for the Lord of Creation (Brahma), U for the Preserver, and M for the God of

Destruction — is one of the holiest symbols in Hinduism, Jainism, and Buddhism. The golden symbol in the canvas is the symbolic representation of OM.

Hindu scripture teaches that when the five elements are in harmony there is bliss. The lotus conveys bliss and the radiating arcs emanating from the lotus are the waves of happiness. The incomplete arc at the very top represents these positive waves leaving the canvas and flooding my bedroom with joy and contentment.

Nishaki Mehta Oza, MD
3rd-year Resident

and Nirmali Shah



The Last Leaf

This is a painting that my sister and I made last summer, inspired by “The Last Leaf” by O. Henry. As a raging pneumonia robs her of her will to live, a woman believes that she will die when the last leaf falls from a withering vine outside her window. An elderly gentleman, her neighbor and an artist by profession, makes the ultimate sacrifice to save her life. He braves a winter storm one night to paint a leaf on the wall outside her window — a leaf that will never fall. From being out in the storm, he develops pneumonia and dies. In the meantime, the painting gives the woman

the hope to survive her illness. Sometimes I wish we doctors had something as magical as “the last leaf” to encourage our patients when they lose their will to hold on.

Chino Mannikarottu, MD
2nd-year Resident

and Carthi Mannikarottu

A Man-made Disaster

Remember me the first
Time you march in
The jazz funeral
Without me.

Here is what
You will do
With your next 39 free
Minutes calling you criminal at carnival
So blow that horn
On the commander
In chief.

Energy can neither be
Created nor destroyed — only
Transformed.

Read and watch why
The levees were broken
Not by Katrina but by
Ourselves
Again.

So walk and dance with gold
And black umbrellas
Revel and Reckon with
My mothers along
The water's cold
Edges doubled over
This generous gulf
Of Apathy.

Manish Pant, MD
3rd-year Resident

Neuro Exam

Next I'd like to do a neuro exam.
Some of the exam might seem a bit odd.

We'll start with your eyelids. Close them tightly,
as if you're trying to keep out soap, or

as if being sick is just a bad dream.
Good. You can open your eyes now. Give me

a smile, not a smirk or a nervous laugh,
but a toothy, Cheshire Cat grin, the kind

you find in photos of your former self.
Good. Stick out your tongue and say "Ahh." "Ahh." Next

tap your left foot on the ground as if you're
nervous, now your right, good, okay, stop. Now

give yourself a round of applause on each
thigh, like so, palm up-down-up-down, faster.

Interesting. Well, I don't know what's wrong, but
I think the problem isn't in your head.

Adam Possner, MD
Assistant Professor of Medicine, General Internal Medicine

Dermatologist Tested



Tudi Al-Sabban, MD
1st-year Resident



Enjoying the Ride

Serious.
Sweet.
Goofy.
Contemplative.
Seemingly bonkers.

An emotional roller coaster,
If there ever was one.
Toddler tempers are transient, elusive, fleeting,
And intensely honest.
All we can do is buckle up and enjoy the ride....

David Popiel, MD

Assistant Professor of Medicine,
General Internal Medicine



Carnival



A few moments in time, captured at a carnival at the Landmark Mall in Alexandria, Virginia. I've always had an interest in using long exposure to create shapes by light in motion. In this picture, a man was standing still in stark contrast to the spinning ferris wheel in the background and the swinging "Full Tilt" ride to the viewer's right.

Homan Wai, MD

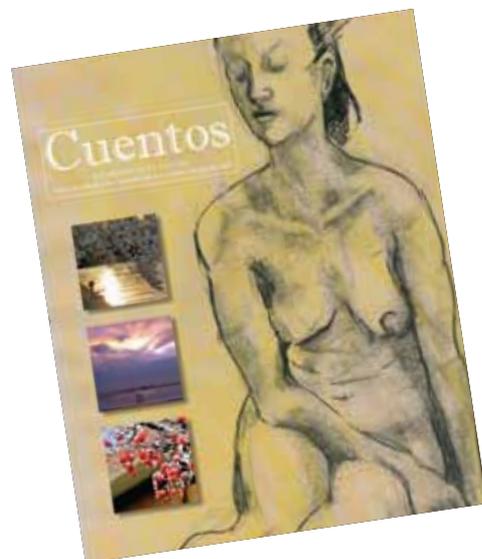
2009 Graduate, Internal Medicine Residency

The *Cuentos* 2012 Team



(From Left to Right)
Nishaki Mehta Oza, MD, 3rd-year Resident; Ashley Freeman, MD, 1st-year Resident;
Adam Possner, MD, Faculty Advisor; Sylvia Gonsahn-Bollie, MD, 2nd-year Resident;
Nancy Maaty, MD, 2nd-year Resident

Are you interested in expressing your creative side by contributing to the 2013 edition of *Cuentos*? Please contact Dr. Adam Possner at: apossner@mfa.gwu.edu for more information.



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