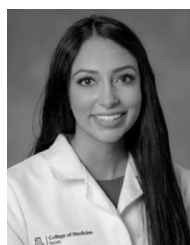
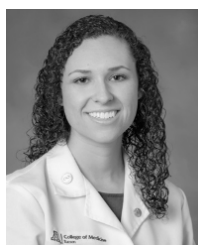


Medical Student Newsletter

Spring 2021

Welcome to our ACP Newsletter!

Lead Editors: Rissa Zudekoff UACOM-T Class of 2022, Daniel Mayberry Midwestern Class of 2021, and Kirstin Peters UACOM-T Class of 2022



Hello! We are the current editors of the Arizona ACP Newsletter. We are excited to share with you some stories our students have written over these past few months. Now more than ever, it is important that we cultivate connections between our members and provide a voice for medical students. We will strive to

highlight the successes of our student members and alert you to opportunities and resources through ACP and beyond. Thank you to the medical students who made this newsletter possible! During these unprecedented times, please know you have a community that cares and is here for you.

Loss/Grief Reflections

Mustering Strength Amid the COVID-19 Pandemic

By: Matthew Chaung, UACOM-T Class of 2022



I will never forget this man; he was so tall that he could barely fit into the hospital bed. He was one of the first patients I had met that was too ill to speak or open his eyes. I followed him as my patient on the neurology wards, but the situation looked grim. He no longer had brainstem reflexes, such as a gag reflex or corneal reflex, and would not withdraw to painful stimuli. Our neurology team was concerned because just a few days ago he had been conversing and now was nearly in a coma. We really needed an imaging study to differentiate whether his ongoing encephalitis was due to chronic lupus or infection from his long-term immunosuppression. However, at the time, our hospital was already being overwhelmed with patients that required stat imaging, coronavirus disease 2019 (COVID-19), and to make matters more challenging, one of the magnetic resonance imaging (MRI) machines at another hospital was out of commission and patients were being transported for imaging. Our patient's imaging study seemed to be falling further and further down on the list and I felt so helpless. I offered to help communicate with the family to help my team out given the situation. The conversation I had with his wife broke my heart. "Do

you know when I will be able to speak with him again?" she asked me. I remember feeling defeated because I feared for the worst, but I needed to be strong. I replied, "We do not fully know, but we will do our very best to take care of your husband." After that difficult call, I walked past his room again and with gloves held his hand to help the patient know he was not alone. A few days later, he passed away.





By: Kirstin Peters, UACOM-T Class of 2022

"You're ready for your first capacity consult," my attending said, "remember the medicine team is confused about this one, it seems like he is clinically improving from his COVID infection but wants to withdrawal care and has refused PT. The resident said she thought he would be her miracle patient. It seems she does not want to give up and thinks he must be depressed. Keep in mind he is in his 90's and still on high flow oxygen."

In my head, I imagined a frail elderly man at peace with his decision and life. The thought was soothing to me. As we approached the COVID floor I began gearing up. I put on the gown, the gloves, an extra mask over my N95, and my trusty face shield. It felt as though I was putting on my battle armor, preparing myself for what might be a tough conversation. I reassured myself it was nothing I couldn't handle as I put up on my shield.

I entered the room a confident young knight in shiny armor ready for a valiant fight, but then I saw him. There he was sitting in bed, a young-ish-looking rather well-built man. A man who looked no older than 65 and eerily familiar. Not the feeble old man I was preparing for. Although he had some dried blood crusted under his nose from the high flow oxygen, he looked remarkably comfortable. I was a little shaken but got back on task, my attending was watching me, I couldn't choke. We exchanged pleasantries, I learned he grew up on a ranch, served in our military, and so on. Then, I started going through my capacity checklist. He knew that he had COVID and had been in the hospital for weeks, but before I could finish describing how much he was improving and how they had been weaning his O2 requirement he stopped me. He just said, "No".

After a long pause, he explained he had been in the hospital for months, has been in such pain, and that he is tired. I began right back up with the "we can work on getting your pain under better control-" and he stopped me again. "No," he sternly answered, "I do not want any more pain medicine, I know my body and it is telling me I am done. I am ready to die."

I was looking at a man who looked nearly half his age, comfortably sitting chatting with me, with no increased work of breathing, no flat affect telling me that he was done. I just could not believe it. I did not know how to respond. I asked if he had any family nearby and he mentioned having a wife back home on the ranch. A-ha, I thought, this could remind him of reasons to hang on. I asked if he had spoken to her recently. He said no. I quickly offered to set up a phone call, a video call, whichever he preferred. He stopped me again, "No, she knows I am here, and she knows me. Besides, she doesn't speak much English there is no need to call."

I asked if he had any children. He responded, "no, I never had any children," while looking deep into my eyes. Even though all my layers of PPE and shields, I think he could see I was confused and at a loss. Feeling my attending was about to cut me off any minute, I quickly jumped into the mini-mental status exam. I thought it must be delirium; he must not grasp the situation. To my dismay, he answered every question perfectly. I was losing steam but kept on. He must be depressed; how else could he not see, not

see he was going to recover, I thought as I began my SIGECAPS questions. He let out a loud exasperated sigh, which startled me. He stared into my eyes again, and I felt even more naked and unprotected than before.

His voice cracked as he loudly stated, “we do it for dogs, we do it for horses, I did it for dogs, I did it for horses, why can’t you do it for me, why can’t y’all just put me down?” I was stunned. My armor cracked. I shot my attending the please help glance. My attending jumped in and went on and on explaining how we are a life-preserving society, but it didn’t help. He continued on and on, “Why can’t you just kill me? It doesn’t make any sense. Just let me die, let me die on my terms. Why can’t you just shoot me?” I was floored and exhausted. We left with the only recommendation to start some bupropion for adjustment disorder with depressed mood.

The next day he looked even better clinically, but we had the same conversation which frustrated me even more. HOW DOES HE NOT SEE HE IS GETTING BETTER? Day after day, he improved clinically until suddenly, he didn’t. I came in ready for the same exchange, but he looked worse – much worse. His oxygen requirement had gone up, right up to what it was the first time we met. I looked at him stunned once again. He smiled laying in his bed, “I told you I wasn’t getting better.” Before I could even get out a word he said, “bet you docs think I did this on purpose to spite y’all” I paused. Of course, I know he didn’t do this on purpose. I know he didn’t do any of this on purpose, but I could not help but feel frustrated. He was getting better, he wasn’t dying, but now he was. I was quiet. My attending swooped in and spoke to him in the kind and understanding way he always did with patients, but I stayed quiet mulling over the patient’s words. I had never had such countertransference with a patient before. He continued getting worse, no matter what interventions we or the medicine team came up with. He eventually went on to comfort care, just like he wanted from the very start.

I kept thinking if I beat COVID, was healing, was strong, had a wife waiting at home, I sure as heck would want to live. But that is the thing it was never about me. We can’t push our values onto patients. He was telling me from day one what he wanted, and it was me who wasn’t listening.



Mental Health Matters:



By: Brooke Wilkey, AZCOM Class of 2022

The last three years of medical school have been both rewarding yet incredibly difficult. During this time, I have literally taken note of each time a mentor/ classmate/ patient has taught me a valuable life lesson. Doing so has reminded me to appreciate this journey, even though the hardships. I wanted to share these lessons and encourage my peers to acknowledge their own personal growth along the way as well.

- Understanding different perspectives are key to growth. Be patient and listen to those willing to teach you.
- Stop competing and simply be the best version of yourself. Everyone has their own individual strengths to bring to the team.

- Take things less personally, the actions of others rarely reflect upon you.
- Do not assume the intelligence of others. Everyone has something worthy to contribute.
- Showing emotion does not make you weak, it makes you human. Allow yourself time to feel, grieve, and move on.
- Be realistic with expectations, nothing in life is going to be a perfect fit.
- Your prize is the fulfillment hard work provides, not the money/ status/ grade.
- Suffering is temporary. Refrain from being shortsighted during difficult times and remind yourself that you will be happy again.
- Everyone is coping with their own troubles to the best of their ability. Be mindful of this.
- One test score, good or bad, does not define you.
- Trust the process. Anxiety will only waste your time and energy and it will not change the outcome.
- You get out what you put into things. Be deliberate in your reading, listening, and understanding.
- Accept help when you need it and value the people in your life that are willing to help you.
- You cannot have growth without mistakes and self-reflection. Be thankful for life's lessons and never lose the willingness to learn.

Fun Medical School Quotes from our authors:



“Unspoken rule of EMR is to always make sure you are in the right patient chart before doing anything.”

Upcoming Events and Announcements:

SAVE THE DATE! ACP Arizona 2021 Annual Scientific Meeting



The ACP Arizona 2021 Annual Scientific Meeting “Health Care Disparities: Closing the Gap” will be held at the Tempe/Phoenix Embassy Suites on October 22-23. As of this date, Chair Dr. Ijeoma Uche and the Planning Committee have decided to meet in person, due to the current vaccination outlook. Stay tuned for updates!

During these uncertain times, it is more important than ever to take care of ourselves. [Check out this webpage full of helpful wellness resources from ACP](#)



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Hope everyone is doing well and staying healthy! All the best from our editors: Rissa, Daniel, & Kirstin