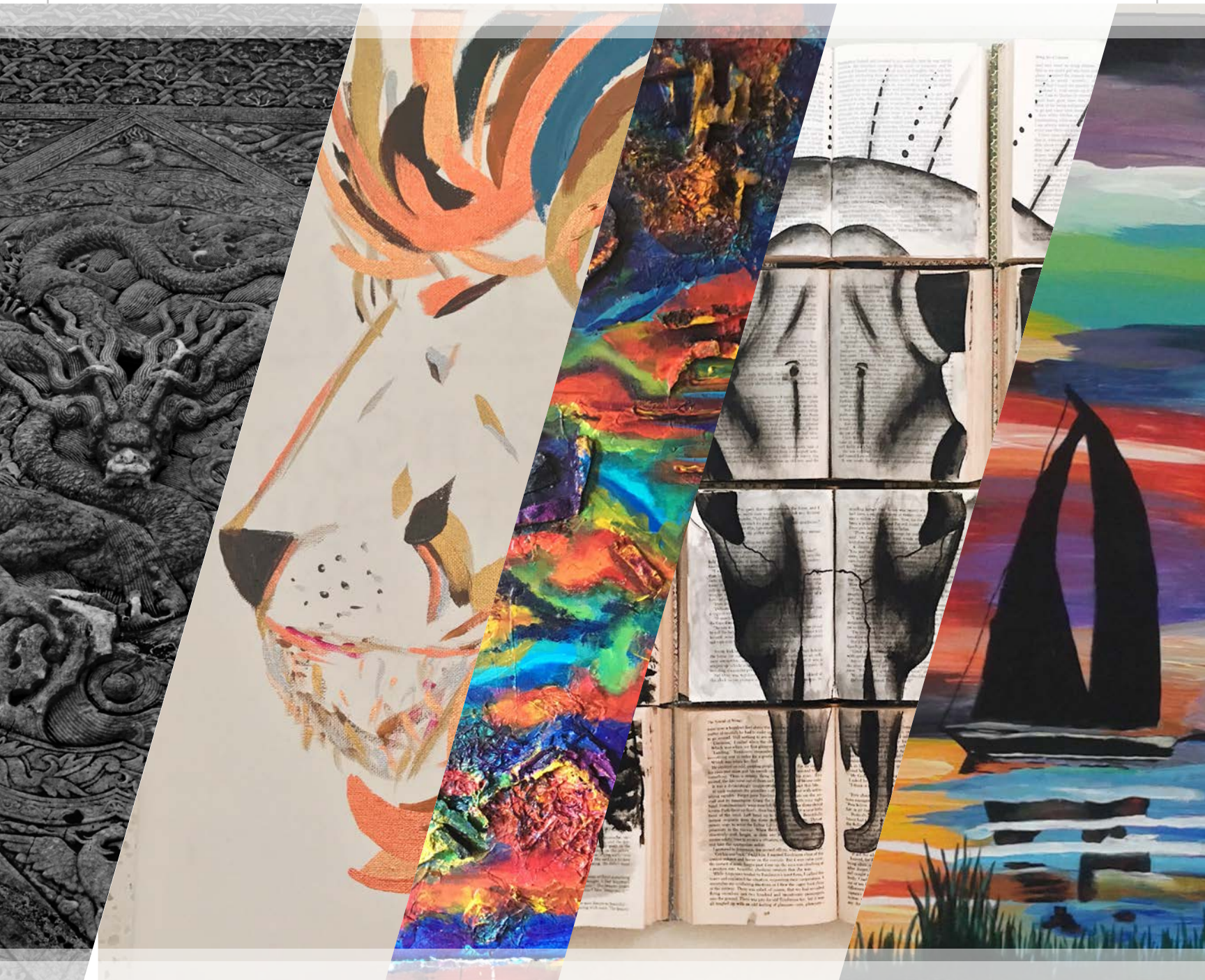


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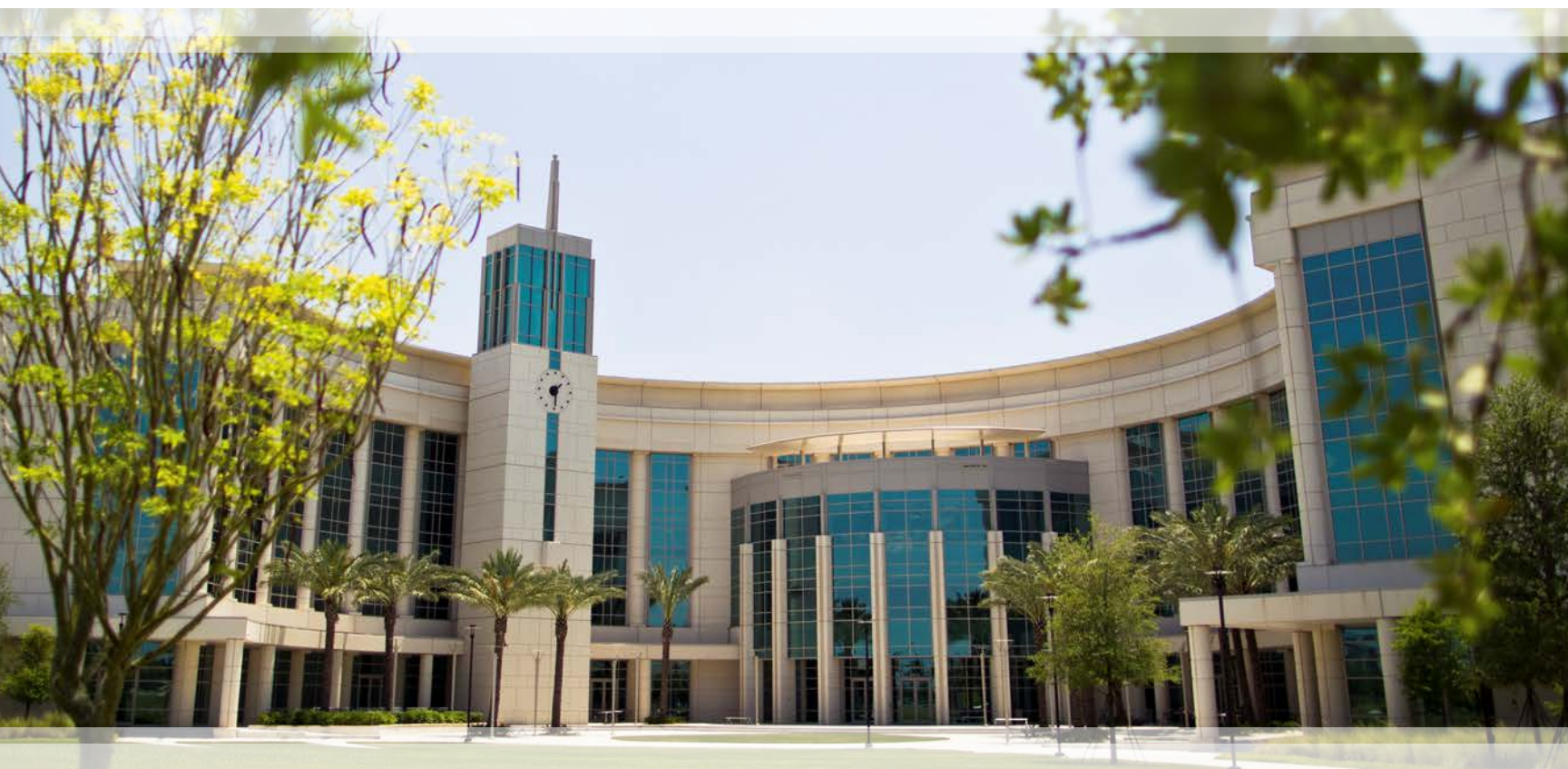
LITERARY AND ARTS MAGAZINE FOR THE UCF COLLEGE OF MEDICINE



VOLUME IV
2017-2018

THE SCRIPT

LITERARY AND ARTS MAGAZINE FOR THE UCF COLLEGE OF MEDICINE



**College of
Medicine**

UNIVERSITY OF CENTRAL FLORIDA

6850 LAKE NONA BLVD.
ORLANDO, FL 32827

VOLUME IV
2017-2018

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FOREWORD

Every day, if we pay attention, we can witness the beauty of nature and physical art, music and the written word. Yet we are often so busy that we don't see art's power or its impact.

Art celebrates the healthy spirit that lives in us all. Understanding, experiencing and appreciating art adds to our health and wellness and can help us bring healing to others. Art can help us and those we serve make sense of pain and loss. It can inspire us to look at people, circumstances and challenges in new ways. And just as individual brush strokes, musical notes and words must work together to make a beautiful piece, art shows us how collaboration makes us stronger than we can ever be alone.

As physicians, we spend most of our lives in the world of science. Yet the world of art enriches what we do. It touches our hearts and allows us to be better communicators. Experiencing the arts can be a bridge that connects our hearts and minds, for the good of those we serve.

I hope you will enjoy this latest edition of *The Script*. This publication showcases the artistic talents of our College of Medicine family. In doing so, it shows that "The Good Doctor" has a head and a heart for medicine, an appreciation of science and artistry.



Deborah German, M.D.
Vice President *for* Medical Affairs
Dean, UCF College *of* Medicine

Illness and health issues are cause for great concern for patients, relatives and observers of the human condition. Like all items of importance, we often struggle to make sense of illness and are often left with an incomplete reckoning. Art provides an avenue for individuals who have suffered to make sense of, and work through, the thoughts and emotions stirred by disease.

The Arts in Medicine student leadership team have worked through the summer to organize this publication. Our students, residents and faculty have submitted some of their most personal and introspective work for publication and I am certain that you will enjoy this fourth edition of *The Script*.



Juan Cendan, M.D.
Professor *of* Surgery
Faculty Advisor, Arts in Medicine
UCF College *of* Medicine

FROM THE EDITORS



This year's edition of *The Script* continues the tradition of providing a platform to students and faculty for expressing their creativity and giving an opportunity for its readers to appreciate those works. This edition highlights an outpouring of talent, evident in the submissions including literary works, digital photography, poetry, and everything in between. Our goal in preparing this volume included displaying the many talents that make up the University of Central Florida College of Medicine community through the development of an artistic mosaic. We chose to maintain themes from past editions of *The Script* because we truly believe they resonate with not only those involved in science and medicine, but all of humanity: life, emotion, perception, and death.



As members of the much larger medical and scientific community, our world revolves around facts and the concrete. Art, however, is often abstract, enigmatic, and counter-intuitive. Although the arts and science are usually considered two separate entities, the truth is that you cannot have one without the other. We believe that this edition of *The Script* will stir the artist and scientist within all of us. We hope you enjoy experiencing the stories contained within these pages and that you are inspired to find or continue pursuing your own medium of expression that you can delight in.

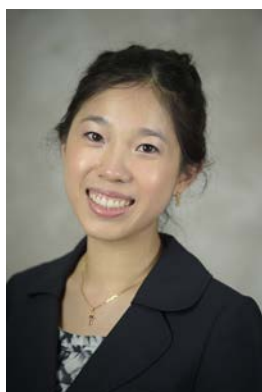
Best,

Catherine Mitchell
President and Co-Editor

Arjun Patel
Literary Arts Chair and Co-Editor

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LIFE

*“Clouds come floating into my life, no longer
to carry rain or usher storm, but to add color
to my sunset sky.”*

Rabindranath Tagore

SUNRISE AT THE GRAND CANYON, *DIGITAL PHOTOGRAPH* (top)
SUNSET AT THE GRAND CANYON, *DIGITAL PHOTOGRAPH* (bottom)

THOMAS SUN, MS-1





#ORLANDOSTRONG

ALLYSON BROWN, MS-3

A single candle glimmers
A faintly flickering light
To dispel the ghost of hatred
On that shattered, dreadful night

But that light is not alone
As other lights join in
Hoping their glorious brilliance proves
That love and peace will win

A survivor holds a candle
And blinks so not to cry
And in a whispered voice asks
Why so many had to die

An advocate steps forward
Grief etched on his face
Have all his years of sorrow
Simply gone to waste?

And now a first responder
The images still clear
Of grief and blood and horror
Interspersed with pain and fear

And a medical student wonders
From a thousand miles away
With a city torn asunder
What words are there to say?

To help to ease the sorrow
To help to heal the pain
In a time of desperate tragedy
To make a city whole again.

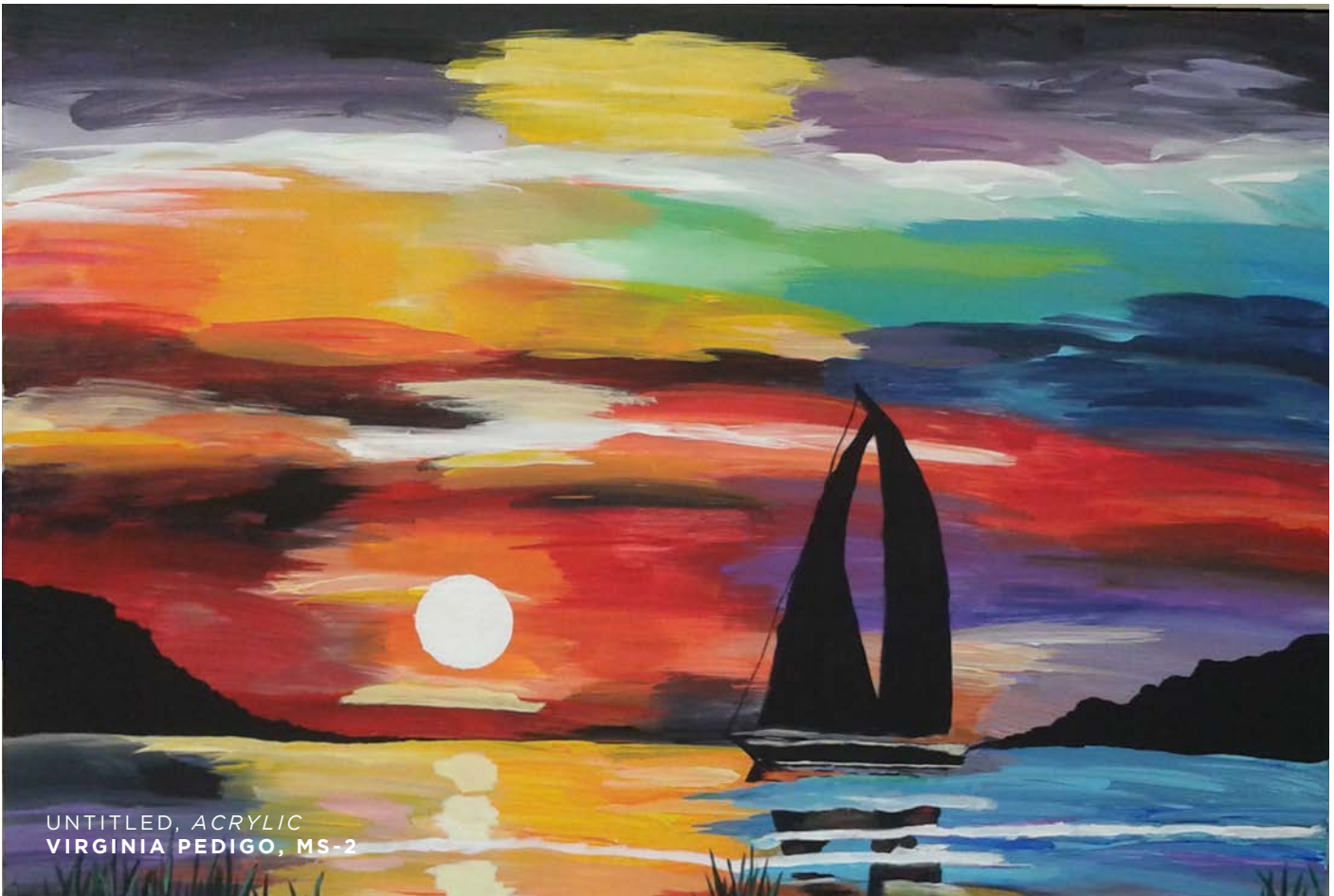
And then she sees the candles
And hears the stories of her peers
Of doctors and paramedics
Who put aside their fears

To save a life today
To save another and another
A son, a friend, a companion
A lover, and a mother

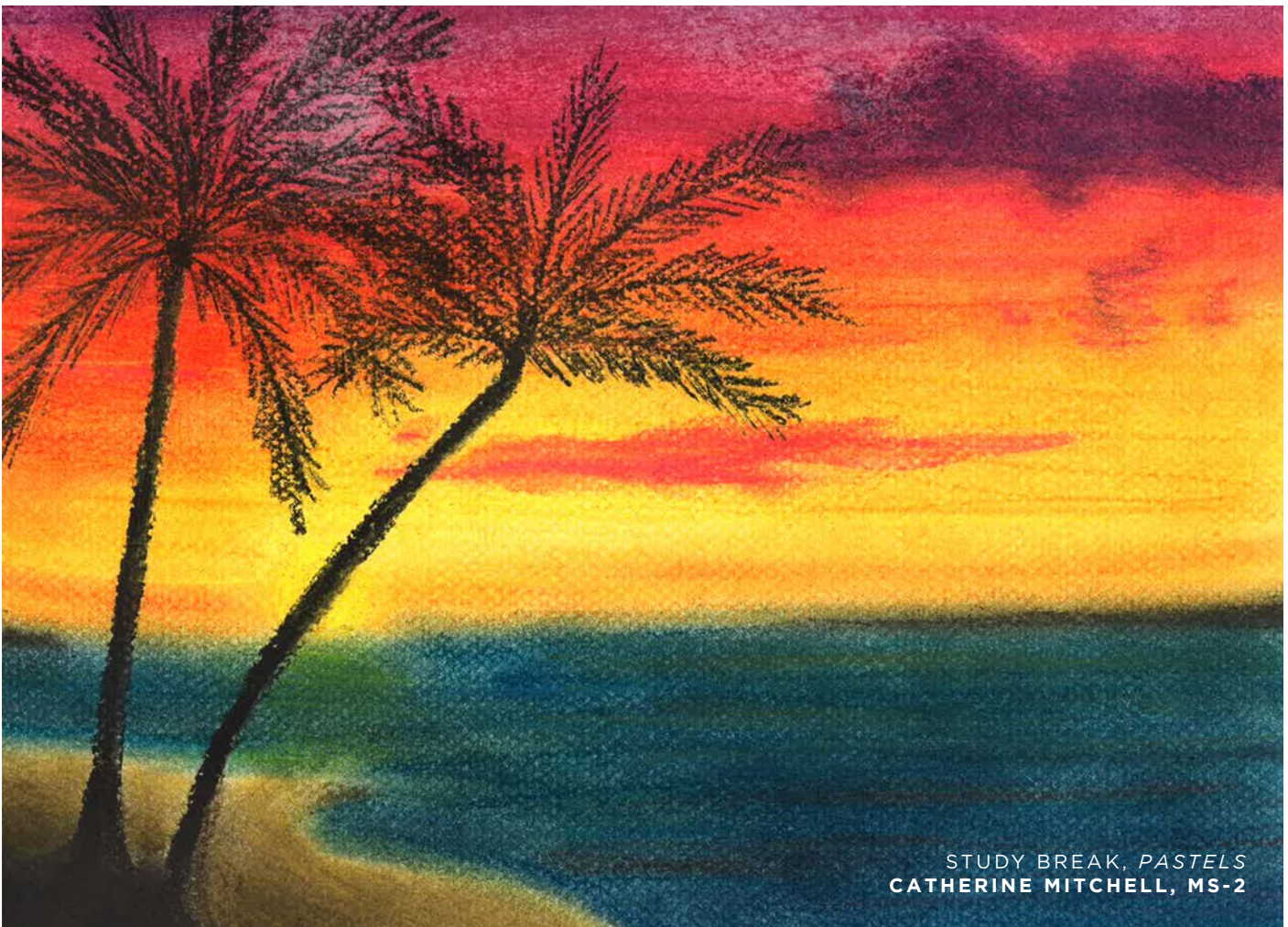
And at this time of sadness
She lifts a light in turn
And whispers to her classmates
“This is why we learn.”

The University of Central Florida College of Medicine is located 20 miles from Pulse nightclub in Orlando, FL. This poem is dedicated to the victims, survivors, and their families and to this beautiful community that will forever be #OrlandoStrong.

Previously published online at In-Training.org and in the Orlando Sentinel.



UNTITLED, ACRYLIC
VIRGINIA PEDIGO, MS-2



STUDY BREAK, PASTELS
CATHERINE MITCHELL, MS-2



PRIDEICORN, WATERCOLOR AND INK
KYLEE CRATE, MS-1

BETWEEN MOTHER *and* CHILD

SAMI KISHAWI, MS-4

Standing inside a brightly-colored superhero-themed examination room in an outpatient pediatric clinic just outside of Orlando, nostalgia hit me with such force that, for a brief moment, I contemplated balancing on the shoulder of a mother whose 4-month-old boy had been coughing and spitting up for what felt like an eternity to her. The room's atmosphere was in total flux — the mother's anxiety balanced by the pediatrician's certainty, the baby's grimace balanced by my endearing smile. He was an adorable child who had unknowingly caused his mother a great deal of distress. I saw myself in him.

Just as this infant will one day remember, my most formative years were marked with regular visits to the pediatrician's office as well. I was too young to appreciate the value of a high-five and sticker at first, but before anyone could stop me, I had managed to sucker my way into amassing enough Disney and Hot Wheels stickers to cover my bed's headboard at home. Front and back. It was a game to me. Sometimes the tears were fake, but an extra Dumbo sticker never hurt anyone.

I was just one hour into my first day of my pediatrics clerkship when everything began to fall into place. Today, the day I bore witness to the effort and sheer willpower that goes into raising and caring for a child, was also my mother's birthday. I was only two weeks removed from my first delivery, and the novelty of it all, along with the ever-looming sense of indebtedness to our mothers for the damage their bodies take for us, had yet to wear off. But today's experience, appointment after appointment, took that novelty even further and reminded me that there is no bond tighter, no love stronger, and no concern sincerer than what exists between mother and child.

We are trained deep into our first two years of medical school about countertransference, a phenomenon in which a physician forms an emotional reaction and projects it onto a patient, such as when a patient reminds the physician of a friend or loved one. There are vast ethical dilemmas that countertransference (and transference, its reverse) introduce to the doctor-patient interaction, but without getting too into the weeds, these phenomena can also actually help enhance interpersonal relationships between patients and their caregivers if recognized and skillfully and appropriately controlled. We can become the physicians they need. They can become the patients we know how to heal.

For me, in my limited role as a student and observer, the phenomenon simply led me down memory lane, which weaved and wound its way in and out of Dr. Palmer's pediatric clinic on King Drive where I spent many, many afternoons.

I remembered the summertime walks to the hospital building from our home which was, in that day, a mere block or two away. Mama always walked with a sense of urgency. When we crossed the street, any street, hand-in-hand, I had to transition to a full sprint. To passersby, I was doing an excellent job of keeping up. But little did they know we had it all rehearsed: mama held my hand with such vigor that I floated one or two inches off the ground and I cycled my legs back and forth to give the illusion I was walking. It was sweet.

I remembered the hospital waiting room, its yellow walls, the ball-and-wire toys scattering the floor, and the small television in the ceiling's right-hand corner. I still haven't watched *The Lion King* in full, but it was in that room on mama's lap that I watched Mufasa lift Simba into the sky. The circle of life.

I remembered the days mama cut her morning short, left work early, sped to school to pick me up, delivered me to urgent care on the second floor, and watched helplessly as fevers took me over. There were times when she held me because I felt too weak and too limp. There were times when she held me because the only comfort I could find was in burying my head deep into her side. I will never forget the feeling of her hand on my forehead. She knew me so well that she could tell with the palm of her hand if I had deviated away from my normal temperature and by exactly how much. She turned medicine into an art form, a soft melody I could hum whenever I needed relief.

I remembered the days when I was told to use the bathroom on paper plates for my stool samples to be analyzed after my intestines had failed me. She was never afraid to dirty her pure hands for me. There was nothing about me that caused her to cringe, nothing that she felt too good or too clean or too big to touch, not a single rash, bump, splatter of blood, or infected stool. She was, in so many ways and on so many occasions, the only thing that stood between me and severe illness, even death, and she remains, to this day, what I model my doctoring after.



UNTITLED, DIGITAL PHOTOGRAPH
KIM BURCHER, MS-3

I remembered the time Dr. Palmer was on vacation and my sports physical became the responsibility of a doctor I would never see again. It was his first time seeing me and I suppose he wanted to be thorough. I was in tenth grade and it was my first time doing the 'squeeze-and-cough' test which most might find rather uncomfortable. I thought it was ticklish. Oh, the look of horror on my mother's face.

I remembered the day mama snuck me to the park for a midday break and encouraged me to be brave and try the monkey bars for the first time. She lifted me up and I held on tight, just like she said. She let go. I was doing it! I released one hand but couldn't reach the next bar so, naturally, my second hand gave up. I fell unforgivingly on my face. My bottom lip swelled to the size of a grape as mama threw me over her shoulders and dashed across the field and back into the hospital. Nothing about it was her fault, but I vividly recall discovering at that young age the palpability of a person's guilt.

And just as memory lane blurred out of focus, the next set of clinic encounters brought it right back into frame, this time winding through some of my most cherished memories.

I remembered the trips on the #3 CTA bus to the Harold Washington Library. After hours of perusing the wildlife section, the space section, the politics section (I was drawn to black and white maps of the Middle East), and the children's section, we would read the books together as the bus trundled its way home. We only

ever occupied one seat: mama on the seat itself, a bag of books secured safely between her feet, and myself clutching a book on panda bears and perched lazily on mama's lap. Our adventures were long and exhausting; her legs were tired and sore. But nothing ever stopped her. Her favorite activity was hanging out with me, even when my eyelids sagged from the weight of all the new things I'd learned and my head fell onto her shoulder. She had no one to talk to while I slept so she just watched me breathe to the beat of her heart.

I remembered the McDonald's Happy Meals she bought me whenever I met a major milestone: straight A's, a lost tooth, a week without smearing food all over the walls or eating soap. If you thought my sticker collection was intense, my mountains of toy cars and Teenie Beanie Babies were twice as impressive.

I remembered her morning ritual of waking up before me, preparing breakfast and lunch, and, for most of my childhood, driving me through whatever Mother Nature brought our way to school or to the bus stop.

It became readily apparent that since the day I was born, my mother's life was no longer hers. She lived, rather, entirely for me. Her schedule changed. Her priorities changed. She slept according to my sleeping schedule. She cried when I was in pain. Her ambitions were to guide me to success and happiness before she could find it herself. It was, is, and will forever be totally selfless.

Twenty-five years later, standing in the middle of a room adorned with pictures of superheroes I never really believed in, I remembered that there was a real, authentic superhero out there thinking of me just as intently as she had when she held me in her arms for the very first time. As I watched mothers display an unbreakable love and unshakable care for their children that I recognized so well, I eventually took a knee. I am blessed to have had such a tangible reminder of why I am forever indebted to my superhero, my mother, who not only made me who I am today but who also inspires me to be a good doctor.

LOST IN GREECE, *DIGITAL PHOTOGRAPH*



THAI LAKE LIFE, *DIGITAL PHOTOGRAPH*



ELIZABETH BIGUS, MS-4



SUNSET SEASCAPE, *OIL ON CANVAS*
CHERRY LIU, MS-1

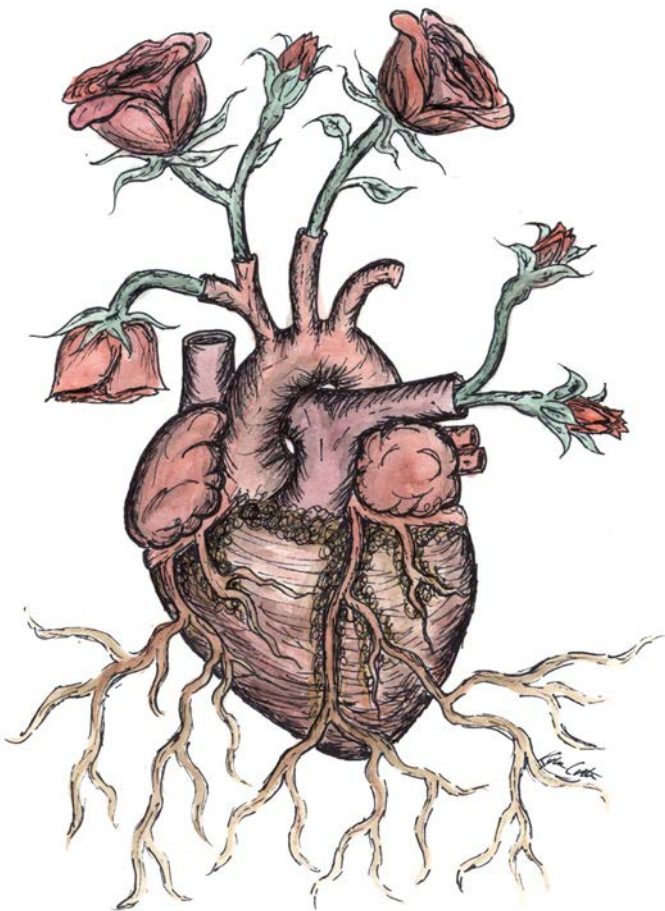
SEASCAPE, OIL ON CANVAS



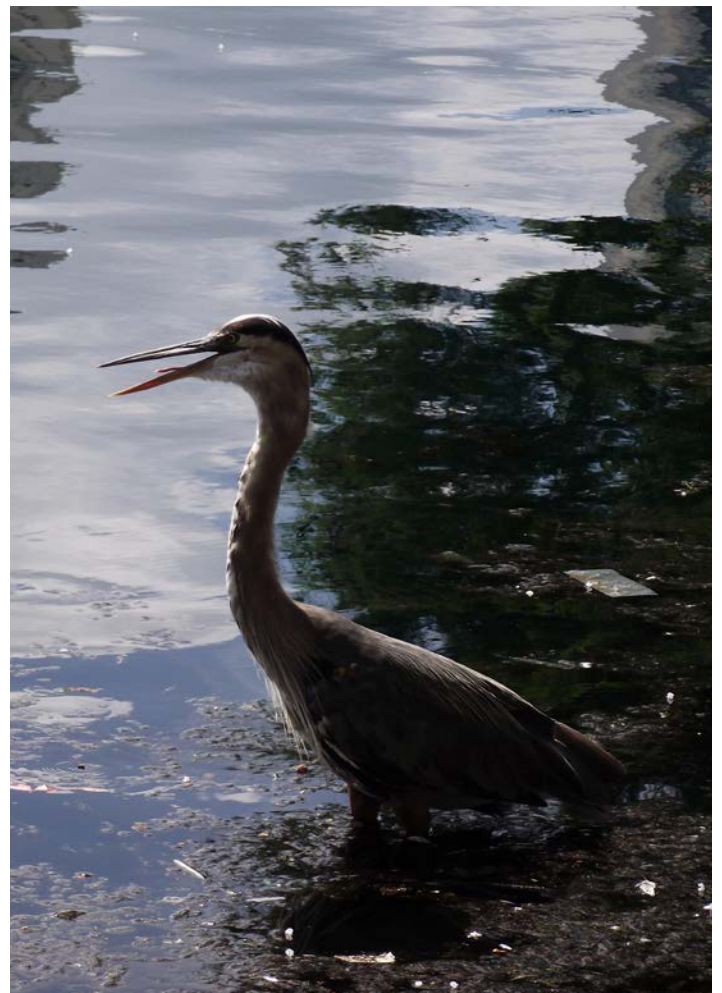
TREE AND BRIDGE, OIL ON CANVAS



CHERRY LIU, MS-1



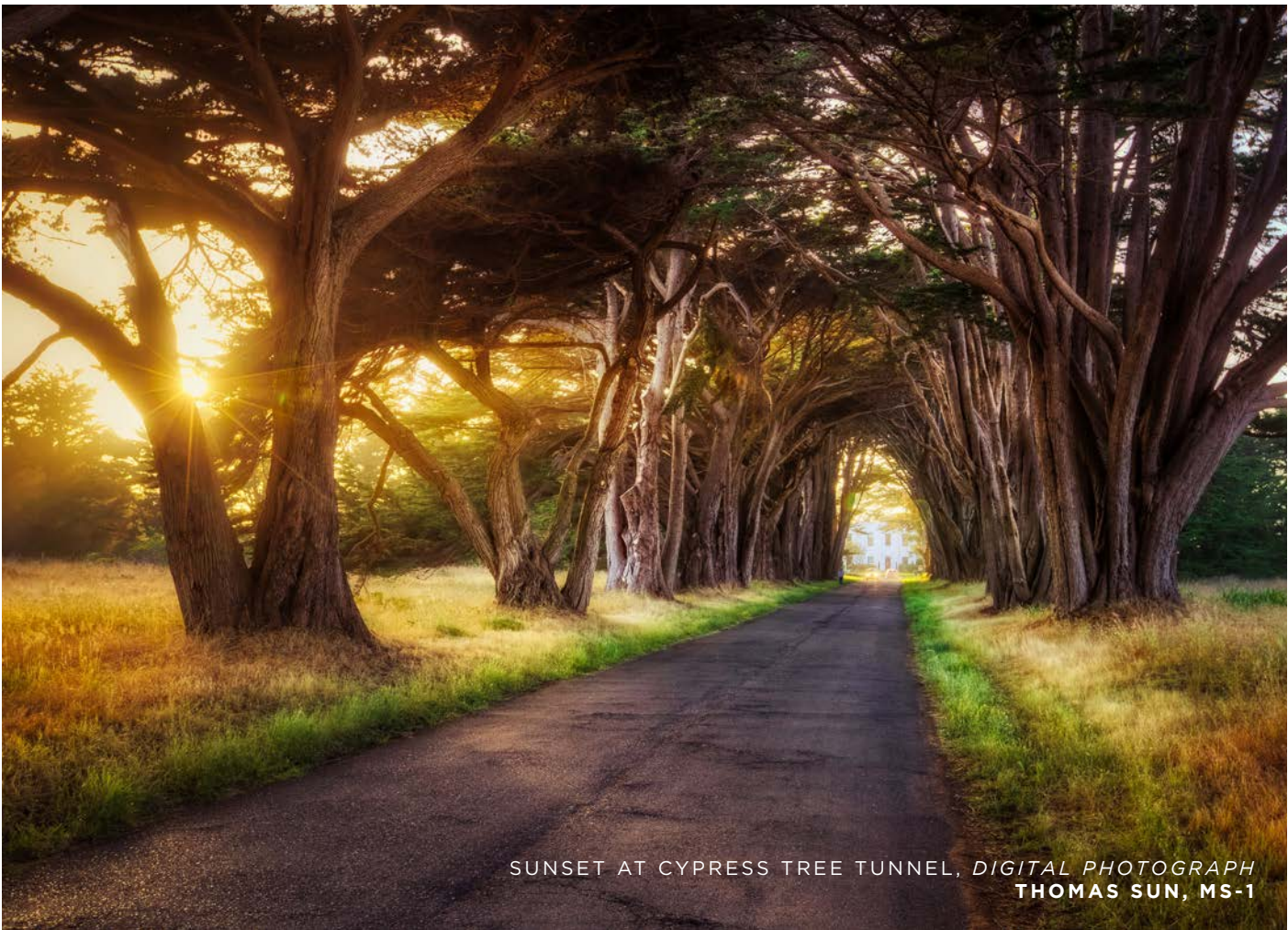
BLOOMING HEART, WATERCOLOR AND INK
KYLEE CRATE, MS-1



EOLA SERENITY, DIGITAL PHOTOGRAPH
CARA SHERRILL, MS-4

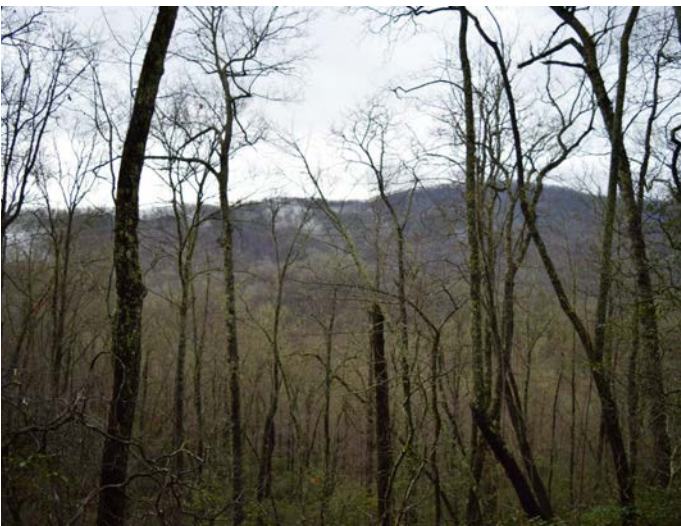


SUNRISE IN SOLITUDE AT NEW SMYRNA BEACH, *DIGITAL PHOTOGRAPH*
NIKIA TOOMEY, MS-2



SUNSET AT CYPRESS TREE TUNNEL, *DIGITAL PHOTOGRAPH*
THOMAS SUN, MS-1

A WALK in the WOODS, DIGITAL PHOTOGRAPHS
NICOLE SPITZER, MS-4 AND TIMOTHY LEGARE, MS-4



“I went to the woods because I wished to live deliberately, to front only the essential facts of life, and see if I could not learn what it had to teach, and not, when I came to die, discover that I had not lived.” – Henry David Thoreau



EMOTION

“The artist is a receptacle for emotions that come from all over the place: from the sky, from the earth, from a scrap of paper, from a passing shape, from a spider’s web.”

Pablo Picasso



UNTITLED, GRAPHITE
MICHAEL HUGHES, MS-3

HARDLY MY INTENTION—

MICHAEL R. PRANZATELLI, M.D.

watching you cry
because of what I said
when I told you
what you knew already
in your heart

not at first—
I've spoken several minutes
before the words sink in
and I'm passing a tissue
to a woman's hand

wiping those tears
as they flow in a current
of unknown consequences,
improbable, implausible,
the way dominos fall

My mind considered
the logic of it all.
Tell them! it extorted,
Tell them!
But I don't want to....

I gave a diagnosis
not a sentence
to help him get the care he needs.
Then why see me as a judge
and look down?

What do I expect?
Some people tell me I am wrong;
I want to be now.
Can you not see me
curled in fetal position

turning back from those words?
When will I get to say,
This can be cured
instead of
Your grandson has C.P.?



SUPER MOON: TAKE FLIGHT SCULPTURES IN LAKE EOLA PARK, *DIGITAL PHOTOGRAPH*
THOMAS SUN, MS-1

A SACRIFICE *of* LOVE

MAX JIANG, MS-4

She grew up in rural China where the land was poor and rough, almost as rough as the people there. True kindness was hard to come by in the community. But she did not let that stop her. Her parents worked incessantly. They spent so much time at their jobs that she was forced to take care of her two younger brothers. She cooked for them, cleaned for them, and protected them. Her brothers were bullied and beaten relentlessly by the neighborhood ruffians, but she came to their rescue every time. Her protective spirit extended beyond the reaches of her family; she took other children under her wing and stood up for them as well. She never backed down from doing the right thing.

Despite the amount of time she spent caring for others, she still managed to be very successful in her own endeavors. She triumphed over academics and

worked hard at each job she held. By the time she was 24, she had already become the chief loan officer at her province's head bank. Various companies sent limousines for her travels and treated her to extravagant meals. All the CEOs came to her when they wanted approval for loans. She was at the absolute pinnacle of her career, and life was finally good after her harsh youth. But then she became pregnant, and everything changed.

A plethora of promising suitors had pursued her hand in marriage, yet she ended up marrying a poor graduate student, forsaking vanity and riches for modesty and inner beauty instead. Her husband was a brilliant, young researcher who wished to escape to the United States so that he could chase after his aspirations of scientific advancement unhindered. He submitted a visa application but was unfortunately only granted passage

CONTINUED ON NEXT PAGE



BASHFUL, DIGITAL PHOTOGRAPH
ARJUN PATEL, MS-2



for two. He begged her to come with him still, saying that their child would also have a much better life in America. Then, she made the most difficult decision of her life and gave up her dream job, leaving her newborn child in the hands of her parents, but promising that they would be together soon.

Once in America, her husband continued his graduate education, but he was unable to provide a salary for his wife and child. So she was the one who had to make ends meet. She went from being a powerful bank officer to a waitress working long hours and multiple shifts. She made just enough for them to get by frugally. Her son was always on her mind though and she longed to be with him. Her parents wrote to her from China when they could, telling her how strong and intelligent he was becoming. He had her eyes and smile. She choked back tears every time she read those letters. Finally, after two years of saving up money and petitioning the Chinese government, their son was granted permission to live in the United States. The moment she saw him at the airport, she rushed forward, tears streaming down her

face, and embraced him. She said, “I will never leave you again, you are my everything,” with not a care in the world that she had given up everything for him and her husband.

I can testify that without a doubt she did indeed hold onto her promise. Even when I used to get sick so frequently that she quit her job just to take care of me. Even when I used to feel embarrassed to be seen in public with her and shamed her in front of my friends because I thought it was funny. Even when we got into arguments and I made her cry. Throughout all this, she was always there for me. And she still is today. Because of my mother’s sacrifice, my father was able to pursue his dreams and is now a worldrenowned pioneer in biomedical imaging research. I am currently a fourth year medical student and all the empathy, compassion, and dedication I will have as a doctor are due to the qualities she has imparted upon me. I am forever indebted to her for what she did and will spend the rest of my life showing my gratitude.

OF HOPE *and* BROKEN HEARTS

ALLYSON BROWN, MS-3

Staring at the report
Heart sinking, throat tight
Words slide together into
The diagnosis he had suspected
Confirmed by a kaleidoscope of colored cells
On a microscope slide
For a moment, the young doctor can feel
his mother's presence
Recalling the moment years before
When the same diagnosis
Had hung in the air between them
He knows that this patient has sat
Waiting, the tension building
Fears mounting daily
How she awaited the results
As the days dragged by
Tainted by anticipation
Of the call that finally came
She already suspects
So many tests
Is it better to know for certain?
He stands from his chair
Knocks softly on the exam room door
Then sits across from her, leaning forward
Perhaps it is his grim face, the resignation in his voice
Perhaps she already knew
He says the words as he was taught
"Difficult news", "Call if you need"

It soothes neither of them
He knows that in the coming days
For a moment she will forget
When she remembers, it will floor her
As the world flows around her
Oblivious to the lump that they saw
He knows that he will throw out numbers
That she will cling to
For a way out, hope, or a hole to sink through
He watches as she leaves the office
He knows that he is running late
Yet the rending in his chest that he suppresses
Day in and day out
Stops him for another moment
Like the generations before him
A profession of hope and of broken hearts
Hidden behind a calm demeanor
He must carry on to the next appointment
And the next
Until alone
In an empty hallway
A quiet call room
A dark parking lot
He turns to the heavens
And weeps for the waiting
For the pain
And for the family he has changed today.

MEMORIES *of* GOLD

DAVID NOEL

The sun sets;
Laughter and looks from soulful eyes.
Next, gentle caresses and sweet lips as
We follow the lunar eclipse, one single bright star,
And dance...
Then, bright yellow sunrises
and more golden memories.
All leading to white roses.



ALPS, OIL ON CANVAS
CHERRY LIU, MS-1



MCWAY FALLS, DIGITAL PHOTOGRAPH
THOMAS SUN, MS-1

THE PARENT *and the* ORPHAN

MICHAEL R. PRANZATELLI, M.D.

When he was born,
you thought it fair:
feed him like his sister, do the work,
watch him grow,
above all else—love him.
You couldn't

know how rare the arrow
and from what heights
it falls out of nowhere
on that future night
you are too busy with life
to realize you're happy

And the first three doctors
called it this or that—
they had no a clue. He couldn't
sit, or walk or talk.
The ER sent him home as flu:
"It will get better on its own."

The two of you used to get along—
it's tougher without sleep.
One had to quit a job,
the bills are rough, finances bleak.
You argue and you fight.
Night after night

the toddler who once loved you back
flies into rages, pulls your hair
and bites your neck,
or wants the other parent, not you.
It's so hard to take rejection; you don't think
you're going to make it

So you decide to get a degree:
an Internet "M.D."
Maybe you're a lucky one
who makes the diagnosis
— *now* at least you know.
Others never find a place

to get some help. Perhaps
you'll have to travel,
trust a doctor with an 'R'
(Research can be a scary word).
There are moments when you wonder
what your taxes do:

the NIH can't pay for studies—
so many orphan diseases,
funding's tight,
the priority's not right;
the FDA tells you
no treatments are approved

—too rare, drug trials far too few.
That's the term insurances like to hear:
Experimental. "We do not pay for experimental."
"Why bother?" drug companies say.
"Orphan drugs will never
turn a profit."

Turn a profit?
Profit?
You slam your fist,
a deep sigh; sure,
the anguish dissipates briefly,
not the fear.
Time slips

—hours, days, weeks
(months to years).
Loudly, the clock ticks.
You can't hear
the chewing on the brain
like a rat in the walls

but disease gnaws away
all the same.
Even worse—
there is no one...
there are too many
to blame

LAND *of the* **FREE**

SAYED K. ALI, M.D.

From the depths of war,
Cities succumb, life lost,
Sundry waves, unsolicited shores.
Hope is spent, Identity long gone.
But, a dream in my bosom, captured.
Tirelessly against all odds,
Ingress into the land of the free,
Feat meant for me.
Serving the community,
Embraced in diversity,
Alas lost! A visa ban to be.



UNTITLED, *GRAPHITE*
MICHAEL HUGHES, MS-3



PERCEPTION

*“We are what we think. All that we are
arises with our thoughts. With our thoughts,
we make the world.”*

Buddha



LIVEN: THE LION INSIDE, PAINTING
KATHARINE VOGEL

33 Y O M

LEOR ARBEL, MS-4

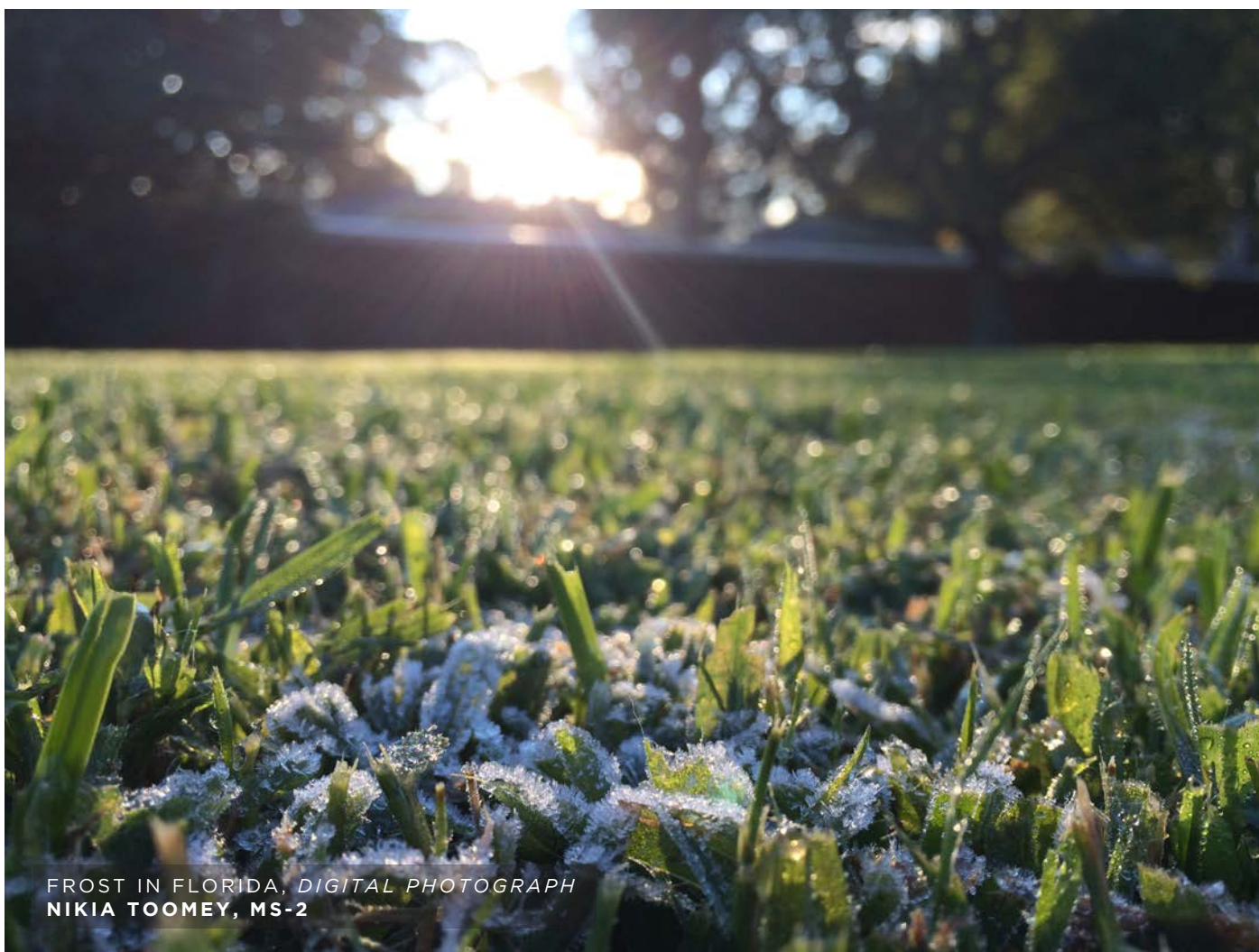
Cancer is one word, not a sentence. Have you have heard that one before? It's a slogan popular among cancer support groups and survivor blogs, and I'd become rather fond of it over the years. Yes, it's a little cliché and has all the tacky catchiness of a bumper sticker, but I liked it anyway for its simple wisdom and underlying optimism – liked being the operative word in that sentence.

Thing is, about a week ago, a 33-year-old patient was admitted to the Internal Medicine service complaining of night sweats, abdominal bloating and bilateral leg swelling which began about a week prior. He presented with diaphoresis and severe hypoglycemia at the time of his admission. Even still, he did not appear to be in any acute distress. He was calm, polite and responded to questions in a clear and articulate manner that I'd come to find frustratingly uncommon. Indeed, after back

to back interviews with patients that, although well-meaning, were prone to rambling and tangential speech, I was grateful. This enabled me to take a complete and thorough history, and even spend a considerable amount of time getting to know more about him as a person.

From a clinical standpoint, I'd gleaned that he was previously healthy, with no prior illnesses, hospitalizations or surgeries; his family history was rather unremarkable as well, although he was lacking information about his paternal side. Social history was significant only for marijuana and a vegan diet which he maintained for two years but stopped six months ago due to an estimated forty-pound weight loss. On a more personal note, however, I'd learned that, like me, he had been born and raised in NYC, and was relatively new to Orlando. This provided us with some common ground,

CONTINUED ON NEXT PAGE



FROST IN FLORIDA, DIGITAL PHOTOGRAPH
NIKIA TOOMEY, MS-2

UNTITLED, *DIGITAL PHOTOGRAPH*
▼ NATALIE BONTHIUS, MS-1



DRAGON'S BREATH, *DIGITAL PHOTOGRAPH*
▼ CARA SHERRILL, MS-4



and I remember a brief but wistful digression concerning pizza (naturally). At any rate, I enjoyed speaking with him so much that I nearly forgot I was there to collect information and come up with an assessment and plan to present during morning rounds.

Off the top of my head, though, my impression was that he had non-diabetic hypoglycemia. However, I struggled to come up with a single underlying cause for this that would be consistent with the history I obtained, his clinical presentation and the lab findings. As it turned out, I wasn't the only one stumped. No one else on the team was able to offer much in the way of a satisfactory explanation, at least not without further testing.

I figured I would use the time that afternoon to sift through my study materials and read pertinent topics on UpToDate in search of plausible etiologies. I noticed the residents were doing the same. Sadly, however, I don't think any amount of reading, studying or UWorld questions could have prepared us (or at least me) for what

we learned about our patient the following morning: the CT scan report showed innumerable lesions in the liver, lungs, thyroid and thoracic spine. The impression was metastatic cancer of unknown primary origin, and his prognosis was bleak, to put it mildly. I'd lost count of how many times I read and re-read that report. Whether I was trying to spot a mistake or potential oversight, or simply shake my own disbelief, I can't be sure. And yet more confusing still was the question of how receiving this news would make him, or anyone else, for that matter, feel.

Indeed, the only clarity I had at that moment was an acute awareness how little I knew, not just about medicine, but about living and dying and what it really meant to do either. Discouraged, conflicted, heartsick, I continued to scroll mindlessly through the images on multiple occasions that week, selfishly praying a teaching point in such a devastating story would miraculously occur to me. But it never did.



DOCTORS SHOULDN'T WRITE POEMS ABOUT PATIENTS

MICHAEL R. PRANZATELLI, M.D.

because patients might write about them:
his nose was too big, he should have that mole
removed; she should brush her teeth after lunch;
his hands were as icy as the grim reaper
on my belly; bags under the eyes, she looks like
death warmed over, hair like she's never heard of a beauty salon;
he listens to my heart because he lacks one his own.

Then doctors would fire back: she's here with the same
complaint week after week, there's nothing a shrink couldn't fix;
or I need to tell him he's way too overweight, but
he'll stomp off and won't come back;
or she's smiling because she doesn't take her pills
and thinks I don't know; or donuts not diets
spike blood sugar that high; or doesn't he grasp
this disease can ravage him and his family.

Then patients might say, where was he when I needed
someone to talk to—I'm just another person in line to him;
or I've been in the waiting room so long, I don't
feel well, and still I have to wait and wait; or is she listening
to me at all, or just facing the computer and giving me some
pills; or why can't he make eye contact to let me know
he realizes I'm a person; or must I go on-line
for a better explanation of what's wrong with me?

Then physicians might retort: don't patients know
we sometimes take their problems home with us;
that we often have to spend more time
with EHR and insurance forms than with them;
we are doing the best we can, but the system is flawed;
we don't have all the answers and we make mistakes, we're human;
that we always walk a tightrope over lawsuits:
one misstep, goodbye to your career.

Then patients and physicians might read what they
each have written and get really, really mad—
no telling how high up the complaints and rhetoric could go.
Or say, I never thought of it that way, why didn't he just say
what he was going through, why didn't she let on
she had no one, ran out of money for medicines or
gas to make appointments. What happened to the time
when people could talk and just be people, was there ever such a
time?



SHANGHAI AT DOWNTOWN, *DIGITAL PHOTOGRAPH*
BALTEJ SINGH DHILLON, MS-1



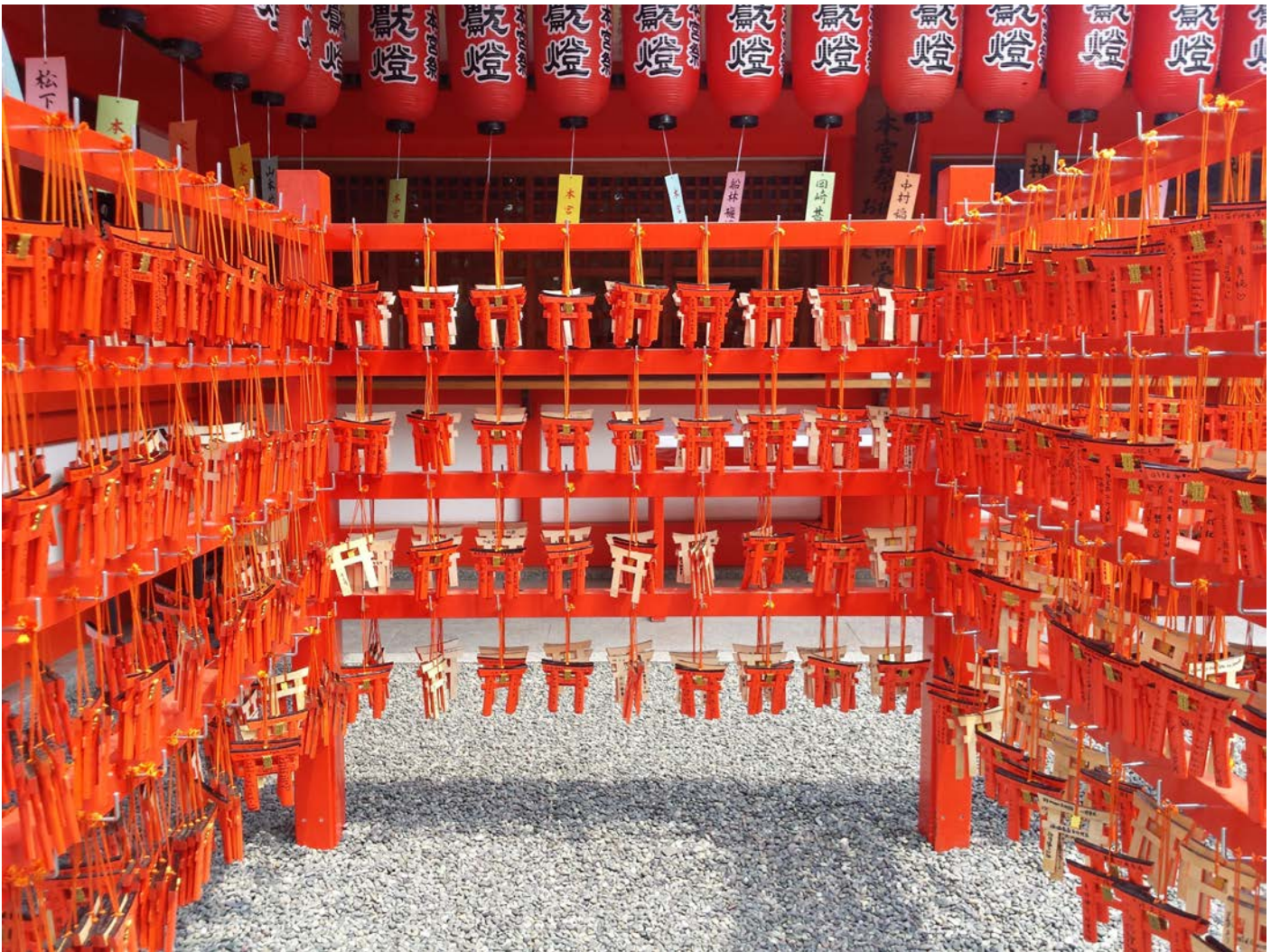
WAITING, *DIGITAL PHOTOGRAPH*
ARJUN PATEL, MS-2



LOMBARD STREET LIGHT PAINTING, *DIGITAL PHOTOGRAPH*
THOMAS SUN, MS-1

JAPAN, DIGITAL PHOTOGRAPHS

HANISHA PATEL, MS-4



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寿司・和食

地階
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かんこ

ツルハドラッグ

CORTICAL IMPASSE

BRIAN J. NAGLE, MS-4

It was a quiet Saturday afternoon, and though it was the first day of fall, the warm, humid air still had its grip on San Diego. The heat and humidity was unusual for the coastal city, which normally maintained moderate temperatures due to the marine air from the Pacific. My roommate, Lizzy, was at the San Diego Zoo with her sister, who was in town visiting from Denver. Lizzy and I met during graduate school. Naturally, neither of us wanted to leave San Diego, so we stayed in our North Park condo after graduation. She was working at Planned Parenthood, and I split my time between working as a research assistant for some of our graduate school faculty and continuing my internship at the San Diego chapter of the Alzheimer's Association's Professional Education Department. Earlier that morning Lizzy, her sister, and I had explored the farmers market in Little Italy, a small neighborhood adjacent to San Diego's downtown. After walking around for a couple hours with the hot sun beating down on us, I wanted to spend my afternoon relaxing, so I told them I'd sit this trip to the zoo out.

Taking advantage of the solitude, I curled up on the futon under the open window, propped my head up with some pillows and became thoroughly engrossed with a new book. The smell of chicken tacos simmering in the slow cooker wafted from the kitchen, while the fans around the room hummed, providing some mild relief from the stagnant, oppressive heat.

When my phone began to ring, I assumed it was Setoo, our friend from graduate school. We had talked earlier in the day about discussing plans to go out later that evening to celebrate our classmate Jenn's birthday, despite the fact that she was nearly 10,000 miles away in Kenya, serving two years in the Peace Corp. However, when I gazed at my phone, I didn't see Setoo's name across the top of the phone's screen. Instead, "Nani" was printed in plain white block lettering, as the generic ringtone sounded off, repeating three times.

It felt like it took the first ring for the electrochemical impulses to travel through the countless axons, synapses, and dendrites of my neuronal network to register who was calling. For the second ring my mind was occupied with a plethora of questions and presumptions as to why Nani was calling. And in the time it took for the third ring to begin, the thought crossed my mind to ignore my grandmother's call.

I hadn't spoken with my maternal grandmother in at least five months. She hadn't attempted to call me once during that time, despite frequent calls in the past. Nevertheless, every day I thought about her and the silence plagued the back of my mind.

Our communication was limited to the infrequent letters that I wrote her on my homemade stationery. Each note card had a different picture affixed to it with rubber cement. I carefully selected the pictures from my personal collection of photographs, which I had taken with my digital Nikon SLR camera, showcasing various areas of San Diego, trips I had taken, or memorable photos from my hometown visits to Portland, Oregon. Nani and I both shared an interest in photography, and I began sending these epistolary crafts as a way to provide her some visual representation of my life in Southern California. It had been about eight months since I had received the last letter from her, and the frequency of my letters to her began to wane as they went unanswered. In fact, this was the first time in twenty-seven years that my birthday had come and gone without receiving a birthday card or phone call from her wishing me well.

I still missed talking to her. Of the eleven grandchildren, I am the eldest grandson. My siblings and I were particularly lucky to live just a little over a mile, a quick bike ride, to our grandparents' house. She was one of our biggest cheerleaders at swim meets and water polo games. Along with photography, she and I also shared a love of cooking and baking. But most importantly, as a former teacher and loving grandmother, she always encouraged me in my academic pursuits, particularly my goal to become a physician like my grandfather. She never missed an opportunity to tell someone, "This is my oldest grandson, he's going to be a doctor like his Papa." I missed her encouragement. I missed her voice. I missed her.

I missed her and so I gave into temptation, hoping against all odds that she would be in a pleasant mood.

Sitting up on the futon, I swiped my finger across the screen to answer the call. I hesitantly brought the phone to my ear.

"Hello?" I asked, though I knew who it was.

"Brian. This is Nani." She sounded exasperated.

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“Oh hi, Nani, how are you doing?” I asked in as cheery a tone as I could muster, trying to hide my apprehension.

“Well, not very well, I’m afraid.” Oh, here we go, I thought immediately and braced myself for what was to come. “Your mother has taken my phonebooks. She took them from my room and then put them back. And now she’s taken them again!”

I took a deep breath. Validate and redirect. “Are you sure they aren’t somewhere in your room? Mom wouldn’t have any reason to take your phonebooks, Nani.” I stood up and began pacing the living room.

Her answer was underlined with frustration and punctuated with anger. “Brian. I have looked. All. Over. My room. And they are not here. Your mother took them. You know? She’s taken money from me too,” she scolded.

My pacing extended into the hallway now. Then back to the living room. Back and forth. My mind raced for the most appropriate answer. I let the silence linger, hoping in vain that she would drop the subject and move onto something more pleasant. Wishful thinking.

“She took my money from the farm and gave it to this lawyer in...” she trailed off, lost in thought. “This lawyer that works in... well... oh, I’m having a senior moment,” she huffed. I continued to pace, waiting patiently in silence for her to find the right word. “In Washington! She took my money and gave it to this lawyer over in Washington.”

My pacing paused a brief moment. Reaffirm. Don’t engage!

But it was all wrong. My mother had nothing to do with hiring the lawyer. In fact, the lawyer she was referencing was trying to remove my mother as her caregiver, while stripping my uncle of his duties as her conservator. Contrary to what her doctors said, her lawyer made the argument that she was fit to make her own legal decisions. Naturally, he convinced her that he would be the best choice to manage her finances. He had initially turned down my grandmother’s requests. That was until he learned that she was the widow of a physician.

“Nani,” I calmly replied and continued pacing back and forth now working my way from the living room into my bedroom and back, “Mom would never take your money or your phonebooks. Any money she has used from your savings was used for things like getting your

hair done. She would never steal from you.” I stopped and stood firm. “You know that,” I said in spite of my doubt about that statement. The truth was she didn’t know it and there wasn’t any way I was going to convince her otherwise. “In fact,” I went on, “Mom hasn’t been to see you in a couple months, because of the accusations you’ve been making. Did you know Pat’s son has also been threatening her?”

If you asked Nani, she would have used the word “friend” to describe Pat. My mother, or anyone else in our family for that matter, would have used many choice words to describe Pat, but “friend” would not have been one of them. Her grandchildren attended the same school as me, and she was one of the volunteers that had helped with my grandmother’s campaign for a school board position more than a decade ago. But she was merely someone on the periphery who thought she knew what was best for our grandmother. She was someone who didn’t spend enough time with my grandmother to notice the changes my family had the last few years. The changes that caused my grandfather to cancel credit cards and hide car keys. When we moved my grandmother into the board and care facility, following my grandfather’s death, Pat felt the need to insert herself into our family’s matters. After all, from her narrow perspective, Nani was fit to live independently. She fueled my grandmother’s paranoia and encouraged her delusional distrust of her children and deceased husband. She had not only encouraged my grandmother to seek legal counsel, but provided her with his contact information. Pat also didn’t appreciate being told to stay out of our family’s affairs or being banned from visiting our grandmother, which is why her son was now making threats at my mother.

“No, I don’t know about that,” she retorted impertinently. For a brief moment, I thought I heard a bit of sincere concern in her voice about her daughter’s wellbeing. It was fleeting. “I’ll have to call Pat and ask her about that.” She paused for a moment in thought. “Well, but I don’t have her number, because my phonebooks are gone, and I don’t have her number. There has been coming and not signing in!”

She was referring to the visitor sign-in sheet at her board and care facility. It had joined her notebooks and newspaper clippings to provide her clues to recent events. They were merely external cues providing some substitution for what her brain could no longer do.

“Nani, Mom hasn’t signed in because she hasn’t been to visit you, because you accuse her of stealing from her and it hurts her feelings.”

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Don't argue, there's no use. You can play the game, but you'll lose every time. I felt myself being sucked into this futile debate, while my better judgment pulled me in the opposite direction. Validate and redirect. Change the subject. My judgment was losing footing and I began to slide into this senseless argument. I knew I was never going to convince her of the truth, and she was never going to convince me that her delusions were reality. But I also saw the pain that this had caused my mother, a retired registered nurse. She had cared for her father in his last month of life, as he succumbed to idiopathic pulmonary fibrosis. Now she simply wanted to provide the same care to her mother.

"I can see that this is a waste of my time. Ann's family has all turned against me, and Ann's taken my phonebook and they're all on Ann's side. I can see that this is a waste of my time."

"No. We're not against you, Nani, but you're saying things that didn't happen." Casting everything I'd learned and even some communication tactics I'd taught healthcare professionals, I continued, "We all love you, but it's hard for Mom to be around you when you accuse her of these things. We know it's just the Alzheimer's—"

"Don't!" she cut me off. Her voice was full of anger, but beneath it, I knew there was also the ever-present fear she would end up like her father and brother. "Don't give me that! I'm sick and tired of hearing about my illness. All you do is blame it on this illness. Brian," she began to lecture me again, "I watched her... take my money... and give it to that lawyer."

"Nani," I said curtly, "that's not true. You don't think I'd lie to you, do you?"

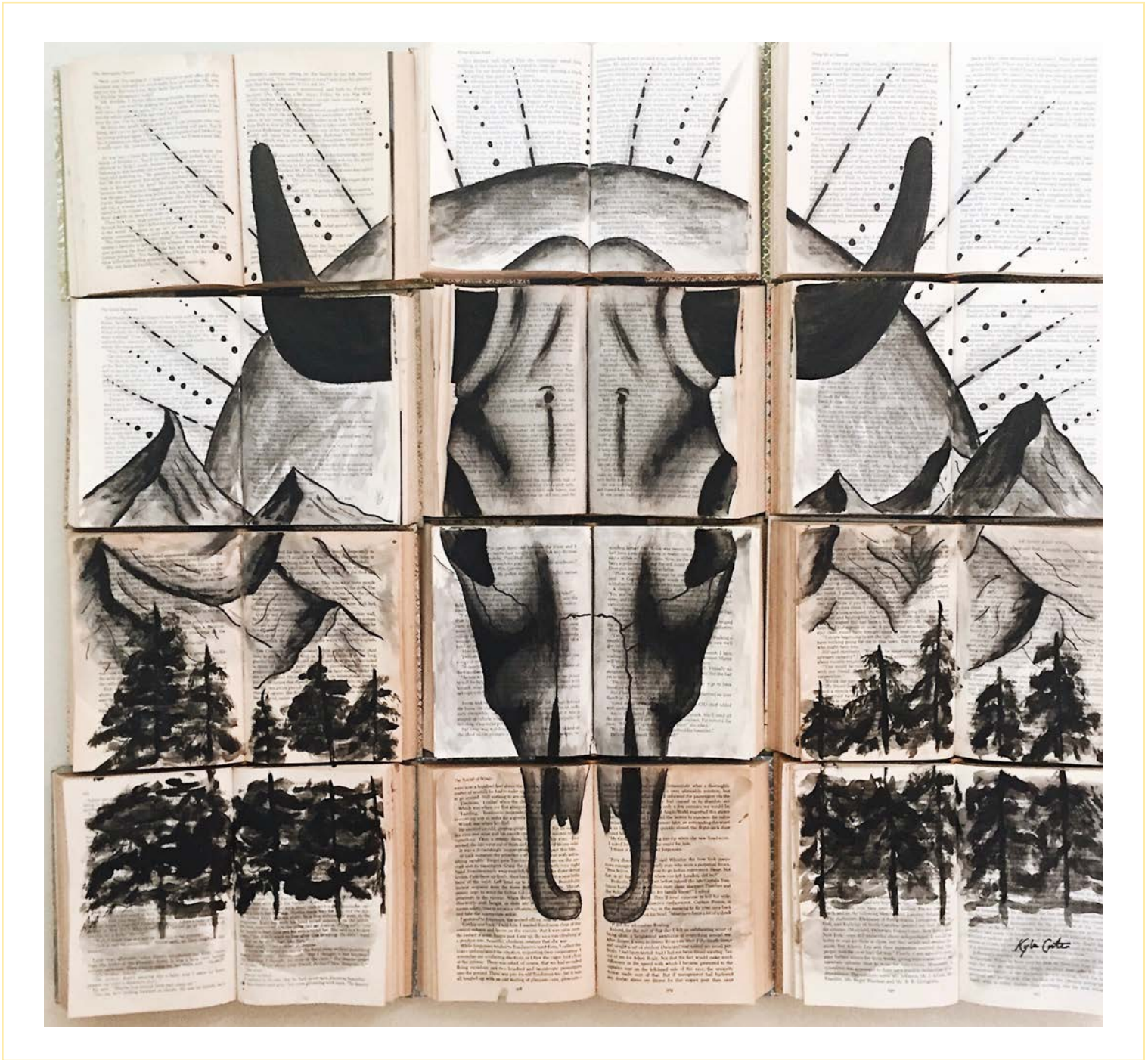
"Well." Her response was filled with obstinance. Her voice was cold. "I can see that this is a waste of my time. I don't know why I bother. It's just a waste of my time." She paused for a split second before saying, "You're going to be an awful, stubborn doctor. Good bye."

In that moment, as I processed those words, all I could feel was a great loss. The loving woman I'd grown up with, built a special bond with, and could always count on was gone. Nani was gone.

She hung up furiously.

I sobbed uncontrollably.





THE RISING MOON, MIXED MEDIA
KYLEE CRATE, MS-1

BEIJING AT THE FORBIDDEN CITY, *DIGITAL PHOTOGRAPHS*
BALTEJ SINGH DHILLON, MS-1



COMPASSION *for the* TERMINALLY ILL: LODGED BETWEEN BENEVOLENCE AND PITY

SYED HAMAD SAGHEER, MS-2

Life cannot be without moments of suffering. The motivation to help others in their moment of need is compassion, an emotional, human response. Kindness removes the details from the present, and makes one more aware of their immediate surroundings, which gives rise to the desire to alleviate another's pain. Its indiscriminate process removes our roles in society. In medicine, benevolence is the bridge between the doctor and patient. Doctors are fully aware to place their patients first by doing no harm, and to always be considerate of their autonomy and privacy. The close relationship required can evolve through compassion.

David Desteno's article "The Kindness Cure", begins to provide a background on compassion and mindfulness meditation. He claims that acting compassionately entails putting the needs of others' ahead of your own, which prompts yourself to act with kindness through conscious and deliberate willpower. David elaborates further on several key notions:
Concern for others tends to nosedive as suffering grows

because, thanks to our natural empathic response, distress is a bit contagious. When we encounter people in pain, we not only recognize their discomfort, we feel it—an experience that can quickly become overwhelming. As a result, people can shut down emotionally and turn away, a result known as "compassion fatigue." Attesting to this fact, research confirms that compassion fatigue is quite prevalent among physicians and nurses whose work centers on oncology and palliative care—specialties that require daily confrontation of suffering, pain, and emotional loss.

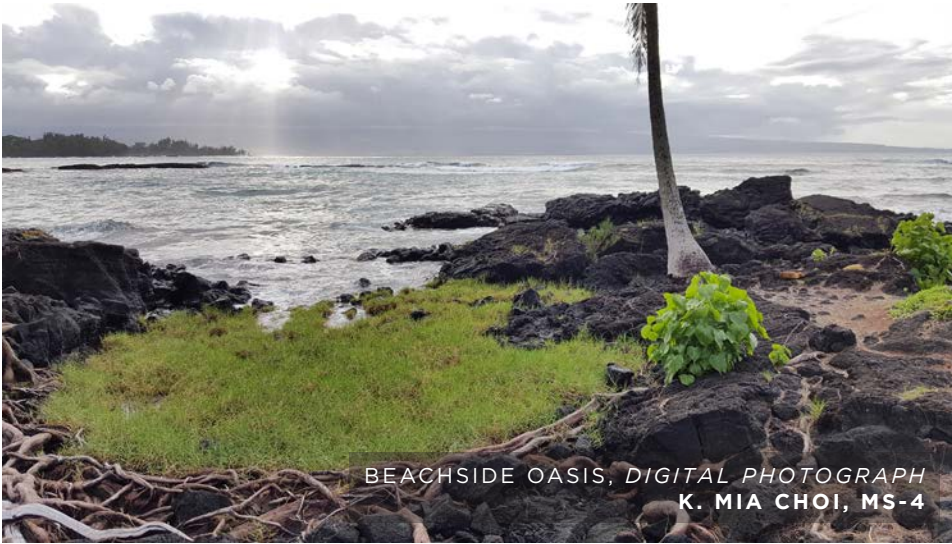
Hospice is associated with palliative care, focusing on quality of care, rather than quantity of years. I was a volunteer at a hospice center, tending to patients and their families; my tasks ranged from feeding the incapacitated, to taking them outside and about in their wheelchair, and to simply listen to their stories. I was taught to be gentle and caring, but it did not prepare me for the emotional and spiritual journey that I would partake in. Their lives were often filled with regrets,

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UNTITLED, *DIGITAL PHOTOGRAPH* ▲
UNTITLED, *DIGITAL PHOTOGRAPH* ▶
DANIEL NG, SEAN ALL, AARON SMITH, AND KRISTEN COMBS, MS-4s





BEACHSIDE OASIS, DIGITAL PHOTOGRAPH
K. MIA CHOI, MS-4

both physically and emotionally, can lead to feelings of pity. These emotions can function to make more distinct assessments but never truly a solution. It tunes our awareness to something bigger, something that may be unapproachable and unfixable. In a space with no rules of engagement, emotions of remorse take hold. In these moments, shame is transformed into sorrow for a greater understanding of the eventual demise in their lives, which can take hold in both the patient and the observer.

struggles, and stressful troubles. I had to be prepared that many of those I tended to could pass away in the next few weeks, days, or even hours. As a patient's health deteriorates, free-will becomes more of an illusion. Death may be an absolute event, but not how we spend our time before it. The environment of impending death removes all other trivial matters. When mortality is a constant reminder, compassion can become interlocked between functioning as something cozy and familiar, or as an expression of remorse.

Compassion means there is nothing that can be done to make things 'okay'. No amount of care to a hospice patient will make life fair, but can attempt to make some aspects of life more equal and fair. Perhaps benevolence is simply striving to make things better at a superficial level. The patient benefits from kindness, but so does the giver. Distress has the magnetic pull that brings in others for assistance. Compassion satisfies the human need to alleviate suffering, and can make some sense of an illness. A tension is built between the sufferer and the non-sufferer on an emotional level. The reduction in this strain can be delivered by the outpour of humanity, and serves as a protective mechanism.

Empathy creates a human bond centered on the immediate needs, irrespective of the past. Compassion can break the repetitive trends of standard medical care, and go towards enhancing the overall attention of treatment. Concern can offer that insight into how an individual is feeling in the present moment. Feelings matter not because they are linked to the well-being of a person, but affect those around us. Whether an expression of compassion or remorse, only a social emotion can break the monotonous to make a true human connection possible.

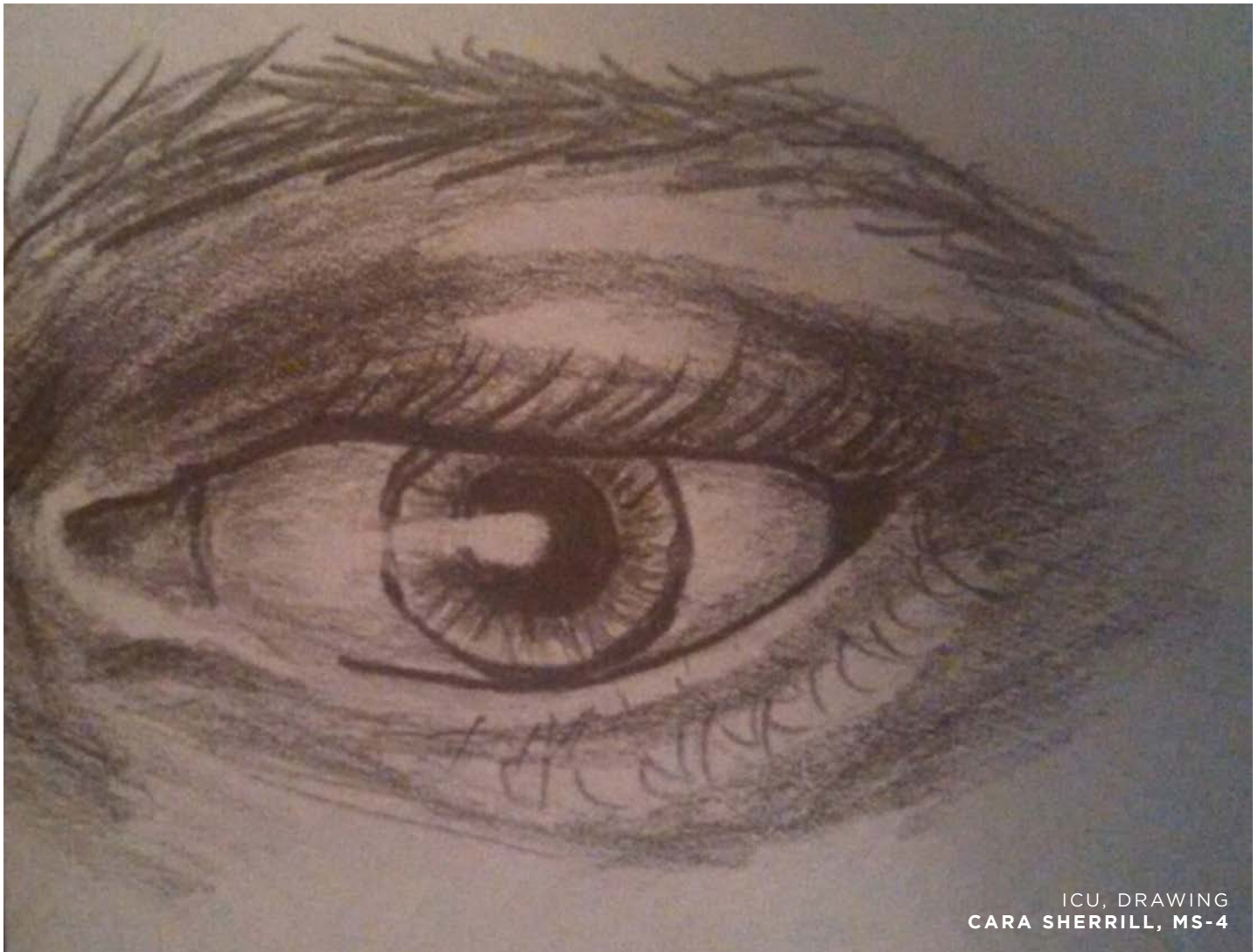
When a patient is at their lowest point, compassion begins to take the form of shame to bring on the determination to help answer a larger issue. Witnessing someone who is completely alone and at their worst,

Spirituality and religion are normally very prevalent on the minds for those about to die; patients and their families spend their time praying or seeking the help of a priest or other spiritual leader. Prayer is often not about changing the ending, but the path along the way; pain and suffering are most prevalent on families' minds. Compassion becomes a universal language for conveying spiritual thoughts. It pierces through what an individual believes, and allows for a shared discourse without any preconceived notions. Stories are told when curiosity, generosity, and a presence in the moment are held from both sides.

Without concern for ourselves, it is not possible to have compassion for others. We must give ourselves leniency, in order to do the same for others. Humility comes before benevolence. Empathy opens ourselves to others, which may explain why it is difficult to be compassionate to those close to us. Those dearest to us are most aware of our weaknesses. In this regards, kindness to patients is safer with fewer exposures to insecurities. Compassion serves to make relationships with strangers possible. The tenderness of consideration reveals the beauty in others, while allowing us to better understand ourselves.

Sympathy is the medium of human generosity. The Dalai Lama once said, "Love and compassion are necessities. They are not luxuries. Without them, humanity cannot survive." Compassion is not a by-product of society, but a necessity, achieved by an active, coconscious effort. Arguably, effective medical care is impossible without compassion, which is transformed from being an ideal, to its place in reality. Medical advancements, both present and into the future, can only go so far without emotional considerations for the humanity of the patients. Empathy provides us with the capacity to see into the nature of suffering and pain. Though rarely a solution, compassion is, however, an expression for human possibilities.





ICU, DRAWING
CARA SHERRILL, MS-4



EOLA SERENITY, DIGITAL PHOTOGRAPH ▲
CARA SHERRILL, MS-4

UNDER THE WATER, ACRYLIC ON ROCK ▶
CHERRY LIU, MS-1

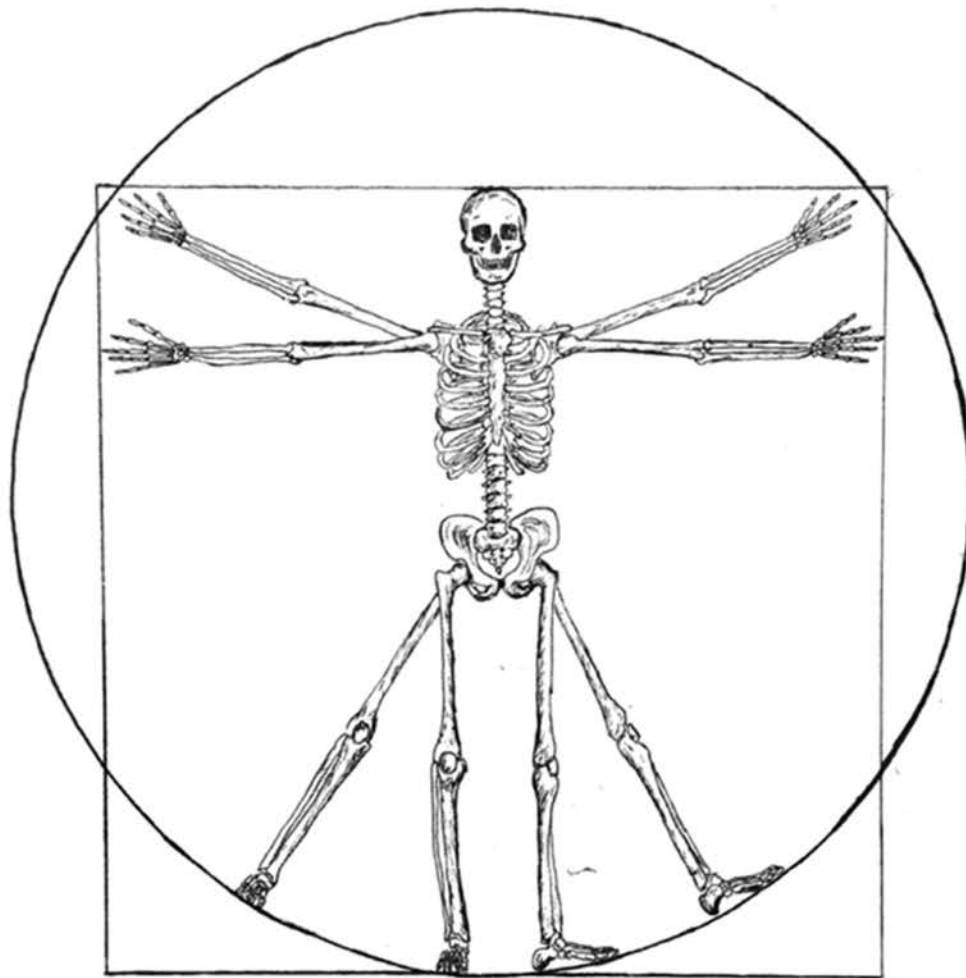




DEATH

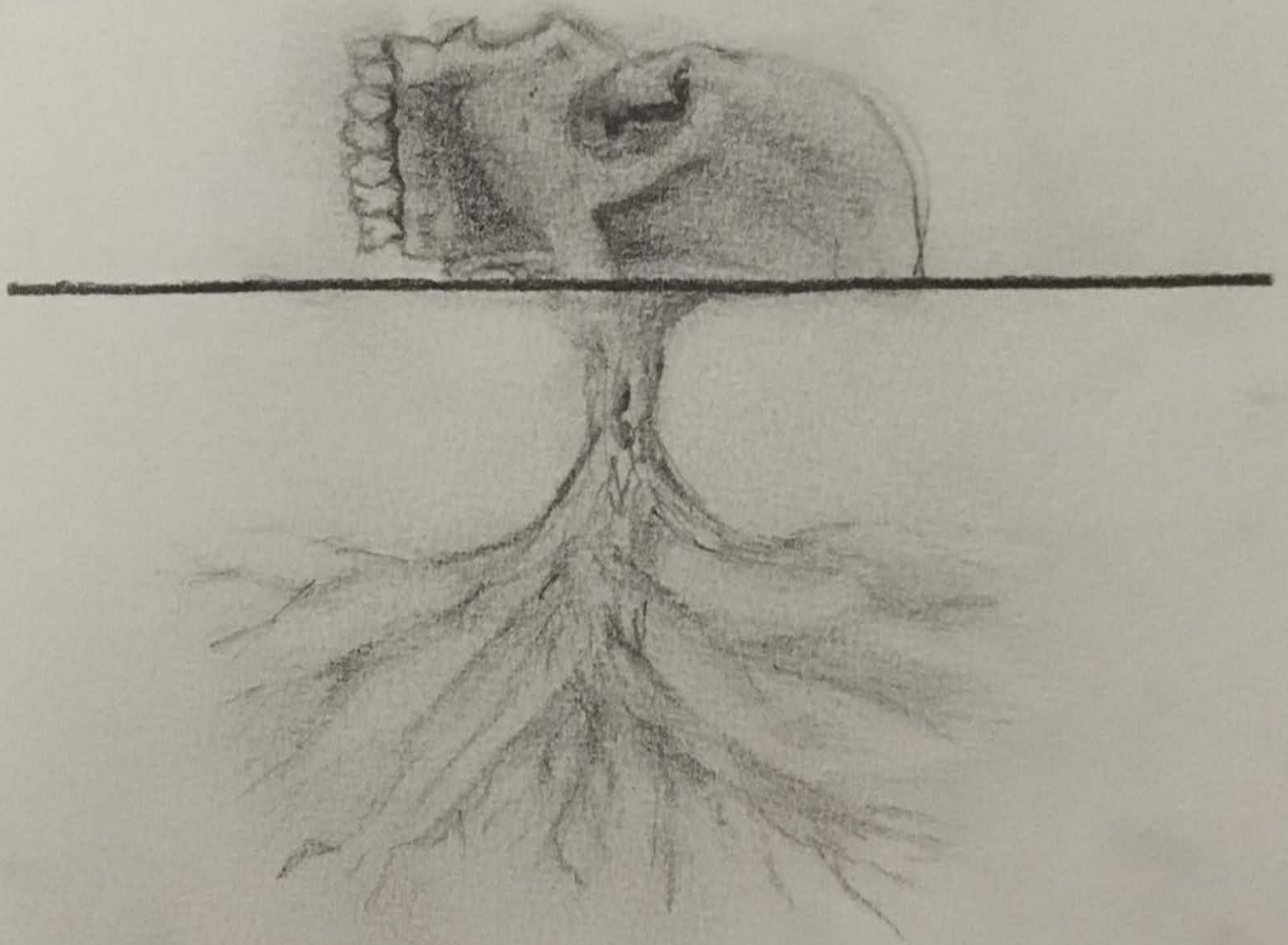
*“So while our art cannot, as we wish it could,
save us from wars, privation, envy, greed,
old age, or death, it can revitalize us amidst
it all.”*

Ray Bradbury



Kylee Crate

VITRUVIAN SKELETON, *INK*
KYLEE CRATE, MS-1



CHRYSALIS

C.M.F.

when I first stood above you
I was terrified
your body was cold
your eyes shut rigid
your hands stiff and pale

I felt myself retract
the first cut of your skin
felt as though it pierced my own

and it was the fear of death
that took over
for what more were our bodies
that warm flesh and electricity

but through the cutting
between the arteries, nerves, and veins
your weakened muscles
gave me strength

I held your heart
and felt the love of a lifetime
your tenderness as my teacher

I held your brain
and felt your power to create
your intelligence painted over my hand

I held your arms
and felt the strength of a mother
giving me power to persevere

you helped me face death

because even after your body erodes
stripped of your identity
your story lives on through me
your final gift to the world
a donation I will treasure



UNTITLED, *DIGITAL PHOTOGRAPH*
DANIEL NG, SEAN ALL, AARON SMITH,
AND KRISTEN COMBS, MS-4s



LONG STRANGE TRIP, *DRAWING*
KYLEE CRATE, MS-1

HOSPICE: A LIGHT *at the* END of the TUNNEL

LAUREN FRAGAPANE, MS-3

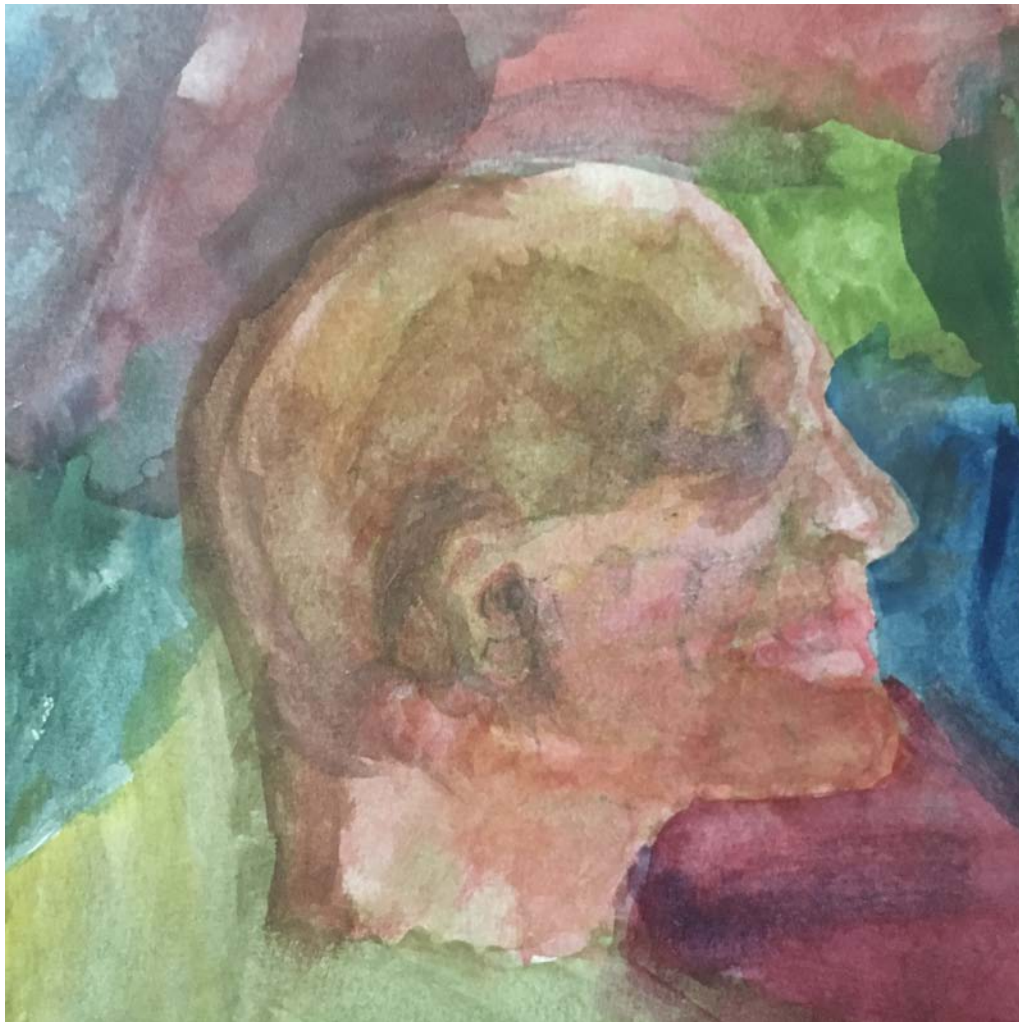
To say my experience with hospice only taught me about dying with a terminal illness, would be an understatement. Rather hospice and its patients taught me about living and understanding that death is, as much as no one wants to face it, part of living. I personally have not experienced much death in my life and as a result was nervous as to what I would experience in hospice. I had many questions prior to my first hospice session like “how would I react?” or “what would be the families’ reactions?”. Needless to say my mind was not a quiet place when it came to my thoughts about hospice prior to my first experience. However, even after my last experience with hospice I still have many thoughts and pending questions.

I remember stepping out of my preceptor’s vehicle on a hot afternoon in front a small house in a quiet neighborhood for my first hospice patient. When we entered all I could hear was the sound of the oxygen concentrator pumping away. As my eyes scanned the tiny the living room they came across a frail elderly lady with sunken eyes and a cachectic body. She lay there for the most part perfectly still except for the struggle in her breathing. I was silent as I just took in my surroundings and listened. The family was so warm and inviting. They all introduced themselves and shook hands with me. The physician performed the exam and allowed us to also participate. Following the physical we went with our patient’s son and daughter to discuss management in the kitchen. Remarkably they

CONTINUED ON NEXT PAGE

kept track of all food and medications to the exact time in a series of composition notebooks. However, care was becoming harder for them as their mother's condition was worsening. Looking around the kitchen I saw family pictures and the youthful self of our patient. She was sitting with her husband in a picture with her hair and makeup done about in her thirties perhaps. The picture showed a time of health and happiness. I felt a flood of sadness for our patient. Eventually I worked up the courage to ask about what lead up to our patients crippling COPD. Her children explained that she had been a heavy smoker for a short time and stopped in her early thirties, but a few years later she started having breathing changes. From her late thirties on, her health had slowly declined. My sadness grew knowing that her illness could have probably been prevented had she never smoked. As a medical student, diseases that are preventable are the hardest for me to grapple with. Seeing her children's expressions told me they had been through a great deal of stress as caregivers, but yet they were some of the kindest people to meet. Hearing how they cared for their mother gave me a piece of hope

to hold onto even when it was clear her condition was worsening and she would at best probably only have a little longer. Leaving I felt a sense of heaviness that there was nothing more to do, but to keep her comfortable. Many of my experiences felt the same with peaks of hope and troughs of sadness. The vast majority of the patients I saw could not speak, but the pictures on the walls communicated a lifetime. I saw a host of emotions in family members ranging from sadness to being at peace with the ending of their loved one's story. The commonality though amongst all of them was selflessness. In hospice families work tirelessly to care for their loved ones and hospice truly provides a support system to them like no other. The hospice team provides an essential service that I am extremely grateful for having had the opportunity to be part of. Hospice keeps patients comfortable so that their form of living doesn't feel like dying and helps families handle the stresses of caring for a terminally ill loved one. I walked away from this experience with the idea that hospice provides a form of hope and comfort to families in their darkest times.



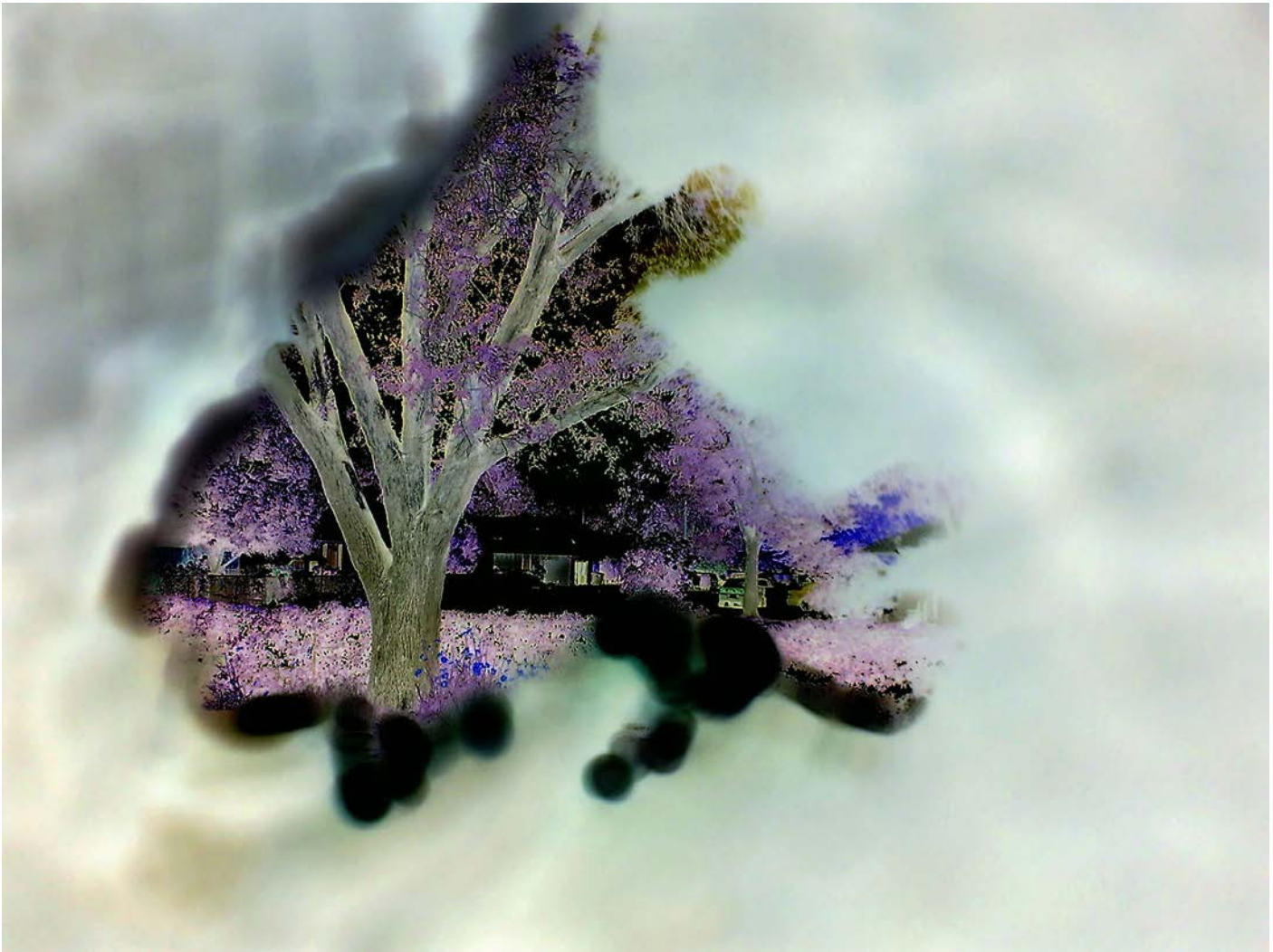
ANONYMOUS, WATERCOLOR AND GRAPHITE
JENNA DRISCOLL, MS-2

13 WEEKS

CARA SHERRILL, MS-4

I wasn't ready to enter the room and see you lying there, the gelatinous pool of blood and denser things already formed between your knees on the white sheet that covered the hospital bed – the pungent smell of iron permeating the air. A single tear trickled down your cheek as you asked to know if the baby (“yes”, we told you, “you can call it a baby”) was a boy or a girl. Your agony so thinly veiled, your strength so fragile, a single word whispered: “girl”, punctured and tore you apart. “This is not my pain” I repeated without pause in my head to keep the ball of burning sorrow in the back of my throat from escaping, that I might cry along with

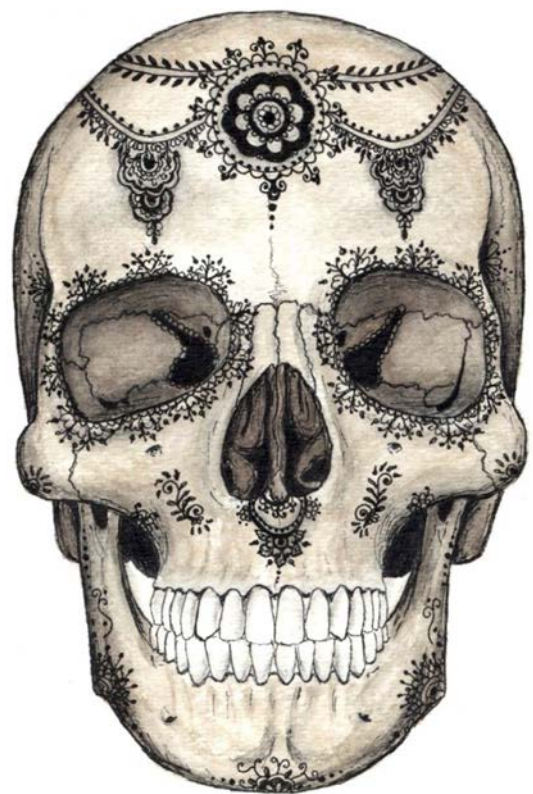
you. I struggled even more when you held her close to your breast, memorizing every small feature. To me she hardly looked real, but to you she was the only real thing in the world. You were inspiring in your humility and graciousness even when your world was spinning out of control. You seemed somehow more capable of handling the situation than us, as we struggled to support you, yet not to smother you in your grief. We awkwardly placed your baby girl in a plastic bin on the table; she seemed alien yet beautiful. The thick heaviness of the room shadowed me long after I exited.



ISOLATION, DIGITAL PHOTOGRAPH
CARA SHERRILL, MS-4



ECHOES OF SEPTEMBER, *DIGITAL PHOTOGRAPH*
CARA SHERRILL, MS-4



HENNA SKULL, *MIXED MEDIA*
KYLEE CRATE, MS-1

CONSEQUENCES

ALLYSON BROWN, MS-3

The road stretches out before him
Edging the horizon
Slick and black as oil
Shimmering beneath the darkened sky

The wind caresses his face
Whispers through his hair
That flies behind him
Free to feel the wind's fingers

And beneath him rumbles
His companion
Carrying him deeper into the darkness
With promises of immortality

And he presses down, down, down on the pedal
Feels the rumble heighten
The wind across his bare scalp sharpening
The danger he craves intensifies

Until

The dark road is pierced by strobing lights
The sky a sea of masked faces
Pounding, pounding on his chest
And the rivulets

A widening pool trailing down, down, down
As they drip red upon the floor

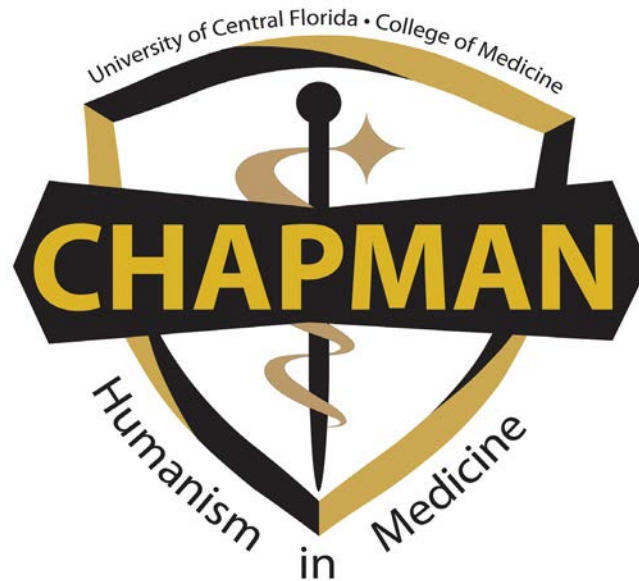
Through the hairs the wind touched
Over the ruined face it once caressed

And the rumble of the companion
The promises a lie
Becomes a single piercing tone
Shattering the world

As its shrill voice screams
Out past the somber faces
Past the site of a mother's devastation
And into the eternal night



THANK YOU



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WHO IS AIM?

Arts in Medicine (AIM) is a University of Central Florida College of Medicine organization founded in 2012 with the goal of empowering students, faculty, and the medical community through the power of self-expression. In a matter of a few years, it has grown into a robust group of students, faculty, and staff that are united by their love for the arts.

AIM is composed of the following branches: Dance, A Cappella, Music Performance, Writing, and the Visual Arts. Each branch spearheads an aspect of the arts through community service projects and activities ranging from writing and producing theatrical productions to singing at the bedside of pediatric patients. Through our efforts, we hope to create a vibrant community not only at the University of Central Florida, but also in Central Florida as a whole. AIM has partnered with numerous distinguished Central Florida organizations, including The Pabst Art Foundation, Dr. Phillips Performing Arts Center, Nemours Children's Hospital, Florida Hospital, Relay for Life, and Community Based Care of Central Florida.

Those of us at AIM live by the philosophy that within each person is an artist. We encourage you to join us on our mission to spread the spirit of self-expression through our community and brighten each day one brush stroke at a time.

Find us online at www.ucfaim.com.

UNIVERSITY OF CENTRAL FLORIDA

