

Awards

2024

FAMILY MEDICINE
EDUCATION CONSORTIUM, INC.



2024 FMEC Family Physicians Who are Changing Our World Award Winner

John N. Boll, Jr., DO, FAAFP

UPMC Rural Family Medicine Residency, Program Director

UPMC Williamsport Family Medicine Residency, Associate Director

Nomination Letter #1 Submitted by:

Alyssa Bedison

UPMC Rural Family Medicine Residency Coordinator



Dear members of The Family Medicine Education Consortium,

I am writing to nominate Dr. John Boll for the “Family Physicians Who are Changing Our World” award in recognition of his outstanding contribution to rural medicine through the establishment and leadership of a rural training program. Dr. Boll's dedication and innovative approach will have significant impact on the health and well-being of individuals in rural communities, addressing the disparities and barriers they face in accessing quality healthcare.

As a practicing family physician for 23 years, Dr. Boll recognizes the unique challenges that rural communities encounter, including limited access to healthcare services, shortage of medical professionals, and lack of specialized training opportunities. He has practiced in a small town of 1,500 in Tennessee where the health disparities were glaringly obvious. As a result, he was determined to make a difference. He took the initiative to create a rural residency training program designed to equip healthcare providers with the skills and knowledge necessary to deliver comprehensive and culturally sensitive care in rural settings.

Under Dr. Boll's leadership, the rural training program has successfully received accreditation from the ACGME in 2023 and will be training the first class this academic year. He was able to provide funding to the program by applying for the HRSA grant, which has successfully been completed. The program emphasizes hands-on clinical experience, interdisciplinary collaboration, and community engagement, fostering a holistic approach to rural healthcare that goes beyond traditional medical training.

Dr. Boll's commitment to improving rural healthcare extends beyond the training program. As a faculty member in the UPMC Williamsport Family Medicine Residency, he has been actively involved in community outreach initiatives, partnering with local organizations and the Amish community to raise awareness about health issues, promote preventive care, and facilitate access to essential services. His advocacy and collaborative efforts with the Williamsport program will contribute to a significant reduction in health disparities and improve health outcomes in the smaller communities served by the rural program.

Additionally, Dr. Boll's leadership has inspired others in the medical field to prioritize rural healthcare and consider innovative solutions to address the unique needs of rural communities. His dedication to mentoring the next generation of rural healthcare providers and his unwavering commitment to improving the health and quality of life for individuals in underserved areas are truly commendable.

In summary, Dr. John Boll's pioneering work in rural medicine through the establishment of a rural training program has already had a profound impact on healthcare delivery in rural communities. His vision, dedication, and leadership have not only addressed the health discrepancies and barriers faced by rural populations but have also set a benchmark for excellence in rural healthcare education and practice. I wholeheartedly recommend Dr. John Boll for the “Family Physicians Who are Changing the World” award. His contributions to rural medicine exemplify the values and criteria of this esteemed award, and he is undoubtedly deserving of this honor. [Read More](#)

*2024 FMEC Family Physicians Who are Changing Our World
Award Winner*

John N. Boll, Jr., DO, FAAFP

UPMC Rural Family Medicine Residency, Program Director

UPMC Williamsport Family Medicine Residency, Associate Director



Nomination Letter #2 Submitted by:

Jeffrey N. Verzella, MD

UPMC Rural Family Medicine Residency

Dear Members of the Family Medicine Education Consortium,

It is with great pleasure and honor to nominate Dr. John Boll for the Family Physicians Who Are Changing Our World Award in recognition of his tireless efforts to improve the health of our small town and rural community populations by spearheading the creation of a new rural FM residency program here in Northcentral Pennsylvania. After a career in rural Family Medicine in Tennessee, gaining the knowledge and expertise in what makes medicine such a “different animal” in underserved areas of the country, he joined the faculty here at the UPMC-Williamsport Family Medicine Residency in 2012, helping train our residents in full spectrum Family Medicine, and prepare them to practice in a wide variety of settings across the country. Many of them eventually settle in small communities and rural areas to practice, but it’s not enough to make a dent in the health care disparities that isolated rural communities face. To that end, knowing that a higher percentage of graduates of a rural training program will stay in rural communities, he led the planning, formation, and integration of the newly ACGME approved UPMC Rural Family Medicine Program, to be established in the small Northcentral PA communities of Wellsboro and Coudersport.

The initial class of residents is to start training this July and the care providers in those small towns are excited to help lead the charge in improving and expanding primary care in rural PA.

Dr. Boll has spent untold hours getting the grants, coordinating with UPMC leadership, putting Together the ACGME application, educating the faculty and residents of our program as well as the medical students of Pennsylvania, developing the curriculum for the new program, and teaching the physicians of UPMC Cole and UPMC Wellsboro hospitals how to become FM educators.

..... **and** he did this all while continuing his role as Faculty in our residency program, in **addition to** providing care to the people of Williamsport and the Amish population of Northcentral PA, and leading an international medicine experience in Honduras in which our residents participate. He is a wonderful colleague, and a prime example of a caring family physician, leader, and teacher.

Dr. Boll goes above and beyond to provide care that far exceeds the local boundaries of practice here in Williamsport, and the world is a better place because of it.

**2024 Mid-Career Faculty Achievement
Award Winner**

Krishna M. Desai, MD, FAAFP

Columbia University Medical Center
New York Presbyterian Hospital Family Medicine Residency

Nomination Letter Submitted by:

Heather L. Paladine, MD, MEd
Residency Program Director
New York Presbyterian/Columbia University Medical Center Family Medicine



Nomination Letter

To the FMEC Awards Selection Committee:

It is with great enthusiasm that I write this statement to nominate Krishna Desai, MD for the FMEC Mid-Career Faculty Achievement Award. Dr. Desai joined our faculty at the NY Presbyterian-Columbia Family Medicine Resident Program in 2013. As the residency program director, I have worked very closely with her and I can attest that Krishna is an outstanding Family Medicine educator who is very deserving of this award. In fact, as I go through the award criteria, she is outstanding in every area mentioned. She has published articles and book chapters; she has designed and implemented a unique integrative medicine curriculum; she has started and led an Integrative Medicine Consult Clinic (IMCC) that provides care for our low-income patient population; she is researching to evaluate her educational innovations; and her expansion of the IMCC has brought many benefits to our outpatient practice.

If I had to highlight two areas of focus for her career, they would be integrative medicine and medical education. Dr. Desai has done fellowships in both faculty development and integrative medicine, and integrative medicine is a major focus of her teaching and clinical care. She developed an Integrative Medicine Consult Clinic (IMCC) in our residency practice during which she sees patients together with a Behavioral Medicine faculty and a resident, and provides a holistic care plan for these patients to the referring physician. This is particularly beneficial in our practice as the majority of our patients either have Medicaid or are uninsured and would not otherwise be able to access these services. She has been awarded grants for this work and for her collaboration with the Psychiatry department to develop a Clinical Center for Excellence for Lyme and Tick-Borne Illnesses. This Center is a regional center of excellence. I am proud that Family Medicine has taken a lead role in this Center, due to Dr. Desai's leadership. I have personally benefited from her expertise, especially for our low-income patients who often have more barriers to accessing resources for their care.

Last year, she received a grant from the Weil Foundation to develop a medical education curriculum related to integrative medicine. As is typical of Dr. Desai, she did not limit her focus to residents and medical students, although they have greatly appreciated and benefited from her teaching. She is also working with community organizations and teaching social workers and other members of the interdisciplinary team. Her work resulted in the creation of a new elective for Columbia medical students in integrative medicine. This is particularly impactful at a school like Columbia where many students do not have exposure to family medicine; her work highlights the broad scope and impact of family medicine and has been very beneficial to raising the profile of our specialty. Her national and regional presentations on this topic also demonstrate her influence on the field. [Read More](#)

2024 Emerging Leader Award Winner

Stacy Bartlett, MD

University of Pittsburgh School of Medicine
UPMC Shadyside Family Medicine Residency

Nomination Letter Submitted by:

Stephanie Ballard, PharmD, BCACP
Jacqueline Weaver-Agostoni, DO, MPH, DipABLM, FACOFP



Nomination Letter

Dear Award Selection Committee:

We are writing to enthusiastically nominate Dr. Stacy Bartlett for the Family Medicine Education Consortium Emerging Leaders Award. We have had the privilege of seeing her exceptional dedication, leadership, and contributions to family medicine as a resident and in her first 3 years as junior faculty with roles at the UPMC Shadyside Family Medicine Residency and University of Pittsburgh School of Medicine (UPSOM) Department of Family Medicine.

Since residency, Dr. Bartlett has shown a pattern of leadership with a consistent focus on diversity, equity and inclusion (DEI). She was the co-founder and served as a steering committee member for the UPMC Coalition of Residents and Fellows of Color, and was awarded the Resident Advocate Award in 2021. As a faculty member, she has regularly presented at regional and national conferences regarding topics in anti-racism and health equity, including 5 sessions at STFM national meetings. Locally, she provides didactic content for our health equity curriculum and organizes a monthly DEI book club for the UPMC Shadyside Family Medicine Residency.

Dr. Bartlett has incorporated her DEI focus into her scholarship, practice, and advocacy work in women's health, a path she began as a resident, and in affiliation with FMEC. During residency, she was involved with the IMPLICIT network quality improvement projects at multiple UPMC practices. She has continued as the co-PI for the Pennsylvania Department of Health grant that supports the larger IMPLICIT network. Just this week, she was informed of her successful application as co-primary investigator for a 6-year U54 NIH grant to develop a center of excellence called EMBRACE (Equity in Maternal and Birthing outcomes and Reproductive Health through Community Engagement.) The EMBRACE project will focus on developing and implementing a patient-centered care model and piloting a cash transfer (i.e. universal basic income.)

In addition to her large-scale projects, Dr. Bartlett continues to demonstrate her capacity for clinical leadership. She maintains her own patient panel at Squirrel Hill Family Medicine, where she is currently spearheading the launch of a Centering Pregnancy program in partnership with Healthy Start. She also leads outpatient obstetrics for the UPSOM Department of Family Medicine, and initiated a Pregnancy Care Revitalization Plan which will be presented at the upcoming STFM annual meeting. We aren't the only ones recognizing Dr. Bartlett's outstanding additions to our care environments: She was also a recipient of the 2023 UPMC Award for Commitment and Excellence in Service (ACES) - recognition received by less than 1% of the health-system's staff. [Read More](#)

**2024 Emerging Leader
Award Winner**

Odinaka Anyanwu, MD

Warren Alpert Medical School of Brown University

Nomination Letter Submitted by:

Daria Szkwarko, DO, MPH

Nomination Letter



To the Family Medicine Education Consortium Awards Selection Committee:

I am writing this strong letter of support for Dr. Odinaka Anyanwu's application for the Family Medicine (FM) Education Consortium Emerging Leaders Award. I am the Program Director for the Brown Global Health Faculty Development Fellowship which Odinaka was a global health fellow and is now the Assistant Director. I also am the Academic Model Providing Access to Healthcare (AMPATH) FM lead for the Kenya program. I have served as Odinaka's primary mentor for her global health efforts, including her projects exploring FM residents and faculty experiences taking care of diverse OB patients at Women and Infants hospital. I have worked closely with Odinaka over the past 3 years, and I have been incredibly impressed by her strong skills in teaching students, involvement in faculty development and initiative as a diversity, equity, inclusion, and antiracism (DEIA) co-lead in our FM department. Odinaka has demonstrated exceptional leadership and dedication to advancing healthcare, particularly for marginalized and stigmatized populations, both locally and globally.

Odinaka is highly motivated, well-rounded, and a great communicator. I have found that Odinaka possesses all the qualities to excel in any environment: maturity, professionalism, respect for her patients and her peers, flexibility, and an overall positive attitude. Odinaka has a strong commitment to anti oppression and stigma work. This has been consistently reflected in her clinical and academic interests. It has been a pleasure to co-lead the decolonizing global health lecture series at AMPATH in Eldoret, Kenya. Additionally, she has been instrumental in the growth of our department's DEIA initiatives and growth of the department's longitudinal antiracism curriculum. During Odinaka's fellowship, she actually completed two fellowships - maternal child health and global health. In addition to many hours of clinical responsibilities each week, Odinaka also revamped our global health fellowship curriculum to better incorporate anti-racism and decolonizing global health content.

During her fellowship, she began to develop qualitative skills to help mentor and support a medical student in conducting qualitative interviews at Women and Infants Hospital regarding FM resident perceptions of care during labor and delivery. She went on to grow this work with another medical student - all the while seeking additional mentorship in qualitative methodology and leading efforts to disseminate the work at a National conference. She has recently been awarded grant funding from the Advance Center for Translational Research at Brown to further explore obstetrical care experiences to highlight positive birth experiences and identify disparities faced by BIPOC patients, investigate the successes and challenges of community-based organizations that serve these patients and develop and implement an in-person regional birth equity colloquium amongst community members, providers, patients, and stakeholders to inform policy change. Furthermore, she has recently been awarded an NIH T32 postdoctoral research fellowship to obtain more mentored research to advance her skills in mixed-methods research. I believe these studies will shed light on the birth experiences of underrepresented persons and will be used to improve patient centered care and childbirth for all communities.

Lastly, Odinaka is a Global Health Consultant for the American Academy of Family Physicians Foundation, working closely with their humanitarian initiative, Family Medicine Cares International program. In this role, served as a medical education co-lead, to support development of a Primary Care Symposium in the Dominican Republic for family medicine residents and faculty from DR and North America. She serves as the AAFP Foundation Liason on the Center for Global Health Initiatives Advisory Group. [Read More](#)

*2024 This We Believe
Award Winner*

Sandy Wang, MD, MPH
University of Rochester



“I Believe Patients Are People”

I believe that patients are people. This is easier said than done.

For the last 2 years, I have worked as an urgent care physician. I see patients at their most anxious, fearful, stressed, and pained conditions. A wise colleague recently quoted “People go to the doctor for 2 reasons: pain and fear, sometimes both. Lessen pain and ease fear.” Sometimes I feel helpless at my limited resources, but I constantly remind myself that if I can lessen any of those states, even if by a little, then I have at least done my best as a clinician. I recognize the 15 minutes that I spend with each patient are potentially the most impactful as I am the first contact in a patient’s acute medical journey. A visit is not just a diagnosis, but a combination of treating the patient as a person, delivering a diagnosis in a tangible and empathetic manner, and making sure I have truly addressed the patient’s concerns. I thank my family medicine training for this complex medical artistry.

I believe that patients are people. No complaint is ever “a waste of time.” When a patient apologizes for coming, I thank them for taking the time to listen to their body and come see me from their busy day. A typical session runs as the following, a young child presents with strep pharyngitis. The encounter is not just about the blue positive line and pink bottles of amoxicillin. In the same room, there is a concerned parent, who may appear apathetic on her phone, but is already 4 steps ahead of you worrying about how many days they have to call off from work while their child completes 24 hours on antibiotics, how to contain the spread in the household, and already exhausted from days of sleepless nights, poor feeding, and also now worried about how to keep themselves healthy. Next door, a housekeeper is here with negative knee x-ray films. I tell her the good news, but I can tell by her body language that I did not truly address her concern. She is making hissing sounds and rubbing her ankle as if my words had made her pain worse. Her mind was not on the sprained anterior talofibular ligament sprain, but how she is to continue her weight bearing job as she has bills to pay as well as pain control. Earlier, an anxious patient was here with vague abdominal pain, necessitating an emergency room evaluation, but the patient was reluctant to go, until you probed further and learned that she is a caregiver for her father with severe Alzheimers and has no support system. Oftentimes, our patients are not a simple diagnosis but rather idiosyncratic combinations of psychosocial nuances that make up their medical narrative. I find that the best care I can provide is truly addressing these nuances, such as coming up with a daily pain plan, helping draft letters for leave of work, and directing towards community resources.

I believe patients are people. Delivering a diagnosis emphatically is difficult, as I know that my choice of words will impact a patient’s understanding and healing process. Ironically, we start as medical students to learn the complex medical vernacular only to spend our whole residency and even early attending years learning how to break it down into compassionate delivery. I am still working on this, often catching myself by watching a patient’s body language and face very carefully. Words such as “diagnostics”, “paresthesia”, “damage”, “bone on bone”, “instability”, “disease”, and “you are going to have to live with this” are all very negative words that already set the tone to a patient’s healing process. We are people, and it’s impossible to separate the mind and body. My role as your physician is to empower and to help give tools so you build the trust in your body’s innate natural ability to heal. When we do not know what is causing our symptoms, we feel fear. [Read More](#)

*2024 This We Believe
Award Winner*

Carla Jardim, MD

Hunterdon Family Medicine Residency

“The Value of Things Not Measured”



I always wanted to be a doctor. I didn't grow up with doctors or have much exposure and I wasn't pushed to pursue medicine. I first learned about family medicine from a medical school classmate. We didn't have a family medicine curriculum or experience but we did have a family medicine interest group and the people in it felt like my kind of people. As a PGY 36, it still feels like the right choice.

For the past 30 years I have lived and worked in the same residency, office, and community - close enough to bike to work. The residents say I know everyone. I was the grammar school and high school doctor for my kids' schools, attended our local church, and continue to care for generations of my neighbors and friends.

I began my career in medicine prior to the adoption of the Relative Value Units. RVUs or work RVUs began in the late 80s and early 90s and was adopted by Medicare in 1992. It allowed a standardized physician fee schedule as the basis of reimbursement when it replaced the prior usual, customary, and reasonable payment system.

It also allowed physician "productivity" to be measured. Per an AAFP Productivity Primer in 2002*, it became "an integral part of many compensation systems for both employed physicians and physician owners in group practices."

It forever shifted the view of our productivity as physicians - from that of a feeling of a duty to provide care and access for our communities to something that can be measured with wRVUs per FTEs and displayed on charts and graphs. It contributed to the corporatization of medicine and added to the layers of administrators who measure our "value" to the system.

As the director of an outpatient residency site. I understand the need to be fiscally responsible. I appreciate the current shift from the now traditional fee-for-service RVU payment model to value-based care.

And despite the changes in the last 36 years, I would choose medicine, especially family medicine, all over again. It continues to be a privilege to be part of my patients' lives and teach the next generation of physicians.

I believe as family doctors and teachers of family medicine, we are productive. But productivity measures will never fully capture the true value of what we do.

That value is measured in relationships built over years of being a family doctor.

Of hands held.

Nights on call.

Weekends worked.

Home Visits.

Babies delivered.

Lives celebrated and mourned.

Residents taught.

Students inspired.

The work is difficult and the incentives hard to measure.

But the true RVU is enormous.

2024 Creative Writing Award Winner
First Place Prose

Stacey Robert, MD

Program Director
WellSpan York Hospital Family Medicine Residency



“The Seasons of Life”

I had cared for my 82-year-old patient for about 9 years. He came in one day and looked particularly "washed out". Ordering labs revealed that he was in severe kidney failure. He was admitted to the hospital, and we did a few sessions of dialysis. He agreed to see what would happen to his creatinine after that. He called me to the dialysis unit on the third session because he had a few questions. The first was "Is this it?" He wanted to know if this is what life would be if his kidneys didn't improve after a few sessions of dialysis. When I said yes, he said, "Ok. I will do this until the first week of June because my granddaughter graduates from high school. I won't be able to attend but I don't want to mess up her celebration with a funeral." He knew from the nephrologist that it would likely take 2-4 weeks after stopping dialysis to succumb peacefully to kidney failure.

I began doing home visits. My first visit, I sat on his back porch with him and his wife (also my patient), enjoying the June sunshine and blooming flowers, eating nuts and drinking lemonade. He was in good spirits. The second visit, we avoided the porch because of the late June thunderstorm that rolled in. Instead, he showed me photos from when he was in WWII as ground infantry in Europe. He was in excellent spirits and told me "The worst thing in life is not death." The third visit on July 4th, I took my young children so they could hear the stories of a WWII veteran and see his pictures. We gave him a potted flower with an American flag in it for his back porch and thanked him for his service and our continued freedom. He gave each of my children engraved silver napkin rings that were wedding gifts to him and his wife 60 years prior. One of them had the same initials as my son.

The next visit, I took a resident with me. Before we left, she said, "Oh I need to bring my stethoscope and the BP cuff." I told her to leave those behind as this was a different kind of home visit. We walked into his house, and he handed me a piece of paper and said, with his usual chipper tone, "Here, Dr Robert. This is my funeral program. I have everything picked out but the date!" My resident's mouth dropped open. We enjoyed nuts and lemonade on his back porch, more stories and took in the warmth of July.

In August, he told me he called the nephrologist and said to him, "I thought I was supposed to be dead by now! What is going on?" From the back porch, we looked out onto the drying grass, talked about needing some rain, school starting soon for my children and his grandchildren, and the Orioles. He also told the GI office staff who called to schedule his follow up colonoscopy that he was planning to be dead soon and wouldn't be scheduling. (This, of course, prompted a phone call from the GI office to me to see if I was worried about his mental health, to which I replied, "Not at all!")

Through August, he was slowly getting weaker. His wife and daughter offered me peanuts and lemonade but we didn't make it to the back porch because of the extreme heat, occasional thunderstorms and the difficulty moving for him. He sat on his chair under a blanket. His wife told me that at night, they would lay in bed and just hold hands, reminiscing on the time they had together for the last 60 years.

[Read More](#)

2024 Creative Writing Award Winner
Second Place Prose (tie)

Hugh Silk, MD, MPH, FAAFP

Professor and Vice Chair of Community Health,
Department of Family Medicine and Community Health
University of Massachusetts Chan Medical School



“Letters to Myself on My First Day

Dear Self,

Hope you are well. Of course you are, you’re only in your thirties! You are heading out into the family medicine world to administer advice, offer acts of caring, and on occasion heal. You have dreamed about this for a long time. You have been influenced by those inspirational books – Heirs of General Practice, The Doctor Stories, A Fortunate Man, and A Measure of My Days. You want to be the next William Carlos Williams, John Sasson, or David Loxterkamp. You should be all set. You are set up to practice in rural Connecticut and deliver babies, care for families, be the school doctor, round on patients in the hospital, do home visits, and more. You are planning to find **◆**me to write and raise a family and keep it all in balance.

Just writing out your plan here has me a little worried, however. I am not sure I would tell anyone these days to attempt all of that. How did your heroes do it? It is clear they did amazing things. Perhaps there were costs to their bravado, to their being everywhere at all hours, being there for everyone. Looking back now, I want to tell you that it might be okay to not try to do all that for an entire career. You are young and ambitious and strong and energetic still fueled by your younger athletic days. But children will enter the picture, and family members will get sick; who knows there might even be major national and world events that effect your doctoring like a terrorist attack or a global plague one day. (I know – it is hard to imagine; sorry I can’t be more precise.)

Can I offer a reminder that you wanted to be a teacher if you did not get into medical school on your 3rd try. It would be okay to do some teaching at the med school to offset some of the toil of clinical work. Maybe find a community cause and get a grant and let a little more clinical time go if it feels too overwhelming. You always did love public health. You don’t need to be stubborn on this one – diversity can fuel the soul and offer a form of rest even though you are still very busy. That’s what is great about family medicine, you can work on different things in a variety of ways and settings that all support health and wellness.

The biggest advice I want to give you is that you don’t have to do full spectrum, cradle-to-grave care your entire career to be a family doctor. So great that you are doing maternal-child care now and growing your practice. It is impressive that many family doctors do this for a whole career. However, I don’t want you to feel guilty if you evolve your care. Family medicine is a philosophy. It is about addressing whole person care in the context of family and community and social determinants of health. (Yes, the medical world will finally figure out how important social determinants of health are for overall health in the next couple of decades.) Family medicine is about mind-body connections. It is about listening, and caring, and not focusing on curing or solving. It is a healing specialty that meets people where they live. You might have to adjust who you serve based on a national health crisis that you do not foresee and focus more on that population. Hint: pain medications seem to be given out liberally in 2001; keep an eye on that. Perhaps you will end up playing a role in curbing that trend. Good family doctors adapt to the needs of their community. [Read More](#)

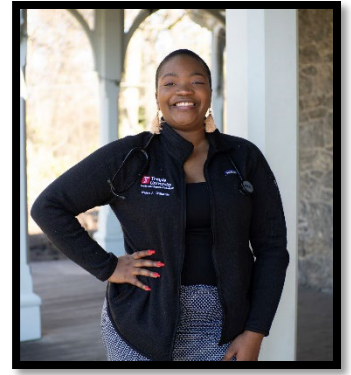
2024 Creative Writing Award Winner
Second Place Prose (tie)

Najya A. Williams, MSIV

Lewis Katz School of Medicine at Temple University

“Code T”

“Attention please: Code T in the trauma bay. ETA 5 minutes.”



The Lancaster General Hospital intercom interrupted what had been, at that point, a fairly mundane first day on my Surgery clerkship. I was clearly not prepared to find myself thrust right in the thick of it, as evidenced by my knee-length dress, flats without proper arch support, and missing compression socks. But, nonetheless, I scurried behind my residents as we ran from our small office on one side of the hospital to the trauma bay in less than three minutes. Anyone who knows me knows that I’ve never been a fan of cardio and unnecessary walking. I imagine the other team members were tickled by my pants for a clear breath when we finally arrived.

As soon as we walked into the bay, we were greeted by a flurry of providers in yellow gowns rushing back and forth, grabbing the tools that would be essential in saving this unknown person’s life. Just when I thought I had successfully recovered my own lung volume and faded to the background, my resident sternly directed me to stand with the trauma PA, observe the resuscitation and ask any clarifying questions. I nodded and quietly took my post, a mere foot or two away from the receiving gurney.

Shortly thereafter, I heard the trauma attending’s voice calmly but assertively call out: “Trauma’s here!”

At the sound of his voice, the bay transformed from that of a beehive, buzzing with purposed movement and curious conversation, to complete silence.

The paramedics gave their report next to an older gentleman in a white t-shirt and pair of sweatpants who was unresponsive and had a blue-ish tint to his skin. Even with this being my first rotation, my limited doctor intuition knew this couldn’t be good.

The paramedic read aloud from their clipboard: “70-year-old Caucasian male found down, alone and cold to the touch, at home...”

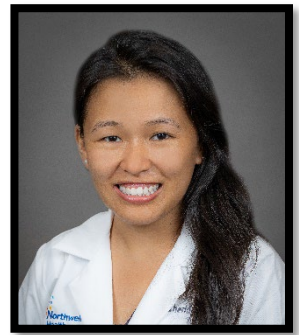
Many of the other details drowned out once we saw his vitals on the screen and heard preliminary assessment. Hypothermic. Hypotensive. Tachycardic. The patient was in shock. The silence that once permeated the air soon gave rise to that initial buzzing of movement. Nurses were placing lines. The residents were doing ultrasound scans trying to find any bleeding. Technicians were calling out “X-ray!” And before I could even blink, his clothes were being shredded and tossed away from the gurney with the same vigor I had when I rummaged through my closet to prepare for the rotation itself. And just when I thought that things couldn’t get any louder, I heard the attending shout: [Read More](#)

2024 Creative Writing Award Winner
Third Place Prose

Tshering Sherpa, DO

Phelps Family Medicine Residency Program

“Unveiling a Layer of Global Health: Exploring Flaws and Benefits Through Narrative Medicine”



Located on the foothills of the Himalayas, our small village received a monthly visit from the regional doctor. We lined up, zigzagged into a maze in the town square, prepared to wait for hours. The doctor was viewed with the utmost respect and had an air of prestige about him. He always offered insight but only so much could be accomplished in the time frame he was able to provide, and most diagnoses, outside of immediate emergencies, required rigorous investigation and testing. When the information regarding our illness was insufficient, my grandmother would take me to visit the village witch doctor. The witch doctor would prescribe their own ayurvedic, herbal remedies to my ailments. Thus, my medical care became an amalgamation of both perspectives.

Now, as a grown adult immersed in the medical field, I often find myself pondering the thoughts that once occupied the doctor's mind. Did he recognize the woeful inadequacy of the medical resources offered to our town? Could he have harbored doubts about the magnitude of his impact, considering the infrequency of his visits? Yet, was he the solitary doctor who volunteered to venture into our remote enclave when others would not? How far did he journey to serve a community that was not inherently his own? What propelled him to embark on such an endeavor? Was it the embodiment of kindness, empathy, and compassion that spurred him forth? Surely, it couldn't have been solely driven by wealth and prestige, could it?

During the past year, as a practicing resident, I was bestowed with the opportunity to serve a rural community in the Dominican Republic. For the first time, I found myself on the other side of the dynamic, no longer a recipient of care but a provider. The fulfillment that emanated from immersing myself in a different culture and having the privilege to bestow aid upon those in need was unparalleled. It ignited within me a profound sense of joy and purpose. Yet, it also kindled a simmering guilt. It didn't take much to fathom that the aid I could provide would forever fall short in fully rectifying the deep-rooted systemic issues that foster healthcare deserts in rural and secluded regions, not only within our nation but globally. Despite striving to do my utmost, from a position of privilege, there would inevitably be cases that slipped through the cracks and individuals who continued to suffer. The paradox of being a healthcare provider lies in possessing the knowledge and resources to assist anyone, while simultaneously lacking the time and infrastructure to reach everyone.

During moments when cynicism envelops my perspective of the world, my focus often fixates on the limitations of my own abilities. Yet, invariably, I arrive at the same contemplation: what is the alternative? [Read More](#)

2024 Creative Writing Award Winner

First Place Poetry

Srijesa Khasnabish, DO, PGY-2

University of Massachusetts Medical Center,
Fitchburg Family Practice

No Time for Loss

It was the fall of my second year.
You survived COVID in India, and
I survived part one of my board exams.

The sun was shining when I drove to class that morning.
Two hours early, by mistake.
I sat with a colleague in the study lounge.

You were growing sicker as midterms approached.
I was avoiding group texts,
And the labs my aunt asked me to explain.

For fear of bad news,
My coping strategy was to study.
You always wanted me to do well in school.

A few minutes after lunch
I received the message:
“Grandma is no more.”

I released every emotion I had locked inside me
Guilt - from studying and ignoring the messages
Regret - for not writing more Bengali letters to you
Pain - for not calling my family last night after studying.

My colleague held me.
His shoulder absorbed my tears.
He told me, “Go home.”

Did you plan for me to arrive on campus early,
So that I would not be alone
When I received this earth-shattering news?

I stepped outside.
The sky was a murky grey,
As if it too was crying.

Before seeing my parents, I collected myself.
If I was overwhelmed,
How was your daughter feeling?

In the pre-clinical years
You are not taught
How to face death

Experiencing the death of a loved one
While training to be a physician
Is an endless learning opportunity.



2024 Creative Writing Award Winner

Second Place Poetry

Mary Rose Puthiyamadam, MD

Phelps Family Medicine Residency Program



“Doctor Daughter”

Who is a Doctor Daughter?

She is the apple of her father’s eye
even though he dies

as she honors his intent to never live on a vent

She is the one who leaves her own daughters
to manage the care of her mother
who now has cancer in the breast that once fed her.

Who is a doctor daughter?

She is the one they call to handle it all
even when she herself feels so small.

She is the one who is at her mother’s admission
to ensure there is no omission
in the care delivered.
This is her mission.

She is responsible for parental health
Safeguarding their wealth
Preventing their death.

She is the one to open her home to ensure her parents
are not in a nursing home.

She shoulders responsibility beyond her ability
And feels of little utility in the face of life’s reality.

She is the coordinator,
Navigator
Family educator.
She is the doctor daughter.