

Asano Humanities & Health Certificate

2019-2020

Reflection Examples

What?/So What?/Now What?: Follow the *What? So What? Now What?* Model of reflection. What=Describe the event. So What=Analyze the event and your feelings/reactions to it. Now What=What did you learn and how can you apply your insights from the experience moving forward?

Beverly Anaele
Event: Narrative Medicine Workshop

After attending my first Narrative Medicine Workshop event, I was motivated to attend another. At this session, we first read the poem “Coats” by Jane Kenyon and together analyzed what each line meant to one another. The poem is about a person whose loved one is dying in a hospital. Upon reflecting on this piece as a group, I learned just how valuable relationships are in the context of establishing bonds. In my courses, I have been taught that forming relationships is the one sure way of promoting resilience after a traumatic occurrence. This event really solidified that point, as some participants shared stories about what death has meant to them within their own families.

After this discussion, we wrote a prelude to this poem and had the opportunity to share it with the group. I focused my prelude on the passing of my grandfather, who I was not as close to as I wish I could have been. Nevertheless, his passing was difficult for me because of the knowledge I had of him, the pain it caused my mom, and the heartache my family experienced from the times we did get to see him. While on earth, he was a man who believed in education and God, making sure to fund all of his daughters through school even though his community at the time did not see the value in educating women. The last time I got to see him he was going blind, and so I do not think he could really see my face. But he knew I—and all of his grandchildren—were there. I truly believe that God put us in that very moment, because not long after, he passed away. My prelude, then, writes:

“You couldn’t see me the last time we met
Your eyes were filled with white cotton from the clouds above
This is fitting because I know you’re living among them now.

Although you've left your body behind for us to visit,
Now I'm the one who is blind to where you are at this moment.
But I know it's good, in a place filled with music and rest.
You've left behind more than just your body, though,
But memories of laughter and pride, and love that your daughter
Show to us every day."

This event reminded me that there is power in using literature to expound on pain. And in that pain, healing can also be found.

Event: The Last Breath: Tuberculosis and Culture in Forlanini's Time

Dr. Mangione put together a fascinating lecture that was a lesson in both medicine and culture as he explored the history of Tuberculosis with a special focus on its treatment along with its portrayal in arts such as opera. Tuberculosis was one of the deadliest diseases in the 19th and early 20th century and there were no truly effective treatments available. As sanitation improved and antibiotics became available later in the 20th century, the rates of tuberculosis began to drop concomitantly. Until then, the treatments that were provided were rudimentary, but some improved outcomes in very surprising and unique ways. Of particular interest, Forlanini, an Italian physician, invented the technique of an artificial pneumothorax. Essentially, the patient would have the affected lung artificially perforated to collapse it and “rest” the lung. Although the exact mechanism of how this ultimately led to improvements in patients was unknown at the time, its outcomes were quickly appreciated, and it became a standard of care in certain parts of the world. Interestingly, Forlanini had trouble spreading his technique to other areas of the world and there was great resistance among the medical community to this change.

I find these sorts of tales fascinating as we often take the simplicity of our current therapeutic options for infectious disease for granted. Tuberculosis is a disease that doesn't play much of a role in modern American society, but only 3 generations ago it was one of the major killers in the world. People grappled on a daily basis with a disease that we now hardly think about in Western society, and this is especially shown in the number of Italian operas that highlight Tuberculosis in society. As a physician, I feel as though it's important to understand the context that these diseases all come in. Additionally, on a purely academic level, it's incredible to think about the pioneering work that truly changed people's lives. Nothing put that more into my thoughts than hearing Dr. Mangione's anecdote that his mother was a recipient of

an artificial pneumothorax that eventually allowed her to recover from her Tuberculosis and safely give birth to him.

Moving forward, I hope to continue to learn and grapple with where our current therapeutics come from. Additionally, the social context that a disease played in society is a fascinating aspect of medicine that I hadn't truly considered until hearing this talk. To learn that Tuberculosis had phases in western society where it was considered a beautiful, dignified disease as well as stigmatized and dirty changed my perspective. It brings into focus just how much the social context can play a role in our treatment and vision of certain illnesses.

Event: The Vicissitudes of Travel

An Emotional Journey Through a Brain

The Vicissitudes of Travel was a one-woman acting performance by actress Jennifer Blaine. She led us through a solo-performance in which she encapsulated the lives of 10 characters on a journey through her brother's brain surgery. We all were passengers on a bus tour through her brother's brain, and were accompanied by various family members and acquaintances along the way. She gave life to the tumor, making him the driver of the bus, giving us a unique perspective from the eyes of the disease itself. We were able to envision and *feel* what it is like as a family member of a patient undergoing a life-threatening surgery. The performance was extremely interactive, drawing the crowd in and allowing us to visualize and participate in the journey with her.

I was blown away by Jennifer's ability to take on so many personalities in one performance, breathing life into 10 different characters, each with their own quirks, voices, and feelings about this journey through her brother's brain. Acting as one character is a tough job in and of itself, let alone taking on 10 characters simultaneously. She pulled the crowd in by having us do various things for her throughout the performance, like hand out "memory jars" which we would all open to capture memories that different family members had of her brother along the journey. She incorporated visual tools such as paintings, to help us envision what the family member of focus was thinking about for their specific memory of her brother. I was most struck by her ability to take on the tumor as a character, giving it its own personality, and showing how it affected her family and her brother. His lazy yet malicious personality evoked a certain dislike towards him which I found to be really powerful.

Reflecting on this event afterwards, I began to realize how impactful this performance was on the way I view patients going through difficult medical situations. This performance can actually help us as future medical providers to empathize more with our patients, but even more so with their family members. Jennifer helped to demonstrate, through her impressive acting skills, that something like brain surgery is not just felt by the patient themselves. Family and friends are also significantly affected. Every person experiences a difficult time like this differently, and will vary in the way that they handle it and process their emotions. Being able to empathize as the provider with different types of emotions and modify your own reactions accordingly is a huge skill to have, and Jennifer's performance highlighted the importance of this in medical care. The way that I would approach Jennifer's child -aged niece would be much different than the way that I would approach her or her mother in this case. I will certainly think of Jennifer and her performance in my future care of patients and their families as I try to navigate difficult medical situations like this one.

Sai Mupparaju

Event: Renaissance in the Belly of a Killer Whale

I was surprised by the simplicity of the stage and the fact that there were only three actors when I first entered the Wilma Theater for the *Renaissance in the Belly of a Killer Whale*. However, I was quickly enraptured by the three actors as they seamlessly incorporated spoken word poetry with acting, dancing, and singing. They painted the scenery with their eloquent descriptions of the aura and spirits of 133rd street, their very own neighborhood, and the various other buildings and restaurants that have always been a part of Harlem or have slowly infiltrated it through gentrification. They sassily commented on the “trendy” rich people coming into the neighborhood, their knowing it “better than the Harlem Natives,” and renaming Harlem to match the ridiculous gentrification of “NoHo” and “SoHo.”

The play was a genuine commentary on the gentrification of a neighborhood and highlighted how insidious and insistent it can be. It further portrayed the helplessness of the “natives” as they saw their neighborhood have new high-rises, corporate housing and buildings, and ever-increasing rent. They were all slowly being pushed out to the edges of their home and the very essence that made Harlem what it is was slowly disappearing and consumed by capitalistic society which has no care for the significance of history. In fact, the helpless feeling was so acute and intense, that even I felt helpless viewing Philadelphia through the lens of the play. I am a gentrifier that entered the city to pursue further education and when I first moved in, I kept hearing about how the city has “cleaned up” over the years and “looks so much nicer.” All are phrases that the actors used to describe Harlem over the years. It brought up the question of how to put gentrification at a standstill and prevent it from completely suppressing the history of the city and of Harlem.

Overall, I found that this play was another reminder of how being a part of medicine is interdisciplinary. There are factors outside of medical advancements and treatments that impact the care that they receive. For example, gentrification, social welfare, public health, and various other public policies are all things that practitioners must remain aware of. Therefore, in the future as I continue to learn more and eventually practice medicine, I will have to continue to keep myself updated on the ever-changing policies. This is especially highlighted now as I see Philadelphia succumb to gentrification.

Amy Baumgart
Event: Volunteering with JeffYES

The Youth Emergency Shelter was a well-maintained, quiet, softly lit room. There were bean bags scattered on the floor, several tables and chairs, and a comfy-looking couch in front of the TV. There were only a few kids there, all teenagers. One of them was snoring deep in sleep, sprawled on a bean bag. Two were on their phones at different tables, and one was watching the muted TV. The young woman working there announced our presence, and that we had brought games and candy. Only the boy in front of the TV looked up at the word “candy.” We invited him to come play Pictionary with us. He didn’t seem as I had expected of a kid who was in such uncertain circumstances; he had an easy laugh and not an ounce of shyness. His favorite candy? Skittles! Luckily, we had some of those. He was the only kid who joined us, despite bribes of Halloween candy. The game was fun, the candy was tasty, and the experience was sobering.

I kept wondering, why are these four teenagers here tonight? Will they be here again tomorrow? Next month? Next year? How does this affect their futures? Are they going to be able to concentrate in school tomorrow? When I was in high school, I had a hard time concentrating sometimes, like all teenagers. Maybe I would be worried about a class I didn’t like, or a friend who was being mean to me. Or I couldn’t wait to get home, because I had a new videogame. I have never thought how much harder my life would have been if I couldn’t have been sure of a safe place to go home to. This goes straight back to Maslow’s Hierarchy of Needs. If I didn’t have a safe shelter, I wouldn’t even be able to think about getting good grades so I could go to college. I felt sad, because I couldn’t imagine what it would be like to stay at a Youth Emergency Shelter. But I also felt hopeful, because the young man in front of me seemed to be having fun despite everything else going on in his life.

Since my experience with JeffYES, I have learned about Adverse Childhood Experiences (ACEs) and how they affect health outcomes. Having several ACEs makes increases health risks, and makes it more likely that the child will grow up to experience health problems. I hope that places like the Youth Emergency Shelter help to mitigate some of the stress brought on by possible ACEs. I have learned that I need to be constantly thinking about details beyond the way a patient's health appears in front of me in the moment. It is something that is multifactorial and impacted in ways I may never realize. But volunteering with JeffYES has shown me that every person has some level of resilience, and that my goal as a provider should be to find ways to help my patients build their resilience.