

The following are some sample reflections donated by your fellow SSOM students. They are provided in order to give you some examples of what reflections might look like. They are not meant to represent an ideal at which you must aim, but to show what typical work might include.

The students' names have been changed so that their reflections can be posted in full candor.

I. Helen Clark

Student: Helen Clark

Student Goal:

I hope to gain a better understanding of the field of sports medicine and how different health and sports-related professionals interact at sports events. Through participation at the medical tent or on the sideline I hope to improve upon my ability to relate to other health professionals in different settings and under different conditions. Generally, I hope to learn how medicine is practiced at sports events.

Reflection:

I spent two afternoons at sports events with a sports medicine physician. The first was a professional cycling event, the second was a high school football game. At the cycling event I was able to get more hands-on experience, primarily cleaning and dressing wounds. At the football game I did very little aside from watch football and stand around with the trainers and gab, as there were few injuries, however we did see some students with sports injuries not sustained at the game on that day.

The differences in working with professional and high school athletes were striking. Obviously age was reflected in their level of understanding of their injuries, as well as the sense of gravity that accompanied their injuries. The professionals had more at stake riding on their performance and their physical ability to perform. However the injuries and the consequences of the injuries seemed much more serious and grave when working with the high school students. I found it helpful to remember what it was like to be an injured high school athlete when attempting to show the amount and type of sympathy and compassion the students required.

The interactions between the medical team and the trainers, coaches and event staff was full of subtlety and innuendo. I had no idea that 'covering' sports events as seemingly small as high school football games was so competitive and wrought with pettiness. I was definitely shocked and a bit put off by the gossip and low blows which occurred on the sideline about the medical personnel on the opposite sideline. I'm not sure whether it was due to the competition, the aggressive nature of football or the close proximity to a high school that made adults regress in behavior and conversation but it was interesting and humorous to witness.

I guess what I took away from the experience was a lesson to always try to maintain professional behavior when wearing your professional hat. Although there was nothing

inappropriate or unprofessional about the sideline banter, there weren't even any student athletes involved, there wasn't anything respectful or dignified about it either. Although shared opinions naturally unite people, camaraderie built solely on mutual dislike is certainly shallow.

Dr. Kildare (advisor to Helen Clark)

Advisor comments

Your last paragraph struck a nerve inside me. I think of the many times I have acted "unprofessionally," and I am embarrassed. I think of the times I have been calm and collected when my patients and their families have been hysterical secondary to a medical condition, and I feel grateful. I am reminded of a student in my med school class who was cynical regarding our ethics small group discussions. He would say, "At this point in your life, your gonna act a certain way. To have discussions on these matters is a waste of time." I disagree. Behavior is often habit. I would like to think that reflecting on these experiences creates good habits...and good, professional behavior in turn.

Worth Noting About Helen Clark's Reflection: A. Ms. Clark set a goal of learning to interact with professionals in a particular setting. She found their behavior less than professional. She described this in an objective and appropriate fashion. B. Ms. Clark described her patients well including their attitudes and needs and her effort to understand them. C. Her reflection was occasion for her advisor to do some self-reflection and also to help place an incident of unprofessional behavior within a larger context.

II. Mary Showalter

Student: Mary Showalter

Student Goal:

I plan to go on a Loyola Sponsored Immersion trip to San Lucas Guatemala for 18 days. I will be going with seven of my colleagues, three physicians, and a priest. My goals in going on this trip were vast, but to follow is a general overview of some of these goals. - Experience and understand the differences and similarities between this culture and my own. This is important in helping the patients that I will see while I am in Guatemala, but also the many patients that are from Guatemalan heritage in the United States. I have especially met many at Community Health. -Feel more comfortable with myself as a physician to be. Some medical students feel very comfortable in their white coats from the beginning, for me it is a slow process to feel comfortable in the role of physician. -Work as a team with my colleagues in an unfamiliar and sometimes scary environment. Be there to help each other deal with the experience of a third world country. -To affirm and begin a career that is strongly involved in volunteering my services in and out of the United States. -To learn what third world social services are like. To learn about the mission that is sponsoring us, their philosophy, what they do, and how they do it in Guatemala.

Reflection:

San Lucas is a place that I am unlikely to forget. It is a financially poor town rich with something that is hard to find in Guatemala or even anywhere else for that matter, hope. It has people committed to making life better, not just in any way, but the best way. Their hope and commitment is based on the philosophy of a great man but much bigger than just one man. The man I am referring to is of course Father Greg, a priest from Minnesota, who has served in Guatemala for forty years. His ideas start from mutual dependence and stem to trust, appreciation, and love. With his ideas and the hard work of many, San Lucas has become a light to the darker places of the world.

Father Greg recognized a distinct barrier to serving the people. It was a superiority complex by “white people” and an inferiority complex by the natives. With this barrier in place, the relationship between the two groups could only reach a certain more superficial level. To overcome this obstacle a mutual relationship of dependence and need must be shared equally by both parties. The “white people” coming to serve must be dependent on the natives for food, housing, and knowledge of the land, language, and customs. On the other hand, the natives are dependent on both the resources and the knowledge of education, medicine, and farming techniques from the “white people”. Once both groups are dependent on the other then they can see each other on more even ground. When they can see each other more as equals, rather than as superior or inferior people then the relationship can deepen into trust, appreciation, and love. After forty years of service in Guatemala, it was apparent that Father Greg was loved by many of the people of San Lucas.

This philosophy of dependence is important to service for more reasons than just a deeper relationship between the people. It is important to inspire the hope that was so apparent when I visited San Lucas. When the natives see their hope of improvement dependent on the “white people”, then their hope extends as far as the “white people” visiting there, a very superficial and easily broken hope. On the other hand, when the people see the improvement in their lives resting equally in themselves then hope for the future comes from within the community. This attitude inspires the people to be proactive in making the future better. The people are more likely to work with the volunteers and to feel comfortable enough to ask the volunteers for help. Instead of the volunteers instructing the community as to what they need, true service is to ask the community what it thinks it needs improvement on.

Father Greg asked the people of San Lucas how he and other volunteers could serve them. The people, feeling more or less like equals, told him: education, healthcare, housing, and land reform. For forty years these are the things that Father Greg has worked hand in hand with the natives and other volunteers to improve. From the way the town looked when I visited, it seems that the people of San Lucas are full of hope for even greater improvements in the future.

In reflecting back on my trip I feel honored to be apart of San Lucas’ improvement and the ministry of Father Greg and the other volunteers. I hope only that my few weeks in San Lucas contributed just a little to the hope that I experienced there. I will forever remember the people and the philosophy that Father Greg has instituted to create such change now and hope for the future.

This philosophy of deeper relationship building bases on equality verses superiority/inferiority can be translated into my medical experience in the United States.

Medicine is often characterized as a serving profession where strong relationships with your patients are the ideal. Strong relationships between physicians and patients help not only the doctor give better care, but increase the satisfaction of both the patient and the doctor. My experiences in Guatemala taught me that those deeper relationships with your patients come only when both the patient and the physician see each other as equals. For this reason the traditional paternalistic view of medicine should no longer be either a practice or a philosophy. No matter what the patient's circumstances, a physician can not give paramount care until he can treat the relationship between the physician and the patient as a partnership, both equally responsible for the patient's healthcare.

Worth Noting About Mary Showalter's Reflection: You can see that Mary's reflection does not necessarily parallel the goals she set out for herself. This is OK. Clearly, the actual experience of the trip was very much colored by a particular role model whom she describes at length. This role model expressed a particular philosophy about the relationship between those who give and those who receive. This is clearly applicable to one's attitudes as a physician. Please be open to writing about such examples in your reflections as they are important experiences in developing the attitudes that accompany the knowledge and skills you acquire in medical school.

III. Mike O'Reilly

Student: Mike O'Reilly

Student Goal:

I have been involved with community health this year, with a goal of attending one clinic session per month. So far I have been three times this year, and have gained valuable insight into working in a clinic and providing medical service to the underprivileged. My goal for this event is to continue to develop my relationship and communication skills with patients, and in particular those patients that are of different socioeconomic backgrounds that those that I will treat at Loyola and for most of my career. I feel that this is a valuable goal because one's background can be revealing as to their insight into their illness, their ability to recover and maintain good health, and can allow me to better understand the perspectives of patients in general. I also feel that it will be a positive way to contribute to society, offering whatever medical services I can for four to five hours a month. This event will continually challenge my communication skills as I attempt to bridge the gap between primarily Spanish speaking patients.

Reflection:

After one semester volunteering at community health, I feel like I have had a positive experience overall. My interviewing skills have been improved and become more focused, and my Spanish has become somewhat easier to use despite only using it once a month.

Perhaps the most beneficial experiences I have had from community health have been the interesting patient encounters that have taken place while I have been there. On any given night I will usually see two patients in a 4-5 hour span. I am still surprised at how long it takes to interview patients (especially in Spanish), perform the necessary physical exam steps, and present the case to a third or fourth year student and eventually to an attending working at the clinic, each of whom need to ask their own questions and review the findings I have given them. I would estimate that most patients spend three hours at least, from arriving at the clinic until they leave with their medicine. The reason that most of the patients come to community health is that they have no health insurance, and are aware of a new or continuing medical condition that they feel they can take a large amount of time out of their schedule to have examined. I feel that it is unfair to them to have to wait so long, just because of their socioeconomic status, and to find that they will be confronted with a barrage of medical students who are essentially practicing their medical skills (under supervision of course). While it is an excellent learning tool for the students, and a way for the attending physicians to give back to the community, I find myself embarrassed by my lack of knowledge and constantly asking patients to wait until we can all figure out what we are doing. Perhaps this situation is the same at hospitals like Loyola, but I am not yet familiar enough with the role of the students there to compare.

On the other hand, another observation that has surprised me is the gratitude that the patients express towards the medical students for whatever we can do to help. It has been a good lesson to learn...that even just the small acts of asking questions and running around looking up information and refilling prescriptions can go a long way towards making a patient satisfied with the care they are receiving. After forgetting certain steps of the physical exam and having a patient take off his shoes and socks for the third time, I overheard the patient say to my translator that he was "just happy that somebody is so concerned about his health." It made me question just what kind of care this patient had received in the past, because I know that my care, although thorough, was far from efficient and easy. It has truly been a lesson in how to appreciate the way of life of others who are less fortunate, and has made me more aware.

One final point that I have been questioning is the role of the medical industry in the lives of the economically disadvantaged. A story to illustrate was one night when a patient diagnosed with rheumatoid arthritis needed a refill of her Celebrex medication. This is a drug that is donated by the drug company to our clinic, but for people who have health insurance, the company charges about eight dollars per day for one dose. When I presented the patient to one of the attending physicians, he immediately switched her to ibuprofen, a drug that requires more dosing and has more side effects that the patient complained of from past experiences, but is far cheaper and can be provided by the county for the rest of the patient's life. When I objected to giving her a drug that was inferior to one that was had a healthy supply of, the physician asked me to consider whether it is fair for a "poor person" to receive this drug, when many other people who can actually afford it are denied it by their insurance companies. He proceeded to tell her

to lose weight and take the ibuprofen with a meal to reduce the irritating side effects. The idea of rationing medical resources was one that I had heard of but never experienced in person, and I was asked to send her off with the ibuprofen medication instead of the better drug. I feel that in this situation we should have given her the best drugs that we had, and as for the millions of people who suffer from arthritis, I still feel that it is fair to give them the most effective drugs for their individual condition. But I learned in an unpleasant way from this physician that the poor are truly disadvantaged, regardless of whether they can come to our clinic. In a way, it was the way that this physician treated her that made her situation even worse. I suspect that I will be reflecting on this issue much more in the future.

Worth Noting About Mike O'Reilly's Reflection: Mike does a wonderful job of a. describing the people, especially the patients, he encounters, b. explaining systemic issues that disadvantage people, and c. of examining attitudes that might disadvantage others. Not everything in a reflection needs to be thought through entirely but can be a present impression for future investigation. For instance, the incident regarding the Celebrex that he relates certainly warrant additional thought in the future. For instance, the use of ibuprophen could well be in the patient's long-term interest because this is likely to be more affordable to the patient in the long run. But this is a complicated question that could form the basis for further investigation, perhaps, even for his presentation project.

IV. Cora Lake

Student: Cora Lake

Student Goal:

I am helping to plan and carry out activities for Hunger Week with the hope that fellow students and others at Stritch will take a moment to reflect on this vital issue. I know that neither I nor the entire Stritch community can solve the problem of hunger alone, but we can at least be part of the solution by raising our consciousness about the subject and encouraging others to do the same and act on it. As my classmates look around the atrium and view the sea of silhouettes to represent the thousands of people who are dying from hunger, I hope that they contemplate what it means to have so much wealth and what they can do about the many others who have little.

Reflection

This is the second year that I have been part of Loyola's Hunger Week, and it is interesting to me that many of the same faces I saw participating in last year's activities were again part of this year's week as well. What concerns me, however, is the lack of new faces. At heart, I think I am more of a pessimist than an idealist, and it bothers me that the same people who care about issues such as hunger are the ones who fill the

rooms for discussions and reflections about the topic. Meanwhile, it is the people who are not in the rooms who worry me.

I am fortunate to have as much as I do. While I often complain about not having enough money to go out to dinner as much as I want or to buy a new sweater just because, when I take a step back and look at the amount of wealth I have, material and otherwise, it is really astounding. In my short lifetime, I have not seen much, but I have had the opportunity to work with poor and sick people in Chicago, and have witnessed the stark poverty that exists in Haiti. In my limited experience, I realize that our country has so much comparatively, and there is quite an imbalance in opportunity and fortune throughout the world. Obviously, I cannot reasonably expect that a week of educational and awareness activities at a medical school composed of busy, studious people will make an enormous difference. Every morning during hunger week, I was at school with two of my classmates hanging up black silhouettes to represent the thousands of people dying of hunger daily. As the Atrium's glass walls, normally covered with Books for Sale and Apartment for Rent signs, gradually filled with faceless frames until no bare glass remained, I wondered if anyone took notice. Let me rephrase that; I imagine that people took notice, but I am curious if people really contemplated the significance of hunger here in the states and around the world. I know that a collection of cut-up paper figures is not a momentous statement, but I hope that someone took the time to think about the number of people that go hungry while others, ourselves included, have more than enough to consume on a regular basis.

One of the major concerns in correcting the problem of hunger is access. A fact posted in the Atrium during Hunger Week stated that, in terms of calories and weight, there is enough food in the world to feed the entire population. However, the problem lies in the distribution of that food, which is found mostly in industrialized, first-world countries such as the US and Europe. It is no surprise to me, then that a similar notion holds true in regard to healthcare, where the most advanced and wealthy countries also have the 'best' access to healthcare. However, if one were to look more closely within our own cities, Chicago included, one would find a significant imbalance in the distribution and access to both food and healthcare (and other resources). Clearly, the system is not perfect anywhere.

As I take part in activities such as this, I wonder to myself how becoming a physician will impact my role in addressing obstacles such as hunger, homelessness, and poverty, among others. Not only are these problems important, but they are all intimately related to healthcare. As I think to the future and to the type of medicine I hope to practice, I realize that these issues will be barriers that my patients and I will have to wrestle with in order for them to achieve proper health. I find myself repeatedly asking where is the best place to start in order to fix the problem. To add to that, I have to ask what exactly *is* the problem, or which is first: hunger, which leads to illness; poverty, which leads to hunger; or illness, which leads to poverty...it could go on, and these are only three issues. At this point in my life and education, I feel that raising awareness about these problems is a good, although difficult and frustrating, first step. Obviously, the more people who understand the intersection between health care and basic human necessities, the better

we will be able to provide solutions to the quandary of access. As such, I will continue to support Hunger Week at Loyola, and continue to bring my friends and colleagues to these events in the hope that something within the discussions, videos, or presentations will give them the impetus to work towards solutions.

Worth Noting About Cora Lake's Reflection: This student does a nice job of reflecting on the complexity of the relationship between the basics of life, e.g., food, and medical care. As there are no easy answers, she does a good job of describing her encounter with this problem and its potentially overwhelming nature. Her work is a meditation on the responsibilities of the medical profession and its professionals as well as the limitations of each person.

V. Vera Parisi

Student: Vera Parisi

Student Goal:

This trip to Haiti will provide me with a wonderful opportunity to gain experience with service work in the third world. I hope to gain clinical experience as well as improve my ability to work with others in potentially stressful conditions. I hope to learn about the delivery of culturally sensitive medicine and tailor my interactions with patients to reflect their values, beliefs, concerns and interests. As doing medical work in underserved populations has always been a motivating factor in my desire to become a physician I look forward to getting a taste of the struggles, and potentials for such service work.

Reflection:

This past summer I spent ten days in Haiti with a group from Stritch School of Medicine. Since I have limited clinical skills I spent my days in the clinic learning and observing, doing whatever small tasks I could.

My feelings while in Haiti spanned a wide gamut. I was saddened by the poverty, by the number of unmet needs of so many people. My stomach leapt to my throat seeing the many malnourished and starving people. Its a terrible injustice that there's enough food to feed the world but rich countries, like ours, pay farmers to let crops rot in storehouses to keep prices up. When one considers the number of people we saw suffering in a small amount of time, and in a small country its mind numbing to think of the sheer number of people in like circumstance around the world.

I felt guilty and ashamed. Guilty for having so much while others have so little and ashamed by the sense entitlement pervasive in American culture. We have done little to warrant our wealth, it was simply good fortune that we were born in the U.S. and not 90 miles south in Haiti. I also felt ashamed by the realization that the people in Haiti have so little because we have so much. And while the unequal distribution of wealth saddens me, the question becomes, what am I willing to do about it? Am I really willing to live more modestly so that others could live more decently? My presence in Haiti did not

soothe my conscience, rather it served to make me feel more guilty. A medical student, without any skills to help the people, taxing Haiti's already limited resources. Although we brought much needed and appreciated medical supplies we really contributed little else to the people of Haiti. I probably could have done more for the people if I simply wrote out my \$500 check to the Saint Boniface Haiti Foundation and stayed at home.

My time in Haiti also made me question my faith, and question why God would allow such suffering to persist. I believe that God is love and that He is all-powerful. Holding babies, orphans, who were so emaciated, just made me question, why. Why would He allow this to go on? And since most of the people we met doing amazing service work in Haiti were Catholic I wonder how they have settled this question of why in their own hearts.

The medical work in Haiti made me re-examine my choice to become a physician. Through my training in public health I realized that although a career in public health would allow me to help people, I would sorely miss the opportunity to work with patients and to develop relationships with the people I was trying to help. But while in Haiti I felt that our medical care was simply applying band-aids. We treated symptoms of an underlying disease. Haiti needs infrastructure, clean water, food, and the ability to meet the very basic needs of her people. While providing medical care is necessary, and it's making a difference to the patient in front of you, its not addressing the causes, its not making a long-term real difference. Which brought me back to why I went into public health initially. Time spent in the ER, applying band-aids, very similar to the feeling I had in the hospital in Haiti.

I'm not sure how my experience in Haiti will impact my future, be it professional or personal. Since coming back from Haiti the words of a James Taylor song often spring into my head. 'every now and then the things I lean on lose their meaning.... and I find myself careening into places where I should not let me go.' I guess the new challenge is how to keep the experience from making me pessimistic and completely disillusioned about the potential for change, and the possibility of making a positive difference.

Ben Casey MD (advisor to Vera Parisi)

Advisor comments:

I struggle with this over and over and over again. Make it a point to go back to Fr. Mark's orphanage at some point in your life if you can. Take on a project, even if smaller in scope. When I went back to Nigeria and witnessed the growth, it renewed my faith...my purpose. 8 Daughters of Charity....making it happen in a poor country where the retarded and crippled are left to die. You will have skills one day...skills that will take you wherever and allow you to do whatever. When I am tired of fighting with the obstacles to patient-centered care in the U.S., I remind myself of Fr. Mark or the Daughters