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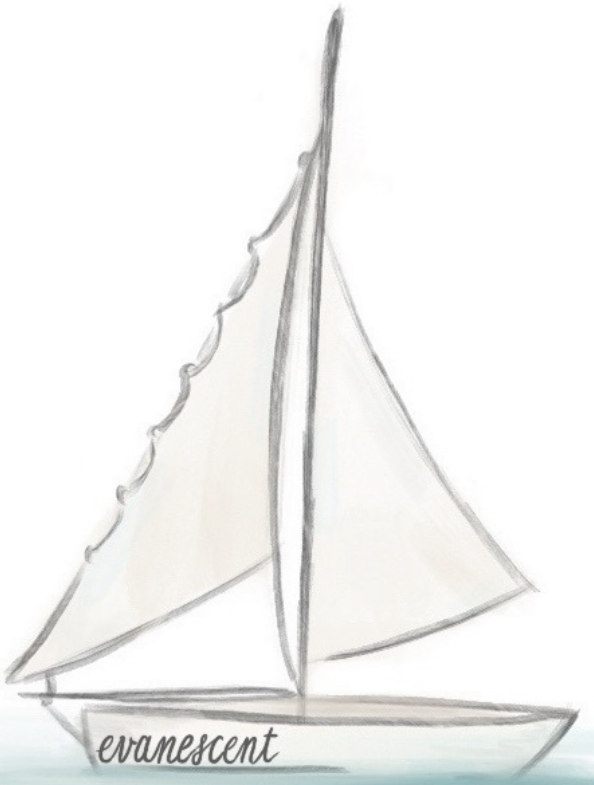

EVANESCENT

ISSUE 1

2019

Letter from the Editor-in-Chief

"Evanescent" is defined as "tending to vanish like vapor", and also a word with a certain beauty in its pronunciation. It is in that spirit that the Eakins Writers' Workshop presents its inaugural literary journal dedicated to the stories of injury and all of its victims.

There are those of us who have lost loved ones and dear friends to injury. There is a painful humility in this—an awakening that, for as long as someone might have been with us, in a matter of seconds they are now gone. I lost one of my closest childhood friends to injury when he was in his early forties. As a young boy he loved sailing his 14-foot boat on Barnegat Bay. That boat's name was Evanescent, and so is the name of this publication—how appropriate...the warm memory of a close friend, thinking of the happiness he must have felt sailing his cherished vessel on a summer evening at the Jersey Shore. I imagine the delight he must have felt with a gentle breeze and a gentle heel of the vessel as he plowed through the waves. But for as long as we had been friends and shared countless good times together, a tragic event ended his life. Yes, a vibrant life that, in seconds, vanished like a vapor.

This journal was conceived in the Jefferson Center for Injury Research and Prevention, a proud entity of the Department of Surgery at Sidney Kimmel Medical College and the Jefferson College of Nursing. It is meant to complement the high level of healthcare delivery for which we strive with the humanity we celebrate in all for whom we are privileged to serve. That spirit defines us as Jeffersonians.

Our editorial board invites submissions from anyone across the Jefferson enterprise. This means not only physicians and nurses but our security guards, maintenance staff, cafeteria workers, and all others who compose our entire community. Because it is all of us together who complete us as hospitals and as a health system. At various times and in different ways, we all are witness to the stories of injury that pass through our doorways.

This is a pilot edition. It has been inspired by several members of the Sidney Kimmel Medical College Class of 2020 and their sincere desire to address the firearm crisis of our country. As the senior-most members of the medical college, they are applauded for their high standard of social responsibility and the fine example they set for our underclassmen. It has been my privilege to work with them.

Sailboats take us on journeys. I am excited for the journey of Evanescent.

Stanton B. Miller, MD, MPH, FACS
EDITOR-IN-CHIEF

Letter from the Student Editors

When you are part of a medical school class of approximately 250 students, not everyone knows one another personally. That became very apparent when the six of us began our clinical rotations our third year of medical school and we worked with unfamiliar faces. And, while the six of us started out the year on different rotations—psychiatry, OBGYN, or internal medicine—we had one thing in common: we were all placed together for our surgery rotation at Einstein Medical Center in North Philadelphia.

It wasn't only the long hours of a surgery rotation that brought us close together, but also the content we were exposed to. In North Philadelphia, we collectively saw more gun-shot wounds than appendectomies, and more stabbings than cyst removals. We were quickly exposed to running a Level 1 trauma at 3 am and calling time of death on the operating table. While the residents and attendings were eager to teach, we, as rotating medical students, found that there was no outlet to reflect upon or express what we were seeing. After numerous long days, we spontaneously decided to grab dinner and drinks, and quickly found ourselves brainstorming ways to get involved in the gun violence epidemic that we were firsthand witnessing in the Philadelphia community. One of those ways was this journal. With the help of Dr. Stanton Miller, we realized that there was no student-run literary magazine within the medical school, let alone within the Department of Surgery.

And, after months of planning and coordinating, here we are! While this edition is focused on gun violence, we hope that this will be the first of many issues revolving around various topics within Surgery and Medicine. We welcome pieces from students in the health professions, residents, attendings, nurses, hospital staff, patients, and caregivers—and are excited to see this flourish.

— Marnie Abeshouse, Douglas Gouchoe, Nick Sienna, Marina Heskel, Robert Wilson, Daniel Bahat

Call for Submissions: *EVANESCENT*

Evanescent is a literary journal published by the Jefferson Center for Injury Research and Prevention and dedicated to stories of injury and all its victims.

We seek submissions of high-quality writing on themes related to injury, including short nonfiction, fiction, and poetry.

Submissions are welcomed from all members of the Jefferson community.

Please send your submissions to Evanescent@jefferson.edu.

All submissions will be reviewed by an editorial committee of Jefferson faculty members and students.

Contents

My first 24-hour shift

Marnie Abeshouse

"Hold his vena cava" the doctor shouted. I quickly slid in and held it. "Ok, bone saw, now. We're cracking his chest... Give me the Epi, stat," he continued to demand, loudly. I tried not to get in the way. I was one of seven bodies surrounding the one body on the operating table. I looked at the other medical student in the room, who was on the night shift with me. She was standing in the corner, not scrubbed in. My scrubs were splattered with blood, hers were light blue and stainless. We made eye contact. Her eyes of horror from a distance, my eyes of shock and uncertainty from bedside. The doctor called it, "Time of death, 11:43 pm." Everyone unscrubbed and stormed out of the OR. People came in to clean off the blood on the floor. The body was still there, and so was I. Stunned. Then, "Ok stitch him up, practice your sutures," the resident told me. I did. Me on one side of the operating table, the resident on the other, showing me technique, while people around me cleaned. It was quiet. I didn't know what to say besides, "Is this enough tension on the knot?" I tried to detach. But how much detachment is appropriate? I spent as much time stitching up the poor victim of gun violence's entire abdomen and chest to learn technique as we spent trying to save him from the time he entered the emergency room. After I finished, it was nearly 1:30 am. The resident went to fill out the death certificate. I went back to where all medical students sit at this hospital— in a dimly lit library on an old couch with the other medical student. The medical student and I sat there in shock. "I'll text you guys if another trauma comes in," the resident told us. What do we do now? Should we go with the resident? Who is contacting his family? What is happening with the family? Who shot him? Are we safe? "If nothing else comes in, you guys can go home in 2 hours," he told us. And that's exactly what happened. We sat on the couch until we drove home in the pitch black on a cold October morning at 5 am. You would think on the drive we would be tired from a 24-hour shift, but we were not. We were wide eyed and horrified. What felt like a 20-minute exploratory laparotomy to me felt like a 4-hour horror movie to her. Two days later, when we reported back to the hospital after our post call day, the other medical student and I found a police report of the incident. The patient was an innocent bystander and victim of gun violence during a fender bender at a traffic light. He had a two-year-old boy and a wife. Probably a parent or two as well. No one in the residency program on the day shifts spoke of him and the tragedy that unfolded just the night before. He wasn't signed out the next morning, so the day team didn't know he existed since he came in the night before and didn't make it. He was a tragedy of the night, and today was a new day. Surgery 2019.

Unprepared

Daniel Bahat

"I can't feel my legs," he screamed. My legs felt frozen too, buried in quicksand. I was in shock, deer in the headlights. I had never seen anything like this before. A 15-year-old kid, you could tell how young he was, shot point blank straight in the back. Bones shattered like glass into tiny pieces. This was worlds away from the world I came from. I almost couldn't believe he couldn't feel his legs. He was raging around in a frenzy, thrashing his arms back and forth, crying out how he couldn't feel his legs and he couldn't. They were lifeless. I went to feel them too. They didn't move. I lifted one up. It felt dead. As we moved him to the hospital bed I had to help roll him over. He grabbed on to my scrub top and it felt like death's grip on my shirt. The tension of him pulling the cotton fabric. That is the feeling I won't forget. The bloody hands pulling my shirt. He was right there. You could tell he was a baby. My insides felt sharp, like a really sharp pain over my heart. I looked around. Most people were expressionless. The people who worked there have seen this hundreds of times before. They were professionals doing their jobs, but later they told me emotional distance is the only way to survive seeing this day after day. Afterwards, we drove home in silence. Neither of us felt good, but neither of us really felt anything. We were just shocked. I wanted to be alone. I didn't want to talk about it. It was too much.

#1

Douglas Gouchoe

There were no screams of terror, no writhing in pain. There were no shouts for a mother, a father, a sibling, or god. There was a dull silence. A silence intermittently interrupted by the quiet work of nurses, putting in IVs.

Can anyone get a pulse?

Get the pads and push another of Epi!

You sure we need the pads?

I have an entrance wound under the right eye… exit wound in the right occipital region.

The silence was quickly being filled with uncertainty.

He had a pulse when we brought him in…

But what I saw was pulselessness. What I saw was a skinny teenage boy from Northern Philadelphia, clad in an undershirt stained with blood. His eyes rolled back into their sockets, his brain exploding out the back of his skull where 9 millimeters of lead had exited not too long ago.

There was an unspoken truth in the room that no one wanted to acknowledge. I could see it gnawing at the resident's lips. I could sense it as the nurse at the foot of the bed was swaying back and forth. That truth was a mosquito in my ear buzzing. Belligerent, uncomfortable, deafening. The attending walked in calmly and squashed it.

Call it.

The room was again filled with the noise and clatter as the clean-up began. But there was a black hole in the center of room.

Harrowing Halloween

Nick Siena

Medical residents are perhaps the only people to still use pagers. As many as eight archaic black bricks sit in rows on the waistband of the overnight intern with whom I'm working, making the young doctor look as if she is wearing a cheap Batman costume. The pagers go off one by one throughout the night, a buzz here, a buzz there. A patient is vomiting, the nurse says over the phone, and another spiked a fever. Interns and residents learning on the job snuff out these small medical fires as they arise. For a medical student like me, however, these pages are mostly uneventful. When I'm on overnight call, I generally sit and study as the intern types in orders and then continues study questions of her own.

There is another kind of page, though, when in cacophony of beeps and vibrations, all of the pagers alarm at once. When this happens, it means a trauma is coming. At the North Philadelphia hospital where I'm rotating, trauma more often than not means gunshot wound. When considering a career during the first two years of medical school, trauma surgery always seemed like an exciting choice. So I chose this hospital for my rotation to see first-hand what it would be like.

It was six o'clock in the evening on Halloween night when the first trauma call came in. A level two trauma, the resident said, so hopefully not so bad. Heading down to theo trauma bay, I will confess, made me excited. As a trainee, it is an ambivalent feeling; someone has been seriously hurt, but the other hand trauma provides some of the most thrilling and unconventional experiences for medical students.

The double doors to the trauma bay opened and the scene was controlled chaos. Doctors and nurses, descended on the patient gowned in bright blue plastic smocks and tie-dye printed lead aprons to protect from the blood and X-ray machine whirring above. Descended on the patient. Surgical staff weaved in and out listening to lungs, examining eyes and ears, asking "Does this hurt?"

Over the course of only a few overnight call shifts I had already witnessed a handful of these traumas. Having watched this scene play out several times before, I already felt in tune with the rhythm of the trauma bay. The blood and the screaming and the chaos and the police were no longer shocking. I stood in wait, ready to run to the CT scanner, grab bandages, or suture a wound.

The attending surgeon came out of the room shaking his head. Lying in an

oversized bed was a writhing, crying, five-year-old child. He had been shot in the leg while trick-or-treating. A beard drawn on his face as part of his costume made him look somehow even younger and more innocent. He cried out over the din that he never wanted to go trick-or-treating again. It was a sobering moment; the excitement I felt a moment before evaporated instantly. As I helped the orthopedic residents splint his broken leg, I felt tears welling up behind my eyes. Seeing this tiny body with his fake beard and pleading cries affected me more profoundly than the other firearm victims I had seen.

Eight thousand three hundred children will be shot this year in the United States, plus many more adults.[1] Philadelphia alone had over 1,400 gunshot victims in 2018, around 250 of whom died from their injuries.[2] For every Sandy Hook or Parkland massacre, there is an almost nightly bloodbath that goes unreported in the inner cities of America. In 2018, Philadelphia recorded only 21 days in which no one was shot.

#ThisIsOurLane has given voice to the experience of trauma surgeons and emergency medicine doctors. Picture after picture of physicians and operating rooms drenched in blood are intended to serve as proof that we, as a medical community, belong in the conversation about gun violence. The American College of Surgeons has dedicated itself to the issue of gun violence by issuing robust recommendations to prevent firearm injury and death[3] in addition to their Stop the Bleed campaign.[4] These provider-led bottom up and top down tactics are both going to be necessary if we will ever make actual progress in curbing gun violence in this country.

Later that Halloween night, the pagers buzzed again and off we went. The double doors of the trauma bay opened to the ED staff performing chest compressions on a young man. He had been shot several times and showed no cardiac activity. A chest tube was placed as three muscular ED technicians took turns exhausting themselves with CPR. The nurse running the code shouted out orders. Another nurse rummaged through the patient's clothing and pulled a high school ID card out of his pants pocket uttering that he was 18 years old. This unresponsive body in front of me was the second child I had seen shot in a night. As I stood there and watched those around the bed attempt to physically force life back into this young man, I did not feel tears well up. The doctors and residents and nurses spoke casually to each other. He was pronounced dead and someone went to go talk to his father. This young man's violent death actually felt simply routine, as had the other gunshot victims I had helped treat on prior nights.

But I should not in only four nights on call see so much violence as to feel it become routine. There is nothing normal about a parade of bullet-riddled young bodies flowing into emergency rooms nationwide. By the time I wear

the Batman belt of pagers as a resident, I should hope that their eruptions never herald violent injury to a trick-or-treating child nor the violent death of a teenager. As we engage in efforts to stop, or better yet prevent, the bleeding, we must constantly remind ourselves that the level of violence in this country is grossly, perversely, abnormal.

I have no choice but to be optimistic that both the organized efforts of medicine and surgery's governing bodies and the grassroots publicity campaign of #ThisIsOurLane will help reduce firearm violence in America. To lose this optimism for change would be to accept our current state, something that my psyche will not tolerate. Because as that trick-or-treater lost the innocence of childhood that night, I also lost some of my own. Bullets steal from our patients their health and vitality, but they can also steal from us as care-providers a fundamental sense of faith in the goodness of humanity. It becomes imperative that we as a medical community dedicate ourselves to fight for not only for the health and safety of our patients but also for ourselves and the wholeness of our spirit.

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[1] Gani F, Canner JK. Trends in the Incidence of and Charges Associated With Firearm-Related Injuries Among Pediatric Patients, 2006-2014. JAMA Pediatr. 2018;172:1195-1196. doi: 10.1001/jamapediatrics.2018.3091.

[2] http://media.philly.com/storage/special_projects/shootings-philadelphia-2018-data-map.html

[3] https://www.facs.org/media/press-releases/2018/fast111418

[4] https://www.bleedingcontrol.org/

Photograph by Robert Wilson

Where do we go from here?

Robert Wilson

As the afternoon drifted into early evening, I drank a cup of coffee and got ready for the night that lay ahead of me. It was the Fall of 2018, and I was less than a week into my surgery clerkship at an underserved hospital in North Philadelphia. Our team prepared for sign-out, when we would summarize each of our patients' updates for the night team before going home for the evening. But this night was different: being the fifth night, it was my turn to stay for another twelve hours to complete a 24-hour shift, something that is apparently so fundamentally valuable for every medical student's surgery clerkship experience that is to be done every fifth night of the rotation. The novelty of such a long shift having not worn off, I was excited to see procedures other than scheduled appendix and gall bladder removals, and I looked forward to having the following day off. I was with my friend Danny, which in hindsight turned out to be one of the only good things about the night that was to follow.

The night began uneventfully as we practiced suturing and tying knots and carried out maintenance tasks on the floor while waiting for patients to arrive. My normal bedtime of 8:30 pm came and went, and as midnight approached, our resident's pager went off indicating an incoming Level I trauma. In addition to being a designation for a hospital's ability to treat trauma patients, Level I is also the most critical code used to designate an incoming patient in a critical condition. It can be called for a variety of criteria—in this case, it was called for penetrating injuries to the head, neck, and/or trunk. As we rushed to the ER, I mentally prepared to stand around having no idea what to do while getting yelled at for doing the wrong thing—the ubiquitous situation for third year medical students.

Once we arrived in the ER, I nervously reverted to the two fundamental rules for new medical students on surgery clerkship: don the same personal protective equipment as your resident, and don't say or touch anything until someone tells you to. As I awkwardly put on my gown, facemask, eye shield, and gloves, the paramedics rushed in with our patient. He was a 14-year-old boy who had been shot multiple times, but was thankfully still conscious. As we entered the trauma bay, we were immediately put to work helping the team quickly identify life-threatening injuries. As we turned him to examine his back, I remember seeing blood everywhere and feeling his cold and sweaty skin. It was organized chaos: the attending stood at the foot of the bed, overseeing while the team of residents quickly examined him head to toe while communicating with each other in a language I didn't yet

understand. At the head of the bed, a nurse calmly monitored his airway, and encouraged him to take deep breaths as he screamed and cried. Moments later we were rushing him to the CT machine. As the residents prepared him for the scan, my friend and I held him in place and tried to calm him. Danny and I were on either side of the bed, and he gripped our arms firmly, looked at Danny, and asked "am I going to die?" I will never forget the look on Danny's face as he responded "you're in good hands and we're doing everything we can to make sure you don't."

The following morning at 5 am, Danny and I drove back to Center City. Our shoes and scrubs spotted with blood, we sat silently for the entire drive until we got back to my apartment where we sat on my couch and said nothing for I don't remember how many hours. I slept most of the day, did some studying, went to bed, and reported to my clerkship the next morning at 5 am—business as usual. I tried not to think about my disrupted sleep schedule or the emotional experience two nights before of seeing a childhood so horrifically different than mine. After all, "it will be worse during residency" anyway.

I don't remember the outcome for this child. Sadly, every night shift included an eerily similar story: (mostly) teenage males with multiple gunshot wounds brought in by ambulance, police, or sometimes dumped by friends on the sidewalk outside the ER. Some survived without surgery, some died in the OR, and others were brought to the ICU so that their mothers, fathers, brothers, and sisters could be with them as they passed away. Looking back almost a year later, the stories have all almost blended together. While I now understand the course of action for treating these patients, I'm left wondering how we, as a so-called civilized society, got to this point, and where do we go from here?

Lucky

Marina Heskel

One boy, no more than sixteen, looked around wearily as the chaos ensued in the trauma bay. In the next bed, his friend's clothes are torn off and a sea of well-trained medical providers in gowns, gloves, and masks rush to take vital signs, put in IVs and attempt to resuscitate the boy. I watch as the blood spills on the floor and the boy's feet go pale. A few feet away, his friend struggles to see over the divider. Time of death is called. The friend's face turns the color of the sheet that is pulled over the bullet ridden body. But he is "lucky"—he has just one injury to his leg. His wound is cleaned and he is ready to go home. The look of sheer horror on his face is something I won't ever forget.

The third boy's hand is obviously mangled. We watch as the X-ray appears on the screen. Bone fragments throughout the shattered hand are obvious, even to the untrained eye. He may never have use of his hand again.

The two surviving boys ask for their phones to call their parents to tell them they are okay. But their friend isn't.

Fifteen minutes later, as we walk away from the trauma bay, the piercing ring of the pager fills the silent hallway. LEVEL 1. And it starts again.

Acknowledgments

The editorial staff is grateful to several individuals for their support of this publication. We thank Dr. Charles Yeo and Dr. Murray Cohen for enthusiastically endorsing a literary effort in a department of Surgery. You allowed us the space to cultivate this work. Your acknowledgment of storytelling as a meaningful way to make us better and more caring physicians has made this project possible.

The most sincere thanks to Jennifer Wilson in the Office of Professional Writing, Publishing, and Communication of the Jefferson Center for Teaching and Learning. Your instruction in numerous sessions of the Eakins Writers' Workshop has been valued by us all. This inaugural edition of Evanescent has come to fruition largely due to your efforts.

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And to the members of the Sidney Kimmel Medical College Class of 2020. You came to us with a heartfelt desire to address issues of firearm violence. Your dedication and professionalism are a source of pride to this university community. *Evanescent* is your legacy.

Contributors

Marnie Abeshouse is a fourth year medical student at Sidney Kimmel Medical College from New York and applying into General Surgery.

Daniel Bahat is taking a gap year from Sidney Kimmel Medical College doing Plastic Surgery research and is from California.

Douglas Gouchoe is a fourth year medical student at Sidney Kimmel Medical College from Massachusetts and is in the Air Force and applying into General Surgery.

Marina Heskel is a fourth year medical student at Sidney Kimmel Medical College from California applying into Internal Medicine.

Stephanie Honig is a fourth year medical student at Sidney Kimmel Medical College. She has been drawing and painting since her preschool years and always looks for opportunities to apply her artistic skills to her current studies and professional endeavors in the surgical field.

Nick Siena is a fourth year medical student at Sidney Kimmel Medical College from Philadelphia applying into General Surgery.

Robert Wilson is in between his third and fourth year at Sidney Kimmel Medical College, currently taking a year to pursue a Masters in Public Health. He is from Alabama.

Evanescent

Evanescent is an associated publication of the Eakins Writers' Workshop published by the Jefferson Center for Injury Research and Prevention and dedicated to stories of injury and all its victims. For more information: Evanescent@jefferson.edu.