



palette

Issue No. 1
April 2019



Annie Yu Sarah Ge

April 2019

Letter from the Editors

Dear readers,

Palette was born on an impulse, hidden in a Google drive folder called “abstract baby.” It was abstract because we had no concrete idea of what it entails, how we would go about conceiving it, or if anyone aside from the two of us would like the project. We envisioned *Palette* growing into an arts and culture magazine that students can find themselves in and share with one another, but we had a long way to go since then.

This was in October 2018, when we were both wide-eyed first-year medical students stunned by not only the talents, but the diversity of talents amongst our peers. From bhangra dancing to baking, from songwriting to snowboarding, people were deeply engaged in a wide spectrum of hobbies. At the same time, we were surprised that there wasn’t an arts-based publication that showcased these talents. As both of us are drawn to the arts and were involved in magazines throughout our undergrad, we sought to fill this niche. Neither of us felt inclined to be under the spotlight or to put more pressure onto ourselves, but we all push boundaries for the things we love. For us, it was to capture and collate the experiences that this unique group of individuals, MDs-to-be, go through. By exploring some of the collective angst and joy shared across our young adulthood, we hope that the contents of *Palette* are less esoteric than relatable.

There are a few, albeit challenging, values that we stood by for *Palette* since its earliest stages:

- 1) It would be a publication purely removed from the academics—it’s for and by medical students, but it’s not about medicine. As learners, we pour so much of ourselves into studying the basics of clinical practice, cramming for exams, and trying to impress on the wards. Yet we’re much more than our professional roles, and there’s so much life right here and out there that we want to help illustrate.
- 2) It would be distributed not only electronically, but also in printed copies. We realize that there’s something precious about holding a hard copy, fingers on palpable pages and sprayed ink, building a physical connection that can’t be replaced by a scroll on a touchpad. We couldn’t allow convenience to compromise a critical aspect of the production.
- 3) It won’t be published if there were any parts that we disliked about the final product. More than our perfectionism, we needed to do justice to the works of our contributors, who all had an incredulous amount of confidence in our creative whim.

For this issue, we have divided *Palette* into four different sections: visual arts, creative writing, performance arts, and life-style design. In visual arts, we aim to highlight the eclectic nature of the arts and humanities with a photography series, painting portraits, digital fashion designs, and biomedical graphics. The creative writing section features poems and personal essays that are whimsical, thought-provoking, or simultaneously both, reflecting the varied emotions felt by medical students through their individual journeys. Under performance arts, you can find exclusive insights and strategies from members of *Daffydil*, *The Rising Suns*, and the U of T med improv team. Finally, the lifestyle design section is all-encompassing in its breadth, displaying travel diaries, a playlist, delicious food recipes, and even a workout regimen.

Looking forward, we pledge to continue serving and collaborating with the U of T med community, including learners from all stages of training, faculty, staff, and alumni. We are so lucky to have received a tremendous amount of support along the way to create this first issue. Jackie, thank you for teaching us InDesign from the ground up; none of our layouts would have been possible without your guidance. Many thanks to the U of T Medical Society and the Student Initiative Fund for your lovely words of encouragement and monetary support—we’re ecstatic to have you on board. And most importantly, a heartfelt thank you to our contributors and interviewees. We understand how terrifying it can be to share a serious piece of yourself with the world. We’re truly grateful for your willingness to be honest and vulnerable with us.

We hope every issue of *Palette* finds itself in welcoming hands.

Sincerely,
Annie Yu & Sarah Ge
University of Toronto Medical School | Class of 2T2

CONTENTS



05 VISUAL ARTS

- 7 A Taste of Toronto** by Jude Sanon
17 Zeitgeist by Shirley Deng
19 Lamb's Best Friend by Meghan Kerr
20 Galo de Barcelos by Darby Little
22 A Bed of Roses by Joel George
23 Artwork Series by Sheida Naderi-Azad
29 Untitled by Anna Chen
31 Frog on Lily Pad, Big Lake Near Plevna by Philiz Goh
33 #IDontWantNoScrubs Series by Maria Raveendran
35 Infographic on GERD by David Lee



37 CREATIVE WRITING

- 39 Collective Names for Physicians** by Matthew Breton
41 Is Life Fair? by Michael Gritti
43 Changing How I Think About Studying & Exams by Gold RimMD
45 The Medical Student's Struggle by Matthew Breton
47 CFTRΔF508 by Liam G. McCoy
49 It's Different Now by Isabella Fan



51 PERFORMANCE ARTS

- 53 Finding My Voice** with Lauren Beck
57 To Make Beautiful with Helena Kita
58 The Rising Suns with Geoffrey Sem and Matthew Sem
63 The Art of Improvisation with Imaan Javeed, Alicia Roy, and Everett Claridge



65 LIFESTYLE DESIGN

- 67 Rice Under Black Beans** by Kelvin Ng
69 So Far, So Good with Daniel Lee and Annie Yu
71 Recipe: Tumeric Maple Granola by Susan Dong
73 "Help me, my lungs are on fire!" by Sondra Chen
75 Memories of Iceland by Sarah Ge
77 Recipe: Homey Tomato Leek Beef Stew by Peter Song
79 Let's Travel to Maui, Hawaii by Susan Dong and Dion Diep



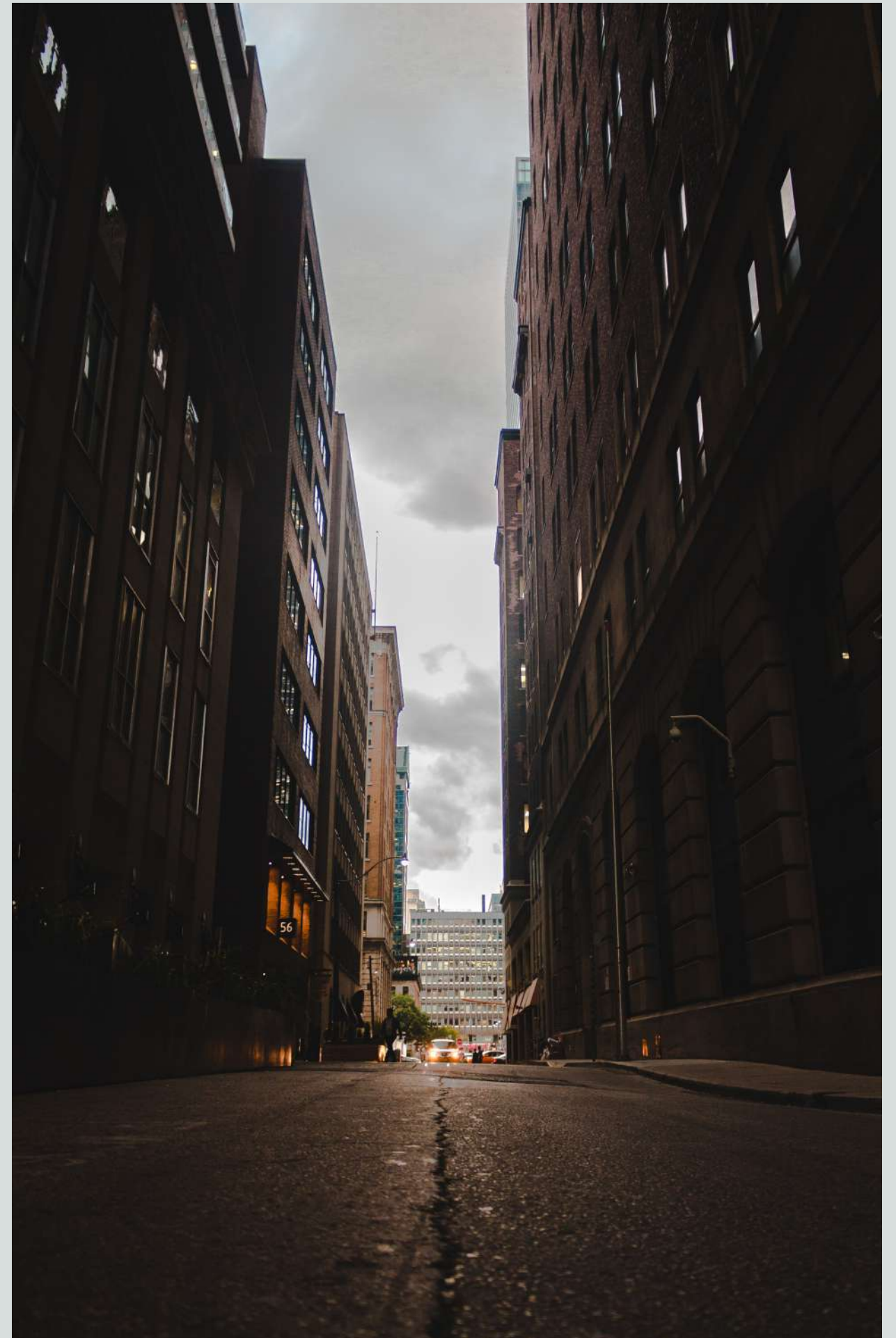
Visual Arts

A Taste of Toronto

Jude Sanon

MD Candidate, Class of 2022

University of Toronto





Long Exposure



Toronto Skyline

In this collection of photographs are some of the marvels one can enjoy once you've taken the chance to explore the city of Toronto. From night time long exposures, to interesting alleys in the day and towering buildings, this city has it all when it comes to urban photography. It makes me grateful to be in such a great city. As a photographer, my main motivation for taking photos is the true appreciation and exploration of my environment and the people in it. Photos allow you to capture moments and view scenes you may have walked past 100 times in a new light. It's my outlet for creativity and something that I am motivated to getting better at every day. Even with occasions as regular as when I'm walking to campus, I am always scouting my surroundings for interesting angles and scenes. This is because even a certain spot is a commonly known one, applying your own twist and view to a scene can create a uniquely beautiful image.



Sunset Over An Iron Jungle

I think everyone should have their own outlet for creativity, whether it be photographs, videos, paintings, sketching, etc. Being in medicine in particular, life can seem to be moving at 200km/h. However, when you take time for yourself to create art, the world slows down to a tranquil calmness. You start to value the smaller things in life much more and in my opinion, become a better person as a result of it. Throughout my life, I have enjoyed different styles of art such as sketching, painting, music etc. Sometimes, life can get a bit hectic and takes me away from it. However, when I return to it, I re-discover a part of myself and a sense of fulfillment that feels right. Cheers to explore your world and more importantly, yourself.

- Jude Sanon



w
a
n
d
e
r
e
r



Looking Up

**Shirley
Deng**

Zeitgeist

"Just another medical student trying to rekindle an artistic hobby that has been stifled by the demands of academia."

BHSc Global Health
MD Candidate, Class of 2021
University of Toronto





Lamb's Best Friend

I have always been drawn to photography and its ability to transcend time and language to convey stories of human experience. I took this photo during my time on the Lares Trek, which is a high altitude hike through the Sacred Valley near Cusco, Peru. The route took us through the Andean mountains and past traditional weaving villages and farms, whose indigenous people spoke Quechua and Spanish. I took this photo of a young girl who carried her little friend around with her everywhere.

Meghan Kerr
MD Candidate, Class of 2021
University of Toronto

Galo de Barcelos

Darby Little
MD Candidate, Class of 2021
University of Toronto





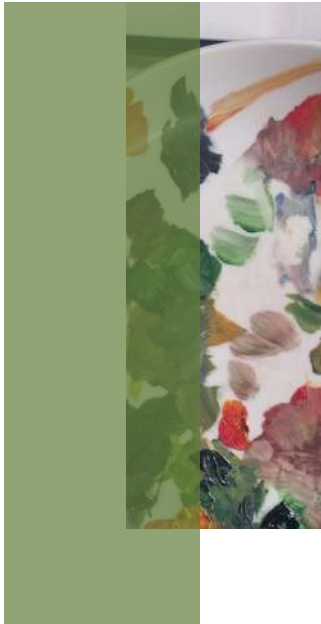
A Bed of Roses

Joel George
MD Candidate, Class of 2022
University of Toronto

Artwork Series

Sheida is a second year medical student at the University of Toronto with an avid interest in fusing medicine and the arts. Coming from a family of architects and artists, she has created a platform named Intermediart to portray the human experience and augment medicine with sensitivity and empathy. Her pieces have been published in the Murmurs Magazine: The Journal of Art and Healing, and presented at the Synesthesia Art Exhibit at the University of Toronto Faculty of Medicine.

Sheida Naderi-Azad
MD Candidate, Class of 2021
Univeristy of Toronto



01





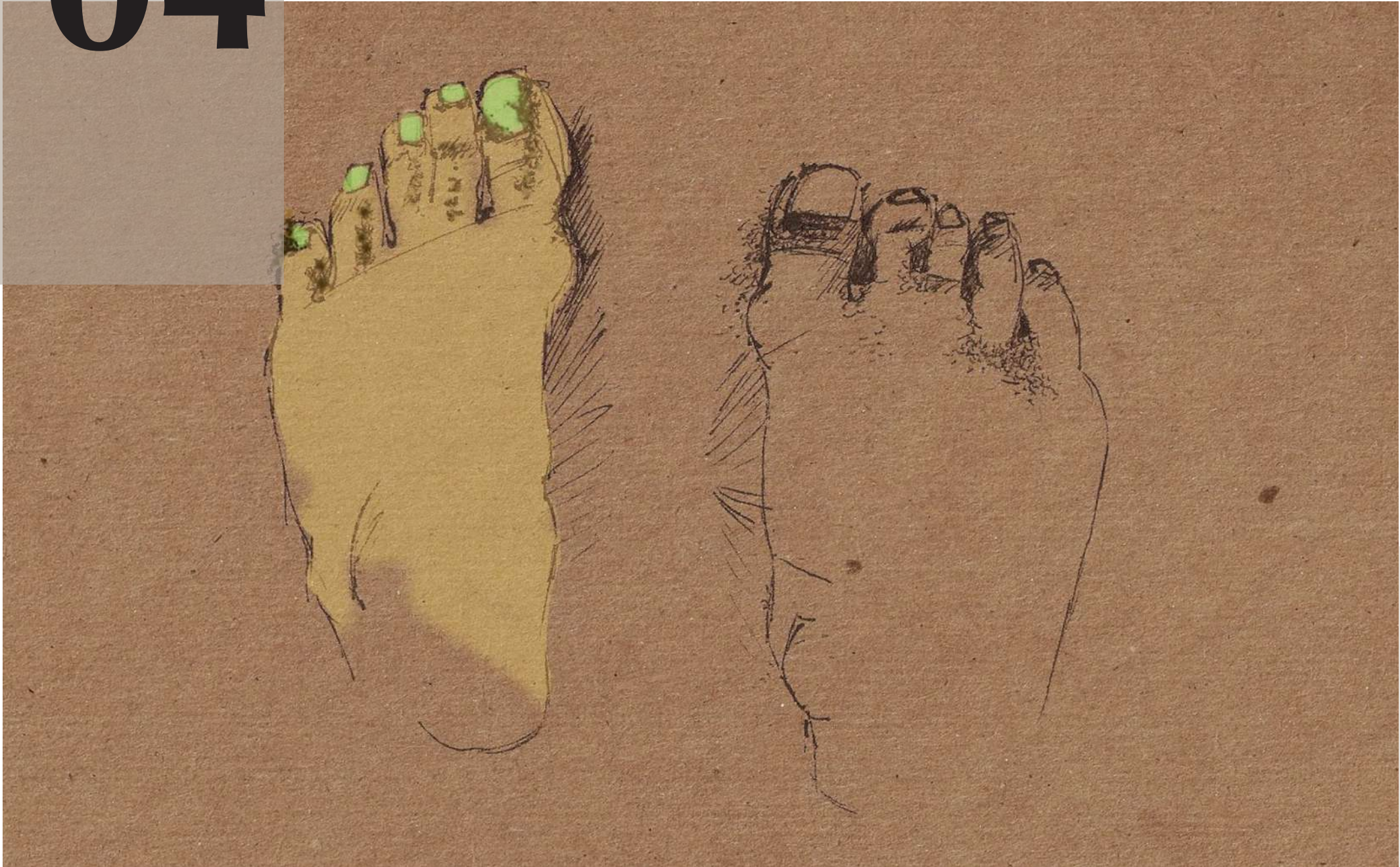
02



03



04

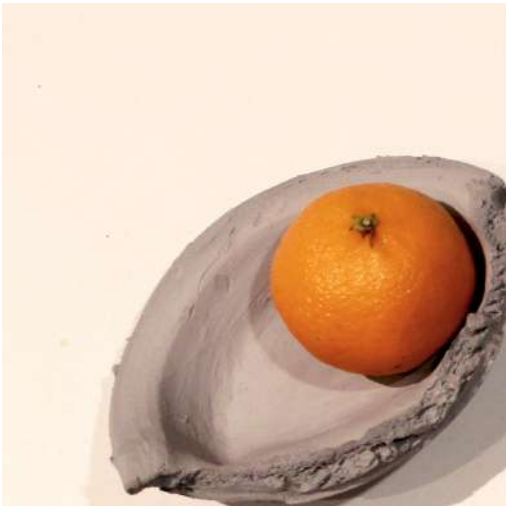




Untitled

this piece beckons the viewer to deconstruct and reconsider the phrase “form follows function.” the three clay structures, which appear imperfect and broken, come together to fulfill the same function in supporting the other elements of the piece. indeed, each clay piece has its own supporting role, and each completes the same task in its own way, dismantling the idea of “form follows function.” arranged together, the three clay pieces evoke a sense of asymmetrical balance and highlight the diversity of form.

Anna Chen
MD Candidate, Class of 2022





Frog on Lily Pad
24 x 18.5 inches with frame



Big Lake Near Plevna
24 x 20 inches with frame



My name is Philiz Goh, and I am a Registered Certified Oncology Nurse who cares for Breast Cancer patients at Sunnybrook Odette Cancer Centre. I am currently pursuing my Masters of Nursing in Health Systems Leadership and Administration at the University of Toronto and am a Non-Resident Junior Fellow at Massey College. I have a passion for both oncology and leadership which have been illustrated by the publications of 3 books, 4 book chapters, and 15 journal articles, and through the roles of the Director of Communication of the Canadian Association of Nurses in Oncology (CANO), the President of the Toronto Chapter of CANO, and the Co-Chair of the Accessibility Committee at Massey College. During my spare time, I do enjoy spending time dabbling in art. The Frog on Lilypad art piece was done with chalk pastel on construction paper and the blending was done using a paper towel. Big Lake near Plevna was done with acrylic paint on canvas while painting from a photograph taken from the scene. Quite a few people have asked me where Plevna is located, and it is actually located in Ontario, just North of Belleville, before Ottawa. I hope you enjoy the pieces of artwork, and I hope you are able to take the time to dabble in some

Philiz Goh
Masters of Nursing Health Systems, Leadership & Administration
Class of 2019
University of Toronto



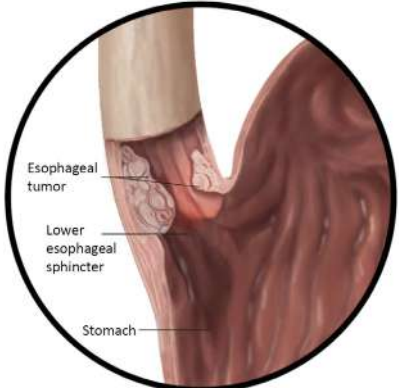
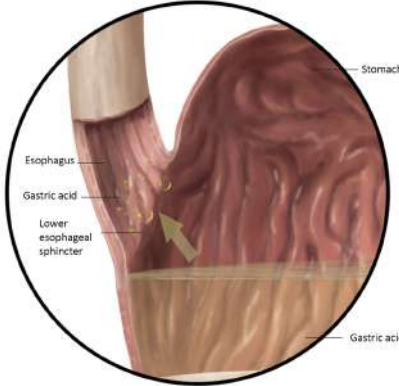
#IDontWantNoScrubs Series

Maria Raveendran a.k.a. Crying Over Frilled Silk on Instagram is a first-year medical student at the University of Toronto with a fierce passion for fashion. She was inspired to bring together the seemingly opposite worlds of fashion and medicine, and thus, the series #IDontWantNoScrubs was born. Drawing from the iconic TLC song, this series aims to reimagine hospital scrubs and medical items as high fashion couture. She hopes that these designs inspire people to have fun in medicine and make the hospital wards their own personal runway.

Maria Raveendran
MD Candidate, Class of 2022
University of Toronto

Infographic on GERD

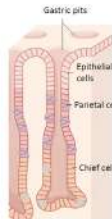
David Lee
MD Candidate, Class of 2022
University of Toronto



Understanding GERD
(gastroesophageal reflux disease)

What is GERD?

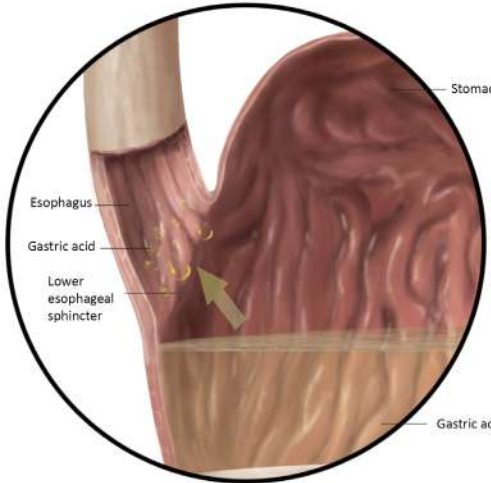
GERD also known as **acid reflux** is a long-term condition where stomach contents flow back up into the esophagus. Heartburn, a burning chest pain from the breastbone upward to the neck, is the most common symptom of GERD. Treatment for GERD often involves lifestyle changes, such as avoiding certain foods, antacid medications, and sometimes surgery.



Stomach Wall

Stomach Acid

Once in the stomach, food mixes with **hydrochloric acid** and enzymes produced by the stomach lining to begin the digestion of proteins. Parietal cells secrete hydrochloric acid and chief cells secrete the protein digesting enzyme, **pepsin**.

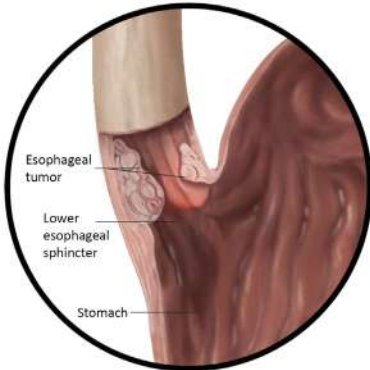


GERD

In normal digestion, the **lower esophageal sphincter (LES)** is closed after food has entered the stomach to prevent food and acidic stomach juices from flowing back into the esophagus. Gastroesophageal reflux occurs when the LES is weak or relaxes inappropriately, allowing the stomach's contents to flow up (reflux) into the esophagus. Hydrochloric acid (HCl) from the stomach contents can irritate the esophageal wall, resulting in a burning sensation that is called heartburn.

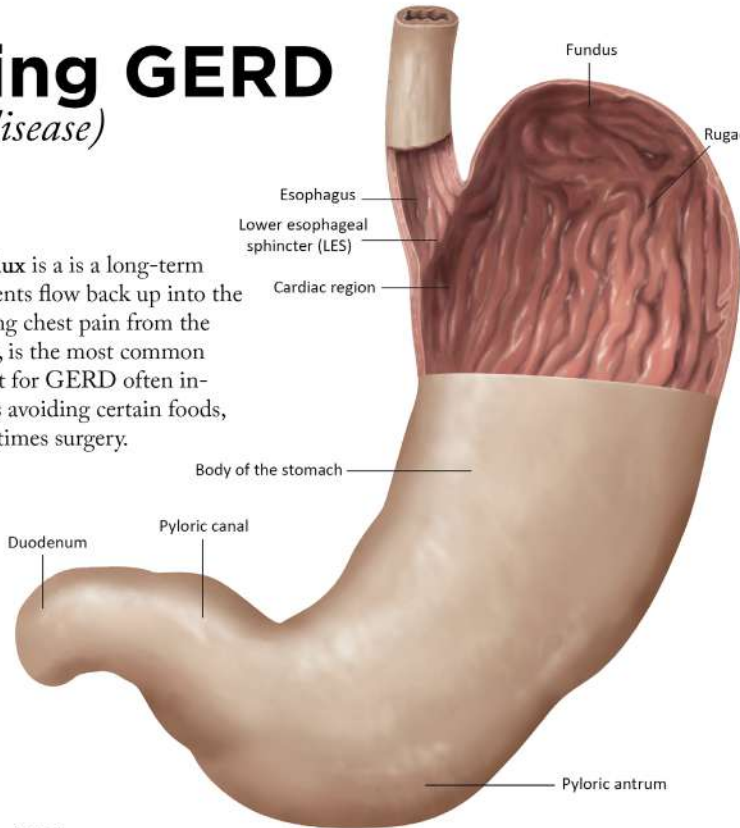
Barrett's Esophagus

Barrett's Esophagus refers to an abnormal change in the cells of the lower portion of the esophagus. It is characterized when tissue that is similar to the lining of the intestine replaces the tissue lining the esophagus. The main cause of Barrett's esophagus is thought to be an adaptation to chronic acid exposure from acid reflux.



Cancer of the Esophagus

Most tumors of the esophagus form in the middle or lower part of the esophagus. The principle symptom of an esophageal tumor is progressive difficulty in swallowing beginning with solid food and eventually liquids. Barrett's esophagus is associated with an increased risk of developing esophageal cancer. Treatment options vary from surgery, chemotherapy, or radiation.





Collective Names For Physicians

Matthew Breton
MD Candidate, Class of 2020
University of Toronto

When animals gather in collective groups, they have special names. For instance, a group of crows is a murder, a group of owls is a parliament, and a group of ferrets is called a business. So, what would groups of different physicians be called? Below are my humble suggestions:

- A dribble of urologists
- A cascade of hematologists
- A loop of nephrologists
- A depression of psychiatrists
- A huff of anesthesiologists
- A pad of gynecologists
- A section of obstetricians
- A battery of geriatricians
- A fever of family docs
- A zeal of medical students
- A corpus of neurosurgeons
- A chamber of heart surgeons
- A pack of trauma surgeons
- A cast of orthopods
- A referral of ER docs
- A lesion of neurologists (pronounced “legion”)
- A heard of audiologists (pronounced “herd”)
- A wheal of allergists
- A column of chiropractors

I couldn’t think of a name for more than one respirologist; I think you just call them plural.

PS: What is an oncologists least favorite baseball team?
The Mets



Illustration by: Sarah Ge

“How would I go about setting shadowing up?”
The predictability ends with this statement.
Neurosurgery. Surgeon. Not my usual choice.
I’m not one of those, “affinity for the brain” types.

Show up. 7am. The resident isn’t what I thought.
Smiling?
Okay.
PGY-2 Neurosurg...smiling?

Surgeon walks in. Smiling too.
The patient has something growing.
In her mind. In her head. In her frontal cortex.
Holes. Bored out. Staff not even scrubbed in.

I’ve asked people to “open up” their minds before.
Never looked like this.
Interestingly, just as fragile.
Surgeon is now scrubbed in. He goes in.

They pull something out. What is it?
I don’t know. Do they?
They don’t. Surgeon looks at me.
Breaks it down.

See, her past medical history is relevant.
“She is a breast cancer survivor.
1 month ago they found something in her lung.
Uncharacterized carcinoma of the lung.”

“I want you to go to path.
Let’s pray it’s the breast cancer.”
Turning to the smiling resident,
We got it all out...

Now, I’m in pathology.
Dark room.
The genesis of a lot of bad news.
The room matches that fact, deeply.

Is Life Fair?

Michael Gritti
MD Candidate, Class of 2019
University of Toronto

We all turn to the lens
The lens into her hallucinating mind, deceiving.
The lens into the surgicalized skull, not true.
The lens over this slide, holds her truth.

Not. Breast. Cancer.
Nothing else
needed
to be said.

Surgeon enlightens the OR
with the dark news.
I look over at the PGY-2
He’s not smiling anymore.

He closes up and surgeon leaves.
Tells me to follow.
I listen.
We are going to tell the family.

Husband and son,
Pressed plaid shirt, Metallica shirt.
A handful of an embrace.
We have some news...an hour earlier than expected.

“We were able to get all the tumour out”
Tears.
“Thank you, thank you sir”
Hugs.

“We have yet to diagnose the tumour”
Not listening
“But it doesn’t look like the breast cancer”
Okay...

“We will get back with the diagnosis once we get it”
Ignored
“When can we see her?”
“Soon”
Relief

Why? What is good news?
Was it bad news?
How could they understand?
Did I even understand?

How does one break this?
How does one navigate these waters?
How much pain can a family stand?

How is life fair?



Illustration by: Annie Yu

Changing How I Think About Studying & Exams

Gold RimMD
MD Candidate, Class of 2022
University of Toronto

If I had to describe how I felt after receiving my first medical school acceptance e-mail, it would be relieved. According to my parents, I knew I wanted to be a doctor when I was 10 years old. Since then, the road to getting to this point has been excruciatingly long, extremely challenging, and let's not forget, very expensive. Matriculating into medical school came with a one-way ticket out of the notorious pre-med lifestyle and thus, was a milestone worth celebrating. If relief was the first emotion I felt, elation was next on the list. Medical school had always been the end goal and I always thought all I had to do was get in and the hardest part would be over. If I'm being honest, in the 12 years it took me to get to this point, I probably gave very little thought to life after

getting accepted. This part came a few weeks after the excitement had wound down and I had accepted my offer of admission. Anxiety was next in line as I realized that what lay ahead of me were 4 more years of countless examinations, endless lectures, sleepless nights and lost weekends.

Getting into medical school was only the beginning of another journey and I knew I was going to have to adjust to all the changes it would bring. Since I was also moving into a new city, it felt like other aspects of my life were also in transition mode, but my greatest concern was how I would survive my new academic curriculum and the exams that came with it. My concerns were validated when on our first day of orientation, one of our academic directors gave a speech to us about 'learning how to fail'.

Regardless, I resolved that with hard work (which really just meant a lot of studying), I could excel academically. Even so, I wasn't necessarily surprised that I had only passed my first exam by a whopping 2%. I was relieved that I had at least passed, but this was a drastic fall in performance from what I was used to in undergrad. As dictated by my Type A personality, I figured I just had to study harder for the next assessment. Despite doing much better on the second exam, I was disgruntled because I felt it still wasn't good enough.

I should probably mention that like many other medical schools in Canada, our curriculum is based on a pass/fail system. This means it actually doesn't matter what grade you get as long as you don't fail. The faculty doesn't care if you get 100% or 74%. Which is a complete 180° from how things worked in high school and undergrad, where what mattered most was

how high my GPA was. So even if the faculty couldn't care less about how high I scored on exams, it was still inherently in my nature to obsess over it.

My first shadowing experience with a staff physician was pivotal in helping me to understand the purpose of my learning and the exams that seemed to be thrown at us every 2-3 weeks. Up until this point, learning seemed to begin and end in the classroom. On the hospital floor, I witnessed how this knowledge extended to the care provided to patients. What we learn during our lectures in class is a crucial foundation for the knowledge & skills we will eventually need in order to provide competent care to patients.

As has been the case in countless educational institutions for decades, exams seem to be the best way to motivate students to learn and assess the quality and quantity of knowledge acquired. The pass/fail system adds a bit of a twist to things. It isn't necessarily to lower standards or produce mediocre doctors. On the contrary, it alleviates the pressure of having to get

'perfect' grades and encourages us to care more about understanding the content being taught. Also, by not releasing the answer key to our exams, our faculty encourages us to be intentional about seeking out ways to fill the gaps in our knowledge independently.

In hindsight, my learning style wasn't completely off target. I didn't necessarily allow my learning to end with each exam. I agonized over questions I got wrong and went back to my notes or spoke with friends in an attempt to work through difficult questions. Where I was off target was allowing my learning to be driven purely by frustration. I found my learning more enjoyable and less of a chore when it was driven by a priority to provide excellent care to my future patients.

This doesn't change the fact that studying can be tedious and annoying. It also doesn't mean I don't strive to perform well on assessments or that I don't get mildly upset when I get a poor mark. I just find it less stressful and more sustainable if I approach studying and exams with this mindset. Also, approaching exams this way did not come instinctively and it is still a work in progress.

Hopefully it will help me stay grounded over the next four years of medical school and beyond.

Frankly, when I'm providing care to a patient as a clerk (in 2 years' time), it won't matter that I got a 95% on that immunology exam if I can't offer my patient the care they need at that moment.

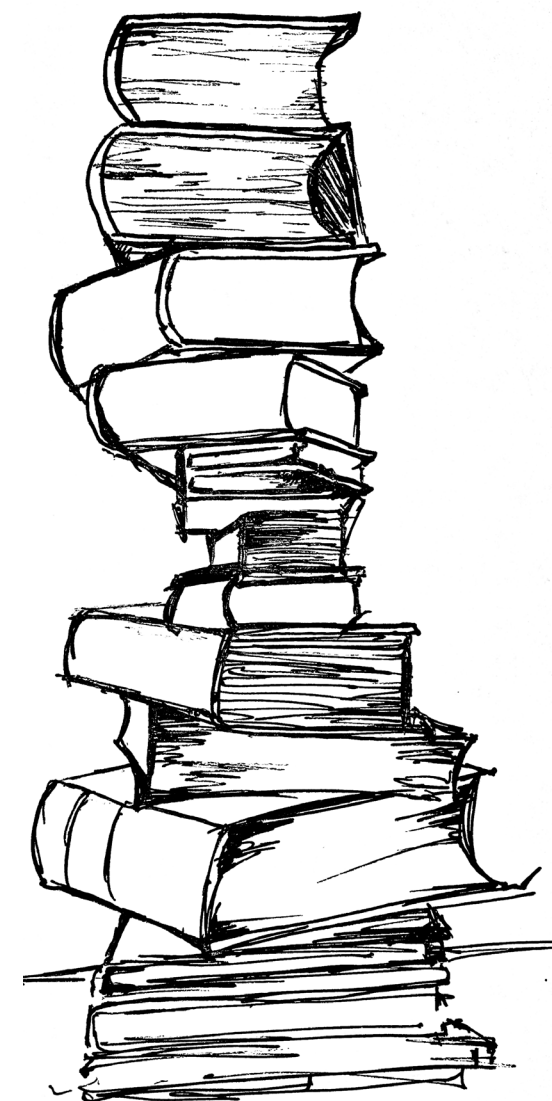


Illustration by: Sarah Ge

The Medical Student's Struggle

Matthew Breton

MD Candidate, Class of 2020

University of Toronto

So for those of you who don't know, medical school goes like this:

Two years of “preclerkship:” forty hours a week that's a mixture of lectures, tutorials, and anatomy labs. The anatomy tests are called “bell-ringers”, where you look at a disembodied and carefully exposed body part, and the rest of the subject matter is multiple choice. Oh yeah, and you need seventy percent to pass. The one-in-five chance you get from guessing, or for reaching the correct conclusion for the wrong reason, is controlled for and removed. Even for the anatomy tests, where thousands of names for the nooks and crannies of the body are possible choices – they assume you guessed twenty percent. Or maybe they just want the doctors they train to know at least seventy percent of the body. Of the forty hours, a mere four feature “clinical skills,” which consist of learning maneuvers and practicing encounters with patients. So you apply a fraction of what you're learning in class in the hospital. The rest remains abstract; it doesn't stick when you're trying to learn so many different things in such a rushed time. The end is nowhere in sight; you start to feel like you're in a car barreling down the highway with a blacked out windshield.

You spend your free time studying. Eventually – inevitably, you ask a professor a question about a disease you're studying. “I have no

idea,” they say. “I've never seen it. Haven't read about it since medical school.”

– side thought: what if rare diseases aren't actually that rare? What if a lot of the nonspecific complaints you hear in family medicine are actually manifestations of diseases you never thoroughly studied in medical school, and get missed by physicians in aggregate? Or you never remembered them enough to even consider them? What if it's not viral gastro? Your professors emphasize that the medical school process is about becoming comfortable with uncertainty, but you're always uncertain.

Worse, what if remembering is the wrong word? Maybe you're always supposed to *understand* these diseases in order to appreciably analyze and synthesize the info into a correct clinical picture. You start having these thoughts every time you study. A record in your head keeps repeating: “A physician is always *practicing*, never perfect!” It's interrupted by a voice pretending to be your conscience: *maybe you wouldn't be reassure yourself if you studied more*. So you spend more time studying.

Eventually you get to “clerkship,” which has all the roleplaying of physician that the first two years lacks. Except now it feels like too much, and you realize how little you retained from the past two years. You spend more time studying. You start to wonder if things

will always feel like you're still ramping up. You start to worry: *if the treadmill goes any faster, I won't be able to get off safely*. You try to to assure yourself: *hey, once I'm a doctor, that's when I'll be carefree*. But then you remember *holy crap*, that's when mistakes can kill people. So you spend more time studying.

Maybe I'm catastrophizing, you say, *but it feels like I'm trapped. I'm giving this so much, and I'm still doing it kind of poorly. Maybe I'm just not right for this. But I'm in so much debt now, doing this poorly and trying to do it better is probably more bearable than working at McDonalds to pay it off*. You curse yourself for choosing an undergrad that didn't prepare you for a job out of the gates. *I should have taken nursing*, you moan. You spend more time studying.

The endless studying feels like filling up a bucket with a hole in the bottom. This is your life now, and you are the bucket.

Man, you think, *they weren't kidding when they emphasized “lifelong learning.”*

You start working call shifts: approximately 26 hours overnight in the hospital managing patients you may not have even met before. Sleep is rare. Your reticular activating formation erodes as you power through exhaustion and continue managing patients. *I'm either gonna get a code white or a code brown called on me by the end of this*, you think to

yourself, *and I can't tell which*. Maybe you didn't even know call was part of medical school. Was this explicitly stated? It must have been. Everyone else seems to accept it.

You get home and solemnly drink a beer, staring absentmindedly at the wall. Your roommates greet you on their way to work. “Twenty-six hours?” they bemoan. “Damn. How much did you make?” You quietly re-iterate that you're actually *paying* substantial amounts to do this. You start to feel like a sucker. You stop checking your line of credit, since the mounting red number only aggravates your anxiety. “You're investing in yourself!” your financial advisor reassures you. You repeat this to yourself like a mantra, as friends your age begin their careers, or travel the world, exploring their interests with seemingly incomprehensible amounts of free time. *You're investing in yourself*.

But as the rotations go by, something starts to happen. You start recognizing illnesses based off their presentations. The workups and plans you formulate end up being the correct ones. Your supervisors slowly start to trust you. You gain confidence. Even when you're uncertain, you're more comfortable, because you know what to do to eliminate that uncertainty.

Your patients see this uncertainty way less than you feel it. They see the growing confidence you exude,

and they trust in you. They are grateful. Some of them call you “doctor,” despite your preamble of disclaimers. People much older than you treat you with a respect you're not accustomed to, your words have an authority you don't believe you've earned. But these interactions fuel you; they are rewarding. They're *meaningful*. You remember why you chose this arduous path.

When you look back a year, you feel like a completely different person. You feel less like the tale of Sisyphus and more like the ship of Theseus. Medical school nearly broke you apart, but it also built you back up into something you previously feared unattainable. This is how we are indoctrinated into the profession.

So for those of you in the midst of this existential crisis, keep going. Worry less about the end product, and surrender to the process. What other choice do you have?

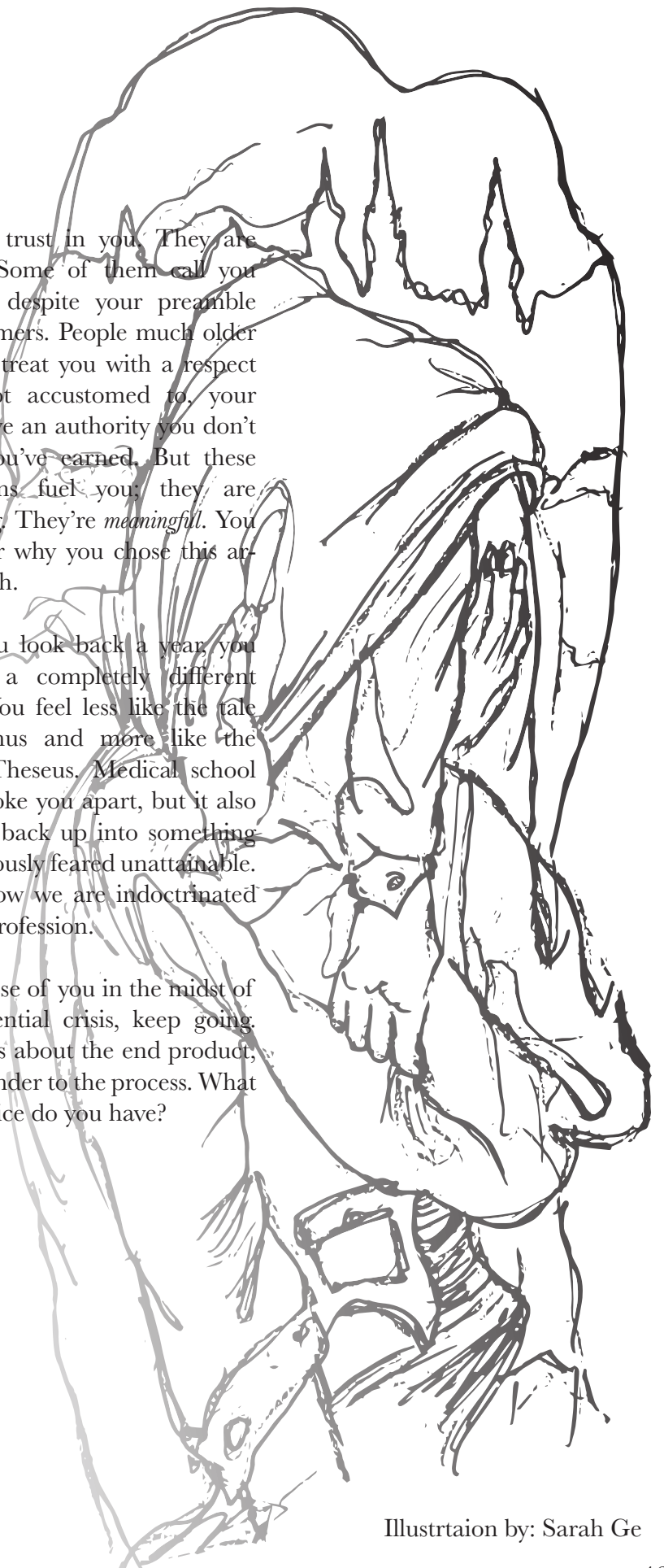


Illustration by: Sarah Ge

CFTRΔF508

Liam G. McCoy
MD Candidate, Class of 2022
Univeristy of Toronto

When I hear patients speak about their experiences, the barriers we construct seem to melt away. Cystic fibrosis is no longer a gene, no longer a pathophysiology, no longer a number upon a screen, no longer a concept on a flashcard, no longer a treatment to be memorized, no longer the answer to a pinging question, no longer a factual facet of the fabric of this world.

It becomes a sentence, unjustly conceived and unjustly delivered upon the innocent a prison of mortal knowledge – not only the when, but the where, and the how of mortality. The terrible foresight of an inevitable decline, held perhaps at bay by the hope that you might just be living in the farthest reaches of the bell curve. Each day a defiance of that truth. Holding on against hopelessness, holding out for the promise of science, of effort, of the inevitable progress – God, it must be inevitable. How could so many lives be dedicated to this, how could so many suffer from this, how could so many suffer for this

how could nothing come of this?

Chronic disease becomes a truth before truths, a precondition of existence, just as existence is a precondition of itself. Each morning, each night, each hour full of the labor of life, each hour empty of the joy of living.

Never deserved, never deserved, so often stigmatized, so often guilt-ridden, so often blamed. If only you had taken more of those pills, if only you had performed more exercises, if only you had booked

yet one more doctor’s appointment, if only you had read one more paper, if only you had explored one more forum – chasing after the hope against hope, following the whispers of narrative, listening for the resonant, elusive truth. The guilt, the hatred of self, only to be validated in a moment, to be validated for life, by the look, the word – **compliant**. Life outside the hospital is but a rigid parole, bound by so many hours, so many conditions, so many moments, so many pills Is the prison better after all?

To be judged by those who have never suffered so, by those who spend all day around people like you and damn it why could they not just understand how could they not just understand how can you see people how can you see faces each minute each hour each moment each day how can you see us suffer and still

Blame us?

Yet to live beyond this, to live in spite of this – pride is not the word, awe is too weak, astoundment moves closer, inspiration patronizes. How to behold the strength but by a feeling? How to behold the moment, the beauty, a mother, her child, living for that elusive moment. Vapor, vapor, all is vapor so Ecclesiastes says – yet still we cling to the broad narrative, to our mortality. Perhaps it takes such inevitable knowledge to realize that vapor is all. Perhaps it takes so many labored days to appreciate those free days, those moments of freedom.

The meaning of a moment can only be counted, when the moments become counted. No longer falling into the boundless, no longer falling amongst the countless.

Perhaps you learn to appreciate a moment In the moment you learn to appreciate a breath.

It's Different Now

Isabella Fan
MD Candidate, Class of 2022
University of Toronto

Last night a blizzard, today a delayed transfer,
outside my feet shift in line –
I am one hour behind schedule.

In this one hour
I could have written my notes
could have had a more satisfying meal
could have drafted the 4th version of today's plan
could have accomplished some ambitious resolutions
could have determined the ultimate mission of my life
and while I'm at it I could have tried to save the world.

Instead, here I simply wait
and it is
pleasant,
like a lost appreciation for idleness.

Waiting used to be a vessel to a boundless stretch of time
Now someone has put "life" in front of "time."
Now time is the price of waiting.

Waiting used to mean freedom of thought
the world was mine to explore.
Now actions prevail over thinking,
and waiting means the world is mine to lose.

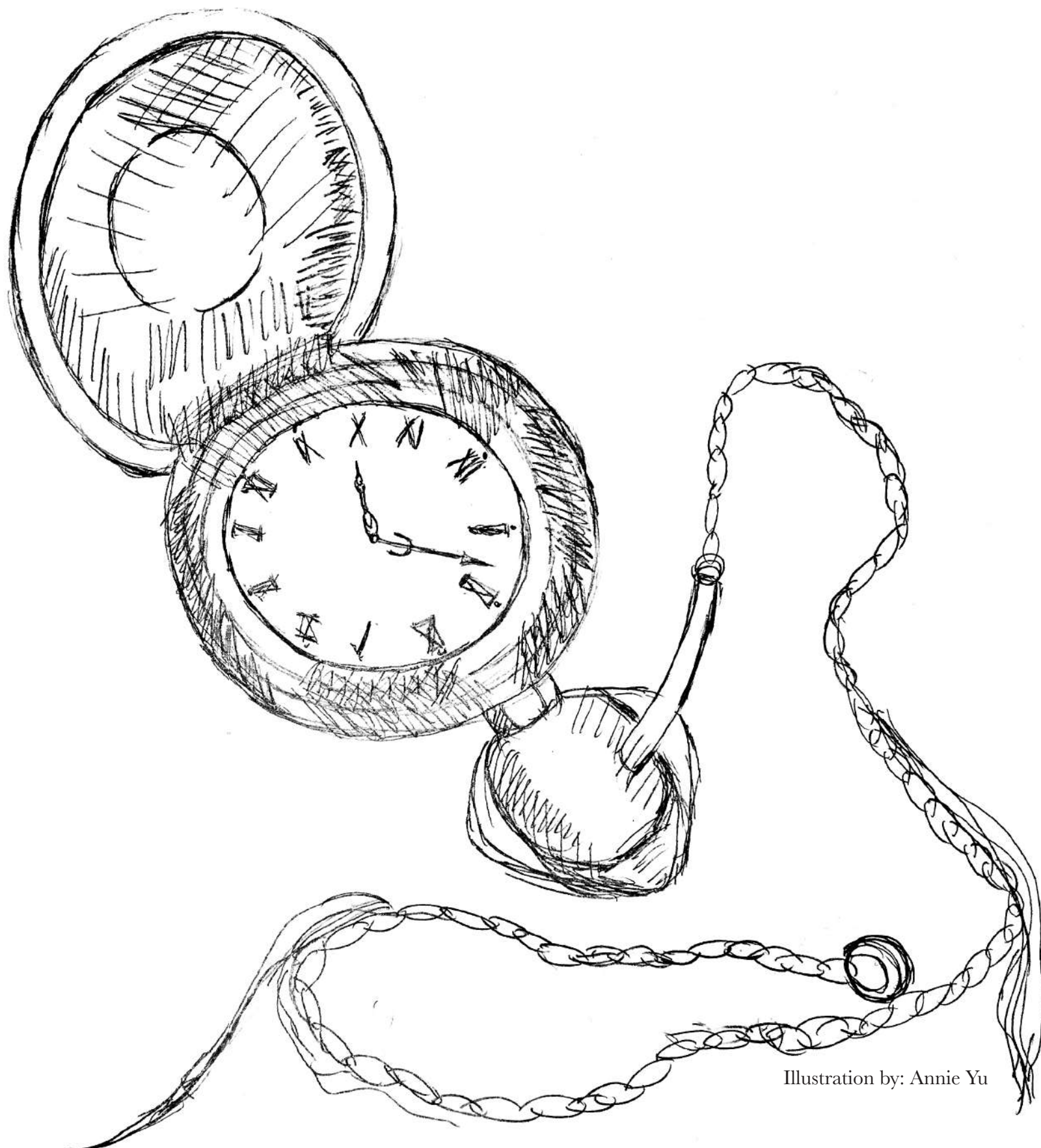


Illustration by: Annie Yu



Finding My Voice

An Interview with Lauren Beck (2T2), Cast Member of *Daffydil*

How was your experience with Daffy?

The experience of Daffy was...somewhat of a roller coaster and definitely an extraordinary one. None of us knew what to expect in the beginning—we just wanted to put ourselves out there and be a part of a longstanding tradition at U of T med. But it soon became a wonderful bonding time to make it happen. By magical, I mean that so many disjointed parts became a wonderful, cohesive production. Different people’s passions melded perfectly to make it. Artistic endeavours aren’t what we generally think of to be at the forefront of medicine, but I think they’re equally as important as the sciences.

Being surrounded by a group of people who are so creative and supportive also kept me rooted to the U of T med community. Everyone in Daffy inspires me in their own way. I’m glad that I found an experience that helped me build meaningful connections with my peers and understand medicine a bit better.

You mentioned Daffy being somewhat of a “roller coaster.” What were some of the ups and downs?

Let’s start with the downs, so we can end with talking about the ups. The biggest downside of Daffy was that it was a large time commitment, which may have deterred some people from auditioning and joining the team. It took a lot of energy and I admittedly had a tough time balancing academics, co-curriculars, making friends, etc. with the Daffy schedule. For cast/chorus, there were Tuesday and Thursday rehearsals every week since November, and full day Saturday rehearsals that started around the end of January. Band and set design had different rehearsal and meeting times, but they must have also had a tremendous amount of work; those beautiful designs couldn’t have just come out of nowhere!

As for ups—show week was the best week that I’ve ever had. The Daffy crew became best friends! Even though it was stressful, especially with 2T2s and 2T1s having a mastery exercise at around the same time, being able to see Daffy come alive was incredible. In particular, it was heartwarming to see the writers’ reactions to the show, since the personal struggles that they weaved into the story had come alive.

I would’ve done Daffy regardless, but the fact that it raises funds for cancer research is also a major highlight for me. I’m personally interested in oncology and hearing talks from the Canadian Cancer Society was quite moving.

How was the audition process for Daffy?

I remember on the day of my audition, I almost sent an email telling the directors that I couldn’t come. I was so overwhelmed with the amount of clubs recruiting and intimidated by people’s talents. If it isn’t clear enough, I’m incredibly happy that I did NOT send out that email.

That being said, the audition process itself was quite stressful and nerve wracking. This was exacerbated by the fact that people knew each other and you could be judged by your CBL/ICE group members. The process starts with a group dance session, during which the dance leads teach you the steps fairly quickly and then you perform the dance in pairs. Next, you do the auditions individually; you perform songs and act out pieces in different emotional tones. Our final roles were chosen based on our personalities and we were lucky that everyone fit their roles so well.

How about the social dynamic? What was that like within Daffy?

Initially, everyone was a bit nervous to showcase their talents. Some people were more comfortable than others to take initiative, but overall, everyone was a bit shy. But by December, people became more comfortable with each other, especially cast/chorus. We started hanging out! I used to be scared of 2T1s, but I quickly realized that they’re so lovely and willing to provide mentorship for 2T2s both within Daffy and out.

I think Daffy truly became Daffy through the Saturday rehearsals—that’s when stage crew came in, band was there, execs were there, and we were all in the MSB cafeteria. Even the clean up afterwards was a bonding experience in itself.

Show week was another fantastic time for bonding—emotions were high, everyone was stressed yet excited, and it was lovely seeing people blossom and knowing that it was their time to shine.

The post-Daffy withdrawal is also real. We have a viewing party soon to watch the entire show. Very few of us have actually seen the show from the audience’s perspective, and it’d be so great to see everyone together again.



Is there anything that you would change about the production?

Hmmm...this is a hard one to answer because there's so much that I love about Daffy. I guess one thing that we can do better is integrating the entire team from the very beginning. We had such a wonderful time near the end when we all got together, which really improved our communication and relationships with each other.

What's a secret of Daffy that most people don't know about?

Ooo! There are a few of them. We get a professional makeup artist team that volunteers to do makeup for cast members. Costume changes are also hard! There were many people collaborating to get me in and out of the costumes. Also, the stage crew was the hype people of Daffy; they were jamming out on stage throughout the show. Needless to say, everyone in Daffy has a special place in my heart.

Would you do Daffy again?

For sure! But perhaps in different roles. I love performing, but I also want to be part of the creative process, such as music arrangement for cast/chorus. It might mean that I don't get to be on stage, though, which makes it a tough decision.

I also wish I could be more involved with set design. I think their art was phenomenal (the Med Lounge painting literally looks like Med Lounge!) and it's so incredible that there's so much talent in our class!

How has Daffy changed you as a person?

Daffy helped me find my voice, in both literal and symbolic ways. For one, I was literally singing on stage. It was something that I've done before, but putting myself out there on stage in front of people that I didn't know very well was still a scary experience. Acting and singing are vulnerable acts in public, but succeeding in them meant that I proved to myself that I could do these scary things. As long as you put your mind to something, you'll be able to do it!

On another level, Daffy opened my eyes to different ways that I could advocate for others. There were so many themes in Daffy that challenge the status quo of medicine. For instance, there were many lines about how the system needs to change, and that pushing resilience onto students isn't the best solution. Daffy helped me realize that there are creative ways to make a difference: aside from events such as Lobby Day, the arts and humanities are great avenues to stir change.

So, I'm ready to take more risks now. I want to try to make change in things that I see as a problem. For instance, I want to get more involved in advocating for people who are struggling in the inner city core. I don't have too much experience with advocacy, but I guess that's the next big risk I'm planning to take.

How do you see the connection between arts and medicine?

We can only understand so much about medicine via didactic learning, so the arts in medicine is important to stir further meaning in what we do.

Medicine as a scientific field is unique because we're dealing with humans. Even as someone in preclerkship who has limited clinical experience, I see so much depth in the life stories that bring patients to their moments of encounter with me. I think we'll be missing a whole other side to medicine if we're just focusing on the sciences. I guess connecting to the arts also make medicine easier to understand—I think I've scratched the surface of what medicine is, but over time with more reflections, readings, and research into the humanities, I will hopefully get a better sense of what medicine really means. In the meantime, I will be continuously searching.

Do you see a role for the arts in advocacy?

I think all types of advocacy are essential, but I think the arts, specifically, can reach people on a different level by making you think and feel in a different way. For instance, the Daffy storyline even helped my grandparents understand more about what med students are going through.

You clearly had experience with musical performances before Daffy. How did you first get into the field?

When I was a kid, my grandma noticed that I liked singing. She looked into opportunities that could help me develop my interest, such as the Canadian Children's Opera Company. I joined them for five years and they taught me the basic techniques for singing and performing. The first musical I was involved with was a production on dinosaurs at the Royal Ontario Museum; this was when I was seven or eight years old. I then shifted gears and started doing piano as

I grew older. In grade 9, I did chamber choir at my high school, University of Toronto Schools, and performed in something called *Show*. This was a large high school production that featured a variety of student talents. I ran the musical number and gained experience in arranging music and performing vocally. I also performed at a few other cafes and talent show nights. Then, during my undergrad at Queen's University, I joined the university's assemble and the Kingston Symphony Orchestra. Although it seems like a lot of singing and musical experiences, none of them were as intense as Daffy.

To be honest, I knew that I wanted to join Daffy before medical school. I heard about it through a high school alumna, Liz Pope, and I knew that she was a part of this when I was in undergrad. My dream school was U of T med because of Daffy. But it's funny because I almost didn't join—the beginning of the year was so overwhelming and it was hard for me to find a place where I belonged. Everyone is to some extent uprooted from their undergrad, masters, or job in the beginning of med school and it was an environment where everyone is so accomplished. It was very overwhelming with so many things to be involved with.

What is your advice on building confidence to perform?

Don't listen to that little voice in your head that tells you that you're not good enough. Everyone has talent, even when they joke that they don't. I remember asking myself if joining Daffy was something I would regret if I didn't do. I was terrified, but I pushed through it and it became a personal goal for me to do something that puts myself under the spotlight.

If you knew the Daffy crew in real life, I think you wouldn't expect many of us to be able to sing in front of over 200 people every night for four nights. What we all did was focus on having a fun time on stage. We knew everyone was going to be supportive, so we hyped each other up to do the best that we could. Also, it's a bit easier on stage when you can't see the audience, but you could still feel the energy when people were engaged and laughed at the jokes.

More importantly, confidence came easier when I knew that we were in such a supportive community. U of T med is one of the best places to be for taking risks, because I don't think anyone would've been rude or said anything malicious. People are so nice and I'm personally overwhelmed with the praises that I've gotten. So, take risks and say "yes" even when that little voice is telling you "no." There's so much to gain from trying new things and it can truly help you realize your full potential. We all have a voice to make change and it's important to leap onto the platforms that help you amplify that voice.

What advice would you give to your past self?

#1 Seek out people who see the best in you, inspire you, and make you want to be a better version of yourself. Surround yourself with people that breed a culture of support and positivity.

#2 Don't set all of these limitations for yourself! Let yourself grow and do what you're passionate about without fearing what might go wrong.



So, I'm ready to take more risks now. I want to try to make change in things that I see as a problem.



To Make Beautiful

An Interview with Helena Kita (2T2), Painter and Set Design Team Member of Daffydil

Could you tell us more about your role in Daffy?

I was part of the set design team—our role was building and painting the different canvases of the scenes, including the Med Lounge and the lovely portrait of Dr. Marcus Law. We drew each one out and painted them after. The design coordinators plotted out everything and built the furniture pieces. It was fairly easy in terms of the physical objects; there wasn't a lot we had to build.

What was your favourite part about being in Daffy?

I really liked being in set design because I don't necessarily have a lot of talent in singing, dancing, or in general from a musical point of view. However, I love painting, so it was a great way to use something that I love to contribute to a bigger production.

Which was your favorite set to paint?

The Med Lounge, although I worked mainly on the drawing aspect and didn't paint as much. It was an incredible group effort and I'm so proud to see it come together.

Can you tell us more about your experience with drawing and painting outside of Daffy?

For me, painting is a nice way to get out of the medicine bubble. I find painting meditative—I'm not very good with real medications or forcing myself to not think about anything. Painting focuses on the brushstrokes and on making something beautiful; it gets me to focus on one specific thing and at a completely different pace from the studying that we do. More importantly, though, I find that painting is a good way to connect back to the family. My family is very artistically inclined. My dad paints and my mom weaves and they do printmaking, stain glass, and almost everything under the sun. Both of them are healthcare providers and I'm also learning to be a healthcare

provider. Art has become a way that we learn to bond and learn to do something outside of medicine. Not that the art we do never relates to medicine, but art is just something different from our professional responsibilities that we get to do together.

Art has become a way that we learn to bond and learn to do something outside of medicine.

When did you first start painting?

I don't remember the exact moment—I guess my dad taught me when I was really young. He works as a family doctor, but he went back to art school, so he would go and learn art on his days off from work. At art school, a big focus for him was to think more abstractly in terms of the art he wanted to paint. My dad originally just wanted to make paintings and have them look like something. He ended up painting a lot of medical illustrations. Everybody thought they were abstract, but they were actually just red blood cells and electron microscope images of meningitis. Ultimately, painting is a freeing experience that pushes the boundaries of your perspectives.



The Rising Suns

An Interview with Geoffrey Sem and Matthew Sem (2T2), Brothers and Breakdancers



How did you first get into breakdancing?

G: It started in the summer of 2011 when we were in Mexico for a volunteer trip and were fascinated by a local's breaking/b-boying (more widely known as breakdancing). We remember being so absorbed by the creativity and flexibility of his movements that we immediately decided this was something that we wanted to pursue. As soon as we returned home, we literally searched up "how to breakdance" on YouTube. We would watch breaking tutorials, performances, and competitions for hours on-end, and try to imitate the moves we saw, learning and practicing on repeat. Unfortunately, there was no one correcting our movements when we had them wrong. We were rejected at the first charity talent show that we auditioned for—a first failure that pushed us to persevere. We were fortunate that one of the judges who saw our audition was a breakdancer who asked us to join him at one of the community centres where he trained. That's where we first began developing our own styles, learning from mentors in the field, and starting to perform and choreograph together.

M: Our younger brother also joined in, learning his own urban dance style of popping and tutting, and the three of us formed a dance crew called *The Rising Suns*. As we began performing and gaining more experience, people began reaching out to us to perform at events for organizations such as Free the Children, Heart and Stroke Foundation, and UNICEF. It was also around this time that we started battling at competitions and teaching workshops.

What impact does dance have on your sibling dynamic?

G: I'm really grateful that I get to share my dance journey with Matthew. Dance plays a huge role in my life; it's very therapeutic and it adds to our brotherly dynamic. At the same time, we each introduced our own diverse elements and personalities into our dancing. You could tell by videos and from our Daffy performance that Matthew and I have different styles.

M: I agree. Dance is very individualistic and really reflects the dancer's personality. Having different styles, we constantly learn from each other and teach each other. We're also great at hyping each other up—I always get excited seeing Geoff slay the floor.

G: Agreed. I definitely feed off of Matt's positive energy, which he always brings to the floor. And bringing it back to the sibling dynamic, it's nice that I can openly critique Matthew's movements, and vice versa. Even when we practice, we sometimes battle each other to stimulate creativity and push our comfort zones.. Overall, it's been a great experience for the both of us.



What are some of your favourite parts about breakdancing? What are some of the challenges?

G: Some of my favourite aspects of breaking include being a part of a larger hip-hop community and being able to express myself creatively. There are four fundamental concepts in breaking/b-boying: toprock, footwork, freezes, and power moves. Although all b-boys share the same foundations, a critical part of the dance culture is never “biting” someone else. In other words, you shouldn't copy someone else's style or imitate their moves. This requires you to build your own style, which fuels our creativity. As I mentioned previously, dance is also very therapeutic. It's cathartic to freestyle to any music and just let loose. In terms of challenges, injuries are a big one.

M: I broke my wrist during an audition for a radio show (but we did end up performing on the show!). I've cracked a rib in the past, too. We've pulled so many muscles, had multiple ankle sprains, and went through countless other injuries. It's called *breakdancing*, after all. Despite the injuries, I like how you get what you put in. The cool, difficult moves require a lot of time to practice and achieve mastery. But the feeling once you finally get the move is incredibly gratifying. That being said, trying to achieve a hard move can be even more demotivating if you keep failing or suffer from recurrent injuries. It's easy to quit and have the urge to try something new instead. Breakdancing isn't for everyone—some of our close friends have stopped due to injuries or other personal reasons. We're proud that we've kept going with this.

G: For sure, I've subluxed (partially dislocated) my left shoulder, an injury that's quite bothersome and requires consistent strengthening. And another challenge is the hidden expectations and pressures that come with breaking. Since it's difficult to successfully perform a complex move, any mistake made is arguably more noticeable compared to most other dance types. For instance, if you fall from a one-armed freeze on stage, everyone in the audience can notice it. And it's a difficult mental hurdle to overcome after your failure. At this point in our dance careers, we're very tough on ourselves and we're always aiming for perfection. We even videotape ourselves to see how we can improve; for instance, we've probably watched our own Daffy performance at least 40 times to analyze and see what we can do better.

Do you have any advice for people who want to start dance and choreography?

M: Reach out to people with experience. In the breaking community, we believe in “each one teach one.” Although our dance is mostly self-taught, we've had numerous mentors in the field to guide us. Experienced dancers know what it takes to succeed. There's also a huge dance community out there. Whether it's through Facebook groups, local dance workshops, or different dance studios in Toronto, you won't have trouble finding mentors if you're unafraid to reach out for help.

G: I echo what Matt said—step out of your comfort zone and connect with other dancers. Dance is a universal language. There will always be a dance community wherever you go, both within U of T and beyond. I remember when we travelled to Guatemala, we came across these young teenagers breaking on the streets. Despite a language barrier, we were able to communicate through exchanging dance moves, which led to big smiles all around and a mutual respect for one another.

M: In this day and age of technology, so many dance techniques can also be self-taught. Just go on YouTube and search up anything you want in the realm of dance. That's truly how we got started—watching videos of dance performances—and you can do and learn a lot just on your own.



As busy medical students now, how do you still incorporate dance in your schedule?

M: Long story short, medical school can be stressful and dance is one way of de-stressing for us.

G: In fact, dance has been one of the most consistent things throughout our medical school journey. It's such a treat to dance amidst balancing a plethora of extracurriculars, research, and volunteering. Matt and I would often take 30min to throw down some moves, which helps us to unwind after a long day. When we dance, we let our bodies respond naturally to the music and we're fully present in the moment.

M: In undergrad, we had a lot more structured dance practices in terms of preparing for performances, competitions, and teaching classes. In medical school, dance became lot more unstructured and flexible for us.

G: We freestyle whatever comes to mind—

M: —and that's honestly way more carefree and natural. We continue to dance for ourselves and to express ourselves instead of dancing to prove a skill to others. To be cliché: life is crazy, but dance helps to ground us and makes everything a bit more straightforward.

Would you say dance is your priority?

Both: Certainly!

M: I have a constant urge to dance. Sometimes we would even leave events early just to go home and bust out some moves. And the post-dance endorphin and adrenaline rush is so great.

G: Dance is a definitely a priority, but obviously we still take academics and mandatory deadlines very seriously. If there’s any free time, however, I would sometimes rather spend it building my craft and creating new moves as opposed to going out for another event. For instance, I really enjoyed Daffy week when we had rehearsals and shows every single day. Being in the artistic sphere also promotes our creativity and gives us new inspirations.

Did you two ever consider dancing professionally?

G: I don’t think we’ve ever taken dance so seriously that it was a professional goal. I guess the closest we’ve been to being dance “professionals” would be our bigger performances with crowds of over 500 people in the audience.

M: I agree, dancing as a full-time profession is difficult, especially since there can be a lot of politics involved in the professional dance sphere. It takes a certain sort of person to be able to dance professionally.

G: Even though we aren’t professional dancers, dance is still a critical part of who we are. We try to incorporate it into our other interests as much as possible. For instance, in undergrad, we volunteered at a long-term care facility where we performed regularly for the elderly residents.

M: We also used dance as a tool for empowerment during our trip to Haiti, during which we visited an orphanage for children living with disabilities. It was heart-breaking to hear that a majority of these kids were abandoned because their parents couldn’t afford to take care of them for various reasons. Many of them were living with severe mental, physical, and developmental disabilities, and there was no form of entertainment at the orphanage. We decided to perform break-dancing routines for them and made it a priority to perform for them every single day. Their reactions to our first performance was unbelievably rewarding—we saw smiles and laughter all around.

G: The priest who ran the orphanage told us how immensely grateful he was, since this was the closest form of entertainment that the kids received that year. It was so rewarding to be able to communicate with children who had complex physical and mental disabilities through our dancing. You could tell that they were engaged because they were tapping on their wheelchairs, waving their arms to the music, and cheering loudly when we performed. It was in these small moments where we realized the power that dance has in bringing people together. You don’t have to be a full-time dance professional to create these meaningful connections.

Do you think there’s overlap between dance and your professional career in medicine?

G: Hmm...dance and medicine are each in their own niche. They’re definitely more different than they are alike. That being said, I guess an important similarity between the two is that you have to put in the work to get the results that you want. [M: I like that thought.] In both fields, you also have to collaborate and communicate with other team members.

M: Dance also nurtures our creativity, which we use towards problem solving in other fields. We constantly ask ourselves: “Are you sure that was the limit? How can we push it further?”

G: Lastly, Daffy was a great intersection between dance and our medical school journeys. I don’t think there were any breakdancers involved with the show in previous years. We were told that our breaking added a new, refreshing dimension to Daffy that was “greatly needed.”



What future directions are you going to take with breakdancing?

G: When we dance, we develop both personally and together as a team. We’re always looking for ways to push the limits of our creativity, learn new styles of dance, and further develop our respective styles. I’d like to do more big performances, too.

M: I think dance will continue to be that source of reassurance for us. No matter what happens at the end of the day or where we are, as long as there’s a floor, we can dance and de-stress. Sometimes we don’t even need music—we can be happy as long as we are moving our bodies.

G: I would love to breakdance till I’m old, but I recognize that it can be difficult as life progresses and responsibilities grow (especially in medicine). Nonetheless, I’m still interested in performing more and passing on knowledge to upcoming dancers.

M: I agree. We got the highs of the dance experience, so now our focus is on sharing our knowledge and experiences with the next generation. I’d love to see my kids dance one day too.

M: Lastly, we wanted to give a big shoutout to our parents. They were with us every step of the way, driving us and watching us from our smallest gigs to our biggest shows.

G: They were also there for Daffy and it was one of their proudest moments. Fun fact, our mom is actually a ballet dancer. She started when she was four years old and has been dancing her whole life. Growing up, she never expected us to be involved with dance, so it came as a surprise to both her and us. It has always been a dream of hers to have a performance with her three sons, and we’re excited to make it happen one day.



The Art of Improvisation

An Interview with Imaan Javeed (2T1), Alicia Roy (2T1), and Everett Claridge (2T1), Members of U of T Med’s Improv Team

Tell us a bit more about your experience with improv. What does improv mean to you?

I: I started doing improv when I was 13 and I’ve loved it since then. I also love spreading the joy of improv with the rest of the team. To me, improv is a low stakes activity. You don’t have to practice any lines at home and there isn’t a lot of pre-performance pressure compared to a formal play or theatre production.

A: I’ve only been doing improv for 2 months, haha, but I’ve enjoyed doing plays in middle school and high school. I first heard about the improv team at U of T med from Everett and I joined because I thought it would be goofy and fun. As young adults, we don’t get to act goofy or play as often, but improv allows for these fun things to still happen.

E: I like the idea of improv. I think that it’s fun and that you can get started any time by yourself. For me, it just so happened to land this year.

What techniques or skills are most important for improv?

I: As someone who has done improv competitively, there is an element of technique and skill. There is a skill and art to it that is refined over time. It is casual but require dedication to reach an advanced level. In that sense, it’s very much like a sport.

One of the most important skills in improv, in my opinion, is listening. There are a couple of elements of listening in improv that I’ve been reflecting about:

1) Listening to stage partners: if you’re not listening and merely talking into the void, the scene won’t be good. Any good scene requires teammates that play off of each other.

2) Listening to the reactions of audience. You can tell when the audience is enjoying things if you pay attention to the energy of the room.

Tip from the team:
Be ready to listen and absorb whatever comes to you.

Imaan, how did you first get started with improv at such a young age?

I: In my case, I got started with improv in a serendipitous way. When I was in grade 8, we went to Montreal for a school trip and one of the activities hosted was improv. There were professional improvisers that called students randomly to act with them. My name was drawn out of the hat by chance (out of 50 or so names) and I helped do an improv scene. Later on in grade 9, one of the teachers started the first improv team in my school. I joined and I’ve been addicted to improv since then.

Alicia, you mentioned that you did some acting in the past. How does acting compare to improv? What makes the two different?

A: The biggest difference between the two is that there’s no script and no direction with improv. You can do anything within constraints of the role. As you learn more of the rules, sometimes just focusing on simple things can be very entertaining and have a strong story line. I think it’s more fun than acting because there’s more flexibility, as well as opportunities for things to go wrong.

How has improv changed how you interact with others? What have you learned from improv and how can these skills be applied to other aspects of your life?

I: Ironically, improv taught me to check myself and my own gut reactions. It makes me take an extra moment to think before I act or say things. Good improv requires us to suppress our instinctive reflexes; for instance, there’s a natural tendency for us to say “no” when we think the scene is moving too fast or out of control. Of course, I still blurt out things, but I’m usually reminded of that moment of pause. I suppress myself before I become reactionary to only my emotions.

A: Improv has taught me the importance and value of keeping things simple. Something what seems like a simple idea or a simple storyline can be very complex in its own way. Not everything good is complicated. Also, improv is a great opportunity to practice being vulnerable.

What is your favourite improv activity?

E: I really like one of last week’s activities: Address to the Nation. In this activity, one person is elected as a politician. They then leave the room briefly and the other people in the room decide on an issue that the politician has to do a spontaneous speech on. Once the issue is determined, one person acts out the issue and the politician, who has now returned to the room, has to guess what the issue is while making a speech. They’re not serious things; for instance, the issue can be that the mayor of the city decided that he would spend all the public funds on a chocolate fountain.



Tip from the team:
The best way to learn improv and to know what good improv feels like is to be participate.







I was inspired to make “Rice Under Black Beans” because I wanted a playlist to listen to while lying in bed doing nothing. The kind of playlist you could listen to while daydreaming on a summer afternoon, watching the world move as you drift into sleep. Practically, I don’t have many afternoons like that. I listen to “Rice Under Black Beans” when I’m walking home in the middle of a winter night after a gym session or when I’ve just written an exam and flop onto my bed exhausted.

It wasn’t easy choosing the songs I’ve included, and I still don’t feel completely sure about all of them. The playlist isn’t based around a genre or an activity in particular, but a feeling. It’s understandably hard to create an inclusion or exclusion rule to test the feeling you get when you listen to a song. The closest I’ve gotten to a rule is whether the song reminds me of “Ultralight Beam,” the song that best represents the feeling I hope to achieve with “Rice Under Black Beans.”

While not necessarily intended, I’ve found that most of the songs follow the theme of “lyrics to think about” on top of a calming melody. In fact, the title “Rice Under Black Beans” came from a line in Chance’s “Blessings” that had me reminiscing about the simpler times of my childhood. I’ve listened to these songs so many times that I could tell a story about each and every one of them.

I hope you enjoy listening to them as much as I do.

TITLE

Best Part (feat. H.E.R.)

Ivy

Excavate (feat. Saint Claire)

See You Again

Sunday Candy

Ultralight Beam

Juke Jam (feat. Justin Bieber & Towkio)

Blessings

Weight in Gold

Fantasy

Today

Best of Wives and Best of Women

Electric (feat. Khalid)

Pink + White

Growing Up (feat. Ed Sheeran)

Malibu

Desencuentro

Screen

House of Gold

Habits (Stay High)

Ruby Red

ROS

Saved

Easily

Lucky

lovely (with Khalid)

Streetcar

Morning

What If I Go?

Young Dumb & Broke

Janet

Japanese Denim

Stay

We Find Love

ARTIST

Daniel Caesar, H.E.R.

Frank Ocean

Macklemore, Saint Claire

Tyler, The Creator, Kali Uchis

Donnie Trumpet & The Social Experiment

Kanye West

Chance the Rapper, Justin Bieber, Towkio

Chance the Rapper, Ty Dolla \$ign, Anderson .Paak, BJ the Chicago Kid, Raury

Gallant

Alina Baraz, Galimatias

Troi Irons

Phillipa Soo, Lin-Manuel Miranda

Alina Baraz, Khalid

Frank Ocean

Macklemore & Ryan Lewis, Ed Sheeran

Miley Cyrus

Residente, Soko

Twenty One Pilots

Twenty One Pilots

Tove Lo

Smino

Mac Miller

Khalid

Bruno Major

Jason Mraz, Colbie Caillat

Billie Eilish, Khalid

Daniel Caesar

Marc E. Bassy

Mura Masa, Bonzai

Khalid

Berhana

Daniel Caesar

Post Malone

Daniel Caesar

Spotify Playlist Link: <http://bit.do/riceunderblackbeans>
Kelvin Ng (2T2, PB)

So Far, So Good

12 Days in Peru & Bolivia with Annie Yu (2T2, PB) and Daniel Lee (2T2, PB)



Days 1-2

- » Flights from Toronto to Montreal, Montreal to Lima, and Lima to Cusco
- » Cusco
 - Plaza de Armas
 - Sacsayhuaman Ruins
 - Horseback riding
- Ziplining over the Sacred Valley

Day 3

- » Salinas de Maras
- » Ollantaytambo
- » The Earth House

Day 4

- » Alpaca Expeditions (Day 1)
 - Train ride & full-day hike
 - Camping

Day 5

- » Alpaca Expeditions (Day 2)
 - Explore Machu Picchu
 - Hike Machu Picchu mountain
 - Return to Cusco
- » Overnight bus to La Paz

Day 6

- » Stops at Puno (Lake Titicaca tour) and Copacabana
- » Arrive in La Paz



Day 7

- » Morning flight from La Paz to Uyuni
- » Salar de Uyuni (1-day tour)
- » Evening flight back to La Paz



Day 8

- » Explore La Paz
- » Cable cars
- » Bus to Puno (arrive in the evening)

Day 9

- » Morning bus to Arequipa
 - Plaza de Armas
 - Mundo Alpaca
 - Mercado San Camilo
 - Santa Catalina Monastery
 - Yanahuara Scenic Lookout
- » Overnight bus to Ica

Day 10

- » Arrive in Ica and taxi to Huacachina
- » Explore the desert and oasis
 - ATV
 - Sandboarding
 - Swimming
 - Dune buggy tour

Day 11

- » Morning bus back to Lima
- » Lunch reservation at Central Restaurant
- » Explore Barranco & Miraflores districts
 - Larcomar
 - Sargento Pimienta

Day 12

- » Flight from Lima to Toronto



Recipe: Turmeric Maple Granola

Baking a creative crunch with Susan Dong (2T2, WB)

Ingredients & Directions

1. Preheat oven to 325°F
2. On a baking tray, mix the following ingredients:
 - 1 cup of puffed grains (quinoa, rice, millet)
 - 1/2 cup of whole oats
 - 1/3 cup of shredded almonds
 - 2 tsp. of turmeric powder
 - Pinch of salt
 - 3 tbsp. of coconut oil (can sub with ghee or olive oil)
 - 1/3 cup of maple syrup (can sub with honey or agave)
 - Top with coconut shreds or flakes
3. Bake for 15-20 minutes, or until the ingredients turn golden yellow. Remember to flip and mix the ingredients half-way through the baking.
4. Take out the baking tray from the oven and allow to cool for 10 minutes before storing the granola in a glass or reusable plastic container.
5. Enjoy for your upcoming week!



Perfect for yogurt parfait, cereal substitute, salad topping, and midnight munchies



*Portion size:
Made to fill 1 baking tray*

The list for creative granola ideas is endless! For additional...

- » Protein: sprinkle on hemp seeds, chia seeds, pumpkin seeds
- » Monounsaturated or polyunsaturated fats: add a handful of walnuts, flaxseed, pecan, pumpkin seeds, sunflower seeds
- » Ooey-goey texture: add medjool dates cut into bite sized strips, dried goji berries, dried cranberries



Where can I find these ingredients?

Hit up your local Chinatown grocery store like Lucky Moose for the best bang for your buck!

Most ingredients are also available at Bulk Barn, which has a 10% student discount on Wednesdays!



“Help me, my lungs are on fire!”

VO₂ Max Treadmill Training with Sondra Chen (2T2, MAM)

A treadmill workout designed to boost your speed and aerobic endurance while helping you crush your goals, all in UNDER 20 MINUTES.

Try this training as a standalone if you’re short on time, at the beginning of your workout for a warm up that doesn’t really feel like a warm up (my personal favourite!), or at the end of your workout because I know and you know that cardio is important so it’s about time we stop ignoring that fact.

Equipment needed:

- » A treadmill
- » Water bottle (don’t dehydrate!)
- » Phone + headphones/earbuds (unless you want to run in silence, which is totally fine, too)
- » All the energy you’ve got!



The workout: Note: all speeds are written in mph because most treadmills are designed this way. If you are using a km/h treadmill, just multiply these values by 1.6!

MINUTE	SPEED
Warm up! Set your treadmill incline anywhere between 0.0-2.5%.	
0:00-1:30	3.0 mph
1:30-3:00	3.5 mph
High intensity begins! Select a speed that’s somewhere between a steady jog and light run. (Tip: if you’re unsure, try 4.5 mph for beginners, 5.5 mph for intermediates, and 6.5 mph for experienced treadmill runners.)	
3:00-4:00	4.5 mph <i>(or 5.5, or 6.5)</i>
4:00-5:00	4.6 mph <i>(or 5.6, or 6.6)</i>
5:00-6:00	4.7 mph <i>(or 5.7, or 6.7, etc. continue this trend for the rest of the workout)</i>
6:00-7:00	4.8 mph
7:00-8:00	4.9 mph
8:00-9:00	5.0 mph
9:00-10:00	5.1 mph
10:00-11:00	5.2 mph
11:00-12:00	5.3 mph
12:00-13:00	5.4 mph
13:00-14:00	5.5 mph <i>(at this point you should be 1 mph faster than your starting speed)</i>
Get ready for your final sprint!	

14:00-15:00	6.0 mph <i>(or 7,0, or 8,0, etc. if beginning at a higher speed)</i>
Cool down—you made it! Regardless of your previous running speed, bring your speed back down to the following levels.	
15:00-16:30	3.5 mph
16:30-18:00	3.0 mph
All done! Now go get on with the rest of your day.	

Bonus challenge for experienced runners: on your final sprint, try this variation:

MINUTE	SPEED
14:00-14:30	Final sprint speed (FSS) (e.g. 6.0 mph)
14:30-15:00	FSS + 0.5 mph (e.g. 6.5 mph)
15:00-15:30	FSS + 1.0 mph (e.g. 7.0 mph)
15:30-16:00	FSS + 1.5 mph (e.g. 7.5 mph)
Cool down!	

FAQ:

1. Does this even work?

From personal experience, it does! Remember the beep test from high school (aka the ultimate test of your VO₂ max)? Treadmill running (this workout in particular, accompanied with outdoor running and HIIT) helped me almost double my score on that chest burning test of death.

2. Do I really need to set my incline at 1 or 2%?

Yes and no, even pros are not really certain about this. Some say that the incline helps mimic the resistance of flat out-door running (please don’t ask for a peer reviewed study), but I personally like it because it adds a bit of extra resistance without making it feel like running up a hill.

3. Can I stop to rest in the middle of the workout?

This workout is designed so that you push straight through without taking a break (after all, it’s not a very long run). That being said, please don’t pass out, vomit, or fall off the treadmill. If you absolutely need to stop, take a walking break for a minute or two and jump back in when you’re ready.

4. You’re really overestimating my cardio here! I can barely walk up the stairs of MSB, let alone run for 12 minutes straight with a final sprint?!

Fair enough, we all need to start from somewhere. For this workout, it’s all in the speed settings and finding one that is right for you. If jogging/running for the entire duration is too difficult, start at a brisk walk and increase the speed accordingly. Eventually, that will also build up to a light jog without going hard for 12 minutes straight, while still giving you the same training benefits at a lower intensity.

5. Can’t I just use the built-in workouts on the treadmill?

Yes, those are great for motivation to push through an exercise or inspiration to try something new. But you are already trying something new right now, so do it another time!



Memories of Iceland

Exploring nature’s wonders with Sarah Ge (2T2, Fitz)



Created in one of the greatest volcanic eruptions in Icelandic history, the Eldhraun lava fields lie within Iceland’s Southern highlands. Over hundreds of years, the lava cooled to form lava rocks and various lava tube systems. Although seemingly black and lifeless, the lava rocks contain a myriad of different life-sustaining minerals, which over thousands of years allows for Icelandic green moss to cover its surface forming an almost ethereal rolling landscape.



Following a day of glacier hiking, the glacier lagoon of Jökulsárlón was peaceful yet simultaneously awe-inspiring. The huge ice chunks have fallen from the surrounding Breiðamerkurjökull Glacier, part of larger Vatnajökull Glacier. When warm sunlight hits the cold blue ice of the glacier lagoon, it reflects into still water creating a beautiful meld of orange and blue reflections.



Eastern Iceland is less frequented by travelers and carries with it the raw and unfiltered beauty of the country. Away from the hordes of eager tourists hides the small trail which opens up into a vast black sand beach. The water was eerily quiet, reflecting the mountains above such that one could not distinguish which was the mountain or which was its mirror image.



Miles away from Reykjavik, the capital of Iceland, the Aurora Borealis danced their way through the night sky for hours. Colors of red and green swirl throughout the sky, ever moving and ever changing. One of nature’s most incredible phenomena, the Northern Lights was so ethereal, it seemed other-worldly.

Recipe:

Homey Tomato Leek Beef Stew

Eating well with Peter Song (2T2, PB)

Ingredients

- 1 large carrot, diced
- 120g mushroom, quartered (equivalent to 6-8 cremini mushrooms)
- 1 large potato, diced
- 1 large leek or onions, sliced
- 500g stewing beef or veal
- 28oz canned whole tomatoes (preferably San Marzano type)

Seasoning

- 2 bay leaves
- 2 tbsp. butter
- 1 cup beef stock or concentrate or bullion cube
- Salt and pepper to taste
- Optional but better with,
- 2 tbsp. ketchup
- 2 tbsp. soy sauce or Worcestershire sauce
- 1 tbsp. BBQ sauce

Directions

1. Prep all ingredients. Carrots and potatoes should be diced to similar sizes. Large dice recommended if chunkier texture desired. Beef can be cubed into bite-sized pieces if desired.
2. Pre-heat large pot on medium-high to high heat with 2 tbsp. of cooking oil. Dust cubed beef lightly with flour (this step is optional but better with). Cook beef until browned on the outside. Remove beef to a bowl and reserve.
3. In the same pot, adjust to medium to medium-high heat and add carrot and leek. Add a pinch of salt and cook for 3-4 minutes, stirring occasionally. Pour canned tomato and beef stock (or alternative as listed). Mash whole tomatoes into small pieces with the back of the stirring spoon. Return beef to pan. Add bay leaves.
4. At this point, adjust water level based on desired thickness/chunkiness of the stew. Simmer on low heat for 20-30 minutes. Add potatoes and keep simmering on low heat until potato is tender. Beef should be fork tender.
5. To season, add salt and pepper to taste. Add cold butter and stir constantly. Add ketchup, soy sauce, BBQ sauce to taste. The listed amounts are only suggestions. Best enjoyed the day after. Serve hot with crusty bread.

Additional notes

Given amounts for all the ingredients are only suggestions, especially for the seasoning. Please cook to your taste and try not to adhere too strictly to the recipe as amounts are rough estimates. Adding minced garlic in with the carrots is a fantastic idea.





Let’s Travel to Maui, Hawaii

Fun excursions on the island with Susan Dong (2T2, WB) and Dion Diep (2T1, WB)

According to the legends (or just from watching *Moana*), the demigod Maui used his magic fishhook to latch onto the ocean floor and pull up the islands of Hawaii. He lassoed the sun atop its highest peak, Haleakalā, to give the island longer hours of sunlight. Maui was named after this mythological being because the shape of the island, with its two peaks at each end, resembles the silhouette of his head and body. On this island full of hidden gems, you can find it all: Jurassic park sceneries, endless strips of beaches, and secluded rainforests and waterfalls at every turn on the breathtaking Hana Highway. Get ready for some Insta-worthy sunrise pictures above the clouds, luscious fresh fruits and seafood, and a golden tan before you return to MSB 3154. Aloha, you have arrived on the most beautiful island on earth.

Tips & Advice

Best time to visit:

» The temperature is around the same all year round, fluctuating between low to high 20°Cs. However, to avoid the crowd of tourists and feel like you have the whole island to yourself, go during our fall or spring reading week!

Length of stay:

» We stayed for six full days and felt that it was more than enough time to see almost everything. If you want more days to relax on the beach, we recommend extending your stay to seven or eight days.

Getting around:

» The easiest way to get around is by car. You can use a car with Enterprise through OMA to get a cheaper deal!

What to wear/bring:

- » Bugspray! Do not be fooled by the peaceful bamboo and rainforests. The moment we stepped onto the island, we felt our entire bodies attacked by mosquitoes!
- » GoPro! There will be lots of opportunities for cool underwater shots, whether that is during snorkeling, cliff jumping, or in a secluded waterfall.
- » Water shoes are amazing. Get them now, thank us later.



Did you know?

- » Maui is the second largest island of Hawaii
- » First inhabitants of the island were the Polynesian people
- » Longest word in Hawaiian is *humuhumunukunuaʻāpuaʻā*, which means “triggerfish with a snout like a pig,” the Hawaii state fish

Key Experiences

- » Watch the sunrise at Haleakalā National Park, 10,023ft above sea level. We suggest going during the first couple of days of your trip to maximize your jetlag (you gain 6 hours coming from Toronto). You must reserve a ticket for \$1 USD per vehicle in advance.
- » Go surfing or take a surf lesson at the place where surfing was invented! There are so many companies that offer surf lessons around the Lahaina region.
- » Drive the Hana Highway while blasting the *Moana* soundtrack for +10 adventure points. The highway is a 36-mile well-paved loop around the island’s east end. The roads have mile markers to help you navigate, but can sometimes become extremely narrow, so being comfortable with driving is highly necessary. The road takes you through and along dense forests, waterfalls, the rugged coastline, beaches, and quaint local communities. The drive itself takes just over five hours, but there are numerous stops on the path that you can take; it’s best to allocate a full two days for this road trip. Although there are no wrong places to stop on this journey, here are some of our favourite pit stops (in order from Kahului):

- Paia Town
- Twin Falls
- Halfway to Hana food stand
- Nahiku Marketplace
- Wai-anapanapa State Park
- Hana Bay
- Hamoa Beach
- Ohe’o Gulch

- » Night markets on the island are open two nights each week, one in front of Kahului shopping centre on Sundays and at different locations on Fridays. Here, you will find local food trucks, free performances, vendors selling crafts, clothing, and much more. If you have trouble finding the markets, just follow the bright lights, vibrant sounds, and the smell of mouthwatering shrimp tacos.



Palette Magazine

Issue No. 1
Published in April 2019

Palette is a student-led publication that fosters artistic expression, collaboration, and dialogue within the medical community. Featuring student talent in the visual arts, creative writing, performance arts, and lifestyle design, *Palette* provides a platform to both celebrate creative authenticity and unite diverse interests among students.

Sponsors

University of Toronto Medical Society



Student Initiative Fund



Webpage

facebook.com/palettemag

Founders and Editors-in-Chief

Sarah Ge and Annie Yu

Contributors

- Matthew Breton
- Anna Chen
- Sondra Chen
- Shirley Deng
- Dion Diep
- Susan Dong
- Isabella Fan
- Joel George
- Philiz Goh
- Michael Gritti
- Jean Jacob
- Meghan Kerr
- Daniel Lee
- David Lee
- Darby Little
- Liam McCoy
- Sheida Naderi-Azad
- Kelvin Ng
- Maria Raveendran
- Semipe Oni
- Peter Song
- Jude Sanon

Interviewees

- Lauren Beck
- Everett Claridge
- Imaan Javeed
- Helena Kita
- Alicia Roy
- Geoffrey Sem
- Matthew Sem

Waiting used to be a vessel to a
boundless stretch of time
Now someone has put “life” in front
of “time.”
Now time is the price of waiting.

Waiting used to mean freedom of
thought
the world was mine to explore.
Now actions prevail over thinking