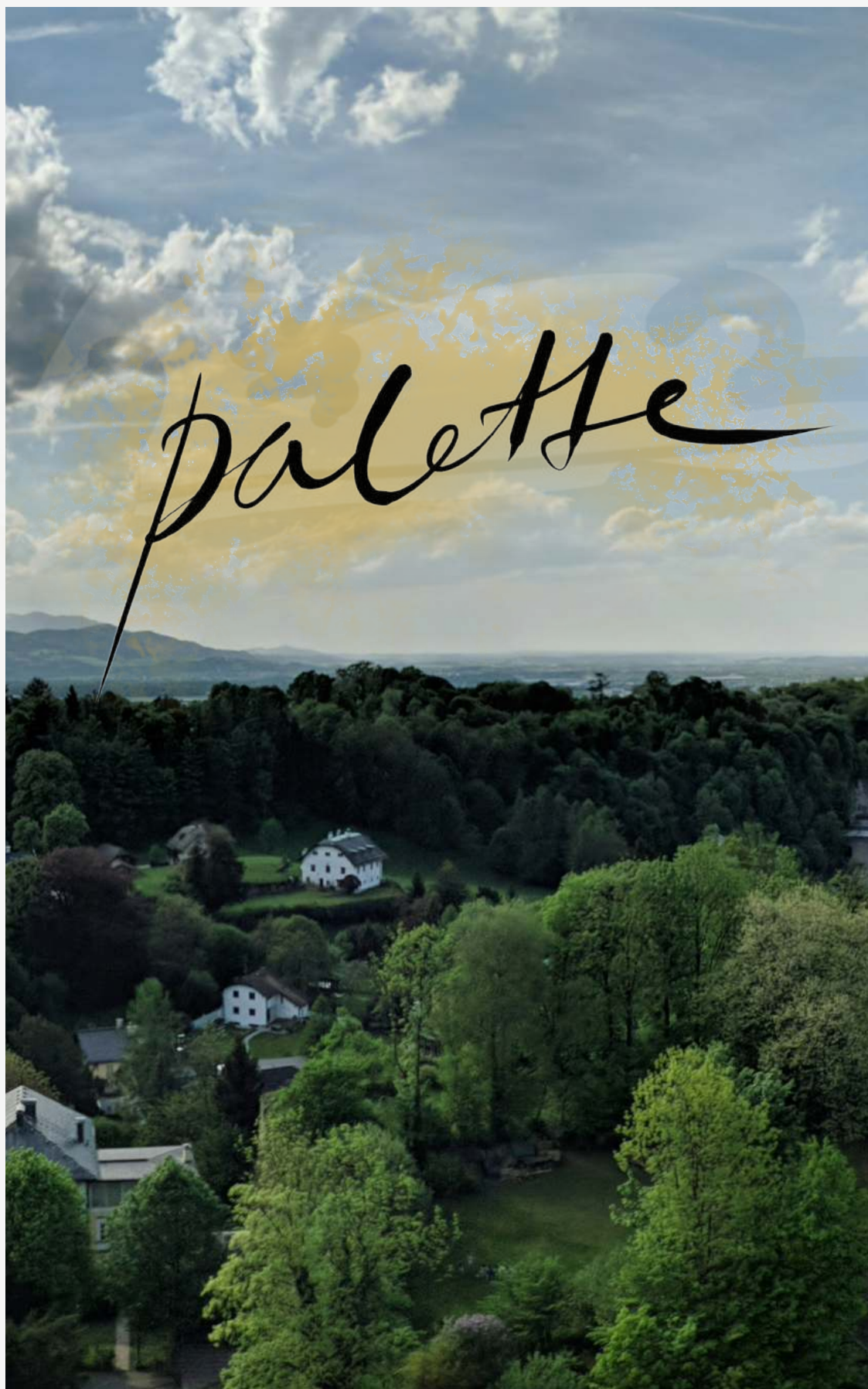


Issue No. 3
May 2020



Meet Our Team!



Sarah Ge
Editor-in-Chief



Annie Yu
Editor-in-Chief



Jessica Trac
Layout Editor



Sheila Yu
Content Editor



Anna Chen
Content Editor



Jamie Stark
Promotional Director

From The Editors

Dear readers,

We are making a small miracle together: a journey into the arts amidst a world crisis. We won't reiterate the changes that we are collectively living through, as anguish and uncertainty have settled in as part of an unfortunate norm by now. But we do want to continue sharing with you what we can, which are the talents and spirit of U of T medical students. Perhaps what this pandemic has reminded us the most is the kindness, generosity, and creativity of our people, as well as the enduring wisdom offered by the humanities. More than ever, we are relying on a sense of community that bridges the physical distance between us. We hope *Palette* can do its part in building that community and bringing you some comfort, wherever you are.

For new readers of *Palette*, we are a student-led arts and culture publication founded in 2019 with the aim to promote self-expression and creative dialogue for medical learners at U of T. We successfully released our first two issues with the support from our peers and faculty. As with our previous issues, we are thrilled by the quality and diversity of submissions we received for Issue 3, and have continued to categorize them into the following four sections: visual arts, creative writing, performance arts, and lifestyle design. In visual arts, we are featuring over thirty pieces of brilliant paintings, whimsical digital art, and breathtaking photography from diverse corners of the world. Under creative writing, you will find poems and essays that will move you with their rich reflection on narrative medicine, burnout, productivity, and so much more. The performance arts section highlights perspectives from a wide range of Daffy participants, including the cast, the band, and the stage crew of U of T medicine's very own musical production. And lastly, in lifestyle design, we are ecstatic to share your recommendations for recipes, books, workout routines, and other pursuits that some of us have been involved in during quarantine. Along with these inspirations for life at home, we are also excited for you to dive into the conversations we had with two of our favourite mentors, Dr. Pier Bryden and Dr. Justin Lam.

While drastic changes continue on both the global and the personal fronts, we are so fortunate that the support we received from our community has been unwavering. We can never thank the Student Initiative Fund and the U of T Medical Society enough for their funding and guidance. Even as we must postpone the printing and in-person launch of this issue, we are as committed as ever to collaborate with these groups in releasing hard copies when possible. Thank you as well to our lovely editorial team for their efforts in the making of this issue: Anna and Sheila, our ever diligent content editors who have thoughtfully reviewed every text, Jessica, our layout editor who has left us in awe time and again with her talent and dedication, and Jamie, our promotional director who has always been so proactive in helping to promote our publication on social media and beyond. And of course, we would like to send the most heartfelt appreciation to every one of our contributors and interviewees. We hope you know how happy we were when we received each of your submissions. We hope you stay passionate and true to your interests forever.

Finally, we would like to say a bittersweet goodbye to *Palette* as founders and editors-in-chief of this publication. Throughout the past two years, we have been so privileged to take part in the creative endeavours of so many of our peers. What started as a little joke between the two of us has grown into an artistic platform with hundreds of readers, but just as importantly, a project that has furthered our friendship and brought so much fun and laughter into our own lives. And as we come to the end of our preclerkship careers, albeit in a way that is very different from what anyone has imagined, we have decided to pass on this magazine to our 2T3 editors, Jessica and Sheila. Both of them have brought so much love and energy to *Palette*, and we can't wait to see where they take it to in the future.

As always, we hope each issue of *Palette* finds itself in safe and welcoming hands.

Sincerely,

Annie Yu & Sarah Ge
Editors-in-Chief

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Visual Arts



Taking on Water

Jessica Purbrick
2T2 MAM





Kilimanjaro

Maria Leis
2T2 Fitz



Sinthu Senthilmohan

2T3 WB

Sinthu is a first year medical student in the process of learning what it means to combine hobbies with educational pursuits. This piece was inspired by the many unsung heroes of the pandemic, who do not get nearly the amount of recognition that they should.



Justin Haas

2T2 WB

A Week at the Birdfeeder

Joel George
2T2 PB

During this time of social distancing, I hung a birdfeeder in my backyard and waited for visitors.

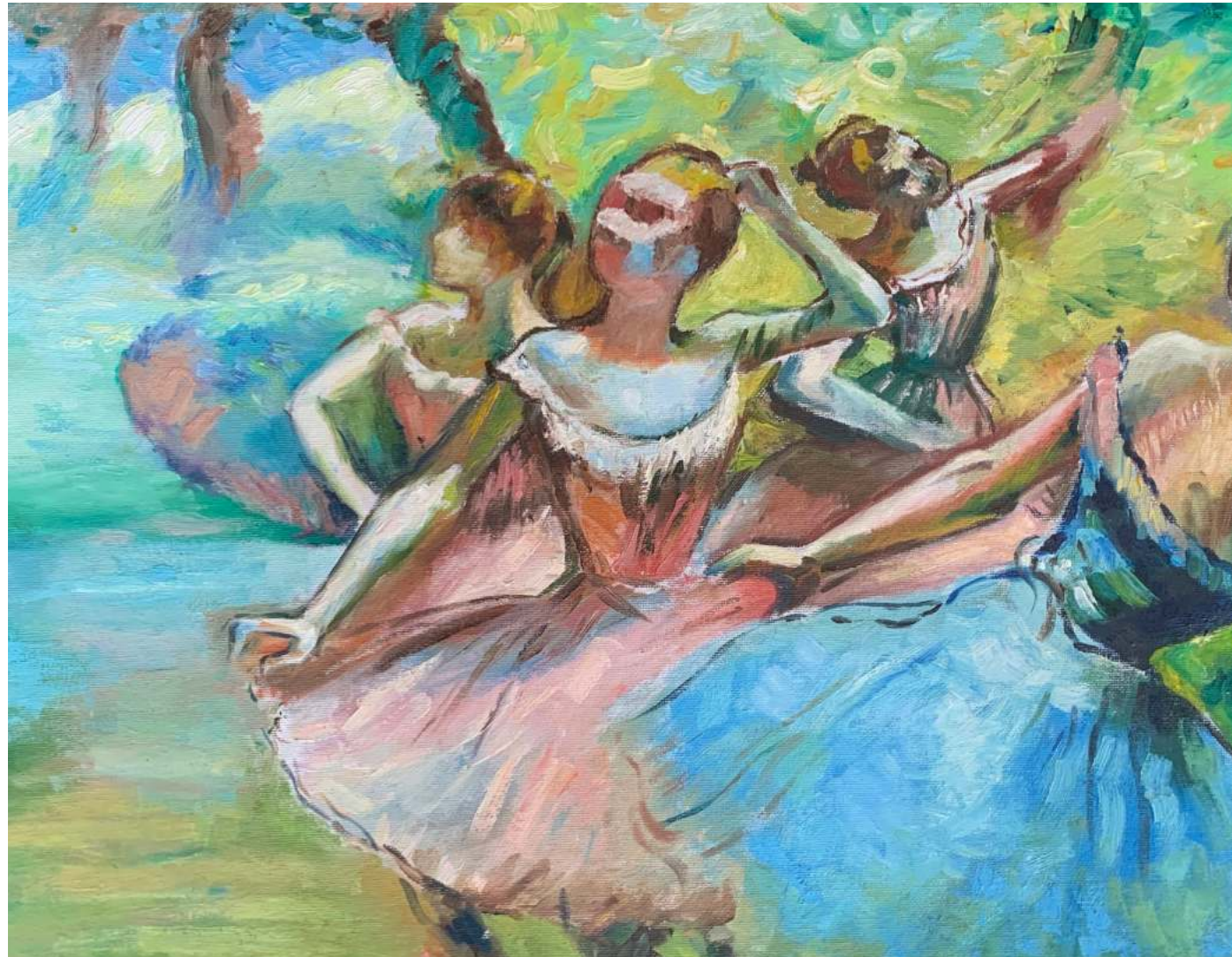
These images were taken over a span of 10 days and capture a diverse set of Canadian wild birds going about their busy lives. A week at home has taught me that I have more neighbours than I thought.



(1) A squabble at the birdfeeder. (2) A mourning dove “on the fence” of what to have for dinner. (3) A black-capped chickadee surveying the neighbourhood. (4) A female northern cardinal fluffing herself to stay warm. (5) A male northern cardinal relishing a seed. (6) A male house sparrow reminiscing. (7) A female house sparrow sunbathing. (8) A dark-eyed junco taking a shower. (9) A female house finch looking for her partner. (10) A male house finch scouring for leftovers. (11) A male northern cardinal swivels on his perch. (12) A glare from a female northern cardinal. (13) A pair of blue jays enjoying the last day of winter.

Four Ballerinas on Stage

(original: Edgar Degas)



David Lee
2T2 MAM



Media: Oil on Canvas
Size: 72 x 92 cm

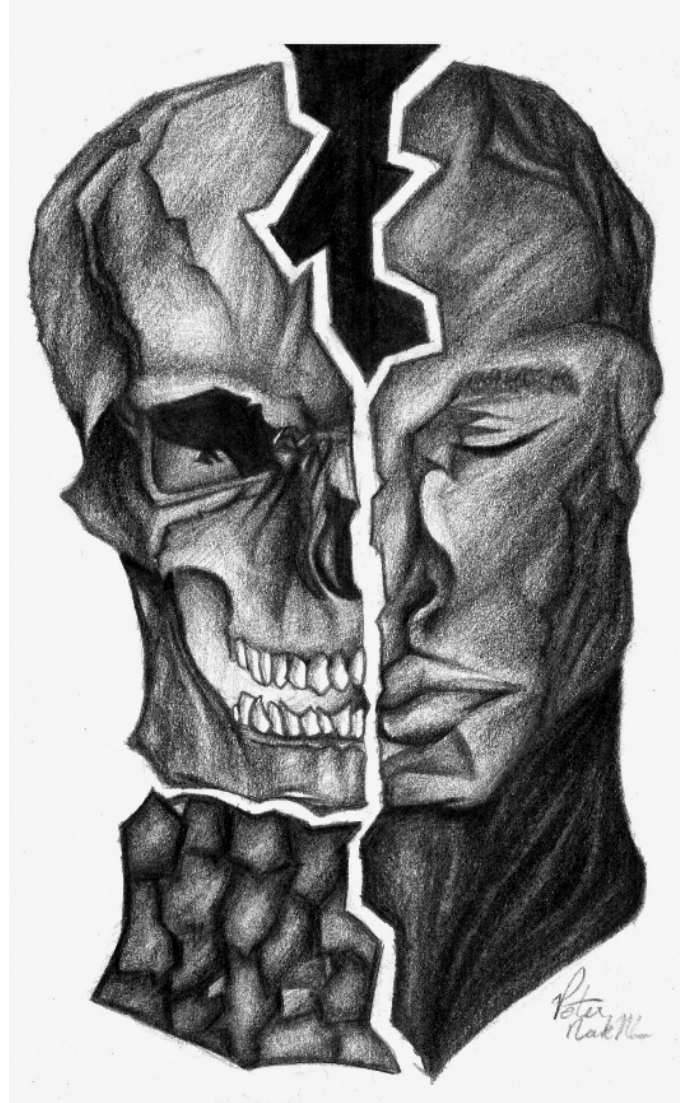
I started this piece a few years ago but didn't end up finishing it because I was having trouble with painting the dancer's faces. Recently during quarantine, I decided to get back into doing more visual art. This piece is a recreation of one of Edgar Degas many works depicting ballerinas in the 1870s. Degas focused on capturing the beauty of light and darkness through moments of movement. He used a lot of expressive brush strokes and vibrant colours which made his paintings captivating.



Vibrant Venice

A walk through the Venice Canals in Los Angeles, California.

Bryan Wong
2T2 WB



Peter Nakhla
2T3 MAM

The Clash of Subconscious Will and Sombre Intellect

The barebones subconscious emerges awake
The sombre façade pained by a tiresome ache
It shuts its blinds anticipating deep slumber
While the eager one shatters its workings asunder
Must not we quench this insatiable force?
Lest it devour all, unfettered by remorse
The sombre façade must forget its repose
Subduing the other from bellowing its prose
“Destroy, topple, overtake!” shouts its lawless aim
Will we declare the mightier one overcame?

Anshika Jain 2T3 WB



A Long Road

Grace Huang
2T3 MAM





Sunset Trail

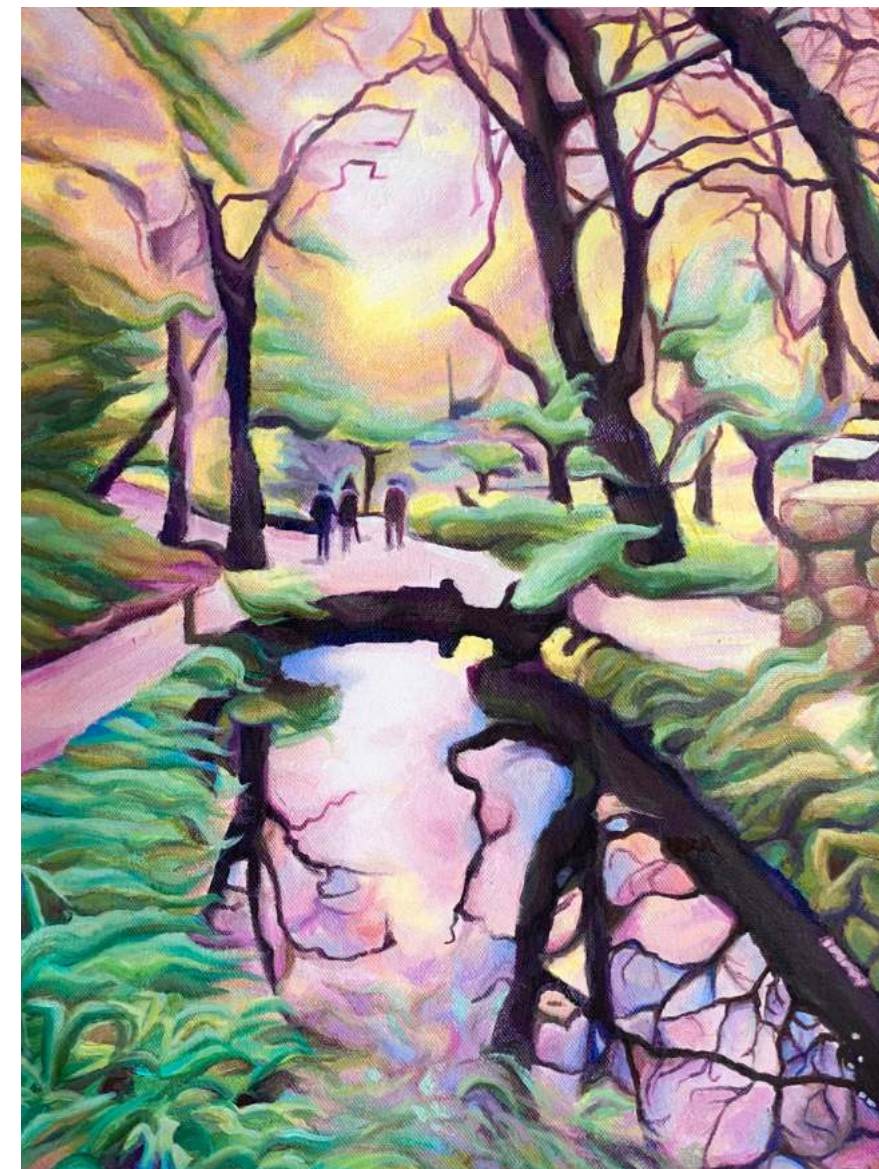
Cinque Terre, Italy
Acrylic on Canvas

Jamie Stark

2T2 Fitz

Painting has been a hobby of mine for years now, but I had been struggling to prioritize it since starting medical school. I decided to take a Contemporary Impressionism night class at the Toronto School of Art to revitalize my passion for it. It was very rewarding to finally learn my favourite style of painting, which I'd had no idea how to approach before. I completed these two landscape pieces using the techniques I learnt in the class. They are scenes from my travels, rendered from photographs in acrylic on canvas. It was really wonderful to be able to explore experiences I had shared with friends and loved ones in a whole new way.

Instagram and Facebook:
[@StarkOriginalArt](#)



Botanic Forest

Sintra, Portugal
Acrylic on Canvas



Happy to Meet You

My-An Tran
2T0 WB

Life felt like it was going at such a fast pace just a few weeks ago. Then, abruptly, everything slowed down and the quarantine lifestyle eased its way in. I suddenly had time to do things I once loved but had set aside due to an overwhelming schedule. For the first time in ages, I found myself drawing again, reading my favourite books, and learning new songs on piano. Getting back to my old hobbies felt like meeting up with old friends, and I was so happy to see them again. “Happy to meet you” encompasses this joy of a chance meeting with an old friend that you’ve missed dearly.



Christie Tan
2T3 PB





Moon Series

Bomi Park
2T3 Fitz



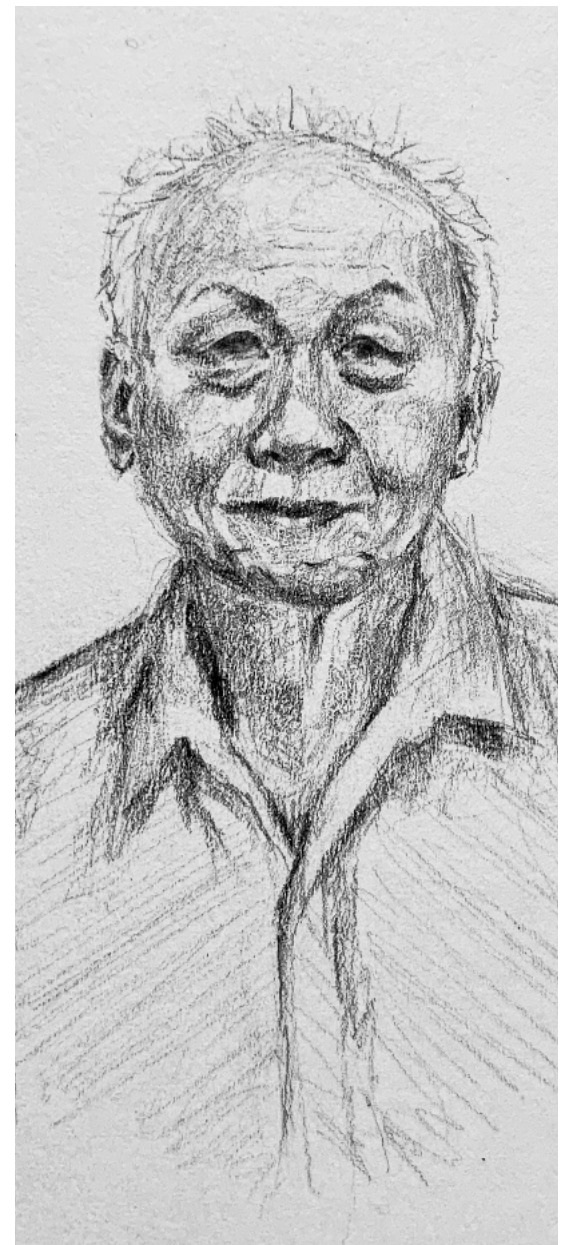
Lunch Hour with Grandma & Grandpa

Jessica Trac
2T3 MAM

A portrait of my grandparents, born out of an art club at a tech start-up I used to work at.

It was a month into my work term in a new city when I was introduced to the art club via the company slack. A group of 3-5 employees gathered each week during lunch-time and worked away on a piece in their medium of choice. We had a woman who loved to use watercolours, another intern who always worked with ink, and myself and two others who typically went with traditional pencil. In particular, this piece was done in my moleskine journal with a mechanical pencil.

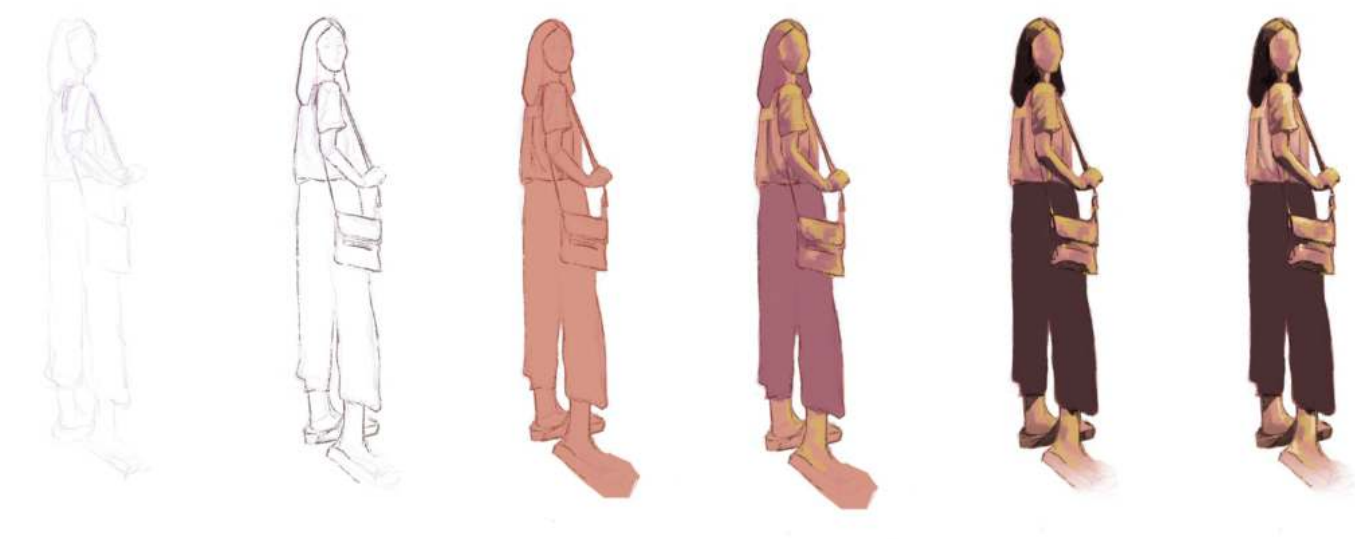
I found solace in this lunch club. It was a peaceful space within a fast-paced environment. This first piece was made during a time of home-sickness.





A digital piece based off of a photo my friend took of me during our trip to Cambodia.

I love the composition of the photo and the lighting – but it had components to it I didn’t like, so I chose to recreate it digitally. It was also exploratory because it was my first time using Procreate, a digital art app. Here you can see my creative process from the initial rough sketch, to the final artwork after a series of combined layers (base colours, lighting, shadows). I used a warm colour palette in keeping with the humid weather we experienced there.



Revisiting Cambodia

Jessica Trac
2T3 MAM

W



W

Creative Writing

No.19

Andy E. Afenu, 2T2 PB

I wrote this spoken/creative piece after facing a situation that was plagued with a lot of uncertainty. During that time, I was fortunate to have some people who could point to the end of the tunnel where the light was supposed to be—even though we all couldn’t see it.

This is dedicated to anyone who could use some light right now.

Backing music:
DYATHON – Wander



A weak scream
An expression of desperation.
Observed pain so profound
But the data doesn’t match the current presentation.

Confusion sets in
And like that guide wire,
That serves as the conduit for another catheter
A mini slumber sets the stage for an indefinite sleep.

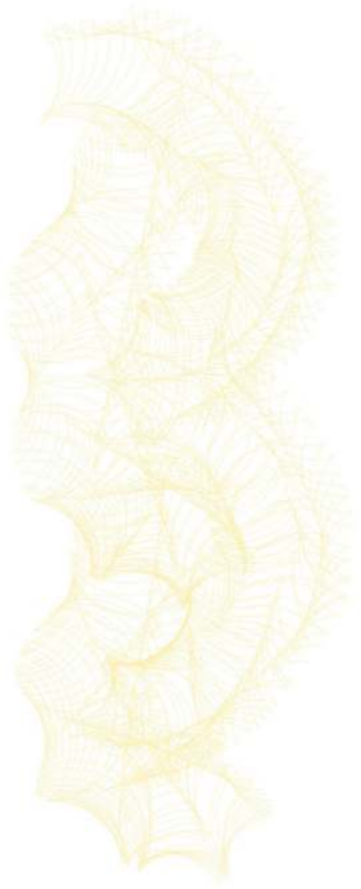
Like a gas tank filled to its brim
Pus fills these lungs.
And these canisters that,
contained precious breaths and the moments behind them
Are broken to never be whole again.

So am Dead amongst the living
And am drowning in their noise.
Their mountain, I conquered its peak
But no one hears my voice.

Hence At this summit, I ponder, over the
Vanity of it all and my deepest voids unfilled.
Their wasted years, and futile gain
life’s unknown journey brought to a standstill

As fact, science and politics outweigh love
I see the marginalized once more deprived.
This one’s heart’s been devoured
And these lungs have succumbed.

I am Living amongst the dead
In dire search of acceptance.
The wanderer faces exclusion
As he struggles to overcome isolation



For love was to set him free
But mortal greed and apathy still keeps him cap-
tive.
Confined and isolated,
Delirious and self-destructive

Minutes will give for hours
Hours will add to days
Days will birth weeks
And we will awaken from this slumber,
For we were living amongst the dead

The lessons learnt in purgatory
We wake with.
As we rise up into glory,
To a world that’s ready.
Love is what we will share
For many amongst us are needy

Calm or stormy, I am rocked by your temper.
Source of life or where ships die;
Are you friend or aggressor?

Where wind blows or my mind goes,
Perhaps there is no direction.
Smile, enjoy the breeze,
Whether ocean or emotion.



Communication can be challenging during isolation. I write the poems on my solo walks and send it over to her with no explanation; she interprets the poems and draws whatever comes to her mind.

Art by: Jenny Xue

Up and Down

Jason Zhou
2T1 WB

Smooth beige Italian leather
Gold threads woven into the letters A.D.
Defined by its curved, feminine silhou-
ette
Dainty yet sturdy handles lift it into
shape

A maroon rouge lipstick, compact mir-
ror
Crumpled prescriptions, blister pack
pills
A faded photograph of a young couple
dated 1981
Hollow and empty
The straps dig into the woman’s shoul-
ders

She says she is 67
Though her smooth complexion denies
her age
Floral dress dances with fluid movement
Dainty yet sturdy heels keep her spine
upright

Purse

Linlei Ye
2T1 WB

This original poem was inspired by a patient interview con-
ducted through the Making Every Encounter Therapeutic
(MEET) elective experience. MEET, an initiative developed by
the Medical Psychiatry Alliance, promotes the use of healing
conversations to listen and respond to patient narratives.

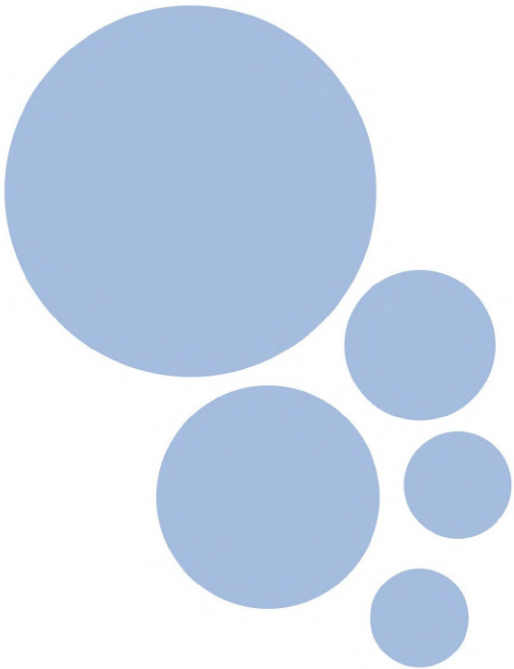


“What brings you to clinic?”
A trigger
Her lips quiver, conducting her voice to
a tremble
Tears erase her makeup, uncovering
wrinkles

Cancer is a poor judge of character
Punishing the hard working, the
kind-hearted
Its residues like tear gas
Lingering, suffocating, drowning
Loved ones left behind – hollow and
empty
Making them wish they were chosen
instead

Reaching my breaking point
Wondering, was it worth it?
In this very moment
Nothing feels worth the pain

But I look back and pick
All the moments of bliss
Yet they are a distant memory
I cannot capture again



The End

Maleeha Ahmad Qazi
2T3 PB

Enough

Yifan Yang, 2T1 PB

The before
On the wards: I am focused on
each second of silence following a question I do not
know the answer to
It’s deafening.
It’s proof that I am undeserving to be here.
Not enough knowledge, praise, productivity.

I am so tired.

The during
In the same 500 sq ft for the 19th day in row: I am
focused on
the Before fading away—into isolation—into me
with my thoughts and no one else
Mostly wandering, ruminating on the opportunity
cost of every minute wasted
“Wasted” on feeding my soul. “Wasted” on the pure
joy of learning.

Sometimes, there is a voice that is kind.
“You are doing enough. You are enough.”
It reminds me to let myself—my mind—rest.
And that the discomfort in just being
without notions of “productivity” is growth.

Nurturing the kinder, gentler voice
is not always easy. Most of the time, fear and inade-
quacy still win.

I am trying, and
I am still so tired.

The after
On the wards, once again. And beyond: may I focus on

Enough rest for my tired heart, eyes and
enough calm for my racing mind.

Enough courage to quiet the thoughts
that do not serve me.

Enough knowledge of my limitations,
of what grounds me,
of my identity as both inside medicine, and a civilian of
the world.

Enough gratitude for all
that I have, all that I am.

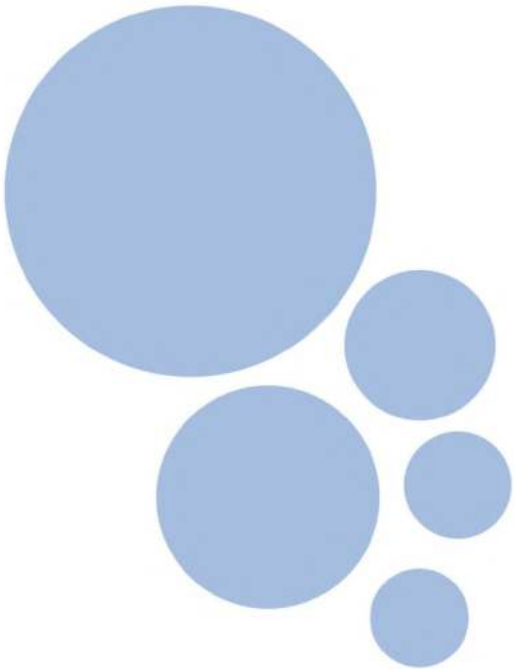
Enough kindness and understanding for all people, includ-
ing and
especially myself.



During quarantine, I’ve been thinking a lot about the notions of productivity and what that can mean for my internal script on self-worth. Interestingly, themes like doing enough and being enough, still prevail, perhaps even more so, even while away from clinical evaluations and peers, even during a global pandemic. These are some of my reflections but also some of my hopes that these growing pains will have taught me something, even after this is all over.

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Beginning

Rebecca Wang, 2T3 MAM

In my third year of undergrad, I joined the leadership team of a budding campus club that I had joined and grew passionate about during my second year. During the summer before third year leading up to orientation week, we were supposed to plan out our own orientation events to aid us in reaching students who would be interested in our club. Given that this was the first time that most of our leadership team—including me—was doing this, it ended up becoming a last-minute scramble to put together a few events for the clubs fair. It was frustrating to coordinate at the last minute, especially since my attempts to initiate planning earlier in the summer had been met with silence. It made me feel as if the other students on our team were slacking off and not doing their part.

With our few events, we were fortunately able to get the contact information of many students who were interested in joining. Unfortunately, however, this meant that there was a big list of students to contact, and only a few of us to complete the task. This, combined with heavy schoolwork and demanding administrative club tasks, meant that I was swiftly becoming overwhelmed. It felt like a never-ending to-do list that grew longer with every half-item I finished.

When I complained to my mom about everything,

she gently pointed out that she thought that I was burnt out. This idea had never crossed my mind previously, so it was shocking to hear, but completely accurate. There had been many signals, both physical and emotional, that hinted at my state. I was physically exhausted. I was not enjoying anything that I was doing, whether that was courses with material that I normally love or leading this club that I was originally so excited about or even spending time with my family and friends—because I was worried about all the things that needed to be done. I was upset with my team members because I felt like they were not pulling their weight. I had completely missed and ignored these signs telling me that I needed to slow down and rest.

This was my first experience of burnout. My mom patiently explained to me the dangers of not taking care of myself and the importance of burnout awareness, including recognizing the signs of approaching burnout and taking active steps to prevent burnout. She taught me to HALT as a way to check-in on how I’m doing – ask myself if I am Hungry, Angry, Lonely, or Tired. Since then, I have started trying to ask myself these questions on a regular basis to screen for potential indicators of burnout. Since then, my experience can be summarized in a table similar to those used in clinical settings, such as the CRB-65 score:



HALT scoring for Becca: Hungry, Angry, Lonely, Tired?

No. of “yes”	Risk of Burnout	Treatment
0	Low risk	Continue work & regular HALT screening
1	Moderate risk	Deal with that issue as soon as possible
2	High risk/ approaching burnout	STAT stop all work & deal with issues
3/4	Burnt out	STAT stop all work & deal with burnout

I am, by no means, an expert. I am not perfect at remembering to score myself or giving myself the correct “treatment” in time, but this tool has helped me catch myself many times, and direct me towards self-care. Once I began screening myself after my mom introduced me to HALT, there was an undeniable difference to my third year of undergrad. Not only did I start enjoying the work for my campus club, but I stopped feeling like my co-leaders were not doing their part when I witnessed how our differences working together synergistically actually made our whole team stronger. Since then, I have also tried implementing other strategies (such as blocking rest-time into my weekly schedule and setting a daily alarm to turn off electronics for the night) to actively prevent burnout—which I think is an essential part of living well. It’s important to continuously modify our life strategies to our always-changing world. After all, thriving—not just surviving—is critical to both our professional and personal lives, and this is just the beginning of a lifelong journey of adapting and growing to life’s challenges.

Ghosts

Mijia Murong, 2T3 PB

You wake up tormented by the nightmares of ghosts
You do not flinch when they approach
These days any company is good company
So you welcome them in for a cup of coffee
Ask them about milk and sugar

Here in the crumbling world they are a comforting sight
Something like a family of sorts
This haunting
You can always count on it to come back

You are back here in your childhood bedroom
Where you use to wait by the window for your parents to pull out of the drive-
way
When you would turn up the music
Rejoice in your new-found solitude
Now you sit by the same window
Watching the world suit up for battle

These days your heart resembles a graveyard
The way grief feels so immense without you having to count the gravestones
Funny how they call them casualties
As if there is anything casual about death

This is not the way it was supposed to be
You remember when the afternoon sun was a promise and not a temptation
When you knocked on doors bearing either cookies or an invitation
Now all you bring is danger
You can see it on their faces
That fear when you walk past them on the other side of the street
But aren't we all?
Scared out of our mind, that is
And desperately trying to make sense of our own hurting



Aren't we all in some ways curled up in fetal position,
Begging for a chance to be rebirthed?
Praying to start again with new flesh
Swearing that if we had the chance to do it all again
We wouldn't watch everything seep through our fingertips

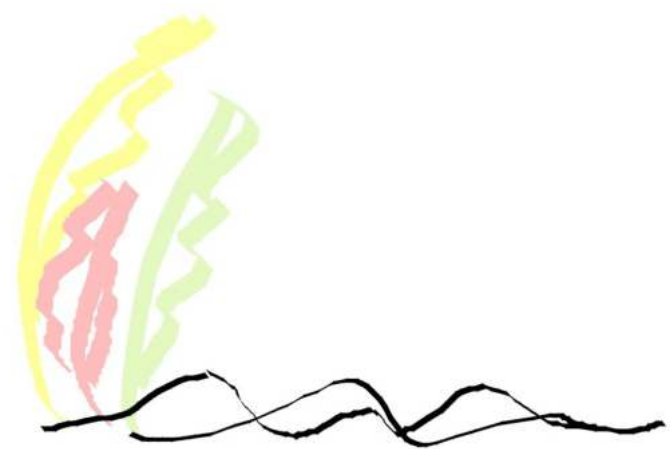
And maybe that's how it all begins:
Healing, that is
Maybe it takes for everything to fall through the gaps of our fingers
For us to see that
Interlocked, our hands can form bowls
catch raindrops
the way we did on our tongues when we were children

And so maybe instead of a rebirth all we need is a remembering
I once heard that the antonym of "remember" is "dismember"
And by that logic perhaps we remember by coming together
By inviting each other in
To reach across all of this space
Become whole despite our dismemberment

Maybe you dreamt about ghosts not because you were lonely
But because there is something to be learned
From the way they find a way to show up:
Across time and space and logic

Maybe
Our ghostly bodies
Pressed against one another's
Our phantom fingers
Interlocked
Are the brightest antidotes
To all this darkness





“Write about the day that brought you here.”

We were given this writing prompt virtually; a group of people whose paths might not have otherwise crossed if not for the Zoom meeting we were all attending. Columbia University’s Narrative Medicine program was hosting a virtual group session grounded in the practice of narrative medicine as a means to encourage reflection, engagement, and connection during the pandemic.

Narrative medicine, a field pioneered by Dr. Rita Charon, applies principles of storytelling and listening to the practice of medicine as a way to honour the subjective experience of ourselves and others. The field is vast in its application and utilization, but it is fundamentally grounded in methods of close reading and reflective writing. Together, these techniques promote empathy, collaboration, and resiliency. Narrative medicine is often used in a clinical setting to better understand and unpack the nuances of patient stories. However, in this workshop, its goal was to promote self-reflexivity and to connect with others around the world in our shared experience.

I dove into the writing prompt, set with a four-minute timer and instructions to write freely and without editing.

Today was the day that brought me here. Frustration is simmering in my chest and bubbling over every time I try to think or speak or do.

This period of time has ushered in uncertainty the world over, and has provided excellent fodder for anxious thoughts to take root and fester in my brain. The constant barrage of news combined with social distancing and occasional loneliness has left me weary and tired. These feelings blend together with the profound fear I have for the safety of my loved ones and the futility of being sidelined as a medical student, as I know just enough to fear for the safety of everyone, yet not enough to be of help to anyone.

Write about the day that brought you here.

Mythili Nair, 2T2 PB

It colours my every move and leaves me feeling tired and drained, unable to tend to anything besides the demanding, monstrous feeling in my chest.

Engaging in workshops such as this one gave me the room to pay attention to what I was feeling at the time. Being handed a prompt, a timer, and the instructions to write without thinking, without editing, and without feeling the pressure to share helped cut through the noise—which says a lot considering how deafening the world is right now. Carving out the time to write has provided me refuge during this tumultuous time as my mind plummets into the depths of uncertainty.

I needed to tend to something else. I needed to nurture something else. I need to incise and drain the festering abscess and fill its place with kindness. Patience. Grounded peace.

We invite you to join us and get a small taste of this experience as we connect from a distance. Sit down, set a timer for five minutes, and write whatever comes to mind: keep your hand moving and thoughts non-judgemental. By doing this, we hope to give you space to honour wherever you are at in this moment, and also to see different perspectives by paying close attention to what others have written.

A few of our suggested prompt ideas:

Write about a time when you had to trust.

What do you carry with you?

What are you waiting for or where do you have to go?

Performance Arts



Daffy Interview

with Catherine Meng, 2T3 MAM

“Daffy itself gave me the balance day-to-day. Without an arts aspect to balance the science-heavy medicine, I think I would’ve been worse off. Art provides another perspective on medicine. I think balancing both arts and science gives you the best experience in medical school.”

Let’s begin by talking about your experiences with Daffy. Tell us a bit about your role and how you initially got involved with the musical.

I played this character called Olivia, a character who has a lot of growth throughout the musical. A lot of students can resonate with her because she starts off unsure, but finds herself through her experiences and becomes a “leveled up person” by the end.

How I got into it... Last year, we talked about extracurriculars during O-week, and Daffy really stuck out to me, even though at that point in time, I never thought

I would get involved in a musical. I forgot about it and didn’t think I could do it because it seemed so out there. When auditions started happening, I thought that maybe I should audition for the musical, as a challenge to grow as a person.

That sounds really brave of you, especially coming into first year. Did you have an experience like this in the past or was this completely new to you?

I’ve been singing since I was a little kid, but not as part of a choir or anything like that. I became involved in choirs in high school and a chamber choir in university.

Apart from that, I didn’t have a lot of theatre experience before, other than a musical theatre class in undergrad. I really wanted to explore what it was like to act, because you exercise different muscles when acting. I tried out and gave it my best and it was amazing. I can never stop talking about how amazing it was.

What did you find different between your classic choir experience compared to a musical theatre experience?

They’re similar in the way that they involve individuals with a common goal, but in a choir you’re trying to blend as best you



can to sound like one voice, unless you have a solo. In this musical, it's like having one voice but with each person contributing a unique part. People in different areas of the play have different personalities in the musical, and it's been so fun to see how these different personalities work towards the same goal. Some of these people wouldn't be the people you talk to day to day if it weren't for this experience. Because of this experience, I've been able to build new friendships that I wouldn't have had before.

How do you think being part of Daffy has impacted your first year of medical school?

Daffy has been one of the best experiences I've ever had in my life! People ask me how I balanced Daffy with med

school, but Daffy itself gave me the balance day-to-day. Without an arts aspect to balance the science-heavy medicine, I think I would've been worse off. Art provides another perspective on medicine. I think balancing both arts and science gives you the best experience in medical school. Of course, it wasn't easy at certain points especially since I was commuting a lot from Mississauga to downtown while balancing my first year of medical school, but everything worked out in the end.

We've interviewed the director and other cast members of Daffy in the previous issue and they mentioned that when they were choosing roles, they tried to fit the personality of the character to the personality of the actresses/actors themselves. How do

“Olivia’s personal growth mirrored my experience in Daffy, in that we both came from a place of uncertainty and became more confident. When I first started Daffy I was nervous and uncomfortable, but after the musical I trusted in my own abilities.”

you feel you relate to Olivia as a character? Are there any parallels or differences?

For sure. I do think there are a lot of parallels, although, with time, you see that there are also differences. When I started rehearsing, I saw people, who, from the way they presented themselves, embodied their character. I resonated with Olivia’s development. In the beginning of the play, Olivia was timid and more uncertain. She grows in the musical, just as I strive for growth.

All the characters have a lot of dimensions. The writers did a great job of giving each character more than one trait. Olivia’s not timid for long, and the audience gets to see her grow stronger. She’s also a very caring person, and only got into the whole predicament because she was trying to help others. I’ve learned a lot about her as a character. Olivia’s personal growth mirrored my experience in Daffy, in that we both came from a place of uncertainty and became more confident. When I first started Daffy I was nervous and uncomfortable, but after the musical I trusted in my own abilities.





You mentioned commuting to downtown. Could you elaborate your experience as a MAM student?

In previous years, I heard there wasn't a lot of MAM involvement in Daffy. I'm so proud to say that there were a lot of MAM students involved in this year's production. It gives MAM a spot on the map. For me, it was more difficult, because it would double the commitment time. Rehearsals were 2-4 hrs on Tuesdays and Thursdays per week on average but I had to commute an hour before and get home very late. It was tiring, but I found ways to fill in the time, like sleeping or doing work on the shuttle. The commute became a therapeutic experience, a way for me to relax from school, step back and take a break. At first, it was quite the adjustment, but everyone was very open to helping us during show week (which required coming downtown everyday), by offering their places to stay over if needed. I hope that in the future more MAM students are

involved in Daffy, because it is such an amazing opportunity.

I know you also submitted a visual arts piece to Palette's last issue, and I'm wondering how visual arts fit in with your interests, especially among your other artistic involvements, such as musical theatre and singing?

I really like creating new things and that manifests itself in different ways. I have really enjoyed drawing since a young age, as a way to express myself without putting myself out there, unlike singing, because you could just put it on paper and then display it. With music, it's a very open experience that requires you to be more vulnerable. I felt like I channeled my creativity into visual arts before I realized that I really liked to sing. Singing and music have been my ways of opening up. They've also given me a lot of valuable relationships and helped me be unafraid to put myself out there. That being said, I really do enjoy visual arts and am hoping to get back on that soon.

What were some challenges you had to overcome during Daffy?

Because my character had many parallels to my own personality already, it wasn't too hard to act, but there were a lot of emotional components to that as well. When you're acting, you put yourselves into that character's head - how would they react etc. For instance there's a scene where she's really nervous, and I had to think about how I would behave if I was nervous or force myself to be nervous in order to act the part. I think just getting used to acting and being expressive was a big learning curve for me.

We talked about Daffy being a good experience for growth, what were your specific learning points and take home points, looking back at it now?

What I learned is how a little bit of trust in yourself can go a really long way. Not doubting

yourself or asking yourself what could go wrong, but trusting that you can do it and that you will do it can take you a long way, even more than preparation and drills. I thought I would be nervous during the performance, but being confident in what I could do, and knowing that making one mistake won't mess up the entire performance itself made me less nervous. Through this experience, I learned to trust myself more and to be more certain about my abilities.

If you had to pass on a message that you can pass on to an incoming student next year who might be interested in Daffy, what would you say to them?

I think a few of us weren't sure if we should audition or not, so my advice is that if you even have a little inkling of auditioning, go for it! Auditions are scary, but you go in there and you give it your all and you never know what you might be capable of. Even if it doesn't work out, there's always next year. This isn't something that you want to miss out on. You won't regret it for sure.

How would you see yourself being involved with Daffy next year and how do you see arts/music being a part of your career in the future?

Music and the arts in general keep me grounded. In the long term, I definitely want to incorporate music into my life. I've been exploring some song writing in the past year or so, so I'm hoping to continue that and maybe join a choir. Being a doctor isn't easy and medicine is a difficult career, but I think coming back to music will help me through the tough times.

Next year, I'd love to be able to be involved in the theatre experience in some way, maybe through com-

munity theatres. But there's nothing quite like Daffy. I'm not sure yet about what's happening but with Daffy—it'd be nice to take on a leadership role and to help create the production next year but acting is also so much fun, so we'll see what happens next year.

Do you have any recommendations for music or art that you'd want to share with the UofT Med community?

This might be a different answer. To whoever's reading this right now - instead of looking for art or music, try to make your own. For me, I really enjoy making my own art. It's a very different experience.

“Whether you have experience or not, put yourself out there and write your own music, even if the first ones don't sound good. Or paint and make arts and crafts. Something that comes from you is a very different experience from something that's coming from the outside.”



Interview

with Victoria Li and
Yuang Chen, 2T2 WB

Q: Tell us a bit about yourselves and your involvements in music.

V: I'm in second year right now. In terms of music, I've been involved with Daffy since first year where I played the clarinet. This year I was one of the music directors in Daffy where I conducted and arranged music. Outside of school, I love singing and playing the piano as well as just jamming with my friends. Recently I've been taking my interest more seriously, so I started a YouTube channel!

Y: Music started as a hobby for me as well. Back in grade 6, I pieced together a band piece from my random knowledge of wind instruments, but my band teacher told me it was no good—I didn't compose for a year after that. Later, I started learning music harmony and music theory because I was doing piano, so I dabbled in composing again. I actually liked it enough that 2 months into life sciences at Queen's University, I switched into music composition without telling my parents. They actually didn't find out until I graduated. After getting into UofT med in the class of 2T1, I did a cover of the song "Shelter" (by Porter Robinson) on my YouTube channel and it went viral. At that point, I told faculty I wanted to take a leave of absence to work on my music career

and they granted it. I had to redo my first year as a result so I'm in the class of 2T2 now, and I've just been continuously working on YouTube and publishing on Spotify.

Q: It seems all your life, there has been some degree of conflict between your pursuit of music composition and science. Can you tell us a bit more about how you integrate and balance between the two fields?

Y: Very early on, I actually hated music. It was a chore for me because my parents forced me to play piano and I would play piano and play game boy at the same time. It wasn't until later when I started writing music and had a bit more of a music foundation that I began to enjoy it and seriously consider music as a career. But by that time, I was already very science and medical school bound. Eventually, I went into school for a science program because it was the easiest way out of the huge conflict I had with my parents about career path, interests, and financial sustainability. But once I was at Queen's, I wasn't having the greatest time doing the science courses. I figured I'd rather take a chance with music. So I switched into music composition which I really enjoyed, but then I also started to miss the human to human interaction I would have experienced in healthcare. This reignited my interest in medicine and is basically how I got to where I am now, which is doing both medicine and music at the same time—although I still have trouble finding a balance.



Q: Victoria, you also have a significant and growing music involvement. How do you find the balance?

V: I have a similar starting story. My parents started me on the piano when I was really young, but I quit in grade three or four because I really didn't enjoy being forced to learn something. I grew up in Taiwan, and it wasn't until I joined the band in middle school that I fell deeply in love with music. In Taiwan, the public school bands train very intensely. You have to come in on weekends to get mandatory lessons from professional musicians. It was my first experience to be professionally trained in something I absolutely loved doing, and I was genuinely so happy. I think it was then when I realized music has become an integral part of my life. Afterwards, I started to explore other instruments and taught myself how to play them. I also got back to playing the piano, and got started on the guitar, flute, and clarinet. When I was in undergrad back at McMaster, I tried to immerse myself in all of the musical opportunities I could find. I often collaborated with other musicians on campus to do gigs, usually singing and playing the clarinet. Now in med school, I seek out to be involved in all kinds of musical opportunities such as Daffy and clubs outside of medicine like Appassionata (performance arts club).

I'm passionate about many things in life. I've always wanted to have a career in science, but I also know that music is a passion I want to carry along with me through every stage of my life. Right now

I'm still trying to figure out how I'm going to incorporate music along with my future career. Music has already played a big role in my medical school experience, and I think balance for me comes from learning to prioritize one over the other at different times. For example, during the summer or when school work is lighter, I would take a couple of days off my usual schedule to prioritize in producing some music; but during clerkship, my priority will likely be medicine and learning about the knowledge I need for my career.

Q: Yuang, you mentioned that music is a personal passion, but you missed the human interactions you would have in healthcare. Do you think there is a way for music to help you connect with others?

Y: Speaking from the perspective of someone who is active online, the majority of my listeners are on YouTube and Spotify. I actually didn't meet any of my viewers in person until I met Sheila (violinist in Daffy) who had listened to my music before she met me through Daffy. With my work being online, I can see the number of people listening to my music and also how it plays a role in their lives, whether it's them listening to my music on the way to work or in the background while they study. It means everything to me as a musician and composer, but in reality, a lot of composition is also me sitting in a dark room staring at a screen and writing music. A solitary art for many hours until you release a track. In that

“I wasn't having the greatest time doing the science courses. I figured I'd rather take a chance with music. So I switched into music composition which I really enjoyed, but then I also started to miss the human to human interaction I would have experienced in healthcare. This reignited my interest in medicine and is basically how I got to where I am now, which is doing both medicine and music at the same time.”

sense, it's hard to experience the impact of the work in person because you're not talking to your audience or engaging with them in person. As a human being, that means you're missing a really important part of what gives you satisfaction. Back when I took a leave of absence, I was actually struggling with depression because I was writing music for months on end with no social contact. And even though I was getting millions of views, it didn't really help me personally in terms of making me feel completely satisfied with my work. That made me really enjoy medicine because it is all about being with patients and coworkers and it is very much not a solitary art form. I find the mass effect and personal aspect of medicine and music very complementary.

Q: Why did you choose YouTube as the space for you to express your interest in music? What sort of content are you personally planning out and what do you see yourself putting out in the future?

V: I've always liked playing and improvising on the piano while singing to songs I like. I've followed a lot of YouTuber-musicians who do that and have always admired their ability to interpret any music in their own style regardless of how different the original song sounded. These artists inspired me to embrace improvisation and find my style, so one day I just decided to make an arrangement of a song that I was listening to. It was very tedious in the beginning since I had no idea where to start. After watching many YouTube videos to learn more about music theory and mixing techniques, the process got a lot easier and was incredibly enjoyable. Recently, due to the stay-at-home situation, I had a lot more free time to officially produce some of these arrangements and post them on YouTube. I only just started posting a couple of weeks ago, but I think this is the beginning of an exciting journey for me! I have only made arrangements of C-pop songs so far, but I'll soon be attempting some different genres.



Photo by
Yenah Seo,
2T2 PB

Y: YouTube started entirely by chance. At the end of every year on Dec 31, my family always meets with two other families for our new year's party. One year, my family friends pulled up someone's orchestral cover of Porter Robinson's "Shelter" to show me how amazing it was. At the moment, I thought it was really bad and when I told them, they made a bet that I couldn't make a better one or get as many views. I thought I'd give it a try so I arranged my own Studio Ghibli orchestra rendition of the piece and published it

Q: What drew you to the types of music you arrange and compose? Why do you like those genres?

Y: "Shelter" itself is a type of electronic piece. A lot of initial subscribers were already listeners of this genre. I sort of followed with that because that's what my listeners were looking for and I liked it as well. So I stuck with that genre as the centre and it expanded outwards. Yeah, it is more like I landed here, I enjoyed where it was, so I didn't really try to relocate.

"That made me really enjoy medicine because it is all about being with patients and coworkers and it is very much not a solitary art form. I find the mass effect and personal aspect of medicine and music very complementary."

on YouTube. I ended up winning the bet. So that's all to say that my YouTube channel started on a stupid bet. I had no intentions or prior planning. In terms of content I'm making right now, I'm doing a bit of my own original work, as well as covers. I do electronic covers and Japanese EDM music, and I also do my own releases which are more calm orchestral cello and piano works. They're both popular amongst their own audiences.

V: I truly enjoy listening to all types of music, but pop ballads have a special place in my heart. Growing up in Taiwan, one of the biggest cultural activities among students is karaoke. It was my favourite after-school activity, and it was how I bonded with some of my closest friends through our love for singing and music. Karaoke was also the reason I started singing in the first place. The majority of songs at these karaoke places are C-pop, and the

C-pop scene is full of ballads. The current style of my YouTube content is significantly influenced by the hundreds of pop ballads I have repeatedly sang throughout my childhood and teenage years.

Q: What is your most memorable or favourite music moment?

V: I’ve always thought there will be other musical moments that’ll trump this, but the first ever performance I had with my middle school band in Taiwan still remains my favourite. For the 13-year-old me who had been brought up in a society that emphasized school work and stellar grades above all, bonding with classmates who enjoyed playing music as much as I did was an interesting and incredible experience. Like I mentioned, these bands in Taiwan are very intense. A week before our competitions, we would rehearse together day and night, bonding over our love for music. By the end of it, my bandmates were like my second family. I can still replay the moment when we finished the performance in front of the judges and stood up together as a group as the conductor bowed. The strong sense of accomplishment and belonging we felt as a group was phenomenal. Each of us felt like an important and necessary part of this greater project. Collectively, we knew how much we had progressed and were so proud of each other for it. It was such a profound feeling of connection that I still remember to this day.

Y: I second what Victoria said. I played with the Ottawa Youth Orchestra for many years and it was

an amazing experience. Everyone has worked so hard and the performance is the culmination of this concerted effort, which is beyond description of words. Another experience that I found memorable was when I got a random email one day. The person was saying “Hi, I found your work on YouTube and I really enjoyed it. I’m an agent for Carly Rae Jepsen.” I was like, “woah is this real?!” I googled the person’s name and he is actually real and an agent for Carly Rae Jepsen. I kept reading the email, and he said that he wanted me to do a rendition of Carly Rae Jepsen’s new song “OMG” with Gryffin, this other pop music artist. And that’s how I ended up with my first collaboration with Carly Rae Jepsen and Gryffin.

Q: How do you feel your involvement with music, whether through Daffy or through YouTube, has influenced your experience of medical school?

Y: Daffy is definitely one of the most memorable experiences for me in med school. I think it really helps you see the wonderful artistic talents of our class and get to know people that you wouldn’t have otherwise met yet in your class. I know a lot of people who came into Daffy as complete strangers and came out of it as best friends. It’s a way of getting to know people who are alongside the medical journey with you beyond just the specialties they want. It allows you to see them for who they are outside of medicine.



“Personally, music serves as a source of happiness but also as a coping mechanism. Sometimes when I feel stressed and don’t want to study anymore, I’ll use music as a motivation to finish my work, and it works every time. It co-exists nicely with medical school studies.”

V: I totally echo that. And personally, music serves as a source of happiness but also as a coping mechanism. Sometimes when I feel stressed and don’t want to study anymore, I’ll use music as a motivation to finish my work, and it works every time. It co-exists nicely with medical school studies.

Q: In terms of external pressures from parents or school, how do you manage that and convince others to be supportive of what you want?

Y: I’m still not done answering it to this day. My parents are still a bit apprehensive towards my music career, and they still think it’s a lost cause in many ways. It hurts me on the inside when my parents brush off my music career, but I’ve definitely learned to take that better through the years. That being said, I still care very much what my family feels because they are the people who got me started and who love me unconditionally, so I try to address their fears. I tell them the realistic stats in regards to my

music career and also talk to them about my future plans for medicine—or whatever semblance of a plan that I have so far. It doesn’t work all the time, but it’s better than saying nothing. I definitely don’t want to cut off my parents, that’s the last thing I want to do.

V: Yeah I agree with Yuang. My parents have always been supportive of me doing music as a hobby, but if I try to take things further, such as taking lessons, they would ask if it was really necessary. It’s been easier after coming into medical school now that I’m on track to a stable career. I really respect their views, so I think it’s important to reassure them that music is beneficial for my well-being and that it actually helps me get through medical school. Recently, they’ve been showing support for my new channel which I’m really grateful for.

Q: How do you deal with the pressure from being on the internet and receiving any negative comments from your audience?

Y: I think people should be able to say what they want as long as it’s not advocating for violence. For me, that includes people who are derogatory towards my music. I will dislike the comment, but I will never delete it or block the user from my channel. That being said, I always reply to their comment to ask for more specific feedback. Sometimes, people will reply and explain that they “disliked X part for X reasons,” to which I can say, “thank you for sharing that with me, I will think about it for the future.” I definitely take a look at criticisms, constructive or otherwise, because I think that’s part of a musician’s job, but I think it’s important to keep a thick skin especially when putting yourself on public domains such as YouTube. You have to have the confidence to believe in your work.

Q: If there is anything—a message or a song—what you would want our readers to discover?

V: I want people who are in art to know that if something means a lot to you and gives you immense happiness, even if you can’t find the time to pick it up, try picking it up! Being in medicine doesn’t mean you have to put a pause on your hobbies and passions. There are no limits to how many passions one can have. Surely, your career will become a huge part of your life, but it’s important to look inside and uncover the other things that are worth making time for. In fact, art or any other hobby can help

you drive your medical studies and discover a new part of yourself, and maybe in the process you’ll find something you want to take along with you on your long journey in medicine.

Y: Something that is generic but worth mentioning because it is so true is that you have to take risks. Whether it is taking risks in scheduling time or submitting works in competitions, conferences, contests—you have to put yourself out there and at the risk of failure or being criticized if you want to go further. The beautiful thing about creative pursuits is that it is a double edged sword. Because it is subjective, two people can have very different opinions on the same piece of art. That’s what makes it such an attractive and unpredictable field. If you want to be a successful creator by any standard—your own or someone else’s—it takes risks and failure before you can get there.

Q: What are your YouTube channels?

V: My YouTube channel is Victoria Li (Wei-Ya). Come check it out if you want to hear me sing and play the piano, or just to see my face! Also, if you have any song requests, please let me know!

Y: I go by the artist name Seycara. I am active on both YouTube and Spotify. Apparently we are a very popular choice of background music for studying, so please check it out if you have the time!

Daffy Interview

with Nelson Saddler and
Kyra Moura, 2T2 PB

Q: Tell us about yourself, and what you have been up to since social distancing started.

N: I've been at my parents' house. I wake up and try to work out or give up and succumb to playing video games (Call of Duty). I'm trying to work on a paper currently as well and pretending I can read. I'm planning to go back downtown next weekend to babysit and grocery shop for families.

K: I've been living with my parents in Scarborough. I was supposed to be in Portugal this summer, but it got cancelled. Now, I'm working on a research project on COVID-19 and how it's affecting healthcare workers in the ICU. I also take my dog on a 2-hour walk every day. My sister is also home from clerkship now, so it's been fun living together again.

Q: Can you tell us more about what stage crew does?

K: Stage crew's role is everything you don't see on the Daffy stage—there are a lot of parts, including helping with quick changes for actors, prop arrangements, and backdrops.

N: There's a lot of coordination with regard to getting what the directors and actors want. Our job is ensuring that things are all completed to the director's and producer's standards. We make sure that everyone has their say but also are the voice of reason about things.

Q: How did the two of you get involved with this?

K: I have vocal cord polyps, so I can't even sing a Taylor Swift tune. My roommate was one of the leads last year, and she made it sound amazing; stage crew was where one of my talents fit. Like Nelson, I did stage crew in first year, and then we both applied to be stage crew managers in second year.

Photos by
Yenah Seo,
2T2 PB



“I think stage crew is like the anesthesiologist of Daffy. You don’t see us much, but if we fuck up, you will definitely know.”

N: I (surprisingly) have a bit of stage fright—singing or dancing on stage in front of a crowd (without liquid courage) isn’t my thing. When I saw the posting for stage crew, I had never done it before, but wanted to go behind-the-scenes and learn more about the show biz.

Q: What were the biggest challenges of managing stage crew?

N: One of the most challenging aspects was keeping everything realistic for the shows. There were different desires among the band, directors, and actors, and we had to make sure they were all achievable safely in the allotted time. We were there as the voice of reason when the ideas got a little too large. It was challenging, but everyone was very great to work with, and we all had such a fun time.

K: There weren’t that many challenges. Everyone in Daffy is so excited about it and very hands-on. The show ran so smoothly because we all knew our jobs and our vision. It also helped that we

had both done stage crew last year. Managing expectations of the strength of a normal human was the only real challenge.

Q: What was your most favourite thing about doing stage crew?

N: Kyra’s favourite thing was wearing a headset and bossing me around, a thousand percent.

K: I was on a power trip. It was so much fun.

N: I would run over and go tell the band something that the directors asked, and then Kyra would run over again as if I didn’t exist.

K: Ok let me explain! We took opposite sides of the stage and in between scenes each side had its own responsibility depending on what was on each side of the stage for set. When all the actors were on stage and it was all good to go, we would say, “Stage right clear” or “Stage left clear” over the head-

sets. Once both sides were clear, the band would start playing and the lights would be turned on so it kind of turned into a competition of which side of the stage would be finished sooner. Nelson would always finish but not say that his side of the stage was done —and so stage right would be clear, and we would all be twiddling our thumbs, and the director would be ask, “Uh Nelson?” And I would have to be like, “Stage left is already clear, oh my God!”

N: Patience. Patience is a virtue.

Q: Tell us more about how your experience being stage manager differed from being part of the stage crew last year.

K: Just like last year, we ran it collaboratively and had a document opened on our laptops on either side of the stage with when and where everything had to go on, and what had to be done in between each scene. Eventually, everyone in stage crew knew what to do and we just had to assign them to each

prop. If anyone in stage crew had questions, they could always go and check the document. I think the bigger difference between stage managing this year was that 1) we had to be the ones making that document, so we attended many more rehearsals and meetings beforehand and talked to the directors to clarify everything from the script, and 2) on the performance nights, we were responsible not only for clearing the stage, but also making sure the directors are ready when the audience enters. The assistant director Andreea was also backstage, helping with these tasks, but a bit higher level.

N: Yeah, it was interesting to see the leadership change. During the first show day and rehearsal, we were making sure that everything was being done, but as the days went on, people sort of knew what they were doing and we just had a more confirmatory, rather than instructive, role.

Q: How would you describe the dynamic between the two of you? What is the rest of the crew like?

K: Stage crew is one of the most fun jobs. I think we tried to lead it in a fun way, because it can be dull otherwise if you’re just sitting backstage in between scenes, watching the same scene twelve times over the span of a week. We really focused on positivity and energy and fun, especially for the second years,

who had an halfway through show week. It’s hard to keep the morale up in the last couple of shows, so making it fun was a big focus for us.

N: If you’re backstage during the show, you can definitely see people dancing or singing along, almost pretending we were the actors. That was kind of how we kept the morale up and the energy really high. Last year, Kyra and I were on the same side, and it would be like the fourth show and I was laughing at a joke that I hadn’t heard yet, and I remember Kyra asking, “We’ve seen this show like four times in a row—how have you not heard it yet?!” This year, that didn’t happen because I knew the lines better, but last year I was hearing stuff for the first time every time.

K: Yeah there were so many jokes that you had to see it a couple of times to really pick up on all of them.

Q: What are the physical and personality traits that make someone a good stage crew member?

N: Night vision, hands down. I think collaborative teamwork approach and high energy are big things for stage crew. Some people look at the job as mundane, because we’re sitting off to the side and picking up something to move it around every once in a while, but when you remove that barrier and start to integrate yourself into the show, you start having fun with it.





K: I think stage crew is like the anesthesiologist of Daffy. You don't see us much, but if we fuck up, you will definitely know.

N: Yeah, the moment we say "Stage clear" and the lights come on, I hold my breath to look on stage to see if anything's messed up. That's the scariest moment of every single scene.

Q: Have you ever noticed anything amiss on stage? And if so, can you maybe share one of those moments?

N: A hundred percent.

K: Yeah, sometimes over the headset, I would hear Brendan or Julia asking, "...Stage crew?!" when something was off.

N: One time, there was a scroll thrown off stage and we were supposed to grab it, and it was missed. Small things

would be missed on stage, or a back-drop would be slightly turned. The audience probably won't notice that, but we're running on perfection, so we notice the smallest thing and groan about it for the entire scene. And that's not even including prank night...

Q: What is prank night?

N: I'm so glad you asked! Friday is prank night, which is usually also clerks night (the night clerks come). Two main things usually happen that night, namely more cameos from last year's cast and the stage crew pranks. We try to aim for harmless things that won't be noticed by the audience and aren't going to mess up the actors and actresses, but will be noticed by the actors and actresses. This year we had a theme of "eggplants," so there were just eggplants randomly on stage. They were on a chair, or on a table hidden from the audience, or in the beer pong cups. Real, full-sized eggplants.

“Seeing the performance from the behind the scenes also gives you way more of an appreciation of the hard work that goes into running a clean show.”

Q: And can we ask why the theme was “eggplants” this year?

N: Well, we see ourselves as scholars and while brainstorming as a group, a stage crew member, Fanny Cheng, came up with the theme. We had a lot of ideas that were posed, and somehow, we got on the topic of raw vegetables. Eggplants were thrown out there as a nutritious vegetable that everyone enjoys, and seeing one might put a smile on someone’s face. I don’t know about how suggestive eggplants are. All I know is that it aligns with our humour.

Q: Were there other ways that the theme of “eggplants” showed itself aside from physical eggplants on stage? For instance, was there anything in the script that was changed?

N: We have a script backstage that we follow along, but what’s cool about Daffy is that even though we have the script, the actors and actresses really take the script and

make it their own. I don’t think one actor or actress said the same lines the entire play on any night. They all took it and freestyled it, which was really cool to see. We couldn’t mess them on that one, since they knew what was going on. Last year we put weights in a backpack, so when the actress (Lauren Beck) tried to take the backpack off stage it was too heavy to carry on her backs and she had to drag it off.

K: I think it was traumatizing for her. I mean, we think all the pranks are hilarious, but it probably wasn’t actually that funny for the audience.

Q: How can we make sure our behind-the-scenes workers are getting the recognition that they deserve?
K: Daffy got stage crew on stage for the curtain call, which is a small, but validating, gesture—it just feels nice to be on par with the actors and actresses who everyone sees on stage.

N: I completely agree with that. I think even outside of the show itself, when Daffy has their get-togethers, stage crew is always involved. Whether they’re potlucks or parties or notes written for each other throughout show week, stage crew is involved in these opportunities, which really adds to the family feel.

Q: Is there a message that you want to give to people who want to join stage crew?

N: If you haven’t had any experience with the dramatic arts, don’t be dismayed from joining stage crew! I had no experience whatsoever before getting involved first year. Getting on stage was one of the most fun ways to introduce myself to the production of musicals. Seeing the performance from the behind the scenes also gives you way more of an appreciation of the hard work that goes into running a clean show. From the coordinator position, seeing the assembly of sets and backdrops was stressful, but also a really fun experience.



K: I can’t really think of a specific message, but for anyone who’s thinking about joining, you absolutely should try it, especially if you’re not someone who thinks you have any artistic talent. It’s a nice way to still be involved in one of these incredible shows by doing something you’re good at, like organizing people, picking up furniture, etc. I think there really is a role for everyone in the production, and this is one of the roles that you might not have considered in the first place.

Q: What is one art recommendation that you want to share with our readers?

K: On the topic of shows, I saw “Come From Away” recently. My

family really likes seeing musical theatre and shows in general, and “Come From Away” was by far one of the best shows I’ve ever seen. It’s also such a nice story because it’s a Canadian story, so I would really recommend anyone who has any interest in Canadian history or the event of 9/11 go see it.

N: Going off the musical train here, I saw “Hamilton” during the week after Daffy finished. Because I had just helped out with Daffy, while watching “Hamilton,” I was wondering about who was running the scene backstage to make sure everything was coordinated. At the same time I was enjoying the production, I was also really enjoying how the stage was set up. Stage crew gave me a better appreciation for that.



Lifestyle Design



Alumni Feature: Dr. Justin Lam

Tell us about yourself.

I'm a third year pediatrics resident here at SickKids. I went to medical school in Toronto and am also from Toronto originally. I did my undergrad in art history, specifically focused on Japanese art history, partly because the professor was fantastic, and partly because it was an area of interest. It's interesting to see how everything has tied together from undergrad to medical school to my interest in pediatrics and to my research.

How did you transition from an art history undergrad to medical school? What has that been like for you?

In high school, I had the opportunity to take classes in art history and I really enjoyed looking at a work of art and figuring out its place in society and the whole production process. I was fascinated by the process of looking closely into pieces of art to see what we could discover about the civilization at that time.

Coming out of high school, I thought that I might be interested in medicine. Because of this, I figured, "Why not take the time I have in undergrad to pursue something completely different from medicine?" This was out of a misconception that medicine would be purely a study of biology, chemistry, physics, and the biomedical sciences. That's what led to an undergrad degree in art history.

When I first started undergrad, I still did my premed courses. I took biology, chem and physics, and it wasn't until the end of my second year in undergrad that I took my first art history class. Thinking

back, some of my favorite terms were ones with a mix of classes, where I could draw connections between the different classes I was taking. It was intellectually fulfilling.

What drew me to Japanese art history was the art from the Edo period, which was a very hierarchical time that lasted from 1600 to 1868. At that time, there were very strict rules around what someone could do, wear and display their wealth. It wasn't until a couple years ago when I made the connection between the hierarchy of the Edo period with the hierarchical culture of medicine.

I also took education classes during undergrad, and getting to know the history and sociology of education. Those are some of my favourite classes. It was such a fantastic time.

Interestingly enough, it was a humanities course that helped me to decide that medicine truly was for me. In my second year, I took a class called "How to Become a Doctor?" It was a small seminar class taught by a retired cardiothoracic surgeon. We read stories, poems, and other pieces written by med students, patients, and doctors from all walks of life. Although I had shadowed and volunteered before, it was through reading and reflecting on those pieces that I got a more nuanced expectation of what medicine would be. It was through that class that I decided that maybe medicine was for me.

There was a moment at our graduation, after I had applied and been accepted to medical school, when I started to doubt myself, whether I could do it. There were times where I felt like my background

in art history would help me be a better doctor, but I was nervous. After all, it was two years since I had done any biology and chemistry classes. At my graduation, there were only 4-5 of us graduating from the Department of Art History. I remember after the ceremony, this elderly gentleman walked up to me and shared with me that he was also a doctor who had studied art history. The exact words he said were "It will all work out." It was so reassuring to hear that, and it helped me believe that maybe I could do it, too.



I was fascinated by the process of looking closely into pieces of art to see what we could discover about the civilization at that time.



Lifestyle Design

Medical school started, and I would be lying if I said I didn't feel like I was at a disadvantage compared to my peers, because I really hadn't taken any anatomy whatsoever. For the first couple of years, I felt like I would be seeing content for the first time while my classmates would be going through their second or third pass. At the very beginning, I had to catch up and work a bit harder, but I didn't feel like my arts background ever put me at a disadvantage in the long run. All the skills I got from studying art history and the humanities, including looking closely at something or piecing together a narrative or remembering the bigger picture and social context, were skills that I found useful throughout medical school and residency.

I found that many of my medical school highlights were from experiences related to the humanities. I was involved in ArtBeat and drawn to people who recognized the value of the humanities in the art and science of medicine. Through ArtBeat, we were able to digitize a lot of the companion curriculum, and create the corresponding website and Facebook page. I was also involved in the Humans of 1T7 project, inspired by Humans of New York. A group of friends and I started the project because we wanted to know our classmates on a deeper level. My involvement in the humanities was a highlight of my medical school experience, which continued onto residency.

I also took one of those elective educational experiences at the AGO. Every Wednesday night, we would go around the art gallery with Dr. Lisa Richardson and Dr. Allison Crawford. We'd look

closely at the paintings and have discussions around how they were relevant to us, and how they resonated with our experience of learning to be doctors. That was a fantastic experience as well.

Dialing it back to your undergrad — was there a specific reason you chose the Edo period of Japanese art? What drew you to it?

Partly, it was because of what courses were available, and partly, it was because I had previously taken a fantastic course with a professor who specialized in the Edo period of Japanese art - one of my favourites was an entire class about art and politics of the Japanese tea ceremony. I had also

You mentioned that you're a pediatrics resident? What drew to that specialty?

I didn't come into medical school thinking I would be interested in pediatrics. My first exposure to pediatrics was in the summer after first year while doing a summer research project on the hidden curriculum. I had luckily stumbled into that topic and worked with that supervisor in the SickKids SPReSS (Social Pediatrics Research Summer Studentship) Program. As part of that program, we listened to weekly talks by different pediatricians and had some opportunities to shadow pediatricians. Through that experience, I felt like, "Hey, this might be a group of people that I fit in with, that I get

“My research experiences in the hidden curriculum, power, equity, diversity and inclusion highlight how hierarchies exist in learning environments.”

My art history experiences helped me better understand how power influences society and how individuals act.”

happened to study the Edo period during high school. Today, I see a lot of parallels between how societal hierarchies play out in Japanese Edo period art and how societal hierarchies play out in medicine. My research experiences in the hidden curriculum, power, equity, diversity and inclusion highlight how hierarchies exist in learning environments. My art history experiences helped me better understand how power influences society and how individuals act.

along with. I can see myself belonging here.” I think that's something that's really important in making a residency choice. It's almost as if you're joining a community. And it's so helpful when that community values the same things that you do.

As a medical student and now as a resident, I felt like it was important to be able to address the social determinants of health (SDOH). Through SPReSS, I saw that pediatrics was one of



Photo by: Justin Lam

those spaces. I'm not saying that pediatrics is the only space, but as a medical student, I found that pediatrics was one of those spaces where we could talk about and address the SDOH for our patients, and that was something that was really, really important for me in choosing a specialty.

In clerkship, I participated in the Longitudinal Integrated Clerkship Program (LInC). In this program, we would be paired with preceptors and would work with them throughout the entire year. During my year-long pediatrics experience, I found that I really enjoy working with parents and families. It wasn't that I didn't enjoy working with adults, but I found myself deriving more meaning and joy from working with children and their families. I also enjoyed the puzzle-solving aspect of figuring out pediatric problems,



Photo by: Justin Lam

since, you know, a baby can't talk to you. You have to work with the parents to figure out a diagnosis and management plan. Ultimately, it was a combination of all those different factors that drew me to pediatrics. Finding a community that I thought I could fit into, having a space where I could make an impact on the SDOH, a clinical practice that I enjoyed, and the kind of relational aspect of it that can fit well with who I was and what I was looking for. Could I have been happy in other specialties? I think so. Probably. And I think that's important to recognize as well. I often tell med students this, that 90-95% of us probably could be happy in more than one specialty.

“In a lot of what I do, I strive for kindness.

...

With kindness comes other qualities like empathy and compassion. When I think about kindness, not just in our clinical work but also in our educational work, I think about the importance of recognizing where people are coming from and not making any assumptions and remembering that everyone has their own struggle.”

If you didn't go into medicine, what are some alternative careers you've thought about?

When I was studying art history during undergrad, I was drawn to the study of power and inequity in society with art as a lens. Some of my favorite classes were in the sociology and history of education. There was a period of time when I was really interested in meritocracy, the idea that the best rises to top, and problematizing that concept. With those interests, I think I would probably have ended up in some kind of education job, either as a teacher or an academic studying inequities in education and access to education.. That would have been one path I could have taken. I try as much as possible to bring that path and combine it with the path that I'm taking right now.

Photography has also been a big passion of mine throughout my life, and I've considered it as another potential career path. There's an element of storytelling to capturing moments through photography that I really find meaningful. One of the elements of LInC was a patient panel, where we can follow patients, with their permission of course, through different stages of their healthcare journey. One patient I followed was someone who was admitted to the hospital for a terminal illness. I went back to visit him multiple times. I asked permission to take a photo of him. I still have that photo and ended up publishing it in a journal. It's not the publication that is important; it's what the photo was able to capture in that moment. In another life, I could have been a

photographer. Throughout medical school, I pursued photography with the Humans of 1T7 project and photography for Daffy, which was a lot of fun.

In a long way of answering, maybe something in education, either in a teaching or academic capacity, or something around photography.

What does photography look like for you?

I've mostly been using DSLRs because of the convenience of the digital medium, and the lack of opportunity to take a dark room class. Although I took a photography course in undergrad, most of my work has been with digital cameras. There was a period of time when I dabbled in film cameras with some old film cameras I found in my parents' house. With film, I like the desire to slow things down and be mindful, and really cherish each photo.

I've found that when you're being more intentional about the photo that you're taking, it takes longer to fill up a roll of film. One time, I took 3 to 4 months to fill up a roll of film during undergrad. After I had taken the last photo. I took it to the local drug store to get it developed. I put the film down and was told to come back in a couple of hours to get my photos. I went to dinner and when I went back, the person told me that they had lost all the photos. They must have accidentally exposed everything, and it was just such a soul crushing moment. But because I was intentional about the photos I was taking at that time, I still remember the photos I had taken and feel like I don't always get that with the

digital photos.

I have another roll of film that I'm in the process of shooting. Hopefully it doesn't get lost.

You've tried so many things, and been so involved in humanities, education, and medicine. What are some core values or interests that define you as a person?

In a lot of what I do, I strive for kindness. That is very important. With kindness comes other qualities like empathy and compassion. When I think about kindness, not just in our clinical work but also in our educational work, I think about the importance of recognizing where people are coming from and not making any assumptions and remembering that everyone has their own struggle. Actions that may be perceived as challenging or confrontational are probably at the end of the day, really worries or anxiety. They're often times not malicious. This extends to those around us. It's normal to make mistakes, and we're all trying our best. None of us really have the answers on what's completely right, and we're all trying to navigate uncertainty.

It is also really important, from an educational standpoint, to recognize that we're all going through this medical education system, and it is stressful enough as it is. I think being kind and cognizant of where people come from helps us support one another through the experience. Whether it's pre-clerkship and the sheer amount of information to learn, or clerkship and the stress of doing well on your clinical rotation and applying to CaRMS,

it is so important to remember what each step of that process is like. It involves compassion and empathy to be able to put yourself in those shoes. As a resident on the “other side,” it helps to remember what it was like at each of those stages.

Another one would be justice. Knowing what we know about the inequities that exist in this world, both within and outside of medicine, drives me, and has shaped my involvement and interests in medical admissions, inclusion in learning environments, and equitable access to health care.

Did you find that being involved in the humanities and the experience you've had with art history shaped these core values?

It is hard for me to know because I've only experienced what I've experienced, but I do think that my study of the humanities and social sciences have informed my understanding of how society works and how power replicates power. It's also challenged the theory of meritocracy, the idea that if you just lift yourself up by the bootstraps, you can make it, when really there are so many systemic barriers in the way of that. I think my study through art history and sociology gives me an orienting lens by which I approach a lot of the work I do. Something I mentioned earlier was that it helps me keep an eye on the bigger picture. What else is going on here? Where are people coming from, and what have we not asked about? What are we not seeing? What might we not ever need to know about, but what might we also need to understand?

For me, the social sciences and humanities gave me the skills to always look for the bigger picture, but also, conversely, look closely at what I'm being told. Whether it's deconstructing concepts, noticing differences in the language that's being used, observing pauses or moments of hesitation or inflections in a conversation, noticing these “small” things helps us piece together narratives in medicine. I certainly attribute some of that skill to my study of the humanities and social sciences. A lot of it also came through medical school. But I think there are so many skills that are applicable from the humanities and social sciences that are also applicable to the practice of medicine, for the practice of caring for and comforting other people.



... I do think that my study of the humanities and social sciences have informed my understanding of how society works and how power replicates power.



Photo by: Justin Lam



One of my mentors told me that going through medical school and residency is like squeezing yourself through a series of smaller and smaller keyholes. In a way, it's the socialization process of becoming a doctor. Through socialization, we learn the qualities we have to embody, and the way in which we think, speak, and present ourselves. It's a learning of a way of being."

Do you feel that your education in art history is a core part of your identity today?

One of my mentors told me that going through medical school and residency is like squeezing yourself through a series of smaller and smaller keyholes. In a way, it's the socialization process of becoming a doctor. Through socialization, we learn the qualities we have to embody, and the way in which we think, speak, and present ourselves. It's a learning of a way of being. In the process of learning how to be a doctor, it almost necessitates that other parts of yourself fall away, hopefully temporarily.

I think that the process of going into medicine and becoming a doctor inevitably changes you as a person. It's very much a process, and there are elements of the hidden curriculum that shape what is normal, and how we should see the world. My hope is that these interests are things that I can pick back up on the other side. I'm not sure what that will look like, but I think a lot of the skills that have come out of my study of art history and the social sciences have stayed with me, both in caring for patients and in researching around experiences of discrimination.

A lot of the narrative work that comes to the study of social sciences also helps to unpack challenging situations that inevitably arise in medical school and residency and beyond. For me, writing is a way that I unpack and process tough situations.

I don't know that my identity as a student of art history is one that I hold as prominently today as I did

during undergrad, but I think the influence on who I am and what I do and how I do things is still there. I don't think it'll be separated. It has attuned me to the human condition and has given me an appreciation for the small moments from which I draw meaning. It doesn't take a lot. It could be one small positive interaction, like a nice moment between parent and child. Moments like that can be energizing. It's hard for me to describe exactly how, but I feel like the social sciences and humanities have given me appreciation for that.

Is there a specific artist that you really liked or resonated with?

There has never been one specific artist - I always have a hard time with favourites!

Is there a piece of art or literature that you would recommend to other people?

There's a poem from my "How to Be a Doctor" class that stuck with me. It's called "Gaudeamus Igitur." It is written by a cardiologist, John Stone, who worked at Emory University. It was a poem that he wrote as a commencement speech for a graduating medical school class. To me, that poem captures so much of what medical training and practice is like: the highs and lows, and the full breadth of the experience. I found myself going back to that poem over and over again during my time in medical school.

A couple years ago I read the book *A Little Life* by Hanya Yanagihara. Without giving too much away, it was an exploration of trauma and

the impacts of trauma through a story that was both heart-wrenching and devastating and I can't recommend it enough. The book has stayed with me to this day as one of the most memorable books I have ever read. One of the great things about literature is that it's a way of putting ourselves in other people's shoes, of understanding other people's life experiences. I felt like it gave me a window into the life of someone who's been through a lot of trauma. I thought that was a work of art, so to speak, that has lingered and stuck with me.

In my apartment, I have a painting that I bought from the Covenant House, which is an organization that works to provide street youth with a place to stay, medical care, and skill-building programs. While I was doing a fourth-year elective there, they were selling the art created by youth staying there. The piece I have is an abstract painting with splatters and streaks of silver and gold paint a black and blue backdrop. I was drawn to the combination of colours and textures and the feelings that it evoked. It was a piece that just spoke to me. It's really hard to capture the feeling in words. Right now it is just hanging in my apartment, and I look at it every once in a while.

Looking forward into the future, how do you see your interest in the humanities, social sciences, art history and photography playing out in your career?

As much as we go through the process of identity formation as we look for a specialty in medical school, that process of identity formation continues in residency.



Photo by: Justin Lam

Figuring who we want to be and what kind of impact we want to have on the world is a continuous process. I'm hoping to combine a clinical practice in hospitalist general pediatrics with academic interests. Specifically, I'm interested in doing a PhD in health professions education research, so that I can study the intersection of the hidden curriculum, learning environments, equity, diversity, and inclusion. I'd like to work on projects that have tangible, concrete results that can impact how we structure

our learning environments and our patient care in an inclusive and non-discriminatory way. For me, that's how I have gone about trying to combine all those interests and passions.

For photography, I always thought it would be cool to do a photo project in residency, but there are challenges, so maybe I'll start this somewhere down the line. I'm hoping to be able to bring all those interests together through my clinical practice, with the focus on re-

lationships and caring for others, and through my research interests, with the focus on injustices and inequities. That is the hope for now.

Do you feel like the culture of medicine is changing with regard to being more open and accepting of interests outside of medicine?

Slowly. I think there's a formal interest that, in part, comes out of an older movement. In the '70s and '80s, there was a surge of inter-

est in liberal arts education prior to medical school. Recently, there have been examples of that rearing its head again. For example, in the States, the Mount Sinai School of Medicine used to have a humanities program where second-year undergraduate students who majored in the humanities could have an early guaranteed spot in medical school - I think they've expanded it now to the FlexMed program. It's definitely much more of a formal priority to have diversity and inclusion in medicine. When we have a

body of doctors that reflects our society, it leads to better outcomes. But to answer your question, I definitely feel like there's a growing appreciation for the humanities and arts in medicine, and a lot of that comes from the students, kind of like what you two are doing with Palette, and the work that Art-Beat and other humanities interest groups are doing.

If you had a message to tell medical students, what advice would you give them?

I think it is important to hold onto your interests. For me, these interests were sources of resilience and rejuvenation throughout med school and gave me energy and life when I was going through challenging experiences. Being involved in things outside of medicine can only make you a better clinician, because your interests give you other ways to connect with patients. I would encourage people to do as many things as possible that excite them, and not do things simply because “they have to be done.”

Find ways to pursue your own interests throughout that process and at the end of the day, it'll lead you to where you should be. For my HSR project, for example, I ended up exploring the experiences of med students who came from social sciences and humanities backgrounds. It was a qualitative research project where we interviewed medical students who had done some undergraduate or masters work in the arts, and it was fascinating to talk to them. By and large, people with social science and humanities backgrounds would talk about how they felt like they couldn't bring parts of themselves to medical school, and there were parts of themselves that were devalued both interpersonally and systemically by the way medical school is structured. What I mean by that are the answers to questions like, What's on the test? What's part of the formal curriculum? What's given time? What do people show up for? What does that say about what's important or what's perceived to be important? A lot of people we interviewed talked about how they would self-censor, and would look for spaces outside of medicine to pursue those interests. That was an example of how I took a mandatory school project and turned it into something I was interested in—a question that I wanted to explore. It ended up being a really interesting and fascinating project, and we're hoping to feed that back to the undergraduate medical education committee. And we think a lot of other students who come from underrepresented or marginalized backgrounds probably experience very similar things.

Being involved in things outside of medicine can only make you a better clinician, because your interests give you other ways to connect with patients. I would encourage people to do as many things as possible that excite them, and not do things simply because “they have to be done.”

“It’s definitely much more of a formal priority to have diversity and inclusion in medicine. When we have a body of doctors that reflects our society, it leads to better outcomes.”



Faculty Feature:

Dr. Pier Bryden

Doctor. Educator. Writer. Innovator

Tell us a bit about yourself.

I’m a clinician at the Hospital for Sick Children where I work in the urgent care clinic in psychiatry. I offer services to young people seen in the emergency department who need to be seen urgently by a psychiatrist, but do not yet need to be admitted into the inpatient unit. I like this work because I don’t know who I will be seeing. I’m also a consultant at our transgender clinic twice a month. I’m not part of the general team, but I am brought in to consult if there are questions about psychiatric issues interfering with youth’s gender transition..

In my academic life, I’m a clinical teacher. I have two academic roles currently. In my role as the Director of Professional Values at the Faculty of Medicine, an aspect of my work is to look at how we can educate faculty around changing professional expectations. These changes derive from how our communities

view professional behaviours by physicians or how our professional values may be evolving as a result of changes in practice or the people entering medicine. When there are concerns about faculty behaviour, another part of my role is to ensure that we address those in a fair and non-punitive way while promoting psychological and cultural safety in our learning and work environments. Finally, I have a smaller role in the medical school, where I work with theme leads to ensure themes are integrated into the curriculum on a longitudinal basis.

You mentioned your interest with narratives and stories. How do you think stories play out in your clinical or academic roles?

When you encounter a patient for the first time, you are walking into their story, which is so much more complex than that moment of assessment, diagnosis, and potentially treatment. And while there are always

emergent circumstances where you are focusing on a very specific issue, you are still intersecting with someone at a specific point in their life’s narrative. In terms of Foundations, we wanted to build a curriculum that conveyed that complexity of human existence. I’m sure we failed because every medical curriculum is doomed to fail in achieving such an aspirational goal, but the act of ensuring that all of your knowledge is contextualized in a virtual person at least helps with the understanding that there is always a story and hopefully provokes an interest in why that person is in front of you. It’s a useful way to encourage learning and engagement with what otherwise can be quite dry information and frameworks. Always thinking about how something fits in someone’s narrative and what our relationship is to that is very important and helpful.

Another interest of mine in medical education is professional identity formation: your stories as learners and healthcare professionals. If you don’t have an understanding of your story and how it shapes your interactions with your patients, you are not using yourself or looking after yourself as fully as you could. One of my passions is Portfolio because it is a place where learners can look at their narrative as a premedical person transitioning into the medical education environment, and then transitioning into a practitioner role. It’s about understanding what you’re bringing from your prior story and how it will evolve as you become a physician. There’s a lot of social science literature on how we understand ourselves in terms of narratives and how we respond to narratives.

There is also a metanarrative of scientific and medical knowledge. I view the medical humanities as an opportunity to learn from health history and paradigm shifts within the philosophy of science. We live in a time where we think we know what we know but so did our predecessors 200 years ago in ways we now know were erroneous and so will people practicing medicine 50 years in the future. The future will always look back on the past and recognise that we were unaware of gaps in our knowledge or that we adopted paradigms that now make no sense. It’s part of this idea that there are always larger stories – in this case, the creation and evolution of medical knowledge - in which to situate yourself, your learning and your patients.



When you encounter a patient for the first time, you are walking into their story, which is so much more complex than that moment of assessment, diagnosis, and potentially treatment.



How did your interest in medical humanities and using narratives in the curriculum develop?

I didn't start off in traditional premedical studies. I had a degree in history and a graduate degree in politics, specializing in political philosophy (prior to medical school). I've also been an avid reader my whole life, so when I came to medical education and training, I brought that lens with me. This helped to make the more challenging education I needed to master more interesting by allowing me to form a narrative. We've all gone through the Krebs cycle, cell lines, and the anion gap. In order to wrap my head around these difficult concepts, I'd always imagine the patient I would be seeing in the future and what information I would be using, and that would motivate and engage me enough to learn those concepts. I'd always locate what I was learning in a hypothetical patient or patient story.

Was there a reason that sparked you to move into medicine?

I just had a lot of "aha" moments. In my political philosophy work, I had thought that I was going to complete a PhD and would teach and write in political philosophy. I was surrounded by people who had gone to university and I was writing sweeping narratives on what society was supposed to be like, but I also recognized that at that stage in my life I had led a sheltered, academic existence and didn't have a clue about how society worked. I was also coincidentally volunteering in a hospice and I loved meeting people from such a wide range of backgrounds and working with the nurses, physicians and other healthcare workers and caretakers. It was there that I realized I was seeing the practical applications of the concepts that I was thinking about theoretically in my graduate work. This was people helping each other and really engaging in the human condition through exchanges of service, expertise, care and kindness. I realized then that this was the real thing and that I wanted to pursue a career in medicine. After not getting in initially, because people wondered why I was even knocking on medical school doors with my background, I finally got in. It was a great decision overall, but medicine is also a hard road that I don't think I understood very well at all—how can you fully understand at the age when you choose medicine its challenges and how it

will stretch you? But now, I am never bored and I have learned so much. It is a very good career and I hope that I have contributed in a positive way, but it's also very hard and I don't know how we can better help people understand that when they sign up. There are hard careers in the world but medicine presents some unique challenges.

You mentioned you had some challenges with medical school admissions — is that because people weren't as accepting of a humanities background? Do you think that culture has shifted?

I've seen a huge change since the time I applied to medical school. It was difficult for me to shift gears having spent a long period out of science. However, I think that if you're motivated and bright, which most people who get to the application phase are, with enough support, the medical educational literature says that we all look the same in the end. Medicine is so broad and there is lots of room for different types of brains. Now I see an increased understanding of the importance of diversity — in every version of what that word means. Medical schools are embracing diversity of intellectual background and of thought, as well as cultural background and life experience. What I do wonder is if we are giving enough support for learners who have focused more narrowly in the traditional premedical sciences to make these shifts to other areas of knowledge and vice versa, if we are giving enough support to students with a humanities background to help them learn the science. Another piece the curriculum leadership team is looking at is the new knowledge we need to bring in. For instance, finding a way to introduce data science will be important because it will be such a big part of how patient information will be presented.

"We live in a time where we think we know what we know but so did our predecessors 200 years ago in ways we now know were erroneous and so will people practicing medicine 50 years in the future."



Photo courtesy of: U of T News Website

You also mentioned that there are unique challenges that people in this career would have to face. What are some of these challenges, and how can medical humanities help address them?

The challenges are not all about how hard we work, because there are a lot of people who work just as hard as physicians. The uniqueness of medicine that I think we may share with emergency responders and in a different way, individuals in the military or international aid work, is the extremes of life we see. We need to be thoughtful about how this affects us. The medical humanities can offer a balance that reminds us that what we see in our work is not how the rest of the world is experiencing life. Being open to non-medical perspectives is very important. But there are also many ways to achieve these opportunities, not necessarily only through the medical humanities. We aren't all the same, but I think for many people, a book, a film, or music are reminders that there's more than what's in front of us—there's actually a larger world than the work that we're doing.

When I think about the biggest challenge for myself, it's the amount of responsibility that we eventually hold for people's wellbeing and feeling inadequate to hold that responsibility. I think opportunities to read about how other physicians manage this tension and to talk about our experiences are very important. We are going to make mistakes in our careers and it's good to remind ourselves that we're part of a larger narrative where we are trying to work to make lives better together.

And in terms of our own curriculum here at U of T, how do you think it can better address these challenges and help learners develop coping strategies?

I have more questions than answers. What I think a lot about is trust and the challenges of instilling trust when one portion of your community is in an assessment role (faculty) and the other portion (the learners) is being assessed. There has always been a barrier for learners in terms of feeling that they can't bring all of themselves to their relationships with faculty. We've

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tried to think of a way to separate assessment from mentorship. For example, the academy scholars don't have a formal assessment role and focus more on providing mentorship opportunities so that learners can be more vulnerable without feeling the associated risk of doing that.

I've also thought about reciprocal mentorship as we are in a period of accelerated change, and we have a more diverse student body in terms of background than our senior leadership and senior faculty. When there is a gap between people's experience, that can erode trust. But how do we bridge that? How do we teach that and bring people together? It's a bit of a vague answer, but part of it is more active student involvement in helping co-create the curriculum. Most faculty (who will be you and your colleagues in 10 years) want to help you become a great physician and colleague. If we're behaving in ways that convey that to you, even when we're assessing you, that's probably the biggest single thing we can do to improve the curriculum and how you feel in it. It's such an interesting question: what helps us build community trust? If we think about what's changed, students are on every committee and there is understanding that there needs to be more mentorship, more flexibility, and changes to the structure of our clinical work, for example, call schedules. A lot has changed and a lot still needs to be changed, but I do feel hopeful that if we keep plodding along and identifying the barriers to trust and wellbeing, we will keep moving to where we want to be.

Thank you for these insights. There also seems to be a particular focus on narratives in the field of psychiatry. Do you find this in your clinical work?

It should be every patient, every story, not just in psychiatry. The story that someone chooses to tell you and the story you choose to understand is only one version. I sometimes catch myself “tidying up” this

narrative of who a person is and why they're feeling a certain way, and that's a form of cognitive bias. Maybe even the patient has a cognitive bias about why they are feeling this way. Part of what I do as a psychiatrist, physician and educator is to say: “This story seems true at this point in time. Let's look at other potential stories that could be relevant.” I think that if the era of fake news has taught us anything, it's that we need to challenge ourselves about our own narratives and ask how much they are reliant on so-called facts. It's important to leave time to say: “This is how I'm understanding this. Does that fit with what we've talked about and your understanding?” I have more time in psychiatry to do that but I think in any part of medicine, there are ways you can check it's not just your “tidying.” But also remember the power imbalance that will make patients say that you are right when they are actually feeling uneasy.

Aside from your academic and clinical roles, how has the medical humanities helped you personally?

I love knowledge translation and public writing. I've had the privilege of writing two books, one on general psychiatry, and the other on children's mental health that was recently published. I've also started doing a blog and I've worked with a TV production company to bring stories about mental health in a way to the public in ways that are honest and promote health. These are things that I just love doing! It is informed by my clinical and academic work, and it makes me enjoy all of my work more—it all comes together.



“The story that someone chooses to tell you and the story you choose to understand is only one version.”

Is there a particular book or a film that you’d recommend to our readers?

I really enjoy reading medical memoirs. Looking back, as I was trying to understand what my narrative would be as a physician, because I was coming into medical school as someone who thought they were going to do a doctorate in political philosophy, I was drawn to memoirs by other doctors with unconventional backgrounds. There is an older book called *Becoming a Doctor* by Melvin Konner, a medical anthropologist who retrained as a physician, and it’s an anthropologist’s perspective on medical training. When the author was a medical student, he was also looking at the organization, structure and narrative of medicine in terms of the socialization that happens as a medical student. I think any medical student who’s a reader

would find that very interesting. I’m a psychiatrist, so K. Red Field Jamison’s book on her own experience of bipolar disorder would be another recommendation. She writes about the tension between being a professional/academic (she’s a PhD psychologist and internationally renowned researcher on bipolar disorder) and her personal self, who was episodically ill with bipolar disorder. Even though it’s about bipolar disorder, it’s about all of us. All of us will feel ill, vulnerable or fragile at times in our lives. She talks about the self-imposed stigma and how she overcame that to write these books and to acknowledge her own illness. It’s a great book!

I think it’s interesting to read about the multiple stories people bring into our profession. If you look at medical memoirs and patient memoirs up until recently, they

were dominated by writing by upwardly mobile, white people with articulate vocabularies, who tended to be highly educated. More recently, I’ve been reading memoirs from people who have been historically underrepresented as physicians and published writers. This is an exciting and important shift. I think reading memoirs from people with backgrounds different from your own is an important way to educate oneself. It also doesn’t have to be reading, podcasts, documentaries, art, music are also great vehicles. I think all of us have narrow perspectives and our own biases as an inevitable result of what is always a restricted life experience. Reading and learning outside your own bias and experience is really important.

Are there any thoughts or advice you would like to share with our medical students?

I was talking to a clerk colleague recently and we were discussing fears. The fears that really helped me in my training were about patients—it wasn’t about me. I had to risk humiliation, shame, and feeling like an idiot to ask when I didn’t know something or say when I was out of my depth. At the end of the day, the patient’s well-being is so much more important than looking like an idiot. That is so easy to say and so hard to do but it is important to recognize that regardless of how it is received, you are a good physician by acknowledging your ignorance because that will help your patient. It really doesn’t matter what anyone thinks of you and how you feel about yourself in that moment, you have done the right thing and helped your patients. Try to worry less about what other people think of you and feeling foolish, and just focus on what the patient needs. Again, that’s easier said than done, but it will keep you and your patients safe.



At the end of the day, the patient’s well-being is so much more important than looking like an idiot.

That is so easy to say and so hard to do but it is important to recognize that regardless of how it is received, you are a good physician by acknowledging your ignorance because that will help your patient.

No Gym, No Problem

Sondra Chen
2T2 MAM



A 7-day minute minimal
equipment workout plan
to isolate muscles and
tone up your body.

Perfect for home isolation
or general busy lifestyles
and guaranteed to make
you feel great! (In the long
run, at least.)

Disclaimer: I am not a medical practitioner (yet). The information I provide is based on my personal experience and your participation in any of these exercises is voluntary. You acknowledge that you take full responsibility for your health, life and well-being.

Instructions: Pick one workout each day and kill it.

Some general info before you begin.

1. It is okay to take rest days! There are 7 workouts here for those who want something new each day, but by no means do you have to do all of them without break. If you're sore, take a day off, do some stretches, and join again when you're ready.
2. Please warm up before you work out. I have included a quick warm up for each day, but if you feel like you need more time and want to include your own warm up, feel free to do so.
3. Please stretch after you work out. Cover the basics: e.g. quads, glutes, abs, shoulders, arms, back, and anything else that feels sore. I would have included example stretches but then this article would never end, so please consult your local gym bros or Trainer Google.
4. I recommend putting each work out into a HIIT timer (there are websites and free apps available) so you can focus on the exercise, rather than trying to remember the order of everything.

How each day works:

Each circuit consists of 10 exercises, which you will do for 45 seconds each, then take a 15 second rest in between. Repeat the whole circuit 3 times, taking a 30-90 second rest in between circuits. In total, you will be putting in roughly 30 minutes of work (plus the warm-up).



Equipment

- Water bottle
- Running shoes (recommended)
- Yoga mat (recommended)
- Music (highly recommended)
- Other – refer to specific workout

Warm Up. Part 1 of 3:

Accepting Your Death



Bent Over Twist



Plank Walk Opener



Equipment: None				
Move 1:	Move 2:	Move 3:	Move 4:	Move 5:
Jumping jacks x 30	Butt kicks x 30 per side	High knees x 30 per side	Torso rotations x 12 per side	Hip rotations x 6 per side
Move 6:	Move 7:	Move 8:	Move 9:	Move 10:
Bent over twist x 8 per side	Arm circles wide x 16 forward and 16 backward	Arm circles narrow x 16 forward and 16 backward	Inchworm x 6	Plank walk opener x 4 per side



Inchworm



Equipment: None				
Move 1:	Move 2:	Move 3:	Move 4:	Move 5:
Burpees with push up	Front kicks	Bodyweight squats	Mountain climbers	Skaters
Move 6:	Move 7:	Move 8:	Move 9:	Move 10:
Jumping lunges	Butt ups	Side lunges with hop	Quick feet	Plank

Workout 1:

MI Prophylaxis



Butt Ups



Mountain Climbers



Workout 2:

Deltoids for the Boys



In and Out Abs with Triceps Push-Up

Equipment: Dumbbells (recommended), chair				
Move 1:	Move 2:	Move 3:	Move 4:	Move 5:
In and out abs with tricep push up	Milk jugs (± dumbbells)	Push up with forward reach (± dumbbells)	Plank jacks	Goal post press (± dumbbells)
Move 6:	Move 7:	Move 8:	Move 9:	Move 10:
Triceps dips (chair)	Up and down planks	Superman with arm extension	In and out donkey kicks	Overhead lateral raise (± dumbbells)



In and Out with Donkey Kicks

Workout 3: Identify the

Tendinous Intersections

Equipment: None				
Move 1:	Move 2:	Move 3:	Move 4:	Move 5:
Ski abs	Flutter kicks	Toe touches	High knees	Russian twists
Move 6:	Move 7:	Move 8:	Move 9:	Move 10:
Leg raises	Plank jacks	Side plank R	Side plank L	Burpees with push up

Workout 4:

MI Prophylaxis II

Equipment: None				
Move 1:	Move 2:	Move 3:	Move 4:	Move 5:
Reptile jumps	Cross jacks	Spiderman plank (alternating)	Wall sits	Burpees with tuck jump
Move 6:	Move 7:	Move 8:	Move 9:	Move 10:
Up and down planks	V-sit ups	Squat jumps	Tricep push ups (on feet or knees)	Super Marios (switch halfway)



Super Marios

Ski Abs

Workout 5: What does the Sartorious Do Anyway?

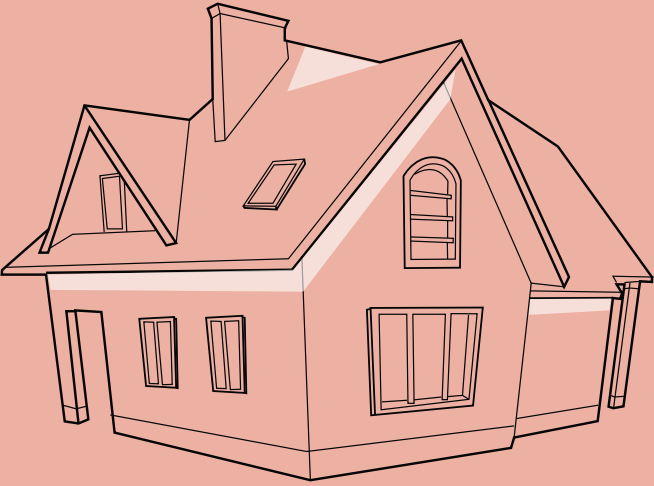
Equipment: Dumbbells (optional), chair				
Move 1:	Move 2:	Move 3:	Move 4:	Move 5:
Jumping lunges	Plie squats	Sideways scissors	Squat jacks	Deep squat walk
Move 6:	Move 7:	Move 8:	Move 9:	Move 10:
Side lying leg lifts R	Side lying leg lifts L	Narrow squat jumps	Bulgarian split squats (switch halfway, chair)	Calf raises (± dumbbells)

Workout 6: Back-Dominant Pain: Pattern 5

Equipment: Dumbbells (recommended)				
Move 1:	Move 2:	Move 3:	Move 4:	Move 5:
High knees	Squat and press (± dumbbells)	Single leg deadlift (switch halfway, ± dumbbells)	Plank jacks	Parachuters (± dumbbells)
Move 6:	Move 7:	Move 8:	Move 9:	Move 10:
Alternating rows (± dumbbells)	Mountain climber to single-leg push up (alternating)	Reverse flys (± dumbbells)	Swimmers	Bird-dog pulses

Workout 7: Seat Cushion Hypertrophy

Equipment: Dumbbells (recommended), ankle weights (optional)				
Move 1:	Move 2:	Move 3:	Move 4:	Move 5:
Skaters	Glute bridges	Long glute bridges	Squat jumps	Plie squats
Move 6:	Move 7:	Move 8:	Move 9:	Move 10:
Leg lifts (switch halfway, ± ankle weights)	Hamstring curls (switch halfway, ± ankle weights)	Jumping jacks	Squat with side leg lifts (alternating)	Single leg deadlift (switch halfway, ± dumbbells)



#StayAtHome with UofT Med Students

A collection of recommendations from U of T Med Students on baking, Netflix-ing, reading, and exploring new hobbies during the COVID-19 quarantine.

Matcha Milk Bread Recipe

Sarah Ge, 2T2 Fitz

Starter Ingredients

- 1/3 cup all-purpose flour
- 1/2 cup whole milk
- 1/2 cup water

Dough Ingredients

- 2 1/2 cups all-purpose flour
- 1/4 cup sugar
- 2 teaspoons active yeast
- 1 teaspoon salt
- 1 tablespoon of matcha powder (optional)
- 1 egg
- 1/2 cup warm whole milk
- 4 tablespoons softened unsalted butter



Starter Preparation

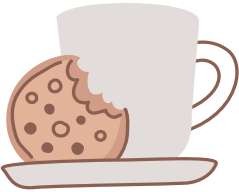
1. In a small heavy pot, whisk the flour, milk and 1/2 cup water together until smooth.
2. Bring to a simmer over medium-low heat and cook, stirring continuously, until thickened but still pourable, about 10 minutes.

3. Scrape into a measuring cup and lightly cover the surface with plastic wrap. Set aside to cool to room temperature.

Note: The starter recipe produces enough to bake 2 loaves, as it's difficult to cook a smaller amount. Discard the extra, or double dough recipe for 2 loaves.

Dough Preparation

1. Using a whisk, combine the flour, sugar, yeast, salt and matcha powder and mix for a few seconds, just until evenly combined.
2. Add egg, milk and 1/2 cup starter. Knead with hands until fully incorporated (around 10 minutes).
3. Add soft butter and knead another 20-25 minutes until the dough is smooth and springy and just a bit tacky.
4. Shape the dough into a ball and cover with a kitchen towel and let rise in a warm place until doubled in size, around 90 minutes.
5. Punch the dough down and use your hands to scoop it out onto a surface. Cut dough into three portions. Lightly form each half into a ball, cover again and let rise 30 minutes.
6. Generously butter a 9-by-5-inch loaf pan.
7. Using a rolling pin, gently roll out one dough ball into a thick oval.
8. First roll away from your body, then pull in, until the oval is about 12 inches long and 6 inches across.
9. Fold the top 3 inches of the oval down, then fold the bottom 3 inches of the oval up, making a rough square. Roll up the dough into a fat log. Place the log in the buttered pan, seam side down and crosswise, nestling it near one end of the pan. Repeat with the other two dough balls.
10. Cover and let rest 60 minutes or more, until the risen dough is peeking over the edge of the pan and the dough logs are meeting.
11. Heat the oven to 350 degrees.
12. Brush the tops with milk and bake on the bottom shelf of the oven until golden brown and puffed, 35 to 40 minutes.
13. Let cool in the pan 10 minutes, then remove to a wire rack and let cool at least 1 hour, to let the crust soften and keep the crumb lofty. (If cut too soon, the air bubbles trapped in the bread will deflate.)



Oatmeal Cookies Recipe

Graham Kasper, 2T1 Fitz

Ingredients

- 1 cup canola oil
- 1 cup brown sugar
- 1 egg
- 1 tsp baking soda in 2 tbsp of boiling water

Who is it by?

My grandmother!

What did you like most about it?

The cinnamon and nutmeg flavour!

Instructions

In a bowl, mix together:

- 1 1/2 cups flower
- 2 cups rolled oats
- 1 teaspoon salt
- 1 teaspoon nutmeg
- 1 teaspoon cinnamon

Add dry ingredients to wet. Bake at 375°F for 8-10 minutes. Do not grease baking sheet.

Ingredients

- 2 level cups apple pieces , 0.7 cm / 1/3” cubes (2 large apples, I use red)
- 1 tbsp melted butter, for muffin tin

Wet:

- 115g / 0.5 cup unsalted butter , melted (1 stick)
- 1 cup (200g) brown sugar , packed
- 2/3 cup (165 ml) milk
- 1 large egg (approx 60g / 2 oz)
- 1 tsp white vinegar (or any other clear vinegar)

Dry:

- 2 cups (300g) wholewheat flour ((white is also ok)
- 1 tsp baking soda (bi carb) (NOT baking powder)
- 1 tsp cinnamon powder
- Pinch of salt

Topping (optional):

- 2 tbsp raw sugar (demerara sugar)

Who is it by?

Nagi X on recipetineats

What did you like most about it?

They were easy to make and tasted great. Also, the ingredients required are ones that we probably already have in the house!



Trudeau-Approved (Moist) Apple Muffins

Sondra Chen, 2T2 MAM

Instructions

1. Preheat oven to 200C/390F.
2. Brush a 12 hole, standard muffin tin with melted butter, or line with paper cases.
3. Place butter and brown sugar in a bowl and whisk.
4. Add milk, then egg and vinegar. Whisk to combine.
5. Scatter flour across batter surface, followed by baking soda, cinnamon and salt. Whisk 10 times until the flour is incorporated - some lumps is fine.
6. Stir through apple -minimum stirs just to disperse.
7. Scoop batter into muffin tin, leave it the slight ball shape - don't smooth the top. You should get 12
8. Sprinkle with sugar (if using - makes surface slightly crispy), place muffins in the oven.
9. Immediately turn down to 180C/350F.
10. Bake for 20 minutes (standard) or 18 minutes (fan / convection) , or until a skewer comes out clean.
11. Rest in the muffin tin for 5 minutes then transfer to a rack to cool.
12. Once fully cooled, store in an airtight container - it will stay moist for up to 5 days. Note: These also freeze very well.

peanut butter, chocolate chip, & banana ice cream sandwiches {gluten free + vegan}

Jasmine Waslowski, 2T0 MAM

Ingredients

Peanut Butter Cookies

- 1 cup brown sugar
- 1 cup creamy peanut butter, no stir
- 1 tablespoon maple syrup
- 1 1/2 teaspoons vanilla extract
- 1 cup oat flour
- 1 teaspoon baking powder
- 1/8 teaspoon salt
- 1/4 cup almond milk
- 2 tablespoons mini chocolate chips, dairy free if necessary

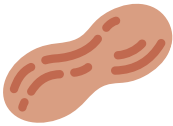
Banana Ice Cream

- 4 ripe bananas
- 1/2 cup raw cashews, soaked in water overnight and rinsed and drained
- 3/4 cup almond milk, divided
- 1 tablespoon maple syrup

Note: I replaced the soaked cashews with an equal amount of coconut cream and it worked well.

Peanut Butter Cookies

1. Preheat oven to 350 degrees F.
2. In a large bowl, with an electric mixer, cream together the peanut butter and brown sugar for about 1 minute. Then add in the vanilla extract and maple syrup and mix again until combined.
3. In a medium sized bowl add the oat flour, baking powder, and salt. Mix until combined.
4. Slowly add the flour mixture to the peanut butter mixture in two batches and mix until everything is combined. Add the almond milk and mix again. Add the mini chocolate chips and gently mix into the cookie dough with a spoon or you can use your hand.
5. Divide the cookie dough in half. Line a 9×13 inch baking dish with parchment paper and press in half of the dough mixture. You want the cookie dough to cover the entire pan in a thin layer.
6. Place the pan into the oven and bake for 12 minutes. The cookie dough may seem underdone, but it will firm up a little as it cools and then it will firm up even more when you freeze it.
7. Lift the cookie dough out of the pan by the parchment paper and set on a cooling rack.
8. Repeat the same process for the second half of the cookie dough.
9. Let ice cream sandwich cookies cool.



Ice Cream Sandwiches

1. Line the 9×13 inch pan with parchment paper. Carefully flip the peanut butter sandwich cookie upside down (this step isn't necessary, but it will make the top look better). Slowly slide the cookie onto the parchment paper. Top with the banana ice cream and spread around evenly. Carefully slide the second piece of peanut butter cookie on top of the ice cream.
2. Place ice cream sandwiches into the freezer and freeze for at least 2 hours. When ready to eat, slice into desired ice cream bar sizes.

What did you like most about it?

Too many bananas ripening at the same time? This uses 4 at once! It is vegan, delicious, and maybe healthier than actual ice cream?

Who is it by?

She Likes Food (blog)

Red Lentil Dhal

Sofía Solar Cafaggi, 2T1 WB

Ingredients

Lentils

- 200g red lentils, washed
- 900ml water (approx.)
- 1 tsp of salt

Masala

- 1 tbsp ghee or rapeseed oil
- 1 tsp of cumin seeds
- 1 dried red chilli
- 1 bay leaf
- 1 small onion, chopped
- 1 garlic clove, chopped
- 2 tomatoes, finely chopped
- 1 tsp ginger, grated
- 1 tsp turmeric
- 1 chilli, finely chopped
- 1 tsp fenugreek leaves
- 1 tsp of garam masala

Garnish

- Handful of coriander, chopped

Who is it by?

Hari Ghotra

Method

1. Place lentils in a pan with the salt, cover with the water and bring to the boil.
2. Remove the froth, reduce the heat and leave to simmer for 10 minutes. Check the lentils are cooked by squeezing them with your fingers. Once soft remove from the heat.
3. In a frying pan heat the oil or ghee. Add the dried chilli, bay leaf and the cumin seeds.
4. When the seeds sizzle, add the onion and garlic and fry until lightly browned. Reduce the heat and add the tomatoes, ginger, turmeric, fenugreek and the chopped chilli. Gently let the ingredients cook down for about 10 minutes to make a thick masala paste.
6. Add a ladle full of the lentils (dhal) to the masala paste in the frying pan and stir together, then empty all the contents back into the pan with the lentils and stir. It should have the consistency of a thick soup but if it's too thick just add a little boiling water and remove from the heat. If you prefer it thicker just leave it on the heat to reduce until you get the consistency you want.
7. Check the seasoning and add a little salt if required. Stir in the garam masala and coriander to serve.

What did you like most about it?

It is a simple yet tasty recipe for a flavour-packed veggie dish that can easily be scaled up for meal prepping.



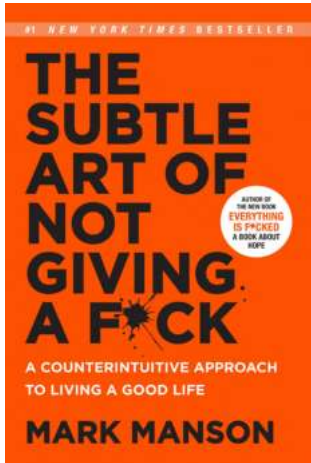
The Subtle Art of Not Giving A F*ck

By: Mark Manson

Book Recommendation from: Andy E.Afenu, 2T2 PB

Why did you like it? What did you like most about it?

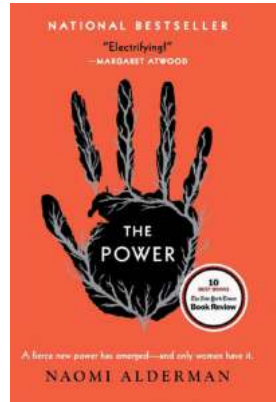
Its an honest book. Too many people especially folks in Medicine tend to surround themselves with stuff that doesn't concern them(basically give too many f*cks about other people's lives and things). This book shows why that is an absolute waste of time and how to really delve into what really matters in our lives and focus on that.



The Power

By: Naomi Alderman

Book Recommendation from: Victoria Reedman, 2T0 Fitz



Why did you like it? What did you like most about it?

Fun, exciting dystopian novel about the power dynamics between genders shifting worldwide. It is like a riveting, less depressing version of the Handmaid's Tale.

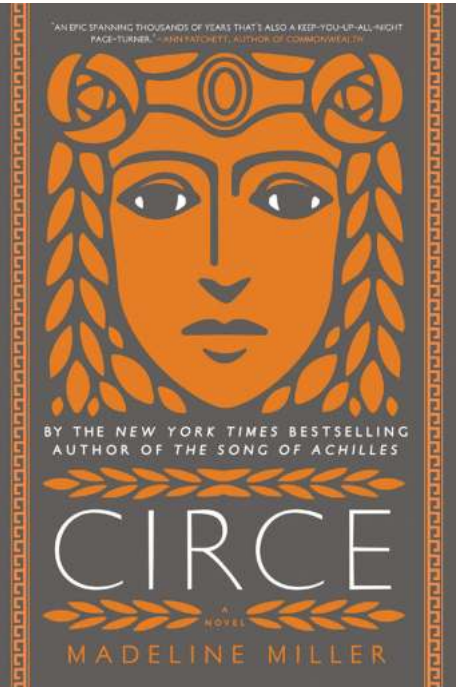
Circe

By: Madeleine Miller

Book Recommendation from: Mythili Nair, 2T2 PB

Why did you like it? What did you like most about it?

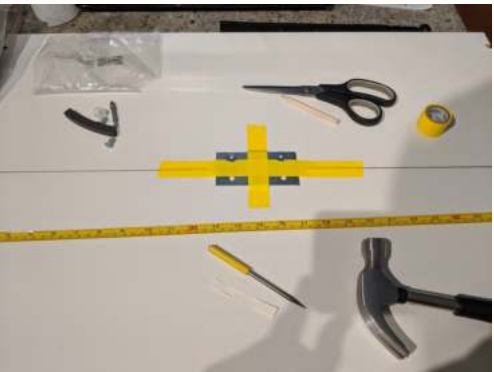
A gripping first person re-telling of Greek mythology from the perspective of Circe, a misunderstood and infamous Greek goddess. The story had beautiful prose, and a captivating story that made it hard to put down. It re-visited many parts of Greek mythology and challenged aspects of the age-old narrative masterfully.



Arts and Craft: Coffee Table In The Making!

Richard You Wu, 2T0 (MD/PhD) PB

Step 1



Made a coffee table from slabs of wood and a hammer.

Step 2



Step 3



Why did you like it? What did you like most about it?

I now have a coffee table where I can put my feet on while I binge Netflix.

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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.

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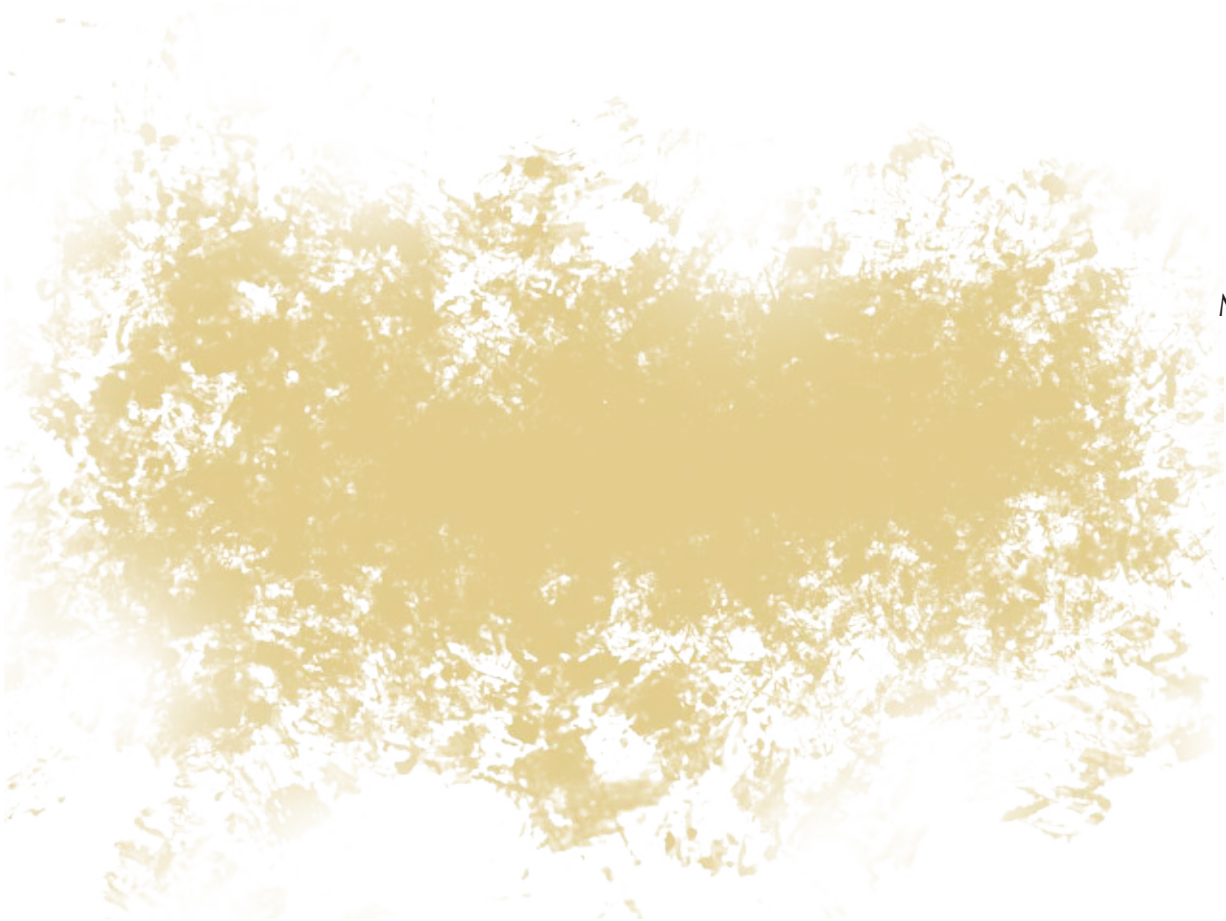


Student Initiative Fund



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Calm or stormy, I am rocked by your temper.
Source of life or where ships die;
Are you friend or aggressor?

Where wind blows or my mind goes,
Perhaps there is no direction.
Smile, enjoy the breeze,
Whether ocean or emotion.