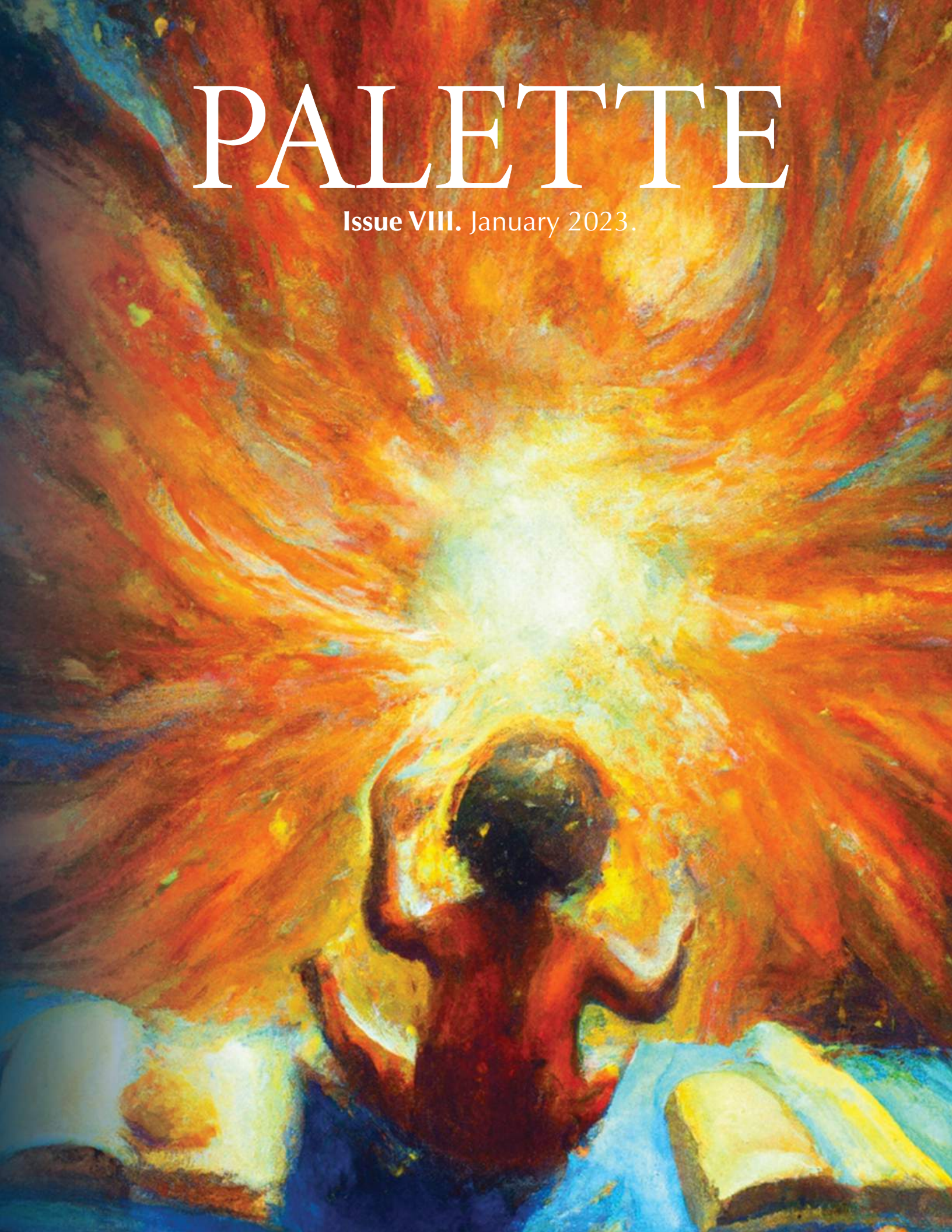


# PALETTE

Issue VIII. January 2023.







*Cover Design:  
The Universe is Made of Stories  
Jonathan Wang, 2T5 WB*

# from the editors

Dear Readers,

As we reflect on the origins of Palette, we harken back to 2019, when two U of T medical students crafted this magazine to promote self-expression and creative dialogue among their fellow medical learners. Each issue showcases the astounding talent and creative voices of students, alumni, and faculty. Today, the necessity of creative expression has never been more deeply felt. Amidst the growing pains of rising from the pandemic and dealing with internal and global instability, art remains vital to mold a more connected humanity. This context guided our choice of theme: The universe is made up of stories, not atoms. It has a body and a soul and evolves through cosmic time.

Our beloved Issue VIII has been divided into the following sections: Visual Arts, Creative Writing, Lifestyle, and Fashion. In Visual Arts, we feature eighteen collections of photographs, illustrations, and paintings, each bringing a new perspective to illuminate the stories all around us. In Creative Writing, we display nine poems that spark discussion about identity, experiences, and the concept of time. In Lifestyle, contributors shared recipes and thoughtful podcasts that provide us with novel experiences. Our Content Editors were delighted to interview and showcase the journeys of Dr. Annie Zhu, Dr. Suvendrini Lena, and Alexandra D'Souza and Megan Watson from the Clerk Commute Podcast. Finally, we are excited to present a new Fashion section featuring the unique styles of Brittany Chang-Kit, Christian Singh, Jessie Tu, Lucas Robinson, and Serena Perera.

We are grateful to the U of T Medical Society (more to be added soon) for their funding and continued support. To our team—Ashley, Brittany, Bronte, Catherine, David, Karen, Katie, Megan, Olivia, Stephanie, Suhaila, Sydney—we have endless appreciation for your unrelenting energy and dedication toward making the vision of Issue VIII a reality. We would like to express our sincere gratitude to our contributors, interviewees, and readers for taking the time to hear these unique stories and appreciate the remarkable talent in our community.

And remember, our universe is not only made of atoms, but of interconnected stories. May this issue of Palette inspire you to venture into your own life bravely, looking for the stories that have and continue to shape you.

Warmest regards,

Handwritten signatures of Ali AlMail and Jinny Kim in black ink.

Ali AlMail & Jinny Kim  
Editors-in-Chief

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# meet our team







**Ali A.**  
Editor-in-Chief



**Jinny K.**  
Editor-in-Chief



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Director



**Brittany C.K.**  
Content Editor



**Bronte L.**  
Associate Editor



**Catherine S.**  
Layout Editor



**David C.**  
Events Director &  
Content Editor



**Karen L.**  
Content Editor



**Katie L.**  
Content Editor



**Megan P.**  
Layout Editor



**Olivia S.**  
Layout Editor



**Stephanie D.**  
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Director



**Suhaila A.**  
Content Editor



**Sydney N.**  
Promotions Director  
& Content Editor







# Visual Arts

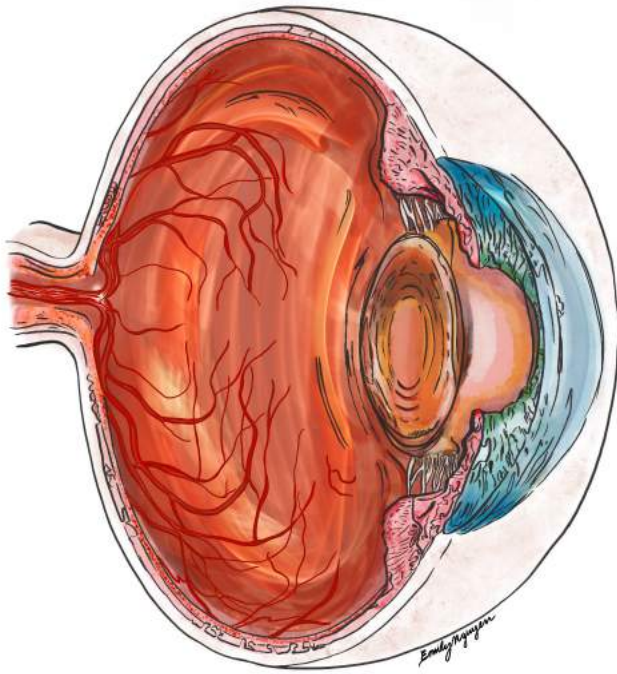


**brainstem**  
Catherine Meng  
2T3 MAM



*Artist's Statement:* they'll bloom if you let them grow



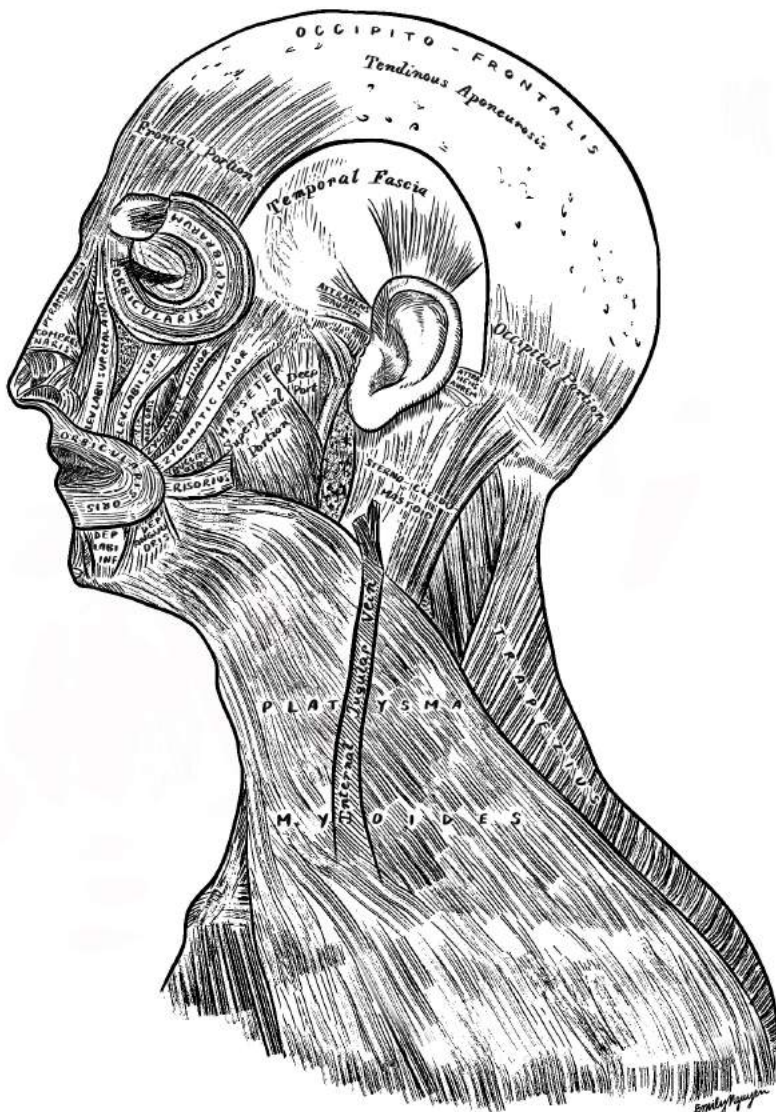


## Dissected

Emily Nguyen  
2T5 WB

**Artist's Statement:** This past summer, I worked on a research project related to orbital infections—a disease that bridges the fields of ophthalmology and otolaryngology. Throughout my placement, I learned about orbital, head, and neck anatomy. This inspired me to create two pieces that highlight the intricacies of the human body. These drawings were completed digitally using Procreate.

Instagram: @fikamusings





# Les Rues de Paris

Emily Nguyen

2T5 WB



Rue du Faubourg Saint-Honoré

Instagram: @fikamusings



Rue Jean Bausire



Rue de Viarmes





Rue des Francs Bourgeois



Rue de Fleurus



Rue de l'Université

**Artist's Statement:** While Paris is most known for its iconic Eiffel Tower landmark, there are many beautiful streets across the city with hidden gems. Ultimately, every corner holds a new surprise, and I hope these photographs transport you to the "City of Light."



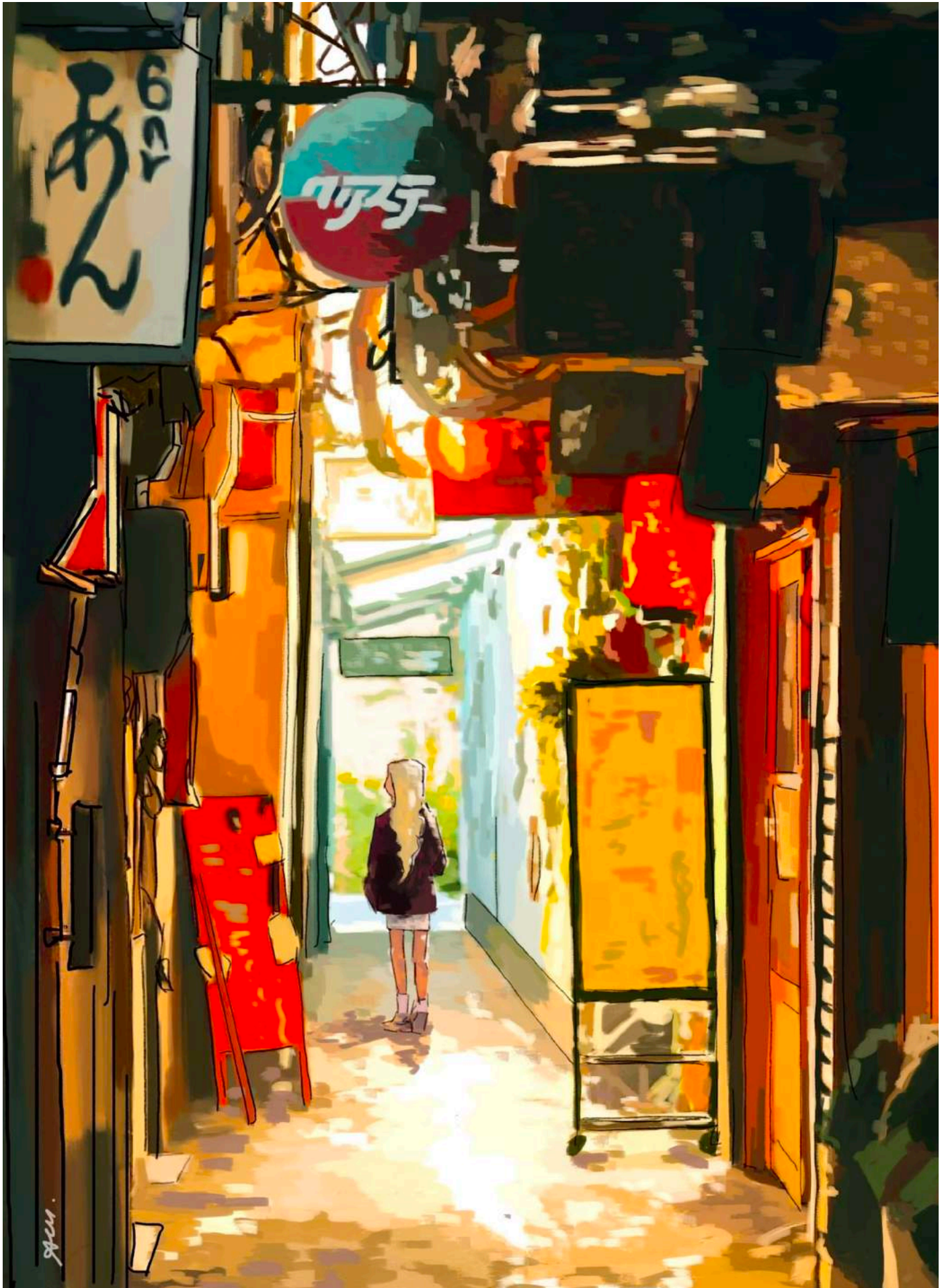
# **Works of Amanda Mac**

2T5 WB

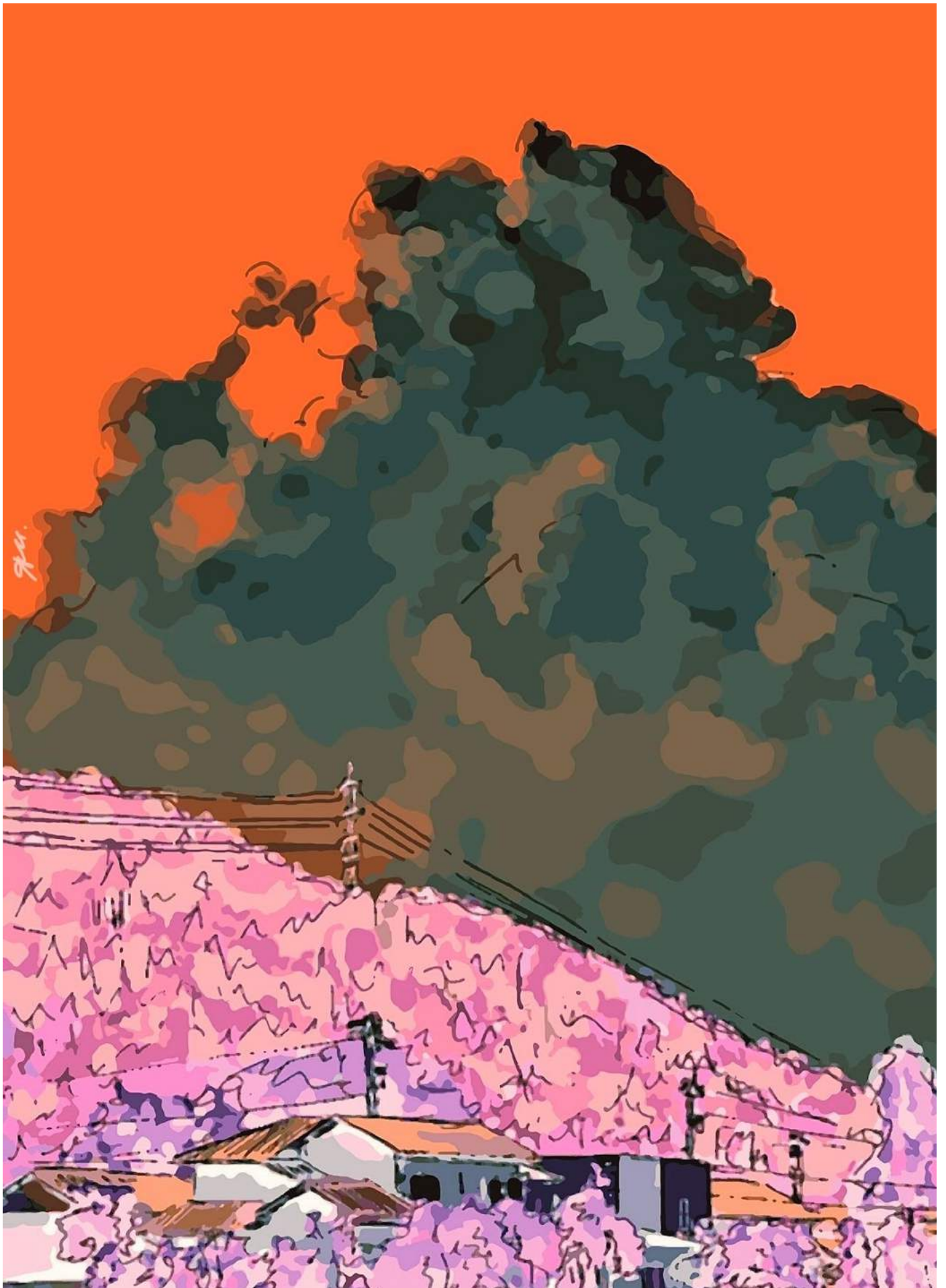
Instagram: @amacxtnsn







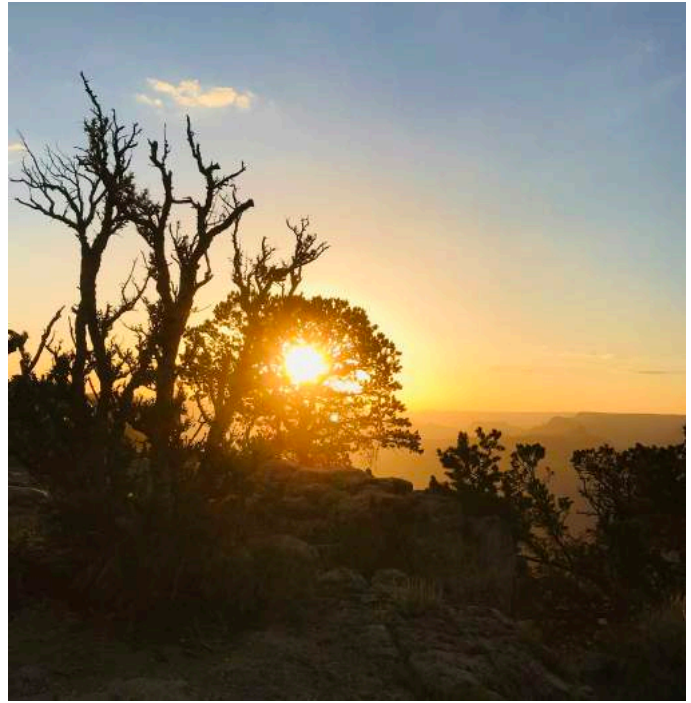








Merced River, CA



Grand Canyon, AZ

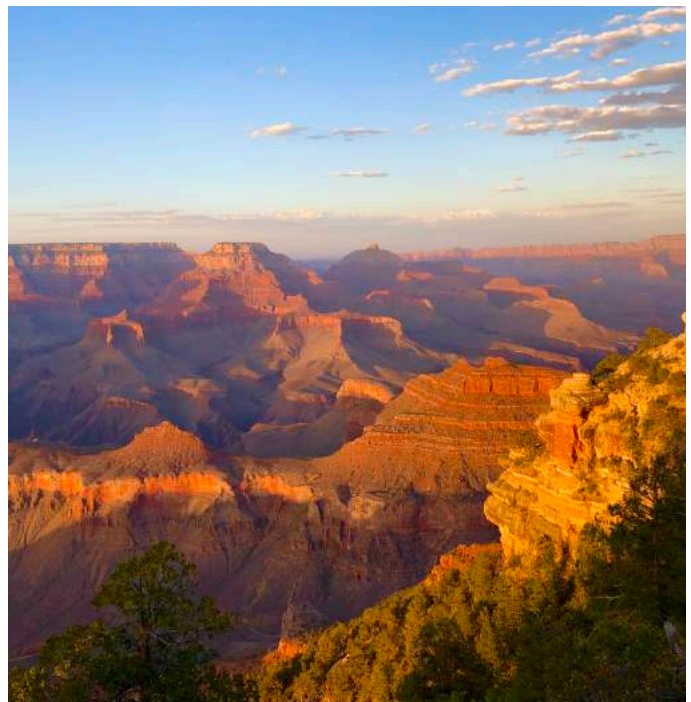
## Sun-Kissed

Catherine Shao  
2T6 MAM

Golden Gate Bridge, CA



Grand Canyon, AZ

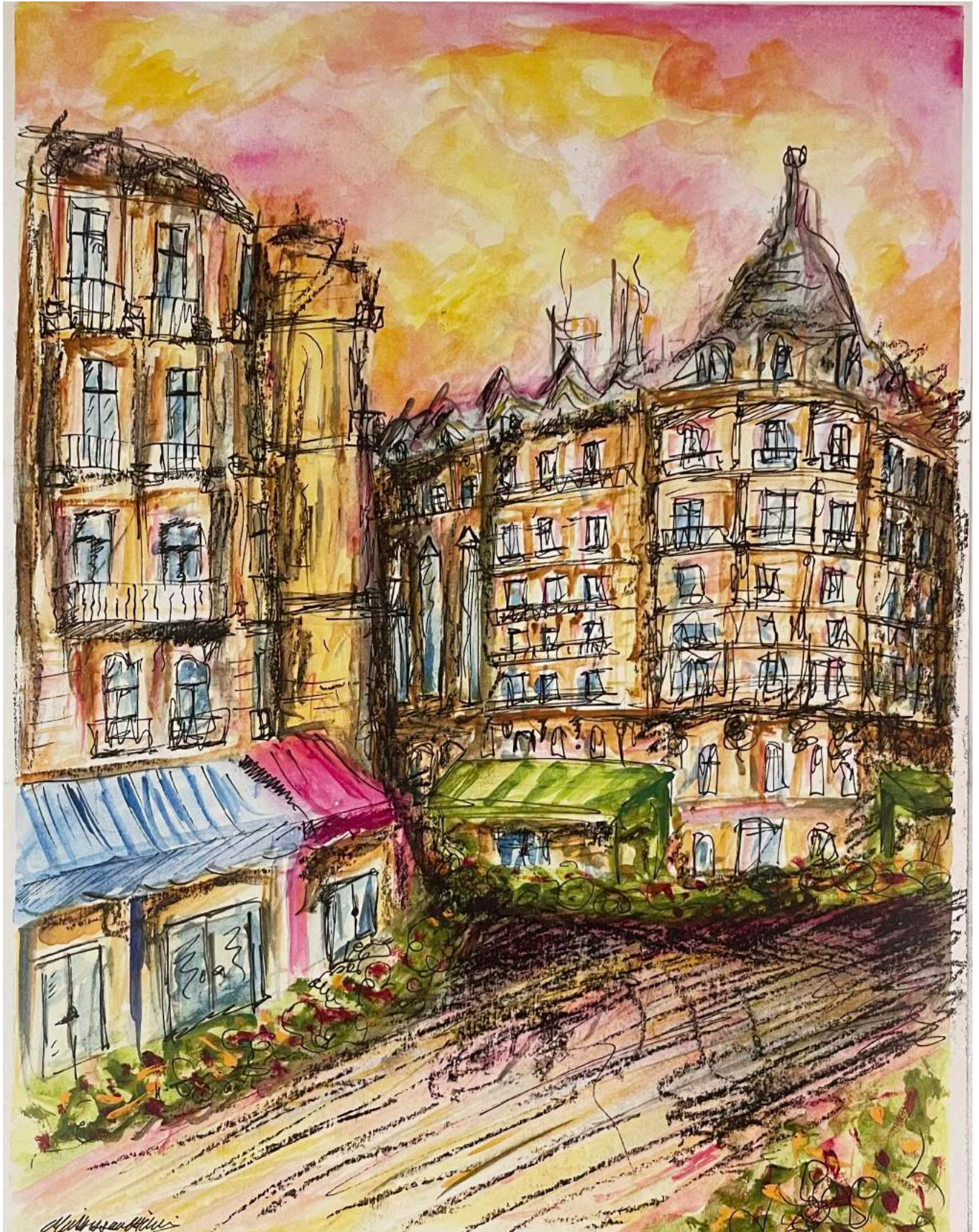




# Parisian Watercolour

Ali AlMail

2T5 Fitz

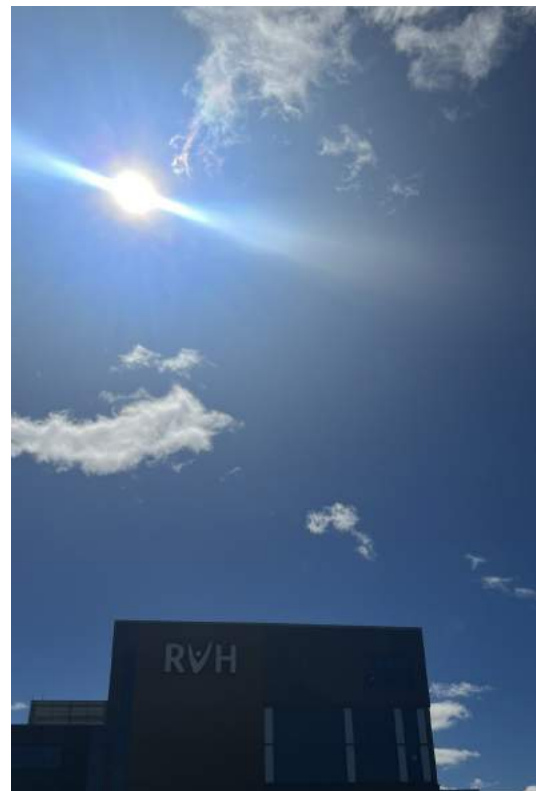




# Lifeline

Tania Saha

2T4 Fitz



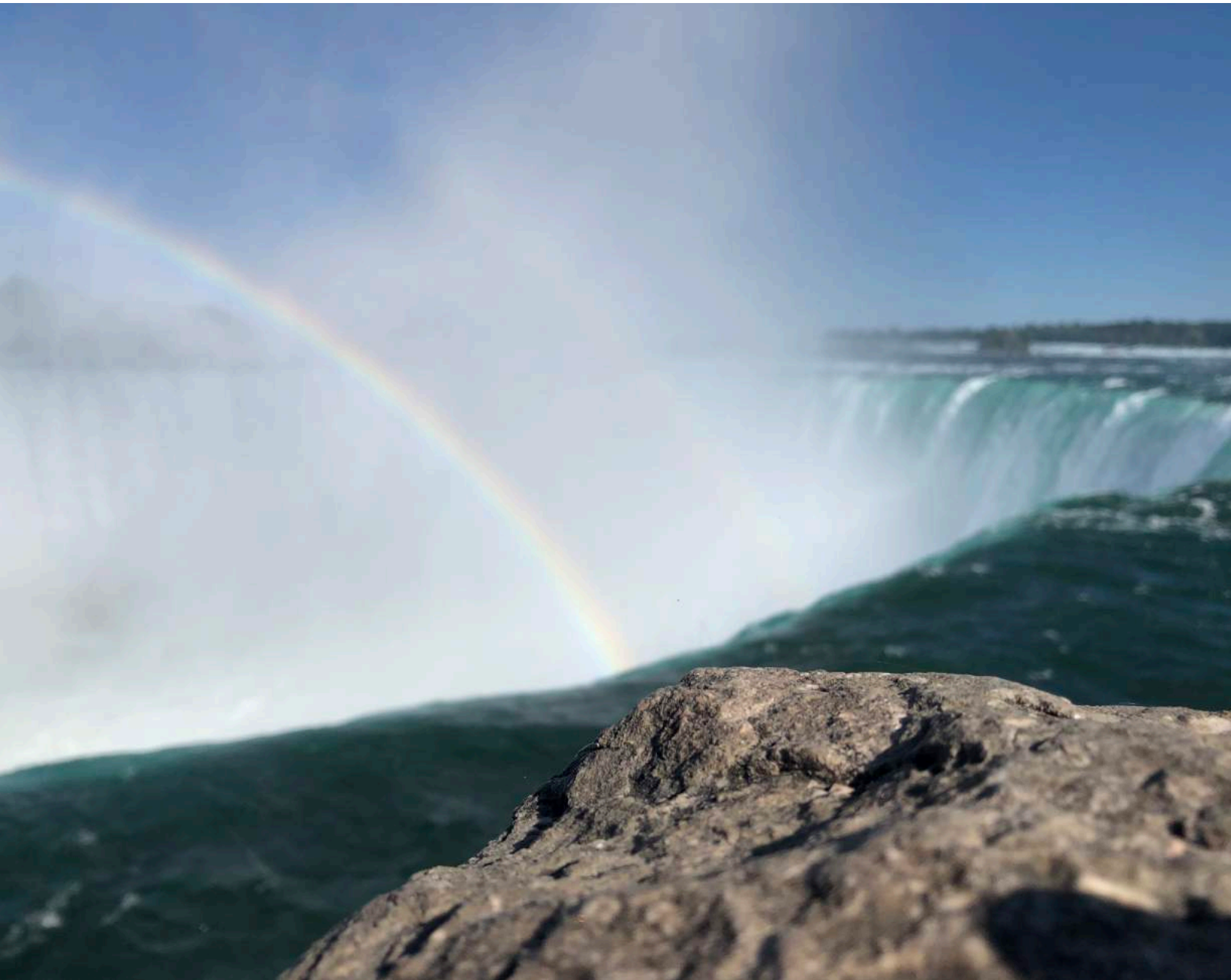
**Artist's Statement:** Rural hospitals, such as the Royal Victoria Hospital in Barrie, Ontario (pictured), are the medical lifeline of surrounding communities. When you gaze at the sky, you see buildings standing alone. This is a stark difference from Toronto, where the hospitals stand amidst a sea of skyscrapers.



# Before The Leap of Faith

Ye-Jean Park

2T6 Fitz



**Artist's Statement:** I took this photograph of Niagara Falls on one of the final days of Orientation Week for our 2T6 class. This was right before the beginning of our medical school journey. When I look back on this image, it reminds me of a time when my colleagues and I were one step away from taking our “leap of faith” into the exhilarating, sometimes scary (signified by the waterfall), but ultimately rewarding (signified by the rainbow) ride into the world of medicine!

# **Colours of Kolkata**

Amanda Pereira

2T6 MAM



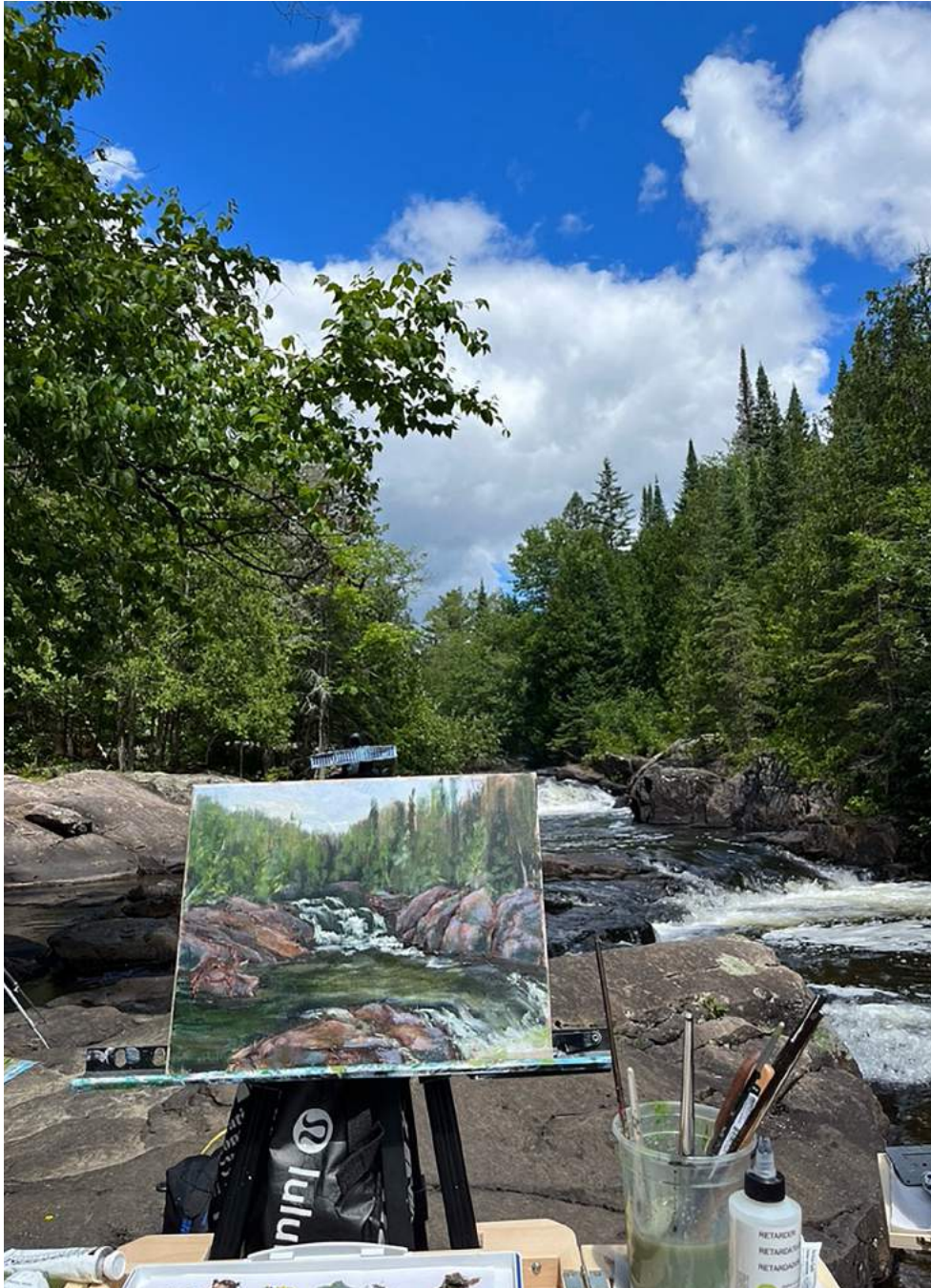




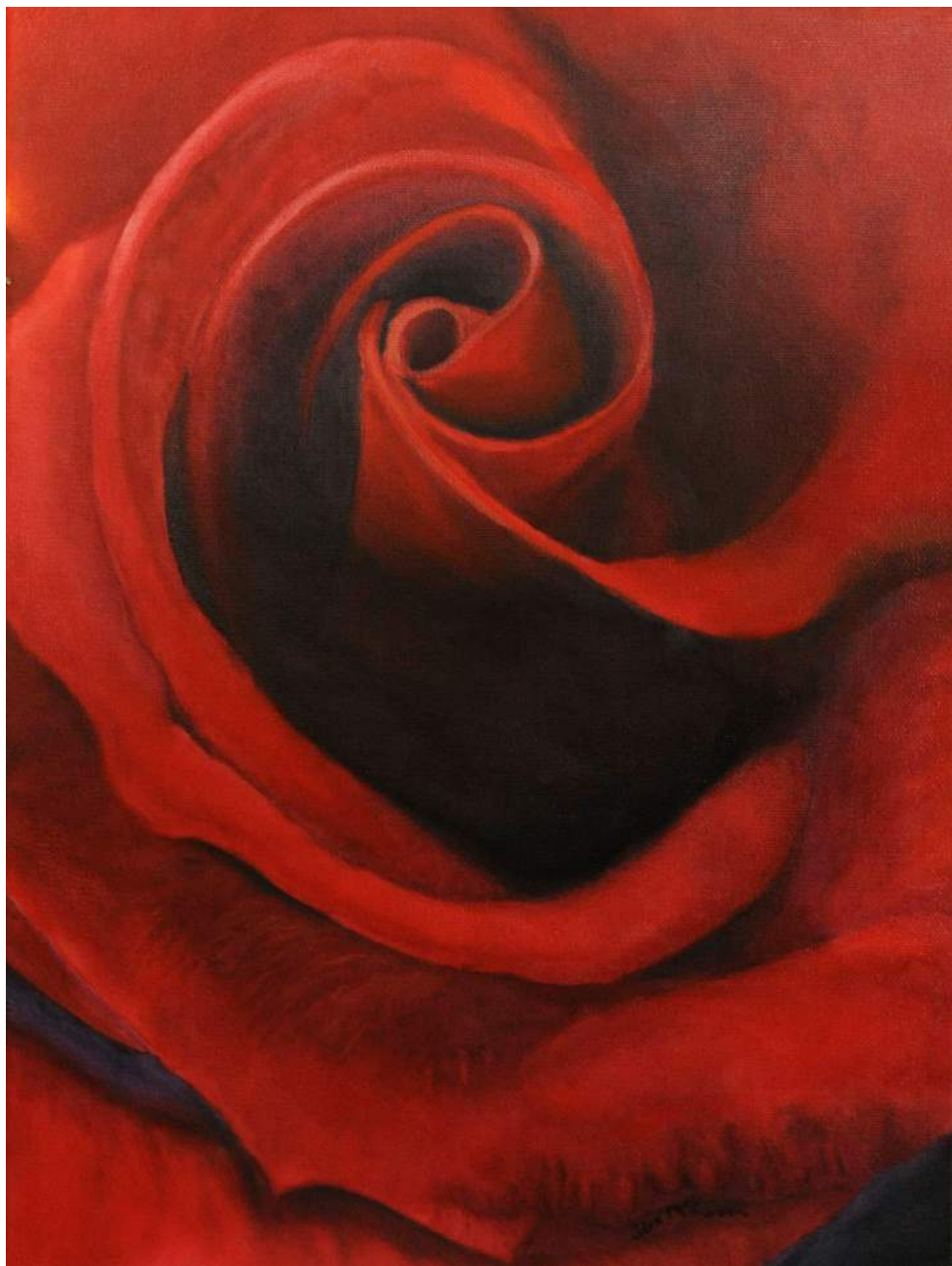
# Ritchie Falls

Rachel Strauss  
2T6 WB

*Artist's Statement:* Acrylic on panel, *en plein air*.



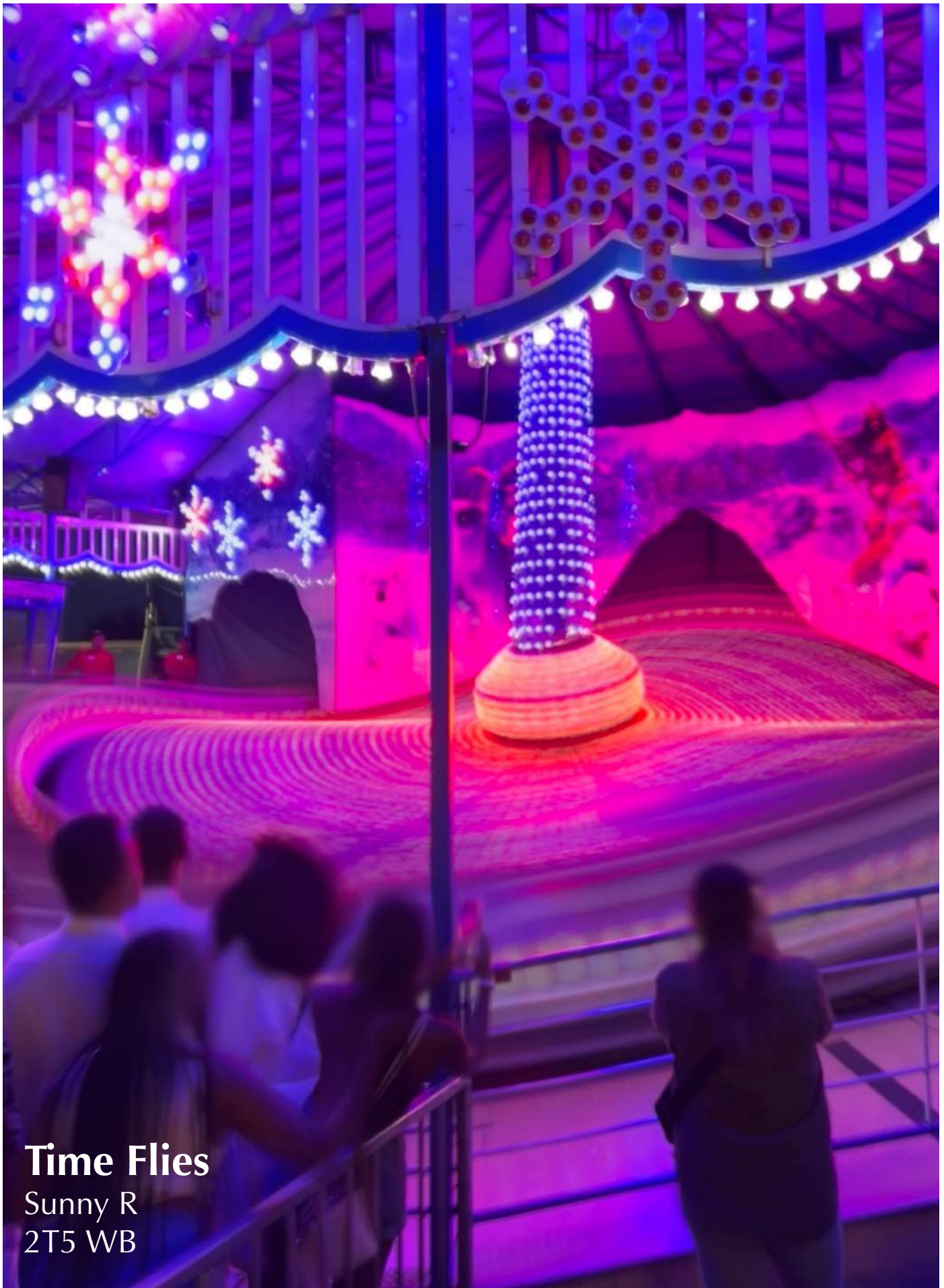




## Red Romance

Alexandra Margaret Rosemary McLaren  
2T6 WB

***Artist's Statement:*** Oil painting highlighting the simple beauty of nature. Take time in your day to appreciate the world around you. Don't forget to stop and smell the roses. Special thank you to Marg Lamendeau for being an inspirational mentor.



## Time Flies

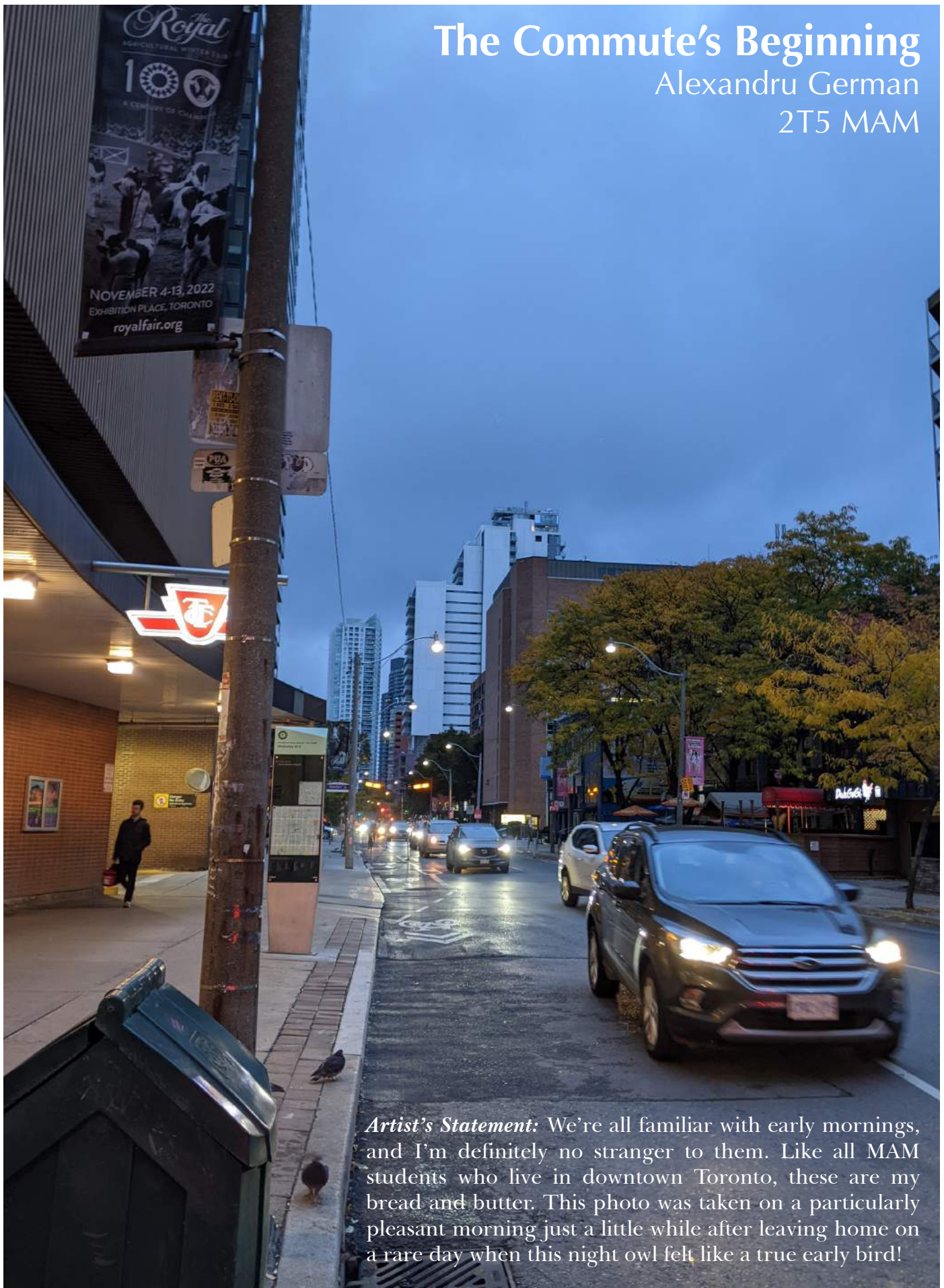
Sunny R  
2T5 WB



# The Commute's Beginning

Alexandru German

2T5 MAM



*Artist's Statement:* We're all familiar with early mornings, and I'm definitely no stranger to them. Like all MAM students who live in downtown Toronto, these are my bread and butter. This photo was taken on a particularly pleasant morning just a little while after leaving home on a rare day when this night owl felt like a true early bird!





## A Rainy Day at Wycliffe

Ali AlMail

2T5 Fitz



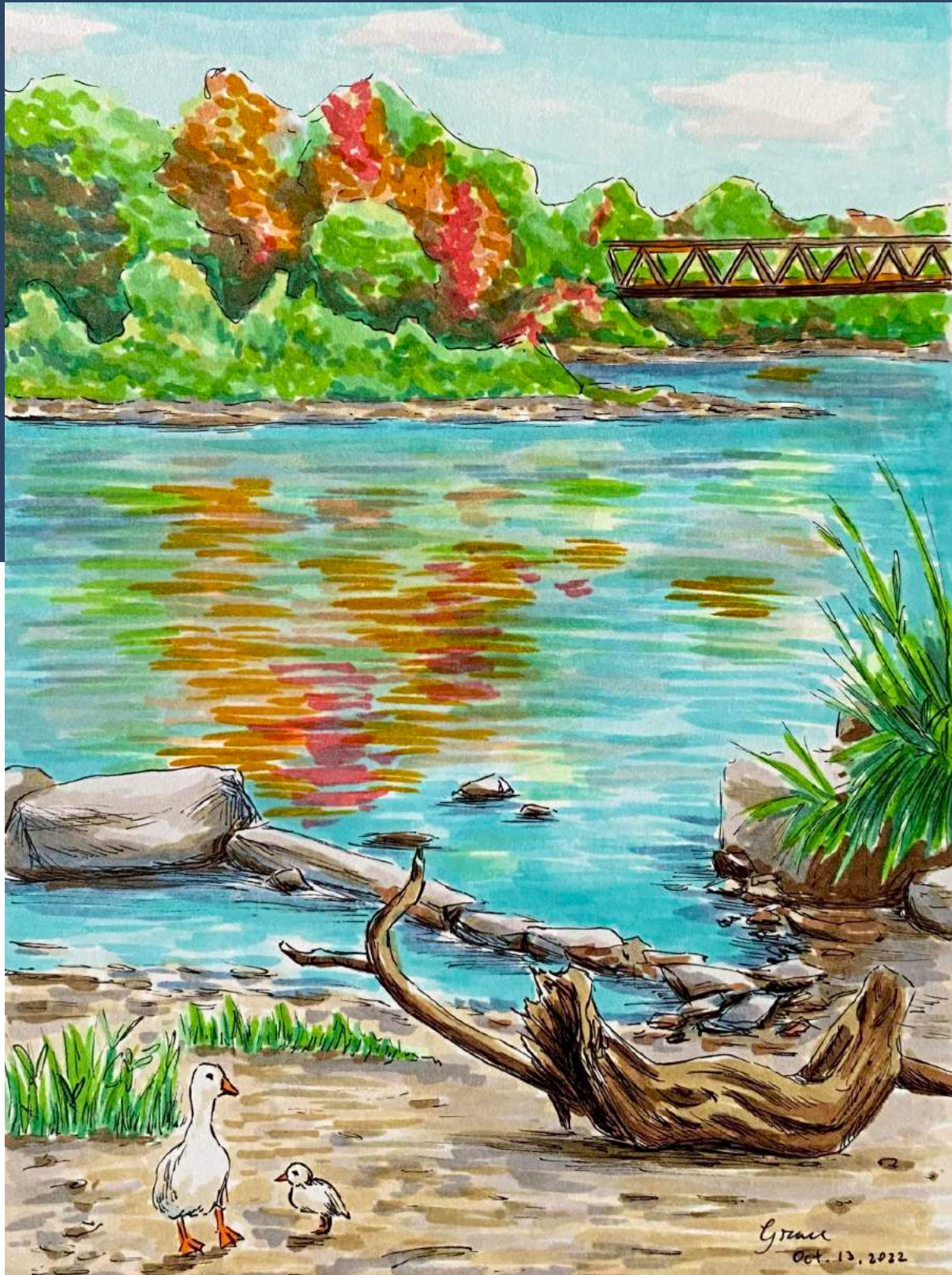


*Medium:* Watercolour on paper

*Artist's Statement:* I painted this picture after admiring this foliage through a window at Wycliffe College. The windowpane was ever embracing, calling me in to reflect into the individual diamonds of glass that peered into the outside world. This ever embracing window taught me that after a heavy rain, light shines brighter and pierces the thickness of the leaves to reveal the perfect imperfections. Whether the leaves were green and full of life or a golden hue of demise, they were all equally beautiful.

Website: <https://almailali.wixsite.com/portfolio>





## Autumn Lake

Grace Huang  
2T3 MAM

*Medium:* Pen and markers



# Floral Bunny

Sophia Attwells

2T6 WB

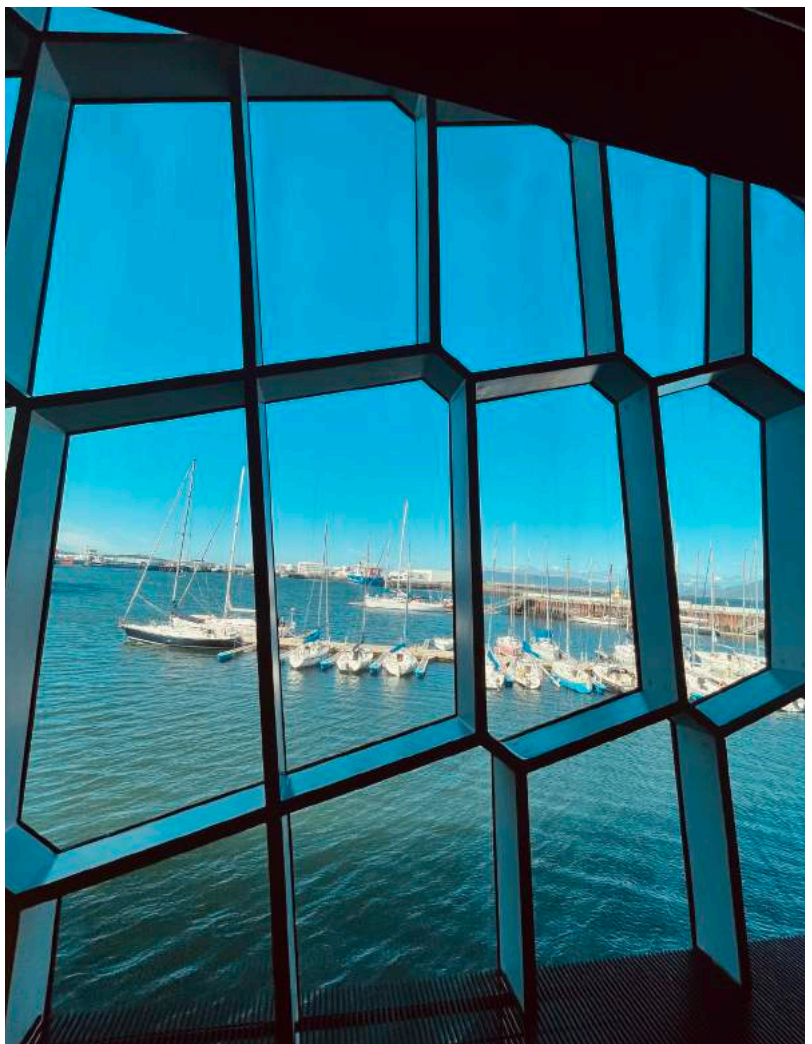




# Blue and more

Kesikan S Jayaraj  
2T4 WB

Instagram: @kesigram









# Dumpling and His Pumpkin

Ovini Thomas

2T5 WB



*Artist's Statement:* Pumpkin art inspired by my adorable—and sometimes naughty—cat, Dumpling.





# The End of The Rope

Alexandru German

2T5 MAM

**Artist's Statement:** We've all been there: the end of our respective ropes. Whether it's school, family, or any other part of life that seems to have gotten too crazy, we've all at one time or another felt as though everything were just too much. In times like those, it's a real life-saver to be able to put everything away for a little while and come back with a clearer mind. This photo was taken at the end of Tommy Thompson Park's main peninsula, where I've gone before to find that clarity, and where maybe you will, too.








# Creative Writing

# **Forbidden Fruit**

Chan Hwi (Matthew) Cho  
2T5 MAM





I wish that happiness were a fruit  
growing strong from a small tree,

all I would have to do is  
water it,  
nurture it,  
give it all my love,

and then one day,  
as I sleep underneath its shade,  
it could fall right into my lap

sweet and bitter,  
that juicy taste of my labour  
would make it all worthwhile.

but instead I sit here hands open,  
waiting for something  
that will never fall

do I dare stand and reach?  
or shall I remain seated,  
comfortable,  
lost in thought?

# We live on in what we leave behind

Daisy Ren  
2T3 PB

## We live on in what we leave behind

She poured a bit of herself into every person she met  
Hoping that when all was said and done  
When she was long gone  
That the pieces she left behind  
Would live on





# Two Sips

Ali Almail

2T5 Fitz

**Artist's Statement:** For some time now, I have been preoccupied with thoughts about the health of people who are homeless. Almost everyday, I encounter someone who is homeless asking for kindness from others, while people, including myself, pass them by. I am not sure what the solution is to the systemic homelessness that we see in Toronto. It makes me feel helpless in the face of such a daring issue. Nonetheless, I try to be attentive to the people who are homeless, to observe their day to day lives when we encounter each other briefly on the street, and to reflect on their struggles. This way, I can still fulfill my simple human duty, which is to be attentive to the narrative of being homeless and the struggles it brings. Art is an amazing medium to imagine and connect with someone's story, allowing you to step into their shoes. To do this, I composed a piece of poetry that recounts a time when I saw a homeless man sitting near a grocery store. It is a reflection that attempts to humbly understand and capture the psychological burden of being homeless.





A man sat at a corner

A corner so visible  
The sunlight glared off his face and body  
Yet people walked  
With their heads down  
Choosing to ignore  
Ignore the roaring rays of the sun

Under the window ledge  
This hidden  
Yet visible corner  
The man sipped on two beverages  
One to stimulate  
One to inebriate  
The stimulant to make loud the silent  
thoughts  
The inebriant to make silent the loud  
thoughts  
Alternating  
One sip after another

Caught in this cycle  
Stimulate  
Inebriate  
Stimulate  
Inebriate

He tried to numb happiness  
And give life to his pain  
Alternating between  
Looking into passer byers' eyes  
And blending into the surrounding  
Alternating between feeling human  
And feeling nothing at all

This man  
Caught in a cycle not of his own choosing  
A cycle that gives life to death  
And death to life

The only way to cope  
Was to take one sip  
Of an inebriant  
Of a stimulant  
To nullify nothingness  
And summate everything

A life caught  
Between two sips

# two

Katie Ann Lee

2T5 Fitz





there's the doughnut and the walk home,  
a promise that won't be kept and a confession unspoken.  
imagine a shopping cart and a smoothie run,  
domestic sweetness, coupled with the knowledge that home comes and goes.

there's music on a tiny speaker and the cheapest wine;  
in every spin and wrongly belted lyric,  
feel two become one, but not for long enough to last.  
oh, to hold in one hand the kitchen light, and in the other, theirs.

it's in the bench inscription,  
“bigger than the sky”—but what?  
to sit, to think, and maybe to walk, to write.  
leaving this place means giving up, but hope can be heavy, too.

a whispered wish is attached to the coin in the fountain,  
and it matches the one on the birthday candle,  
but please don't tell,  
just watch time and water ebb and flow.

a gift never given, a note exchanged for another—  
each day it says less but means more.  
in any case, the cosmic principle remains:  
both worlds exist, as long as they let them.

# 32F POD1 D&C for RPOC following SVD

Seth Kibel

2T3 WB

*Artist's Statement:* I wrote this piece at the start of 3rd year on OB/GYN. It grew out of a feeling of dissonance between deeply intimate and meaningful interactions with patients and the dehumanizing nature of clinical assessments and medical documentation/charting. I'm navigating these two worlds—trying to distill this patient's most heartbreaking moment into a concise set of abbreviations. All potentially identifying patient information has been anonymized.





**32F POD1 D&C for RPOC following SVD di/di twins at GA 20w  
due to PPROM resulting in FD**

“Go see 302-A”

She’s sleeping. dreaming of her babies.

OPQRSTU AAA PMHx SocHx M/A

If I wake her, am I taking away her babies again?

Wait, G1P1? Is it G2P2? Maybe G1P2?

I can tell there are no goodbyes. just holding them. this is all they  
get. don’t want it spent on goodbyes.

Disch FU MRP OB 4-6w

I’ll let her sleep.

# Wednesday

Shinthujah Arulanantham  
2T4 WB

It's a different world  
Filled with wonderment; learners on ladders looking over shoulders to see  
To see a life, a story, covered in blue, distilled down to a patch of skin  
Skin stretched like rubber bands, fascia barely holding on as organs are evicted  
A rainbow of fluids painting the gowns of surgeons  
The smell of burning flesh engraved in my mind  
Whispers in the room about weekend plans and holiday tales  
Abruptly ending when "We're closing" echos through the frosty air  
The count begins  
Rushing against the clock to toss the debris in exchange for warm blankets  
Removing the evidence of normalcy  
To be awoken from a dream into a room of blue caps and tired eyes  
Returned to families that will never know the scars went to battle  
This was a Wednesday





# Behind the Organ in a Box

Lina Elfaki

2T3 WB

## Who They Were Before They Became an Organ in a Box

Her hair is braided, and her nails are green. Did she brush her hair before doing it or did her family prepare her for this big day?

Does she know?

Does she know that there is a medical student in the room? That this is supposed to be a “teaching opportunity?” They will let me be first assist and open the chest, only if I can blink back my tears and focus my thoughts on the medicine. But I keep wondering.

Who prescribed those pills? They said she is otherwise healthy. But how can she be healthy? What does “healthy” even mean? Sure, her arterial blood gases and liver function tests were normal but that can’t be all. Did her mental wellbeing betray her?

Why?

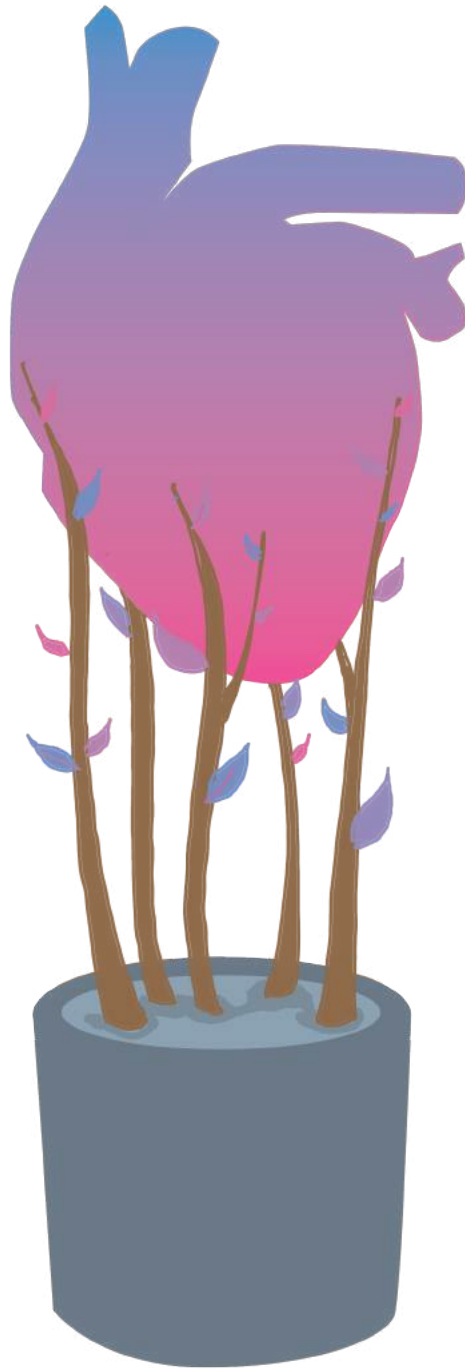
Why did she have to do it now? What pushed her to end her life now? She is younger than me. How much has life hurt her? Who hurt her? Was it an abusive significant other or her loved ones disappointing her?

What did her life look like before? Who were her friends? Who did she consider family? What did her room look like? What if we had crossed paths? Would I have been able to anticipate this and help her see through the darkness?

All I know is she cares for people. That’s why her heart will live with Mr. G.

He will get to teach his classes without huffing and puffing. He will pick up his daughters and spin them around. Maybe that will give her the peace she needed. Maybe her heart will feel this joy.





***Artist's Statement:*** Being involved in a transplant is a unique emotional experience. While the donor's family is grieving their loss, the recipient and their family are celebrating a second chance at life. This is a reflective piece written about my first experience as a medical student on an organ procurement trip. While I was naively excited to learn about the surgical considerations, the "learning experience" went way beyond the technical skills.

Twitter: @lina\_elfaki





# Witness

## Madalina Maxim

### 2T3 WB

I watched a heart take its final beat  
As I stood, looming over this exposed source of life, I nearly missed it  
The beats had gotten so slow: dragging, trudging, as the heart tried to continue in its purpose, its only goal  
My eyes were transfixed on this struggle  
Disconnected from the rest of the warm body it had so calmly rested in, this heart continued to beat, ever slowly

I watched a heart take its final beat  
Did it know that I had some part in it?  
That I was stealing the lifeblood it used to pump, storing it away in metal machines, never to warm skin again  
Did it continue to beat against insurmountable odds, rebelling against the masked figures that watched and waited for its eventual demise?  
Did it hate us? Did it hate me?

I watched a heart take its final beat  
Did it know? Was it aware of the rushed movements just beyond the muscular wall, the hurried struggle of our own?  
Did it know we were taking its compatriots? That its vessel was being dismembered, gently, carefully, thoughtfully, by masked faces like mine?  
Were those measured, solemn beats a wave goodbye?

I watched a heart take its final beat  
And I didn't know it in the moment  
I stretched with the time between pumps only to find none more reaching my eyes  
My attention finally shifted to the work being done just below, to the chances at life we were storing away  
I'd like to think that in those last moments, that heart knew what it had accomplished  
That it had pumped long past due, with silence echoing from above  
That it had saved its kin for us, for the ones who needed it desperately  
That it had stood by the wish of the soul, its loved ones, and had granted us this gift

I watched a heart take its final beat  
And somewhere, in another chest, one continued on

# As I Lose the Metaphore

Hadeel Alhadi

2T6 Fitz

Instagram: @Hadeel\_\_alhadi

It's a marathon  
A life-long journey  
It's Sisyphus' boulder,  
and *you* just reached the top of the hill.

You are wearing your stethoscope  
It's more than just a tool  
It's a reminder to listen  
It's the key to *your* patient's story.

You are in your first anatomy lab  
Save every remnant  
Respect the body  
You may struggle  
You may faint  
But, remember,  
this is *your* calling.

You are on your tenth learner's wellness workshop  
You learn to practice self-care  
You learn to fight burnout  
The most valuable asset is *you*.

You are in another ethics lecture  
You are learning to be an advocate  
You are learning about marginalization,  
about underserved communities,  
about determinants of health  
And, from a slideshow, you are learning  
how *you* can change that.





It's a Tuesday afternoon  
You are in your first Health in the Community tutorial  
You are not sure what to expect  
Maybe another guest speaker, or group project  
But it's not  
You are sitting around a table watching a house call  
A patient's home  
The screen is shielding *you*  
Observing from afar  
But the suffering,  
it's too deep  
too radiating  
An entire world within arm's reach  
A dead son  
A medication she cannot afford  
An expense that could have been eliminated  
An infection that could have been cleared  
A pain that could have been mitigated  
But instructions got lost along the way  
Death changes everything

I sit there in my discomfort  
A helpless learner fighting my tears  
This is not *my* story

As the doctor gets in the car and drives away  
As the screen turns black  
As the noise in the room resurrects  
As the tutor asks us to reflect  
I lose the metaphor  
I decentre myself  
I think of Sarah.  
I think of Maryam.







# Lifestyle & Conversations

Interview with  
**Alexandra D'Souza and  
Megan Watson from  
The Clerk Commute Podcast**

By: Vrati M. Mehra

*Get to know the Co-Directors of The Clerk Commute Podcast,  
a UofT medical student initiative making medical education  
accessible and fun one podcast at a time!*

**Q: Hey Alex and Meg! So lovely to be speaking with you today. Could you start by telling us a bit about yourselves?**

Alex: It's so nice to be speaking with you today also, Vrati. Thank you for having us! My name is Alex, and I previously attended Western University for Medical Sciences. Now, I am a 2T5 medical student at the University of Toronto.

Meg: It's great to speak with you! Prior to starting medical school, I attended McMaster University for my undergrad in Biochemistry, as well as my Masters in Global Health.

**Q: Can you tell us a little bit about the podcast?**

Alex: So The Clerk Commute Podcast was originally developed by two 2T2 UofT medical graduates, Lauren and Brendan, who are now completing their residencies. Meg and I were really passionate about continuing to grow the podcast after they moved on; we wanted to create a new chapter for the podcast. The Clerk Commute is a [medical education] podcast designed for incoming and current clerkship students across Canada. The episodes feature clerkship content, interviews with physicians, up-to-date research, and case-based discussions.





## Lifestyle

The whole premise of the podcast is to provide students with short, digestible, and enjoyable content to listen to in preparation for their clinical rotations during their commute to the hospital.

### **Q: What drove you to take on the positions of co-directors of The Clerk Commute podcast?**

Meg: Alex and I both love listening to podcasts and are constantly sharing interesting podcasts that we find with one another! Co-directing a podcast together seemed like a great way to bring together our academic interest in medical education with our enjoyment of podcasts. We loved the premise of the podcast, and we were excited by the opportunity to share an impactful tool with fellow classmates and current rotating clerks that would make a difference in their clinical experiences.

### **Q: Has anything surprised you about the role?**

Alex: We've quickly realized how weird it is to listen so much to our own voices! All jokes aside, we were pleasantly surprised to see that our first episode received hundreds of downloads within just hours of its release. It has been exciting to see how many people we can reach and to imagine the impact the podcast can have as an accessible knowledge translation tool. Since we've only just started, I'm sure we will run into many more surprises in the future.

### **Q: Did you both know each other before starting this position? How has taking up this role helped you develop your friendship?**

Meg: Yes, we did know each other before. Funnily enough, Alex was one of the first few people I met when we started school. We actually met the night of the scavenger hunt during our O-Week.

I think taking over the podcast and directing it together has forced us to have really good and open communication with one another – developing a new chapter for the podcast with both of our visions in mind. It is also just a really fun activity to do together, in addition to the breaks we take to cook dinners together.

### **Q: What has the role taught you so far about leadership?**

Alex: So far, it has really taught us to embrace everyone's individual assets and talents. Meg and I are so thankful for our wonderful team of executives, each of whom has something unique to contribute to the podcast and the team.

Being in regular communication with the team has also been very important. We want everyone to be up to date on everything that is happening as we develop this new chapter of the podcast. We hope to create a space where they can openly contribute and share their thoughts about anything we have going on at the time.

### **Q: Finally, what is your vision for the podcast? What can we expect this year?**

Meg: Our vision is to grow and diversify the podcast to reach a broader audience. We are hoping to include new types of episodes, such

*“The whole premise of the podcast is to provide students with **short, digestible, and enjoyable** content to listen to in preparation for their clinical rotations during their commute to the hospital.”*





as discussions on current research, case-based style episodes, and more physician/resident interviews. We are also trying to have regular weekly or bi-weekly posting of episodes, so that listeners can get excited for the next episode and know when it's coming out (spoiler: it's Tuesdays!).

We hope to engage more with the audience to gain feedback from students about what they want to hear about, and what clerks/residents think is important to learn. Ultimately, we hope to expand the podcast to clerks and pre-clerks, across Canada and collaborate with students at

other medical schools. We are so excited for this opportunity and can't wait for everyone to hear our new episodes!

*“Our vision is to grow and diversify the podcast to reach a broader audience.”*

# Interview with...





# Dr. Annie Zhu



**Q: Could you tell us a bit about yourself and your experience with the arts?**

I am currently a third-year neurology resident at UofT. In terms of the arts, it was something I've always done growing up as a kid. I always drew a lot, and then, because of my interest in drawing, my parents signed me up for art lessons. I did that for most of my childhood, although I will say that I did not enjoy drawing at that time—it seemed just like work to me. Only once I got engaged with drawing fanart and comics did I enjoy drawing. I started drawing a lot more and using all of my art experiences to create the art I wanted to create.

**Q: Could you tell us a bit more about the kind of art that you do?**

I really enjoy digital art. The main reason is that there's a lot of freedom in having different tools, and different colors. There are also ways to edit the piece, whether it's using control-Z to undo a line multiple times or adjusting sizes of characters with the tools available.

I think my style can be described as simple and a little bit childish. I enjoy creating digital comics and webcomics whenever possible.





**Q: Do you notice a running theme to the type of work that you create and tend to be more passionate about?**

I started off drawing fanart, and that was the big thing that got me into art. I was really into *Doctor Who*, which is a TV series about a time-traveling alien in a Police Box and I used to draw Doctor Who fan art every single day—I wouldn't go to bed unless I drew something from the show. From there, I got into other comics, like Marvel and DC. From the artists who drew Marvel and DC comics, to those involved in *Doctor Who*, they inspired me and I think they made me more passionate about making art.

Now, being in medicine, I am trying to apply that passion in creating medical illustrations or creating comics to tell patient narratives.

**Q: You mentioned that you draw a lot of comics. Could you describe your process of creating comics?**

I think the beginning part of making a comic is always—you have to have an idea. An idea that resonates with you and that you're passionate about. Like if you share something special with a patient and you're just like—this is a very really powerful moment, I wish I could share this with the rest of the world.

I'm not someone who's very good at writing, but I can imagine what I want to see drawn. So from there, I sketch different drafts of what I want to convey. How do I convey the message? How can I allow the reader to understand my mind or the patient's mind? From there, making a comic is more of just a process of trying new

ideas. Once I've decided on an idea, I need to turn it into reality. The process of making a comic can be very onerous. Having an idea is great, but unless you take the time to sit down and draw everything out, you won't have a finished product. That's the hardest part, I think—just finding the time to sit down and work on it. But until you actually sit down and create it, no one else will get to see your idea. So, you have to put your nose to the grindstone and don't look up until you're done.

**Q: You mentioned you eventually began creating your own characters, your own creative worlds. Do you feel like you've grown in other ways since you started creating art?**

That's a really hard question to answer. I don't know if I have a good answer for that, but I will say that I find that the arts have helped me learn to reflect. Sometimes the best way to reflect is to translate that voice in your head to paper and pencil, and then see it reflected back like, "Oh, this is what I meant" or "Oh, this is how I felt at the time!"

Parts of medicine can be very challenging and stressful. Taking a step back and reflecting really helps you understand the situation and teaches you a lesson, like, "Oh, maybe I could have been a better communicator here," or "Oh, I should've done this thing differently." It's a way

*“Sometimes the best way to reflect is to **translate** that **voice** in your head to paper and pencil, and then see it reflected back like, ‘Oh, this is what I meant’ or ‘Oh, this is how I felt at the time!’”*

to document what happened I suppose, so I don't forget what I've gone through.

**Q: Do you have any advice for anyone who is starting out in the arts?**

I think the best advice I would ever give is to just do it. It's one thing to say, "I want to make comics," and another thing to actually do it. I would say the most useful thing that has helped my art to grow is learning the importance of turning drawing into a habit. You don't have to be the greatest artist, but you have to draw. The more you draw, the more experience you get and the better your art will get. Sure, it may not be amazing at first but to climb a ladder, you begin at the bottom. Then, when you look back, you notice—wow! How much you've grown. My art has gotten so much better as I learned all these new things along the way, like making the comic read more easily, or changing the way you tell a story. It's hard to see it at the moment, but when you look back you really see how much you've grown.

**Q: When we look at our own work there are always so many things we want to change and improve. I feel like it can be hard to motivate yourself when you are critical of yourself. Do you have any advice on how to overcome self-criticism?**

The one thing that really helps me is that it

doesn't matter if the work is bad, you just have to create it. Even if you think it's not good enough, someone else may not see it the same way. There will always be criticism, no matter what you make or don't make. But it's better to make something than nothing; because eventually there'll be something you hit that's like—Aha! This is exactly what I want to make! I don't think we should be aiming for perfection. We should be aiming for "finished," because only when something is done can we say, "okay, we've made this, let's go to the next thing," and then the next thing might be even better. It may not be perfect, but you will be walking towards your goal in the end.

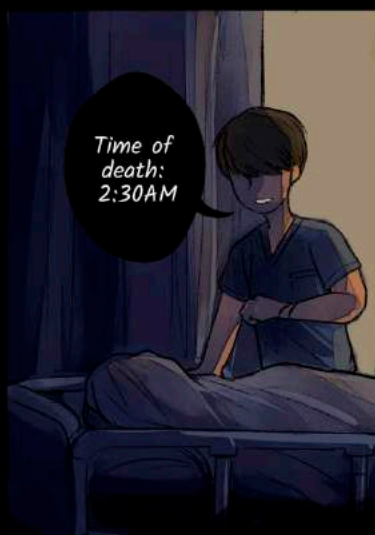
*"I don't think we should be aiming for perfection. We should be aiming for 'finished', because only when something is done can we say, 'okay, we've made this, let's go to the next thing' and then the next thing might be even better."*

**Q: It's kind of like building a staircase—you can't build the next step without the step before it. I'm wondering if you have a project in mind that it's like your favorite project, or one that means the most to you.**

One of my more recent projects that I really enjoyed making was a comic that I worked on with Dr. Peter Giacobbe, who is a psychiatrist. He gave a lecture about interventional psychiatry, so therapies like electroconvulsive therapy and deep brain stimulation. In the past, I thought that ECT was terrifying—you're shocking someone's brain! But I learned about how it can make a big difference in people's lives. Oftentimes, the media tells us that ECT is dangerous, like in *One Flew Over the Cuckoo's Nest* or *The Bell Jar*. But I wanted to create a comic to



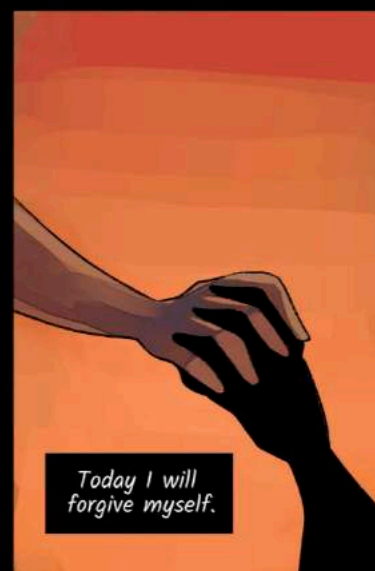
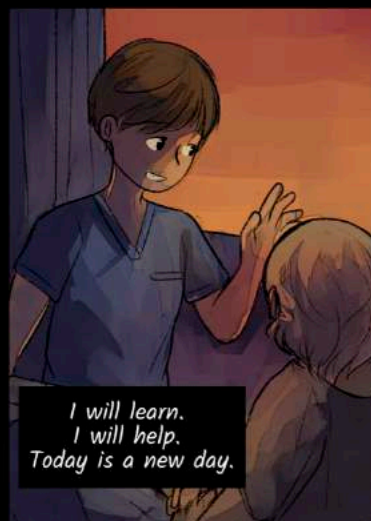
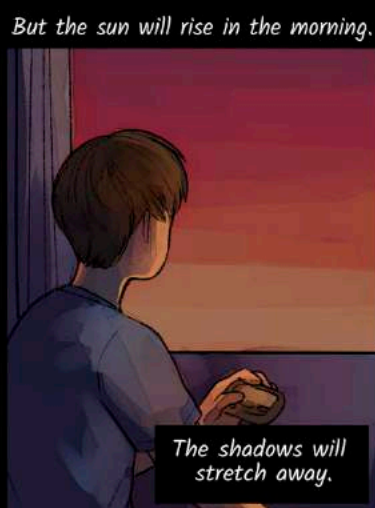
# SHADOWS



Why,  
weren't  
you good  
enough?



It is hard at night, alone.



convey the message that ECT isn't dangerous, that it can change lives. I wanted to turn my knowledge of ECT into something visual, in a media-like format, so that I can reach a wider range of audiences and teach them about a procedure that can be life-changing for many patients. And thus, I made a comic about it.

**Q: How has your experience with the arts influenced the way you practice medicine? What about vice versa?**

In terms of how medicine has influenced my art, I do find that before I was someone who just loved drawing fan arts and things that made people smile and laugh; I enjoyed connecting with other fans and just sharing the love of particular characters I liked from *Dr. Who*, for instance. But now I find that my experience in art has become a way for me to convey the knowledge I gain from medicine and translate it into something that can not only make people smile and laugh, but also help people learn. Now, I find myself drawing things that have

really resonated with me during medical school, and hopefully, my work will resonate with other people as well.

**Q: I also love how art teaches us to observe, which is a crucial skill in medicine. What are your thoughts on that?**

Yes, for sure. In undergrad, I was involved in a project that focused on how the art of seeing, which was the ability to carefully analyze and describe a painting, could be translated into better observational skills in medical practice, like looking at a rash or observing non-verbal language of a patient. So, that's something that people do benefit from art.

**Q: You have made a lot of contributions to building artistic communities in Medicine, such as organizing a workshop series called Brushstrokes in Medicine. I'm wondering what you believe is the value of community in art.**

I share my fanart a lot with the online community and that's where I met so many good friends and mentors who taught me tricks of the trade. It's impossible to do anything alone, and that's the same for drawing or making comics. Having a community means you have someone that you can share your excitement with about a project. It means that you can share your ideas or run an idea by someone who can give feedback and critique your work. Sometimes seeing other people working and seeing what others create can also inspire you. When you have people who share the same passion and ideas, you're able to bounce those ideas off each other to make your work better.

**Q: In your own journey in the arts, do you feel like you have had mentors or role models along the way?**



There is more to you and me, than MD.



I would say Gale Galligan is a mentor and a friend I've met as I started making comics. I reached out to her, and she offered to mentor me, because she knew that I don't come from a comic background but wanted to share my medical knowledge through comics. She taught me everything I know about comics; giving me suggestions on the comics I was making and resources to learn how to tell an effective story! So she was pivotal to my growth.

**Q: This is a more general question, but what is the most important lesson that you've learned from your creative journey as it relates to your life and career?**

One of the most important things I've learned is that art keeps me well. Art has always been a way for me to relax and to get into this 'flow zone.' I'm never tired when I'm drawing. Throughout medical training, the hours get longer; there's always more to learn, to know. I find that keeping myself well by drawing helps me take a step back from the hustle and bustle of normal life; it helps me go back to my roots and keeps me excited about the future. Medicine can take away a lot of your time and your energy, but if you want to be creative and keep that part of you, you should make time for it, because in the end it will keep you well and keep you happy.

**Q: Do you have any personal goals in the arts for the future? Where would you like to see it take you?**

Currently I'm working on a children's book about epilepsy with Dr. Esther Bui. The main purpose of this children's book is to allow mothers with epilepsy to start conversations about their conditions with their children; to

bring their illness 'out of the shadows' while bonding with their children at the same time. Hopefully this book will be published soon!

**Q: Have you published any other works?**

Yes, I've published a few works in journals and anthologies, such as the recent *Covid Chronicles* anthology, but I've also published some works alongside *Doctor Who* which made me really happy as a *Doctor Who* fan haha.

**Q: I'm wondering if you have any last words of advice to anyone reading this who is interested in pursuing the arts to some degree.**

One of the best pieces of advice I've ever read is from Robert Downey Jr: you must learn to put your nose to the grindstone for years and not look up, no matter how much rejection is heaped on you. I think that's an important message because to do anything, whether it's in medicine or it's an art, you just have to put the work in, and eventually you'll get to reap the rewards of your hard work. It's always hard to find time to do art, because there's always something else that takes priority, whether it's studying for an exam, or applying for CaRMS. It's tough in medical school because learning all this material for the first time is really hard, so it's easy to drop hobbies and other passions because of how busy it can be. I wish I could say, "oh, you just have to do this, and then things will be better," but well, it's a matter of trying different things to see what works for you. But it is possible. Find some time to engage with the arts, whether it's a little bit every day or all at once after an exam—if you put a little bit of time in, you'll be able to find the time to pursue the arts.





# Interview with Dr. Suvendrini Lena

**Q: To start, how did your interest in writing, and playwriting specifically, begin?**

I think most writers start writing when they're young—secretly writing things all the time, wherever they can. I tried writing in different forms. I've written lots of bad poetry... I tried to write short stories and even a novel at some point, but none of it ever really worked. During residency I decided to take courses at U of T's continuing education creative writing program. Dramatic writing was one of the possible choices, and I found it liberating. When you write for theater, you don't need to describe scenery or characters. You're mostly dealing with action and dialogue. That simplifies matters considerably. I've always imagined conversations in my head, so I think this was just my medium.

**Q: I understand your first play, *The Enchanted Loom*, came about when you had the idea**

*“I’ve always imagined conversations in my head, so I think this was just my medium.”*

**to create a play for your residency research project. What precipitated that idea and gave you the courage to pursue it?**

I wanted to do something substantial and meaningful to me, and I was genuinely interested in understanding consciousness, how people experience shifts in consciousness, how that plays out in a family setting, and how illness relates to the history of societies and the history of individuals. These are the things that I like in medicine. I like understanding what a patient's history is and all the different factors that produce the particular moment in which



you encounter them. Taking a patient's history is a very meaningful activity, but we rarely get to explore all the important details in the clinical setting. So, I really delve into the history of the patient in this play.

**Q: Speaking of *The Enchanted Loom*, could you describe what this play is about and what inspired you to write it?**

This story had a number of different inspirations. When I was a medical student, I witnessed an awake craniotomy for the first time. They are quite remarkable. The patient can be awake for part of this process to enable closer examination of cortical function. That's remarkable to me, truly remarkable—especially the patient's courage to undergo the procedure.. Also, in an operating room and many other medical settings, people are enacting roles that are quite well defined. So there's already a real theatricality to it...we refer to the OR as a theatre afterall..

**Q: That's very interesting. What surprised you most about the process of putting on this play for the first time?**

For my residency project, I wrote a draft of the whole play. We performed an excerpt at the Neurology Resident Research day. I brought actors from my continuing education class, and we set up a table and enacted a seizure conference scene. The audience found it surprisingly moving. I think the portrayal of physicians resonated well, because it was authentic. I don't like stereotypical portrayal of physicians. Every physician is a unique individual with their own struggles, strengths, and story, and there's a cost to making everybody fit into the same mold.

**Q: How important to delivering the play are aspects outside of the written work itself, like set design, costuming, and casting?**

Well, a play isn't a play until actors actually perform it. The written play is like a template, and the director has a vision for how to

*“Taking a patient's history is a very meaningful activity, but we rarely get to explore all the important details in the clinical setting.”*

transform that into a living, tactile world that actors can step into, and that's quite a process. It takes sound design and lighting design, casting, thinking about where people will move, how they will look, who they think they're speaking to... An extraordinary amount of detail goes into that transformation. At the end of the day, the script is important, but it's really only one among many elements. It's a lot of work, and I still have a lot more to learn. I still feel like I'm very inexperienced in the world of theater compared to people that are full-time professional playwrights or directors.

**Q: *Here Are the Fragments* was your second play, and it's described as being immersive. What is this play about, and why did you decide to make it an immersive experience?**

*Here Are the Fragments* was inspired by the writings of Franz Fanon. He's a Martiniquan psychiatrist, trained in France, who moved to Algeria and joined the independence struggle... He is the original political theorist of the decolonization of the mind... Another inspiration came from my work as a staff neurologist at CAMH. I spent

a lot of time working with patients who had schizophrenia, and I was trying to understand the relationship between racism and mental health. I do think that it's a very deforming force, but it really isn't something we talk about, clinically. So, in my play, we have a psychiatrist who's black and develops schizophrenia after a series of traumatic experiences of racism. He then hallucinates the voice of Franz Fanon, who talks to him about what's going on, among other things, and it's not an easy experience for him. I decided to make the play immersive because I wanted it to be fragmented in the way that thinking and consciousness are in schizophrenia.

**Q: How do you ensure that your portrayal of a patient remains respectful, non-stereotypical, and true, while also knowing that these conditions can vary widely in presentation and experience?**

There's a lot of discussion in theater and in many different art forms about representation

and authenticity of voice. Am I appropriating the experience of somebody with schizophrenia or epilepsy by writing about a character with that condition? That is a reasonable critique of the work, and there's no question that is an important consideration.

But the thing with theater is that it's a collective creation. There's a script, but there's also a huge amount of interpretation and work that occurs by the actors. Actors bring their own life experiences and research to their interpretation of roles. In the case of *The Enchanted Loom*, I didn't really go through an extensive consultation process with patients with epilepsy, I relied on my clinical experience. But towards the end of the process we had patient advocate groups look at the script, see the play, and speak to it on panels.

One thing about my play is that the character's surgical outcome is not great: the patient dies. While in epilepsy surgery, the outcomes are usually good. So that was one of the offered critiques.

Art does not have to be entirely realistic. The moment you begin to represent something, you're creating an artifice, and you're also in the world of metaphor. *The Enchanted Loom*, is a portrayal of a man living with epilepsy and the impacts it has on family. The play also has this metaphor about what to do with a wound. Do you keep it and try to live with it, or can you cut it out and somehow believe that healing will be whole? It was also a metaphor for my country, Sri Lanka. How does a country like that move through the trauma it has experienced?

The nice thing about theater is that people can interact with something and test it out themselves, and they can decide to project and criticize it. You don't necessarily always want to just make a play that everybody likes. What you want is for people to engage with the work. If you create a creative theater piece about complex things, you want people to have complex reactions to it.

*‘Art does not have to be entirely realistic. The moment you begin to represent something, you’re creating an artifice, and you’re also in the world of metaphor.’*



*“What you want is for people to engage with the work. If you create a creative theater piece about **complex things**, you want people to have **complex reactions** to it.”*

**Q: How would you say your own personal experience informs your plays? Where do you like to combine the two, and where do you prefer to draw a line?**

When I’m portraying a physician, I’m thinking about my own experience as a physician. In *Here Are the Fragments*, there’s a scene where the main character is angry because he’s been mistaken for an orderly since he is a black psychiatrist and was probably wearing scrubs. I can’t tell you how many times that has happened to me, especially when I was a resident, when you’re in the hospital at night and you’re probably not looking your sharpest or might not be wearing your white coat. It really changes how you behave, so that this doesn’t keep happening to you. You always wear your white coat. You always have your ID badge. You pay more attention to how you dress. You’re really careful about the language you use. So, my personal experience

is expressed in the scenes in different ways. You draw on all your experience when you create stories.

There’s another scene in *The Enchanted Loom*, where the son skips his exam to go to the demonstration against the war in Sri Lanka and the genocide that was happening there. I remember being in Toronto General working in internal medicine and wanting so badly to get out into the street and join those protests. So, after my shift ended, I would go out there and participate.

There’s so many different ways in which small personal details will show up in my stories. I think drawing on personal experience makes things authentic and nuanced. I don’t write stuff that’s really autobiographical. What I do believe happens is that a lot of my own struggles and psychology are expressed in these stories without me even knowing it, and I think that’s

*“What I do believe happens is that a lot of my own struggles and psychology are expressed in these stories without me even knowing it, and I think that’s true for all writers.*

true for all writers.

**Q: Many people dichotomize art and science. As both a physician and a playwright, how do you reconcile those two parts of yourself?**

There are definitely ways in which one nurtures the other. I know that playwriting is my space for self expression. It allows me to manage the stresses—especially the emotional stresses—and conflicts of working as a physician. It gives me a personal space to escape, rethink things, and process my emotions. And then of course, medicine suggests subject matter to me. Two out of the three plays I’ve written are fundamentally exploring an illness and its impact or historical context. I essentially look at my work and delve into the different meanings of things through playwriting.

**Q: As medical learners and as doctors, we often get feedback and critiques on our work. I’m sure it’s no different for a playwright. Are these experiences different in any way? Do you find one form of critique easier to take in stride than the other?**

It’s so interesting, and I’ve thought about this a lot. In medicine, even as a staff physician, you’re constantly being evaluated, and sometimes evaluations can be quite cutting, even if they’re meant to be constructive or point out minor problems. You can still take it quite personally and feel wounded, and it can break down your confidence. Of course, the process of constant evaluations and surveying how you perform creates a homogenous performance. It’s a way of making sure that all learners meet certain competencies and act within certain ethical parameters.



So, on the good side, this protects patients by guaranteeing certain standards of care and certain standards of behavior. On the bad side, however, it means that whatever you might bring in terms of diversity to the table is being molded, so everything ends up looking the same. I see myself caught in that process as well. When I give feedback to students, I worry about this a lot. Sometimes you really need to say something about a situation that's not appropriate, but at the same time, you don't know where that person is coming from, what kind of feedback they've had before, or what they might be struggling with.

Recently, we had a rehearsal for a reading of *The Plague*, and the first thing we did was set some ground rules around creating a safe space for creative expression because actors are going to be vulnerable and emotional. We don't create safe spaces in medicine to have these conversations at all. How can we critique and try to negotiate these complex things without having any established guidelines of safety? We think that we don't need it as doctors, but it's a very hard aspect of being a medical learner and even a staff in an academic setting. But at the same time, how are you going to learn? It's complicated.

On the other hand, as a playwright, I believe getting feedback is different for everybody. Some people create art because they want to be heard or seen

in a certain way, or perhaps they want to be liked and know that they've affected an audience. Writers don't always seek these reactions.. We are often just trying to work out something of our own. So, I would say I'm more vulnerable to criticism and feedback as a physician than I am as a playwright. My playwriting space and what I say in it really belongs to me.

*“How can we critique and try to negotiate these complex things without having any established guidelines of safety? We think that we don't need it as doctors, but it's a very hard aspect of being a medical learner and even a staff in an academic setting. But at the same time, how are you going to learn? It's complicated.”*

## Sew, I Have Something to Confess...

Bronte Lim  
2T5 WB

Bronte Lim (2T5, WB) has been designing clothing since she was eight, starting with paper doll clothes made of paper and tape and now, with real human clothes made of fabric. When she's not fiddling with sewing, writing, or cooking projects, she may be found studying medicine.



*This two-piece outfit is actually deep navy with a widely spaced white pinstripe, but the lighting masks it. My cat, Belle, makes this outfit. Second to that are the very loud loafers I bought in undergrad, which I wore to write my MCAT for good luck. They must be pretty lucky, because I'm here with all of you, aren't I?*

**Artist Statement:** I have the misfortune of being both a) a lover of clothing design and sewing and b) terribly camera-shy. But here are three photos I feel confident enough to share. Clothing has always had a special place in my heart. It wasn't until I was twelve that I got to go shopping and choose my own clothing for the first time; up until then, I had donned hand-me-downs from a kind neighbour. Going shopping with my mom that day, I discovered a new way to bond with her and a new mode of self-expression. We were bargain-hunters, seeking style and affordability. As I began learning about textiles and fashion history, I began to experiment.





## ***The Blue Dress***

*My mom chose this fabric. The woman at the fabric store who cut my yards for me was so enamoured with it that she bought some herself. I was inspired by tulip and wrap skirts and drafted petal sleeves for the first time. The invisible zipper is done very well, though not visible from this view (or, perhaps it is?)*

## ***The Purple Dress***

*For this dress, the fabric came first, and then the design. This piece required a full lining; the zipper is slipped in between these layers. I made a design error, so the front lining had an emergency incision, but fortunately, it's not visible because of the pintucks in the fashion fabric. I wore this to my friend's wedding this summer, who, to my delight, sewed her own wedding dress.*







## Recipe

# Hong Kong Egg Tarts in a Pinch

Michelle Lim

2T4 PB

### *Ingredients*

- ⅓ cup white granulated sugar
- 1 cup hot water
- 3 large eggs at room temperature
- ½ cup evaporated milk
- 24 tart shells (frozen and ready-to-use)

### *Instructions*

1. Preheat the oven to 350°F.
2. In a medium bowl, dissolve the sugar in hot water. Allow 30 minutes to cool (this step is important! If the water is too hot, it will scramble your egg mixture).
3. In another medium bowl, whisk together the eggs and evaporated milk.
4. Combining the egg and milk mixture with the sugar, mix until well incorporated (the mixture should be very runny).
5. Place the tart shells onto a baking sheet or use muffin tins for structural support.
6. Pour batter into the shells ¾ full. Do not overfill the shells as the egg will expand during baking.
7. Bake for 30 minutes and enjoy!

Tip: These egg tarts taste superb when paired with Hong Kong milk tea.



## Recipe

# Pearperoni Pizza

Claire Sethuram & JP Bonello

2T4 WB



### ***Ingredients***

- Flat bread (or pizza dough)
- Pesto
- Arugula
- 1-2 Bartlett pears, thinly sliced
- Green onion, chopped
- Green peppers, julienned
- Bacon, chopped (optional)
- Shredded mozzarella
- Shredded Asiago cheese

### ***Instructions***

1. Pre-heat the oven to 425°F.
2. Spread a generous layer of pesto over the flat bread.
3. Cover with arugula.
4. Add slices of pear, green onion, green peppers, and bacon (if using).
5. Cover with cheese.
6. Bake for 7-9 minutes or until the crust is golden-brown and the cheese has melted.
7. Cut into slices and enjoy!













## Recipe

# No-Bake Pumpkin Spice Energy Balls

Tiffany Ni

2T4 PB

The best fall-themed snack for those busy days in the hospital. Feel free to double the recipe and store a bunch of these treats in your locker/lunch bag/scrub pocket for a quick snack!

Prep time: 30 mins

Yield: 24 energy balls

### *Ingredients*

- 1 cup peanut butter
- ½ cup pumpkin purée
- 2 tsp vanilla extract
- 2 cups old-fashioned rolled oats  
(add more if your batter is too sticky)
- 1 tbsp pumpkin spice
- ½ cup mini dark chocolate chips
- ½ cup honey (or maple syrup)



### *Instructions*

1. Add the peanut butter, pumpkin purée, honey, and vanilla extract to a mixing bowl and use a wooden spoon to stir until well-combined.
2. Next, add gluten free rolled oats, mini chocolate chips, and pumpkin pie spice to the bowl. Stir until everything is well-combined and you have a “dough”.
3. Place the mixture in the freezer for 20 minutes for it to chill and firm up.
4. Remove the dough from the freezer. Using a cookie dough scoop, scoop the dough, then use your hands to roll the dough into balls.
5. Store the energy bites in an air-tight container in the fridge or freezer (lasts up to 2 weeks)!



# 2T5 Crocs Comeback

Featuring:  
Ali AlMail (2T5 Fitz)  
Autumn Sky (2T5 WB)  
Chris George (2T5 Fitz)  
Janet Tang (2T5 WB)  
Jessie Zhang (2T4 PB)  
Michelle Lim (2T4 PB)  
Philip He (UBC Pharmacy)  
Yuanxin Xue (2T5 Fitz)  
and more...





**Artist Statement:** \*drum roll please\* The long awaited, eagerly anticipated, 2022 comeback for Crocs is here!

Crocs—the versatile, comfy, all-purpose shoes you cannot live without. That's right, your favourite 2T5s are bringing Crocs back, and they're looking as sexy as ever.

Huge shout-out to Philip He for capturing our stellar photos and to Autumn Sky (@thisisautumnsky) for putting this incredible video together!



**Disclosure:** We are not sponsored by Crocs, as you can tell by some of our models wearing fake Crocs from Dollarama. We are simply enthusiastic about giving you a reason to smile and laugh today and to prove that Crocs aren't so ugly after all.







Fashion



## *Brittany Chang-Kit*

2T5 PB

**Q: What inspired this outfit?**

I really wanted a chance to wear this rainbow cashmere mockneck from the brand From Future. Obviously, it's very eccentric, and the only way to get away with something so loud is to pair it with other very colorful pieces. I used to wear a lot of black clothing, and now I rebel against the very idea of it.



**Q: How would you describe your personal style?**

Muted chaotic. Form over pattern.

**Q: How did you get into fashion?**

I did a class speech about Valentino Garavani as a kid, and then I watched a documentary about his fashion empire....and from there, I was obsessed with sketching fashion designs and haute couture. I was the Digital Editor of a student-led fashion and lifestyle magazine in undergrad and helped to put on fashion shows and photoshoots.

**Q: Current favourite piece in your closet?**

My Longchamp *Le Pliage* backpack. I like to carry a lot with me day-to-day, so practical fashion is best.

**Q: Favourite place to shop?**

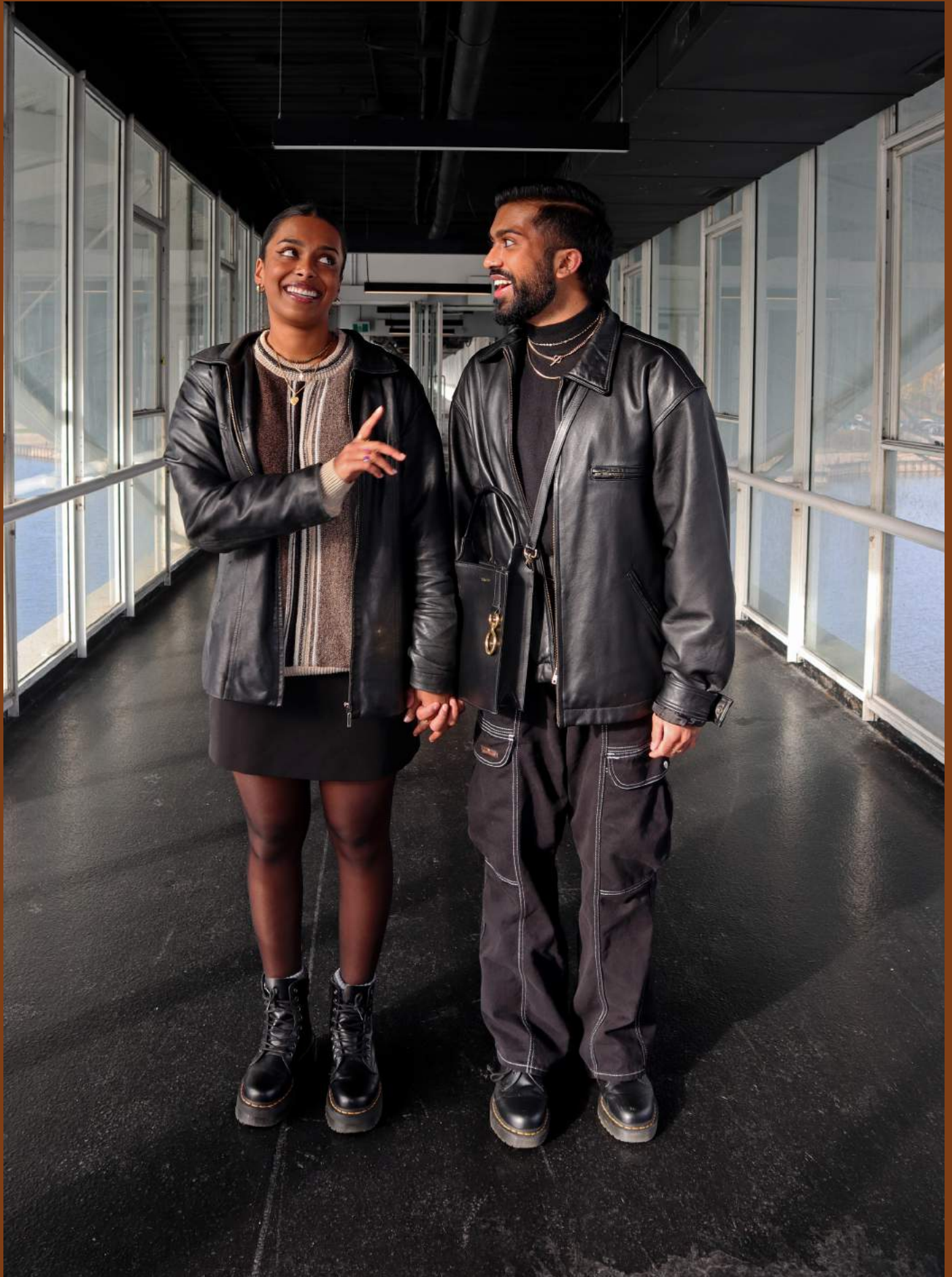
My aunt's closet.

















# Christian Singh

2T6 Fitz

## Q: What inspired this outfit?

My go-to outfit is typically something monochromatic—99% of the time it's all black, so I would say this is a perfect representation of my style. An all black outfit with some gold jewelry is truly an unmatched combination.

## Q: How would you describe your personal style?

I genuinely have no idea how to describe my style, so I asked a friend instead! Their response: “Hmm... I'd say edgy but classic. I know those two might not go together, but somehow you make it work.”

## Q: How did you get into fashion?

Fashion is how I experience gender euphoria. As someone who finds themselves gravitating between masculine and feminine energies, I feel the most empowered when using fashion as a conduit for gender expression.

## Q: Current favourite piece in your closet?

I really love how accessories, especially bags, tie an outfit together! Anyone who knows me can definitely attest to the fact that the most used and abused item in my closet is my small, black Telfar shopping bag. It's such a classic; I can't help it!

## Q: Favourite place to shop?

A designer I've had my eye on for the past while is Valerie Blaise (the founder of Vavvouné). Circling back to my love of accessories, Vavvouné has some truly beautiful handbags — my personal favourite is the *Mishe* bag!







## Serena Perera

2T6 WB

### Q: What inspired this outfit?

I'm always inspired by random people I see walking down the street. What's great about the city of Toronto is how many cool outfits of every style imaginable you can walk past in a day.

### Q: How would you describe your personal style?

I love the 90s—so maybe a *Buffy the Vampire Slayer* extra?

### Q: How did you get into fashion?

I started loving fashion when I began to appreciate it as a form of art with intention.

Seeing some of the stunning pieces worn at events like the Met Gala (2018 and 2019 were the best years!) or in some of my favourite music videos showed me what a fun form of self-expression it is.

### Q: Current favourite piece in your closet?

I recently rediscovered a leather jacket my mom bought for herself in her 20s. It's my absolute favourite piece, and she gets so mad when I call it vintage.

### Q: Favourite place to shop?

Marc Jacob's *Heaven* is the most fun line ever! I also love designers with unique, space-disrupting styles like Thierry Mugler and Vivienne Westwood.











## Jessie Tu

2T6 Fitz

### Q: What inspired this outfit?

I wanted to create my “perfect” fall outfit—the kind that would inspire me to grab a pumpkin spice latte and go for a walk while listening to Taylor Swift.

### Q: How would you describe your personal style?

Eclectic, 90’s inspired, and incorporating both feminine and masculine elements. I love to mix silhouettes and patterns to create thoughtful looks.



### Q: How did you get into fashion?

Growing up, I’ve always gravitated towards fashion and art. It’s how I express myself and have fun in my everyday life!

### Q: Current favourite piece in your closet?

When I got into medical school, I bought my first-ever designer piece, the Gucci Jackie bag, with my savings. It holds a lot of sentimental value for me, as I’ve wanted it for a long time.

### Q: Favourite place to shop?

I love to thrift at second-hand stores. Some of my favourites in town include Exile Vintage, VSP Consignment, and Pic Vintage.

**Q: What inspired this outfit?**

The outfit is intended to pay homage to my favourite designers while still being cohesive. I gravitate to layered black fits, and I think this group of designers are masters of this:

Outerwear: Yohji Yamamoto

Pants: Errolson Hugh

Shoes: Rick Owens

**Q: How would you describe your personal style**

My style reflects what I feel for the day or rather who I feel like being for the day. Sometimes that can be punk rock, techno replicant, park ranger, mac demarco-core, athleisure etc.

**Q: How did you get into fashion?**

Since I was young, fashion was an opportunity to adapt my outward appearance when the rest was mostly static. Then, living in Paris and the Marais for 5 years really influenced my perspective on style—it gave me space to explore and be creative.

**Q: Current favourite piece in your closet?**

Deconstructed jacket from Yohji Yamamoto. His ability to create layered black silhouettes is unparalleled. This piece is versatile. It can be dressed up or down, avant-garde or subtle. The origin of this jacket was that I chose this jacket for my PhD defense. A standard suit didn't feel right and choosing something that was more of a reflection of me bolstered my spirits throughout the day.

**Q: Favourite designers?**

Rick Owens, Yohji Yamamoto, Errolson Hugh, Hugo Alejandro, Virgil Abloh, Salehe Bembury, Demna Gvasalia



*Lucas Robinson* 2T5 WB







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Megan Watson

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Dr. Suvendrini Lena

do I dare stand and reach?  
or shall I remain seated,  
comfortable,  
lost in thought?  
- Chan Hwi (Matthew) Cho