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## Time for Change

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“Keep it. I only gift books to students if I think they’ll really benefit from it, or if I think they’ll benefit the system. And you, I think, will benefit the system.”

I glanced down at the gift in my hands and felt myself beginning to tear up. Dr. Lerro had given me the book titled Changing How We Think About Difficult Patients, by Joan Naidorf, to read the night before. I had just enough time to skim the chapters I thought were most relevant, but experienced a radical change in my perspective on being an empathetic healthcare provider in the brief time I had spent doing so.

Two days prior, I drove up to Dr. Lerro’s horse farm in Ocala. As I settled into a modest cottage on the property, I heard some commotion just beyond the door. I stepped outside to see two dogs sprinting across the gravel road towards their owner. Prior to meeting Dr. Lerro, I knew exactly two things about her- she was a radiologist, and a former horse jockey. As an equestrian of nearly a decade, and because I have developed a nascent interest in radiology, this was sufficient information for me to be ecstatic to meet her and learn from her. I was told that she works on cases from the emergency department, and hence I would get the opportunity to see all kinds of medical anomalies that would further my fund of knowledge.

*TIME FOR CHANGE*

AUTHOR NIMMI MATHEWS

As I shook her hand, a mixture of wonder and curiosity filled me; I wanted to know everything about her life and career. Before I could begin my line of questioning she motioned for me to follow her since it was time for her horses to be fed. As we turned the corner, I caught a glimpse of one of her horses lying on the floor of a dusty barn. Although horses may sleep lying down, it is atypical of them to lay on the floor while wide awake, and is usually indicative of discomfort or illness.

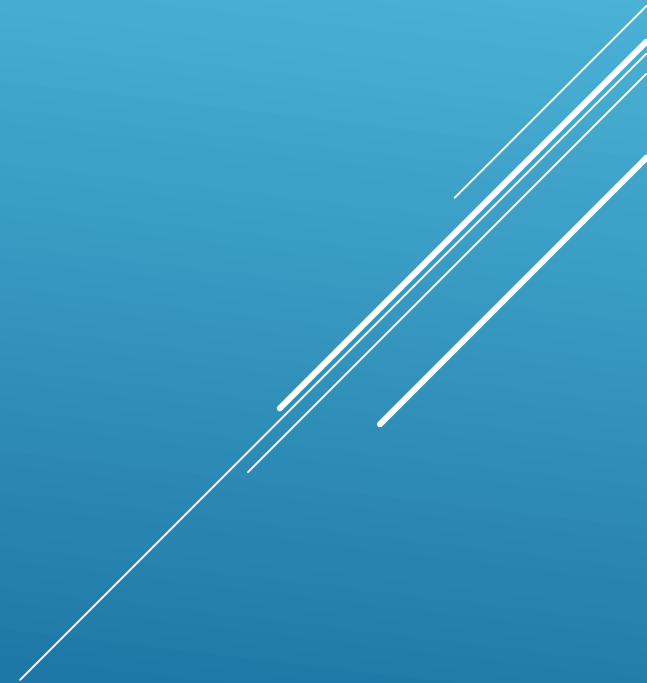
Dr. Lerro noticed it too, and she frowned. “Lil? Lil girl, what’s wrong?” She turned around and swung herself into a golf cart. “Get in! She looks like she’s colicing, and I need a stethoscope to confirm.” Within the first fifteen minutes of meeting her, we had a patient, a critical one! I hoisted myself onto the golf cart, followed promptly by one of her dogs, and we raced over to her office. After a frantic but short search for a stethoscope, we raced back to Lil’s side and I watched as Dr. Lerro examined her stout belly. A few listens later, she confirmed the news; Lil was colicing and needed to be treated immediately.

Dr. Lerro acted with swift precision, contacting a vet and fellow horse owners before embarking on a mission to find the medication that would make Lil feel better. I followed her around, asking every question that came to mind. In my experience, colicing horses needed to have their stomach pumped, so I was extremely curious about the medication that could ease their gut without requiring a more invasive intervention. Dr. Lerro answered all of my questions, and even educated me on the advent of a promising new pharmaceutical to treat melanoma in gray horses. ‘Wow, I thought to myself. If this is how much she knows about horse healthcare, I can’t wait to see how much she knows about humans!’

The next morning I awoke before the sun rose, since I was going to join Dr. Lerro in her office at 6:30 sharp. I knocked softly on her office door at 6:35 and was immediately greeted by the cacophony of her dogs sensing an intruder. I bought their silence with a few belly rubs and ear scratches before setting my books down and pulling myself close to her desk. The screen before me was illuminated with panel after panel of imaging studies and more information than I could process. As a devotee of the sciences, I was thrilled. I couldn't even begin to imagine the medical knowledge I was going to glean in the next few hours.

While I did progress leaps and bounds in my comprehension of diagnostic imaging, the conversation I had with Dr. Lerro as sunlight began to stream through the windows a few hours later was immensely more significant. I told her that I was enrolled in a Masters in Medical Education program, because I truly enjoyed teaching and felt that the degree would give me the tools to be an educator. However, I was curious if in her time teaching residents, she had learned anything about teaching that cannot be acquired from a formal course or degree. She pondered over it for a moment before answering. She told me that as a resident, her cohort would often make fun of difficult patients, which in retrospect was a coping mechanism to alleviate the mental and physical burden of their job.

“I’m not proud of it”, she said. “The environment of teaching needs to change. We need a more positive outlook.” She went on to speak about how competitive school environments hinder student growth, as it encourages “stepping on” your peers to make it to the top. After a few minutes of conversation, she jumped up from her chair. “I have a book that I think you would like to read. It was written by an intern of mine from years ago.” I graciously accepted it from her, and resumed my exploration of radiological studies.



After an evening of traversing her farm, I retired to the cabin to begin my homework assignments. I leafed briefly through the book, and sure enough there was an entire section on the environment of negativity perpetuated in healthcare settings. Although the context of the book was slightly different (it more so had to do with understanding why patients may act in rude or undesirable ways), the message was the same. We often look to our mentors and peers for cues on socially acceptable ways to behave, and this can define our attitudes towards patients directly, as well as behind closed doors. It is the responsibility of the teacher to establish what is acceptable, as well as to steer students using a positive, encouraging framework.

I marveled at the uncanny similarity between Dr. Lerro's advice and the book's teachings, and developed a newfound appreciation for the power that teachers have to shape a whole new generation of healthcare workers. Additionally, a desire arose to implement this advice in both my daily life and career, and I must give credit to Dr. Lerro for setting the wheels in motion.

*This is Maisey, a retired racehorse. She made her owners fifteen thousand dollars and they sold her to a slaughterhouse. **Empathy***

*Temple Grandin is my role model. She had autism and was a revolutionary in her field. **Resilience***

*I always got down to the same level as my pediatric patients. And I wore my Snoopy lead vest. **Humility***

Sure, Dr. Lerro's medical knowledge is expansive, and I thrived in our sessions because of it. But what made this weekend unforgettable was what I learned from her about the art of teaching.

Teaching is storytelling. Teaching is introspection. Teaching is giving away a piece of yourself to learners and hoping that they'll hold on to it. Dr. Lerro does all of these things and more. The two days I spent in her company on a horse farm in Ocala molded my resolve to be an educator like her in ways I can't even describe.

I found myself beaming the whole drive home

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Nimmi Marie Mathews is a first-year medical student at KPCOM. Hailing from Mumbai, India, and having lived in Bangalore, Chicago, Fort Lauderdale, and now Tampa, she enjoys hearing the stories of people she crosses paths with. In her spare time, she can be found at the nearest horse farm or watching the newest documentary about Orcas. She hopes to one day be a mother, physician and educator.

## ABOUT THE AUTHOR

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