Dr. Portfolio, English

English 1101

University of Georgia Health Center - Cardiology

Patient Chart

Name: **Madison Anglin**

Age: **21**

Sex: **Female**

Date: **12.5.2023**

Reason for Visit: **English Final**

Medical History:

Doctor Signature:

English Portfolio, MD

Patient Signature:

Madison Anglin

UNIVERSITY OF GEORGIA Health Center

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55 Carlton St, Athens, GA 30602

Mon to Friday (8am – 5pm)

Patient History

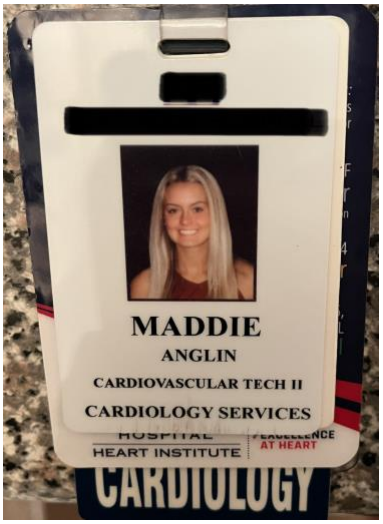
University of Georgia Health Center – Cardiology

Madison Anglin

Biography

I never realized how much one injury could change the way I saw the world and shape my life off the court. I used to think I would only be defined by my athletic ability when I was younger, but I now know that I was made to be so much more. I have found a passion to help others, just as I was helped during the entirety of my basketball career. The ability to help others has been engrained into me, and I had no idea it was even happening when I suffered my first injury at the age of 11. During my long basketball career, I suffered many injuries and was repeatedly treated by the same pediatric orthopedic Physician Assistant. I didn't even realize it, but at 11 years old, his compassionate approach was quietly shaping my destiny. The way he treated and talked to me helped me discover my love of being able to help in the healing of others. It shaped my entire future and calling in life of becoming a Physician Assistant. I wished to not only be seen as the girl that could play ball, but rather a young woman full of compassion for helping others.

Transitioning from the courts to the healthcare world wasn't an easy journey, but it mirrored the dedication I had poured into my athletic abilities. Through my career I was able to see my abilities improve with every drop of sweat I put into the game, so I knew I could see the same results if I applied myself in the healthcare world. I began working nights at a hospital in the cardiology department to dive headfirst into the hospital environment. I have seen miracles while also living through patients' worst fears which has allowed me to grasp what being a healthcare professional is truly like. These experiences gave me a unique perspective that allows me to empathize not only as a provider but also as someone who has stood in the shoes of the patients I now serve. Looking back at the 11 year old girl I once was, those injuries that seemed like roadblocks turned out to be the guiding lights leading me to my true calling in this life. It led me to find a purpose in this world greater than any game.



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Symptoms

University of Georgia Health Center – Cardiology
Madison Anglin
Introductory Reflective Essay

A common theme through both of my essays in this class has centered around my love for healthcare. The job that I do and the patients I care for have become a big part of my life and have shaped my identity in this world. When the essay prompts were given, my mind immediately went to healthcare topics because I know so much about the field. I planned to just robotically write an essay like I always had in the past, but as I became more involved in each topic, the better each essay was. This class has shown me that good writing directly stems from the passion the writer puts into the essay. The more passionate a person can become about their writing, the more enjoyable it will be to those around them.

Thinking about writing prior to this class, it always felt like a chore to me. I hated it in every way imaginable. I felt so constricted to certain guidelines and standards that I couldn't truly express what I loved through my writing. In my past English classes, the parameters put onto the essays made it boring, and robotic sounding. They had no life and no passion in them which made me dread writing even more. I was forced to cram my creative writing away and pull out the fake, "textbook" style writing that no one bothered to read. This class has shown me that writing is anything but a chore for me and gave me my newfound love for writing about things that mean most to me. I was able to write essays that flowed and were interesting. Just in the span of a semester, I was able to turn my heartless essays into passionate stories for all to read. The journey of my writing has mimicked the journey I have taken in my healthcare career that I expressed through my essays. The key point of those journeys was how I learned that becoming personally involved has changed the way I look at things, whether writing or patients, and made them that much more meaningful.

The first prompt was given to write an essay about something with great detail. I knew this was the time to tell the story about a young patient I had cared for that tragically lost his life. The night that will stick with me for the rest of my life was an easy, yet extremely difficult paper for me to write. It was easy in the sense that I could recall every single detail from that night. The hard part of it was reliving those emotions that engulfed me that night but showed me how I can express myself in my writing. The second prompt was to write about technology in some form. It wasn't until I went into work that week that I found the perfect topic right in front of me. I recalled several patients coming in commenting on the abilities of their smart watches to detect cardiac abnormalities to where I wrote an essay about the effects of wearable monitoring devices on heart disease deaths. Writing was slow at first until the topic became personal as my grandma had a heart attack. Her situation motivated me to write about the effects of early recognition that technology could provide to patients just like her. Taking the time to build a deep, personal connection with my writing was a tremendous step for me in English classes and I was surprised at how effortlessly details flew out of my brain and into words.

As being involved in the healthcare field has shaped my identity, I decided to incorporate it into the entire theme of this portfolio. By combing things I loved (healthcare) with writing, I was able to pour out ideas that I was truly passionate about. Even the theme throughout the two essays have shown my love for the healthcare field, which eventually translated into my new love for writing. The personal connection I was able to generate between prompts made want to write essays that were relatable and enjoyable. I believe establishing these connections can open the possibility for readers to further connect and explore their own personal experiences through writing. The growth I've made throughout this class has shown me that writing can be passionate and fun when I am personally invested in the topic. This growth translates relates to the patients I care by becoming personal involved in their well-being, I can create meaningful connections while they are in the toughest times of their lives.

The most important thing I have learned in this class is that passion is the key when it comes to writing, or caring for others, showing me the right mindset is required to even begin to make a difference. Finding a topic that interests you to where you could write for hours nonstop is a topic better than any forced bland topic. One should never have to force their writing out of them, as it should just flow from their creativity reservoir. No matter how good or bad a story is, I now believe that passion and effort can make any story a great one.

Assessment

University of Georgia Health Center – Cardiology
Madison Anglin
Revised Essay One
"A Night to Remember"

I was abruptly awoken by the blaring twang of "East Bound and Down" by Jerry Reed coming out of my phone. Of course, it was my dad calling. Half asleep and still dreaming I roughly interpreted that he was bringing me home my usual "pre-work" order of 3 chicken sandwiches from Chick-fil-A. I thanked him, hung up, turned up my fan, and fell back asleep before I had to get ready for work. As a cardiovascular technician working 12-hour nights, I have the privilege of sleeping in. Around 4 PM, after snoozing my phone about 15 times, I finally rolled out of bed and stumbled upstairs to get my fresh black scrubs out of the dryer. Still warm like a mother's hug, I threw on my top and pants, along with my long compression socks to my knee and followed the savory scent of my chicken sandwiches waiting for me in the kitchen. There was my mom, still in her sterile smelling scrubs after her long day at the hospital and my dad dressed up in a casual navy suit after returning from an important meeting. Since it was my last week home before leaving for my junior year of college, my mom had kindly packed me my dinner consisting of kettle cooked salt n' vinegar chips, my 3 chicken sandwiches, a couple of half frozen orange dreamsicle energy drinks, and some leftover fried potatoes from the night before. I made my coffee in the biggest Yeti I could find, grabbed my badge and food, said goodbye to my loving parents, and rushed out the door right at 5 to make it to the hospital before 6.

I made it to the hospital around 5:40 PM, which gave me time to relax in my car before I started my 12-hour graveyard shift. Sometimes before going in, I get a feeling that it is going to be a crazy night full of stat calls, rapid responses, and code blues, a feeling that swarmed my stomach before going in that night. Per my usual routine, I walked in through the Emergency Department entrance and headed straight for the clock-in machine right outside my department's doors. The swipe of my badge timed 5:55 PM, and then my night had officially begun. I badged into the cardiology department and rounded the corner by the nurses desk to find my coworker ready to give me report of the day. Her hair was a mess with her blanket wrapped around her, and I knew I was in it for the worse that night. She talked of the busy day filled with procedures and stress tests to multiple stat EKG calls. She dragged herself up and wished me a good night before ending her shift, as mine was just beginning, leaving me all alone in the department for the next 12 hours.

I sat down in my extremely uncomfortable office-style chair and logged into my computer to print out my nightly report. This consisted of a list of unread echocardiogram and nuclear stress test reports, and to which doctor they are assigned. I rolled my chair over to the phone to make calls to the on-call doctors who needed to have those reports read by midnight that night. I glanced at the large stack of EKG orders I had to do in the morning by 6 AM, that number totaled 13, which was a lot compared to my average of 5 or 6. Slowly, that eerie gut feeling I had prior to coming in that night had begun to overwhelm every part of me, almost as if I knew my pager was about to go off and never stop.

“BEEP-BEEP, BEEP-BEEP, BEEP-BEEP!” As I suspected, it was the loud and obnoxious sound of my pager going off. I jumped as it scared the life out of me because my coworker left it on full volume. My phone then rang with a nurse asking me to head up to the 5th floor for a STAT EKG on a patient having chest pain. I gathered my EKG cart, my stat phone, my pager, and my code blue phone then headed up to help this patient. A little bit of a wake-up call this patient was as he was clearly in a lot of pain. However, before I could even begin to rip open my electrode packs, the deafening sound of my code blue phone went off. “CODE BLUE… CODE BLUE… CODE BLUE ICU,” it rang as chills filled my body and my stomach dropped. Hearing that phone going off and the feeling that engulfs me is one that I will never get used to. Knowing that someone in this hospital is actively dying and in need of immediate life-saving medical treatment never fails to shake me to my core.

My hands trembled as I quickly did the EKG on my patient, handed the nurse the report and booked it for the elevators to get down to the ICU on the 4th floor. My nerves hit as I rounded the corner by the elevators and saw the lab tech preparing her blood vials for the code as well. We boarded the slightly unsteady elevator together with our machines taking up half the space and headed down, talking about what we thought happened to cause the cardiac arrest. The ding of the elevator on the 4th floor hit me like a truck as reality set in. Would it be a 90 year old? Would it be a 20 year old? Would it be someone I knew? Nonetheless, I had a job to do. A job to evaluate the patient’s heart and determine whether it could beat again.

I badged into the ICU and the second we stepped through those doors; it was a madhouse. About 50 feet from the door lay the patient in full cardiopulmonary arrest, surrounded by the ICU doctors, rapid response nurses, techs, and respiratory therapists. As I approached the patient’s room, time started to slow. My heart rate increased, my palms sweaty, I began feeling rather faint. I stared into the room in complete shock seeing a 24 year old lying there on the stretcher, exposed to the world with lines, drips, and IV’s going into each arm, leg, and neck. The loud, vibrating hum of the automatic CPR machine (called a Lucas) filled my head and invaded my thoughts. I felt as though I was a statue, having no ability to breathe or move a single muscle fiber. I was jolted back into reality when my favorite ICU nurse Sam hugged me from behind. With a slightly noticeable tear forming in her eye, she asked me,

“Do you know him? I know he’s only a couple of years older than you.”

“No, no I don’t, but what happened? How could this happen to someone that young? He still had a full life ahead of him.”

Sam began to tell me of how he was in perfect health, then proceeded to explain his story to me. Never a more perfect day than that day for a refreshing swim in the lake. At a family owned lake house, he decided to jump off the dock into the water to cool off on that blistering hot summer evening. When returning to the surface, he began screaming and crying, pleading for help saying he’d been electrocuted, to where he went into cardiac arrest in the water and almost drowned.

We were almost cut off by the stern voice of Dr. Bekele asking for a pulse check, to where there was no pulse, so CPR and life-saving measures continued. The beating on his chest by the Lucas, the nurses drawing blood, the respiratory therapists connecting him to a ventilator, and the doctors using a doppler to find active blood flow was all on a repeated cycle for almost an hour until he finally regained a pulse. Relieved, Dr. Bekele looked after calling me into the room. Finally, it was my time to go in and look at his heart to see if it was truly beating and in an orderly fashion at that. I pulled my EKG cart into the room and had to part the seas of medical professionals present in his room. I began applying my electrodes, four below the left breast, one on the right and left sides of the chest, and one for each limb. I then clipped my wires onto the electrodes to begin reading his heart rhythm. Waiting and waiting, hearing each heartbeat appear on my screen, I saw his face and felt his hand, seemingly lifeless with his skin cool to the touch. I didn't see this patient as some random 24 year old, I saw him as my sister who was 24 thinking of how this could have been her, how this could have been my brother, my mom or dad, even me. I snapped out of my thoughts with the silent beep of my EKG machine alerting me I could print the rhythm strip. A few watched closely with keen eyes, anxiously awaiting the report. To most people the EKG would look like random lines with bumps and divots here and there, but to us we knew that his extremely abnormal heart rate indicated he might not have long.

I quietly and quickly exited the room to let his healthcare team take care of him and keep him alive. The ride down the elevator seemed to last a lifetime as I was returning to my dark hole in the cardiology department on the first floor. Ding, down to level 3. Ding, down to level 2. Ding, down to level 1. I exited and turned the corner to my department slowly, feeling like all energy had drained my body. All alone I sat at the nurses desk with so many thoughts, feelings and emotions swarming my mind. Although still in some shock, it felt as though a boulder was lifted off my chest, knowing that he had regained a pulse and still had a chance at living his life. After twiddling my thumbs for half an hour, feeling extremely useless, I finally regained my stable mind and proceeded with my normal nighttime duties.

I began to write up the procedure schedule for the next day and set up the patient rooms accordingly. The simple, pleasuring feeling of writing on our white board and preparing beds with fresh blue, sterile smelling hospital sheets gave me a sense of comfort, almost as though it was an unintentional therapy session. I began cleaning everything in sight from machines to tables to the point I noticed I had a slight headache from the strong smell of the hydrogen peroxide wipes. I decided that was enough as I grabbed a warm blanket from the supply room and turned off those harsh hospital lights. I flopped down my chair and turned on my favorite TV series, *Grey's Anatomy.* A couple episodes concluded and not a single call or page came my way. I had only thought my night was starting to turn upwards as the midnight hour passed. Oh, how I thought wrong. Once again, there was the same ghastly ring of my code blue phone, alerting me the same patient had crashed again. My heart sank deeper than before as those feelings of anguish had returned.

When I arrived in the ICU it was a madhouse just as it was a few hours prior. However, I focused in on a new face and a new voice that was not there the first time. She stuck out compared to everyone in their various colored scrubs, as she was only in shorts and a plain pink t-shirt. Standing outside the patient's door her crying screams made it only more evident, she was his mother. The one who brought him into this world, now witnessing his soul trying to leave it. As the doctors and nurses ran circles around each other and worked tirelessly to revive him, the mother's face never changed. An almost constant stream of tears were glued to her flushed face. Gripping her closed hands as she said a peaceful prayer asking for God to save her son who had barely lived, a nurse came behind her and gently laid a comforting hand on her shoulder. I couldn't even begin to imagine the thoughts that crossed her mind as she watch her son lay there. Almost an hour passed and yet, she nor the nurse beside her did not move.

Resuscitation efforts continued past the hour and a half mark, a time which was far past any code I had ever seen in a years plus experience. I felt helpless and empty, just standing there watching what we all knew was about to happen. Silence filled the whole unit, like everyone became overwhelmed with this feeling of sorrow. Dr. Bekele stood there next to the now officially lifeless 24 year old whose life was cut far too short and asked for a moment of silence to grieve the loss of that young man. His parents gripped their son's hands with all their strength as they knew this was their last goodbye. A nurse, whom I've known to be the strongest one on that floor, ran out of the room bursting into tears and disappeared down the hall. Heartache filled the unit, as did the wailing cries from his parents in the room. Time slowed again as this feeling of hopelessness filled everyone's body there. People who didn't know each other from Adam began grasping at those near them, attempting to fill the pit in their own stomachs. For me, it was almost as if my own life flashed before my eyes with every memory replaying of every person I have ever loved. The feeling of numbness was so overpowering to the point I couldn't feel the tears streaming down my face, as I was haunted by the shrieks of his loved ones and the image of his lifeless body.

After some time, people began to leave and me with them. With tunnel vision in my sight, I somehow found my way back to my uncomfortable chair in my dark and lonely department. The static in my ears remained constant as I sat there, wondering how this could happen to anyone, even me. I sat there in a daze so long I hadn't realized it was almost the end of my shift. My face was crusty and stiff from dried tears, and I felt weak in every inch of my body. That feeling and those images engrained in my mind never seemed to subside, leading me to the realization that I was going to carry this night with me for the rest of my healthcare career

Diagnosis

University of Georgia Health Center – Cardiology

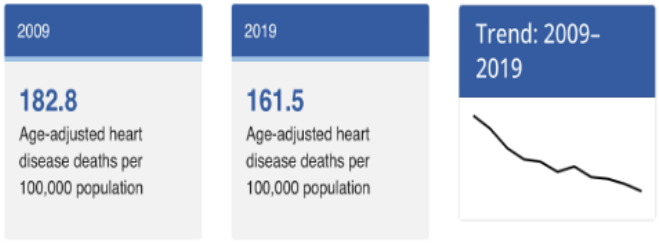
Madison Anglin

Revised Essay Two

"The Effects of Wearable Technology on Heart Disease Deaths"

Introduction

As heart disease has remained the foremost cause of death in the United States since 1921, an annual decline in heart disease deaths has been evident over the past decade (CDC). This decline in morbidity and mortality prompts us to question: Why? Look down at your wrist. Are you wearing a smartwatch? If you answered yes, then you are a direct part of the reason heart disease deaths have decreased. Wearable cardiac monitoring devices, such as smartwatches, have reduced the need for different treatment modalities for advanced cardiovascular diseases (CVD). This is primarily because CVDs that are caught sooner do not progress into later stages that need the new and innovative treatments. Smart devices like the Apple and Samsung Watch provide features to monitor heart rate, rhythm, and even blood pressure. The abilities of these devices fuel the early recognition of numerous heart diseases before they become life-threatening, therefore having a major impact on the declining death rates.



Significance of Early Detection

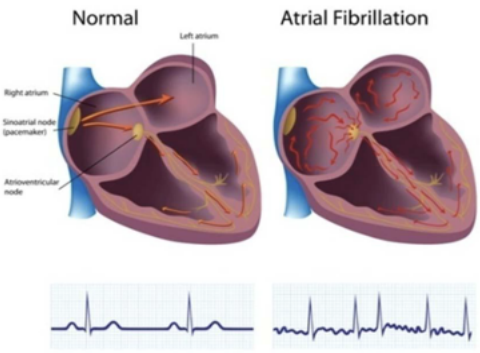
When talking about the health of the human body, there are so many different factors that go into one's overall health. Why they develop a disease or don't, why it progresses faster, or why they didn't see it sooner, are all questions medical professionals must ask themselves when examining a patient. When it comes to cardiac care, the factors that go into whether or not someone will develop heart failure, clots, coronary artery disease, or sudden cardiac death are extensive. These serious conditions usually stem from something more "basic" like an abnormal rhythm or blood pressure. This is why it is believed that the early recognition of these more "basic" conditions from wearable monitoring devices is the reason the heart related death rates have dropped. When conditions like atrial fibrillation, ventricular tachycardia/ bradycardia, and hypo/hypertension are found early enough, there is a higher chance it won't evolve into a more serious condition and even death. Different treatment modalities and lifestyle changes can slow or stop the progress of advanced diseases that can inevitably decrease heart disease related deaths.

Heart failure is one of the most common consequences of untreated diseases like those mentioned above (Wang et al). Julie Holroyd, a cardiology nurse, experiences firsthand the importance of early recognition when it comes to heart failure. She mentioned that "The earlier you can intervene with these patients, the more you can reduce the risk of long-term complications…," in an article by the British Heart Foundation. She goes on to explain how a heart failure diagnosis for a patient can be long and overdue, with complications arising every minute untreated (Chan). Even though new technological advancements arise every year, we are not using the important tools that provide early recognition as much as we should. Only 53% of the typical heart failure

population (<65 years) own a smart device (Duncker et al.) If this number were to increase to say 80%, more people would have the opportunity to catch their heart failure early by utilizing wearable cardiac monitoring devices into their lives.

Different Cardiac Abnormalities

The integration of wearable smart devices for cardiac health management has given medical professionals the chance to catch a condition before it becomes fatal. Different heart arrhythmias and diseases significantly contribute to the likelihood of developing more serious conditions like heart failure and sudden cardiac death. Atrial Fibrillation (A-fib) is one of the most common abnormal rhythms to lead to such serious consequences. It happens when the heart's atria begin to beat out of sync with the ventricles, causing heart muscle damage and a lack of blood circulation throughout the body (Johns Hopkins Medicine). If A-fib is caught early, common treatment modalities include medication, cardioversion, ablation, or a pacemaker. The treatment options provide the chance to avoid conditions like blood clots, stroke, and heart failure (Garikapati et al). Other dangerous rhythms include when the heart is consistently beating too fast (tachycardia) or too slow (bradycardia). These arrhythmias can be controlled mostly by medication before they develop into other conditions. Aside from heart failure and clots, all of these different rhythms can lead to ventricular tachycardia (VT) and ventricular bradycardia (VF), which can kill someone within minutes if not treated.



Blood pressure can also have a significant effect on cardiac outlook. Some say that high blood pressure, or hypertension, is the "silent killer." (American Heart Association). The reason it is called this is because high blood pressure can go unnoticed for years on end until someone ends up deceased when it could have been treated and controlled if caught sooner. Hypotension, which is consistently low blood pressure, can also have the same effects as hypertension. Although hyper/hypotension cannot be cured, medication and lifestyle changes can significantly reduce the mortality of those with blood pressure disorders if implemented in the early stages. Without intervention, hypertension and hypotension can lead to heart failure, stroke, dementia, aneurysm, and even sudden cardiac death (American Heart Association).

Smart Devices

Within the field of cardiology, early recognition of diseases plays an important role in whether someone lives or dies, as seen by the consequences mentioned previously. Early-stage CVDs offer a window of opportunity for straightforward treatment and management (Prieto-Avalos et al). In the present day, however, we have the ability to recognize arrhythmias and blood pressure disorders while they are still in the early stages. This is done by the innovative technological advancement of smart devices. Different devices like the Apple and

Samsung Watch, along with the LifeVest, have the ability to continuously monitor heart rate, rhythms, and blood pressure with the click of a button. These different smart devices give people direct access to their cardiac health and encourage them to take an active role in their treatment options. Having a record of their heart health can also help doctors evaluate them more efficiently and diagnose them accordingly.

The newer generation Apple Watch offers much insight into one's cardiac health. It gives 24/7 pulse rate monitoring with the electrocardiogram (EKG) ability to detect normal sinus rhythm and Afib (Loannidis et al). The watch goes beyond mere observation by sending notifications when one's heart rate is too low/ too high and when A-fib is detected. People with the Apple Watch can begin to notice patterns in their heart health throughout their daily routines. For example, if they realize their heart rate is abnormally high while resting, it can indicate to them that something else might be going on. For those with established cardiac abnormalities, it can give them reassurance as they check their rate and rhythm and know they are doing well or are in need of medical attention.

The Samsung Watch 5 provides the same cardiac information as the Apple watch but with the added feature of blood pressure monitoring. This gives people access to their blood pressure anytime throughout the day. The notification ability can alert people when something is wrong in their own body and may cause them to be seen by a medical professional. The blood pressure monitoring is a vital early recognition asset because hypertension is the number one risk factor for death around the world while accounting for half of all heart disease deaths (World Heart Federation). As the Apple Watch and other companies evolve to add this feature, heart disease deaths could continue to drop worldwide and eliminate the "silent killer" notion.

The Zoll LifeVest comes into play when someone is at sudden risk for VT or VF. This would be considered a "2nd stage" early recognition ability as it is implemented when someone is already aware of their risk for VT/VF. It is a vest worn around the clock and can deliver a lifesaving shock to the heart when a dangerous rhythm (VT/VF) is detected. If someone was by themselves when entering prolonged VF or VT, there is a 50% chance of survival that drops to 5% if a shock is delayed after 15 minutes (Holmberg et al). The LifeVest directly decreases the morbidity and mortality of those who enter ventricular fibrillation or tachycardia and die a cardiac death. From a randomized trial by Zoll LifeVest, it was found that those at risk with the vest had a 62% reduction in arrhythmic death.

Coincidence or fact?

With these technological advancements, it is no coincidence that heart disease death rates have dropped. Evidence directly supports smart devices use in cardiovascular diagnosis and prevention (Bayoumy et al). The innovative technology of wearable monitoring devices has revolutionized the way people look at their own cardiac health. It provides reassurance to those by being able to check their heart rate, rhythm, and pressure at any time they please. It also gives them the opportunity to be seen by a medical professional if they start to notice changes in their heart's functions. Take it from a real-life patient I will call Jane Doe (personal interview). Jane was in her mid 30's and active/ healthy in all aspects. She had an Apple Watch and constantly checked her heart rate and rhythm throughout the day and began noticing the notification saying she was in atrial fibrillation. She felt relatively normal despite her watch's readings. These notifications kept popping up for several days until she eventually went to the Emergency Department (ED) to get checked out. The ED doctors did an EKG as soon as she came in that confirmed she was in Afib. They also performed an Echocardiogram that showed her heart's ejection fraction was 25%, which is extremely dangerous. Further examination revealed she was in the beginning stages of heart failure and needed treatment before her heart was damaged beyond repair. They scheduled her for an immediate cardioversion in the morning to correct her Afib and potentially bring her out of heart failure. The following day after the procedure, Jane was back in normal sinus rhythm and is currently doing well. If she had not gone in when she did, she could have died within the next several years as the heart failure advanced. This timely diagnosis and treatment not only avoided a potentially fatal outcome but also showcased the effects of wearable technology in cardiac healthcare.

Conclusion

The period of declining heart disease deaths aligns with the era of wearable technology by impacting the early detection and intervention of cardiovascular diseases. These innovative devices empower individuals like Jane Doe to actively engage in their own cardiac health. This directly promotes the early recognition of diseases that may otherwise go unnoticed. Although new treatment options for more advanced cardiovascular diseases like heart failure have increased, there would be no need for those treatment modalities if CVDs were caught sooner. Smart watches and vests have had a direct impact on the lives of those suffering from cardiac abnormalities and provide a way for people to become directly involved in their own healthcare. "We don't have to engage in grand heroic action to participate in the process of change. Small acts, when multiplied by millions of people, can transform the world," is a quote by Howard Zinn that showcases the effect we as humans have on our own health, and the health of the world.

We live in a world that is witness to technological advancements of all kinds, so why not put it to good use? It is imperative to promote the adoption of wearable monitoring devices into everyone's lives, from pediatric to geriatric. It is time we eradicate the stigma of the "silent killer" and take a stand in our cardiac health. By increasing the percentage of the population using these smart devices along with the integration of them into medical practices, the decline in heart disease deaths will no doubt continue to fall.

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Treatment

University of Georgia Health Center – Cardiology
Madison Anglin
Revision Exhibit

For the Revision Exhibit, I chose a paragraph I gave the most 'treatment' to, which was my introduction paragraph for my second essay. I wrote about 7 different introductions for this essay because I could not create one that simply flowed and connected the main ideas of my paper. I kept re-writing to include my thesis and explain my theory in a short paragraph.

Version 1

As heart disease has remained the foremost cause of death in the United States since 1921, a noteworthy trend on persistent annual declines in heart disease related deaths had been evident over the past decade. This decline in morbidity and mortality prompts us to question whether this progress is attributed to the advancements in treatment modalities for progressed diseases or rather the technological advancements that provide early recognition of heart diseases. Wearable cardiac monitoring devices such as smart watches have decreased the need for different treatment modalities of progressed diseases because cardiovascular conditions are caught sooner and do not need the advanced treatment. This early recognition technology may not be the sole reason for the decrease in deaths but if a major contributing factor.

- As my first draft of this intro, it was immediately way to wordy and clunky. I was being too analytical here and pulled in long sentences with confusing syntax that gave the paragraph no flow and no clear thesis. I kept adding in things to get my point across but ended up shadowing what I was truly to say in an orderly fashion.

Version 2

As heart disease has remained the foremost cause of death in the United States since 1921, a noteworthy trend of persistent annual decline in heart disease deaths has been clear over the past decade. This decline prompts us to question what this progress is attributed to. We have all heard the stories of people talking about their loved ones and how "if it would've been caught sooner, they'd still be here." So, to influence the reduction in heart disease deaths, early recognition by wearable cardiac monitoring devices is a necessity, directly contributing to the decrease in morbidity and mortality of those with cardiovascular conditions. If these diseases and conditions are caught earlier before they progress into life threatening situations, then there would be a far lesser need for these new, innovative, and advanced treatments options.

- I still had a lot of work to do after writing this version. I reduced some of the clunkiness in some places but added it right back in another place. I miserably failed at attempting to put in a personal connection for readers and believe I just made it more confusing and choppy. My thesis was still not clear, and my whole purpose for the essay was confusing.

Final Version

As heart disease has remained the foremost cause of death in the United States since 1921, an annual decline in heart disease deaths has been evident over the past decade (CDC). This decline in morbidity and mortality prompts us to question: Why? Look down at your wrist. Are you wearing a smartwatch? If you answered yes, then you are a direct part of the reason heart disease deaths have decreased. Wearable cardiac monitoring devices, such as smartwatches, have reduced the need for different treatment modalities for advanced cardiovascular diseases (CVD). This is primarily because CVDs that are caught sooner do not progress into later stages that need the new and innovative treatments. Smart devices like the Apple and Samsung Watch proved features to monitor heart rate, rhythm, and even blood pressure. The abilities of these devices fueled the early recognition of numerous heart diseases before they become life-threatening, therefore having a major impact on the declining death rates from heart disease.

- My final version finally connected my thesis to the points I was going to make throughout the essay. It had flow and an easy structure to follow. The evidence I put in directly supported the claims I was making about the technology and its effects. I also found a good way to include a personal connection for the reader by asking the questions I did. I believe it showed that they are a reason for the claims I was making and by being that, they are a part of something al lot bigger than themselves.

Doctor's Notes

University of Georgia Health Center – Cardiology

Madison Anglin

Having a peer review allows for people alike to come together and give their personal opinions on each other's essays. This is a prime opportunity to listen to feedback and apply it into one's writing process. Like we say about going to the Doctor, "It wouldn't help to get checked out," applies to the peer review process because those fresh set of eyes might spot things the writer did not originally. Most papers need a little critiquing so here were the Doctor's Notes on a peer review from my class.

Having an unknown condition is scary, especially when it affects you every time you compete in the sport that you love. Running has been a big part of my life since I started it in middle school. Freshman year I set a school record if you wanted more detail here, you could specify what record and was on track to break most of all the records short distance, long distance, etc.? . Then Sophomore year I started to see stars on workout days, that eventually turned into complete black. Junior year rolls around and I don't remember any of my races, each one is just a blur of the start. Nothing that happened during the race I can remember. Then Junior year track season I pass out after every event I race. At this time I have visited four cardiologists, two pulmonologists, and a neurologist. All kept referring me to a new doctor or a new specialist, until one doctor finally referred me to Dr. Sandler what is his specialty, why did they refer you to him? at Northside Hospital completely unrelated to the essay, but we love Northside .

April 11th is the day of my appointment, I was going in to do the tilt test. The tilt test is where you lay on a table and are tilted head facing up 45 degrees from the floor. I have to ride with my mom to the hospital, pulling into the parking lot. My heart is pounding against my chest and my hands are sweating because I did not know what was going to happen to me. This was either going to be like all the other doctor visits where I get referred to someone new, or this would be the visit I actually get an answer. I had a lot of hope for this visit so if I left with no answers I would have left with more disappointment than I went there with. I walked in there and I could feel the cold hospital air hit my face, as the sliding doors opened further I could feel chill bumps traveling up my arm I love this line, great detail! . My mom and I met my grandfather in the check-in room. The lady checking me in was a volunteer, she had a soft hoarse voice and I could tell she was tired with the dark blueish black circles under her eyes. Pam checked me in and told me that Dr. Sandler was still checking on his current patients and that I would have about an hour until I would be called back to my room. I passed time by watching the news on the TV, some red headed reporter was on and all I could hear was the murmur of her voice as I obsessively thought about what will happen to me on the tilt table. As I continued to zone out into my own little world of obsessive thoughts I heard my name being called. "Kiley Powell, Kiley Powell" that was it, time was up it was my turn to be taken in.

I stand up on my tingling legs hoping they get me to the room I need to get to. I take a couple of turns and end up in the hall with all of the rooms, my first room was the third one on the left. The room was small but it felt welcoming with how bright it was. My nurse was also welcoming maybe choose a different word since you just used welcoming a few words ago? with her bright pink and blue scrubs. She is not from the U.S. so her accent was very intriguing, she was from a little country in Africa. She told me the basics of what the procedure would be like then went into the second drawer down and grabbed an IV packet. This was the second time I was getting an IV, the first was when I passed out on Thanksgiving and had to go to the Hospital. I was not fully awake for the first one, so for the second one I was ready to see how the IV went into my arm. She ripped open the plastic dropping a piece out of the sterilized packaging. Apparently the piece was not important because she did not grab a new package. Then she squeezed my arm so a vein would pop out, once she saw it she lid the needle in. The tiny point went in first then the needle went deeper and got thicker, it felt like the needle was continuous and would never stop. The needle was all the way in when she grabbed tape and wrapped my arm so tight it hurt to move it, when I did move I could feel pinches from my arm hairs being pulled out love the detail . I was told to relax while I waited for Dr. Sandler to get ready. While I was waiting my blood pressure proceeded to drop, it dropped so much there was a consistent beeping coming from the machine beside my bed. I felt normal so I did not understand what was happening until the nurse came in. She got the beeping to stop and gave me grippy socks to put on that squeezed my legs helping the blood flow. The socks were a little too big for my feet but they provided a lot of warmth in the freezing cold room.

Time passed and I started my journey to the tilt room, the only thing I could see was the ceiling tiles passing one by one as I went further and further back into the hospital. As I watched the ceiling tiles pass I could feel myself getting colder and colder. I became so cold that I started to get chill bumps along my arms and legs. We get to the room and a new lady was there telling me the procedure again letting me know all the things I needed to know, but I just nodded my head and said yes ma'am without paying attention to her. She gave me a blanket that just came out of a blanket warmer. When she put it on me it felt like a warm hug on a cold, rainy day. Once I was encapsulated by the warmth of the blanket it was ripped off of me so I could be placed on the table I was going to be on for the next twenty minutes. I was strapped to the table one strap across my chest, one over my arms, and one across my legs. The straps were tight but not constricting, I was actually able to breath. What happened next is a blurr, I remember being tilted 45 degrees from the floor, I remember the time going to one minute then two minutes. I remember it getting hard to breath and darkness taking over what was lit up by the lights maybe add a little more detail/ suspense? instead of the highlighted area I might something like "consuming those bright, iridescent hospital lights" . At three minutes it was getting harder and harder to breathe, it felt like my chest was holding the weight of the world. The entire room was black, I started to feel myself getting dizzy and the room went silent. I could no longer hear the murmurs of the nurses and the doctors. I felt as if I was floating in the middle of the ocean, silent and alone. In four minutes I was completely passed out. My heart rate dropped to 54 beats per minute and my blood pressure dropped to 59/25 good specific details . When I woke up all I could see were the doctors wide eyes and dropped mouths. They were leaning over me to make sure I was waking up. Dr. Sandler finally cracked a joke saying I set a record for how quickly I passed out, especially for not having any medicine to induce the passing out. I get wheeled back to my room, but this time is new and different. I get handed a glass of cold water with the condensation dripping off the small plastic cup and there is a pink bendy straw in it. I continue to regain my consciousness and my brain becomes less and less foggy. I hear the nurse murmuring like Charlie Brown's teacher, “that was crazy…” is the only thing I fully

remember. Later a new nurse came in the room, she was the one who took out my IV, the needle felt endless. The new nurse was also going on and on about how I am the first person who she saw pass out in less than five minutes and with no medication to speed up the process. After everyone leaves the room I put back on my sweatpants and sweatshirt, then I walk to the lobby where my mom and grandfather waited for me. Dr. Sandler gives the diagnosis maybe you could add the actual diagnosis name to give more detail and allow the reader to fully understand! to my family and we are done. How did your mom and grandpa react to this? Were they in shock or happy to finally have a diagnosis? That may be a good thing to add to grasp their perspective too. I finally have an answer to the mystery that has stunned multiple doctors. And I now know why I pass out every time I run.

Not sure how to add the 'create end comment' thing from the rubric so I am just gonna sum my thoughts up here! I loved the essay for sure and it had a lot of potential. I think there are some spots you could add just a little more detail or change the wording of some things (what I highlighted in the essay). At the end I think it would be a good idea to consider adding how having the diagnosis made you feel and even your parents to give it some closure!! But seriously great paper overall!

Discharge Instructions

University of Georgia Health Center – Cardiology

Wild Card

"A girl in black"

Doctor Signature:

English Portfolio, MD

Patient Signature:

Madison Anglin

From night throughout day,

Many roam these halls in every which way.

Past day into night,

She is the only one in sight.

In cardiology's home where pulses race,

She's the night guardian in a healing space.

In the hushed halls where whispers reside,

A girl in black scrubs with compassion as her guide.

Her steps echo softly in the quiet halls,

A healer's silhouette, as the night-time calls.

Through fatigue and challenge she persists,

A guardian angel on the night shift's list.

Monitors flicker like stars in the night,

As she tends to hearts, her touch almost featherlight.

Gentle hands hold stories untold,

In the night's embrace, her warmth unfolds.

A soothing presence in the patient's room,

Dispensing hope in the quiet gloom.

A girl in black with her dedication strong,

She knows night shift is where she belongs.

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