

TRUCE

Stacy Ranson, MS, Class of 2017

“Oh, lovely! Here’s a new patient. Why don’t you go in and see her, gather a full history, and come back and tell me about her.” I took the manila folder down from the chart holder on the door. A name, birth date, medication list, and vital signs stared back at me from the page. It was my first week in the incredibly busy OB-GYN office with my preceptor, who also served as the director for the clerkship. I knew this was a great opportunity to show my skills to my attending, and I yearned to do a good job. Somewhat nervously, I knocked and pushed open the door.

“Mrs. Dana?” I asked. “No. Actually, I prefer to be called Beth,” she curtly responded. She stared at me with the look. It’s a look any medical student knows well. The look that says, “Where’s the real doctor, I’d rather not see you.” I introduced myself and asked her if it was alright if I interviewed her before the doctor came in. “I’ve already been sitting here for thirty minutes, I guess so.” This isn’t going well, I thought. I apologized for the delay and thanked her for her patience.

I sat on the small rolling stool and looked up at her on the exam table in the paper gown. She was in her mid-sixties with unkempt gray hair and horn-rimmed glasses. I asked her what brought her in for today’s visit, following the script I’d used in countless encounters before. “Well...” she began with a tone laden with sarcasm and mockery. “I was referred from my endocrinologist; didn’t you read any of the papers they sent over?” I told her I had not. I showed her the paucity of information I had at my disposal and explained that since it was her first visit at this office, it was our duty to collect a thorough history straight from her. “That’s ridiculous. I don’t know why I have to fill out all this paperwork if you people don’t even read it.” My face flushed. I tried empathizing with her, lamenting over the immense amount of paperwork required as a new patient.

Trying again, I asked about her past medical history. She gave an animated sigh of frustration. “Is the real doctor going to ask all of this crap again?” My heart started pounding. My ears burned. I stood up saying, “I think I’ll just let you tell your history once to your physician.” I yanked the door open and retreated to the nurses’ station.

I took a deep, cleansing breath as my pulse began to slow. I’d never felt so charred while seeing a patient. I’d been turned



WATCH A SUNRISE

Benjamin Lucien Jacobi, Class of 2019

Benjamin is a second year medical student getting ready to move to Sarasota for his third and fourth year rotations. He is originally from Frankfurt, Germany and grew up near Zurich, Switzerland before moving to Clearwater, Florida in 2003. He’s always had a passion for traveling, a passion which led to this picture taken at the English Garden in Munich where he spent a summer conducting research in medical psychology at the Ludwig-Maximilians-University.

away before when a patient preferred not to see a student, but never had I experienced an encounter where I was met with what felt like open aggression. I tried to apologize for her wait, commiserate with her over the paperwork, but nothing I did allowed me to establish a connection with her. There had to be something else upsetting her. I gathered my thoughts and calmed my nerves.

As I walked over to the desk, my attending approached me. “Ok, what do we have?” I sighed and brought her up to speed. She reassured me that I had done the right thing. She told me other students have been brought to tears under similar circumstances. I secretly hoped my doctor would assign me the next patient to see, but she whisked me around so we could enter the room together.

Beth, our patient, responded to my attendings queries with as much frustration as she had shown me. When asked why her endocrinologist referred her to a gynecologist, she said, “I don’t know, my pancreatic enzymes were elevated, so he wanted me to see you.” I mulled this over. Then, finally, we made some headway. It turned out she had an abnormal lab value that can be indicative of an ovarian malignancy.

This time, when I looked at Beth, sitting there on the exam table, vulnerable in a paper white gown, I saw fear and anxiety. She was worried, terrified that her abdomen was sheltering some indolent malignancy, slowly growing and invading her healthy tissues. I watched, amazed, as my preceptor, entirely unfazed by Beth’s harshness, calmed her nerves and educated her about the next steps of evaluation. Beth softened and thanked us. She left with a totally different demeanor than when I first entered the room. Although we weren’t able to offer any treatment or definitive answer that day, we were able to address her concerns and ease at least some of her fears.

As a medical student, I had the ability to step out of that exam room when I felt frustrated and belittled. I had the luxury of taking a moment to exit, take a deep breath, and regroup. By recovering and taking a moment to realize that her aggression and frustration weren’t any fault of mine, I was able to understand there was something more under the surface of her ill-mannered facade. She was afraid, and she leveled her anxiety initially at us.

I learned an important lesson that day. I experienced firsthand that when patients are irritated or distraught, there is probably something underlying their hostility other than a long wait or paperwork to fill out. In the future, I will certainly encounter many situations like these. I likely won’t have the time to step out of every room when I find myself in a tense conversation. I’ll take with me the belief that in order to care for another, you must first take a moment to care for yourself. Sometimes that means putting your ego aside in order to reach out to someone who may be in a very scary place. One day, I hope to exhibit the same grace and skill with which my preceptor showed in order to have the privilege of helping guide my future patients through dark and frightening periods of their life. ■

RODNEY

Amber K. Harrell, Class of 2017

*M*an, it sure is hot today. I bet that’s going to have my blood pressure high again. Riding my bike in this hot sun always seems to make it high. Doc isn’t going to be happy with me today because my sugars have been high, too. I wonder what we’ll change with my meds today and if I’ll be able to afford them...

“Knock, Knock,” (a young girl wearing a white coat walks into the exam room), “How are you this morning, Rodney?”

“I’m fine.” *Oh no, not the student again, I know she is going to ask me a million questions about my medications and blood sugars. She’s nice and all, but I’m just tired today. She doesn’t understand that it’s a long ride back to the coalition and I have to make it in time for lunch or no food for me today.*

“How have things been going since the last time we saw each other?”

“Actually, not that great.” *Pretty terrible really. No house, no insulin, no strips. My life is a mess.*

“Really? I’m so sorry, tell me about what’s been going on?”

This girl seems like she is interested in what I have to say, but do I really want to tell her my whole sob story this morning? I’m sure she has other patients and doesn’t want to waste her time with me. Maybe if she understood what’s been going on though, she’ll know why my blood sugars have been out of whack.

I don’t need anyone feeling sorry for me,
I just need time to get back on my feet.