Reflection #1

Fish Crow

Did you know that the Fish Crow and the American Crow are practically indistinguishable by appearance alone? For this reason, they are notoriously difficult to differentiate for budding bird watchers like myself. They share the same habitat and are both found in abundance in Gainesville. Both birds are well known for their high intelligence, sometimes even mimicking other animals (humans included!). They are of a similar size and, even when side by side, their appearance is extremely similar.

So, if not by appearance, habitat, or intelligence, how can I tell which bird I'm watching? The answer- by voice alone. The American Crow's notorious "caw-caw" is ubiquitous and instantly recognizable even by passerby who identify the crow without realizing their feat. The Fish Crow, however, can be distinguished by its more nasal and slurred "awh-awh" or "uh-uh". Only by listening, do the two species become immediately identifiable.

As a new third year medical student, I felt a little bit like a new bird watcher. Information overload, learning new skills, learning from those with more experience, the list goes on. Over time, though, I've learned to sort through the information and have begun to refine my skills as a young physician in training. Through this process, I naturally began to look for people I would like to emulate once I become a physician. This brought about the question - how can I tell a great doctor from a good one?

I think most medical trainees can agree- once they have reached a certain level, they are all pretty smart. As a medical student, I can't think of a peer whose intelligence I'm not impressed by. So, if we think most doctors are smart, what about appearance? Let's take outcome as a substitute. What if I told you that Dr. A was an average doctor but that Dr. B was an extraordinary one? Moreover, what if Dr. A and Dr. B both treated a patient with CAP, and both patients were discharged from the hospital in good health a few days later? Arguably, these are both excellent outcomes. So, is there a difference? How can we tell them apart?

I would argue, after my hours standing like a fly on the wall of hospital and clinic rooms, that you can't tell the difference by watching alone. Instead, you have to listen. In my experience, a truly great physician distinguishes his or her self from good physicians only by their connection with the patient. Too often, I've watched doctors rush in and out of patient rooms, overwhelmed with their workload and patient care responsibilities to stop and connect with their patient on a deeper level. Don't get me wrong- these are still really good doctors- they were only distinguishable by voice.

Mr. R was a patient that I met while rotating on IM. He had a complex past medical history and was in the hospital for headache. Over time, the team also grew concerned that he may have a more serious infection, which he had been tested for in the past. Restless and uncomfortable after days in the hospital, he began to grow frustrated. “I’ve been tested for that before! Why are you all keeping me here when that’s in my record?” Residents, and even myself as a medical student, had each briefly explained to him why he was still in the hospital. We needed to make sure he did not have this serious infection - if he did, it would require treatment. One day, when I went to check on Mr. T, he was pleasant but frustrated and again expressed that he did not understand why he was here. Finally, it occurred to me that he wasn’t asking why we were testing him for this disease. He was asking why he needed to be removed from his life, isolated in an uncomfortable hospital bed. Taking the time to actually talk with him, I explained everything we knew about his health conditions and about our concerns. Ultimately, I explained that we were concerned about him going home only to get much sicker and need to come back.

He quickly understood this explanation and was appreciative. In fact, it seemed to change his entire attitude and outlook about being stuck in the hospital. Somehow this simple explanation, which probably took all of 60 seconds, was powerful enough to change his healthcare experience in that moment. This experience really stuck with me and made me think more closely about the conversations I was observing between various residents and attendings and their patients. I began to notice this trend with other patients as well. Those whose team took more time to understand them and communicate with them had patients that were overall more cooperative and happier. It even made me feel like these patients would be more adherent to the recommendations being made to them by teams they trusted.

So, to my fellow beginner doctor-watchers, like me you may be wondering how can we tell a good doctor from a great one. If not by location, intelligence, or outcome, what can we use to distinguish? My suggestion - by voice alone.

Reflection #2

Hold My Hand

On my internal medicine rotation, I was following a patient with cirrhosis and advanced chronic renal disease who had been admitted due to worsening mental status. The patient was elderly and had been staying in the hospital mostly alone, with occasional visits from his son. His mental state had been fluctuating but it seemed as though his condition was deteriorating slightly as each day passed. His nurses had reported that each evening he was getting agitated and would pull at his IV lines, which eventually led to placement of arm restraints and administration of an

antipsychotic. When I would visit him in the mornings prior to rounds, he would often be very drowsy and would not speak very much beyond one-word responses to the questions I posed due to his exhaustion and the effect of his medications.

One afternoon as I was checking on all of my patients, I stopped in his room. He was somewhat more alert than usual, though still fairly drowsy. I spoke loudly to him and asked him how he was feeling. He did not answer but seemed to nod his head and say something unrelated which was not clear. As I was listening to his heart and lungs and checking his monitor, he quietly said something that I was unable to make out. I asked him to repeat what he had said, and he said more distinctly "hold my hand" which I finally understood. I was caught off guard due to the simplicity of the request. The patient had been somewhat hostile and agitated with staff in the days prior, which made this seem out of character for him. He seemed to demonstrate a sense of vulnerability – the likes of which I had not seen in him since admission.

At first, I laid my hand over his hand closest to me and then took hold. To my surprise, he reached out and gripped my hand with unexpected strength. I spent a few minutes in silence like this with him, as he did not say anything further. I was unsure whether he had fallen asleep, as he had proceeded to close his eyes. Eventually his handgrip decreased, and he fell asleep. I left the room quietly, as to not disturb him.

I was thinking about this moment for the rest of the afternoon. It struck me as one of the first times that I truly felt like a physician. Since starting my third year, I have found some level of emptiness in the rote completion of tasks that has helped me get through some days. It had been one thing to routinely check labs and vitals in the mornings, call consults, or agonize over progress notes and oral presentations each day, but this was entirely different kind of level responsibility. Throughout those first few weeks of the rotation, I had been rather stressed about many aspects of my performance on the team, my efficiency, and ability to juggle the tasks expected of me, but in that moment, I did not really think about any of those things. In that moment, it felt nice to have a personally vulnerable moment with an individual who needed my support.

This particular patient eventually ended up being stabilized and sent to hospice after I left the team, but I have since thought about that moment when I have gotten overwhelmed, as I have progressed in the clerkship. I think that this moment has helped remind me of why I am pursuing this profession of caring, humility and grace. I do not anticipate that I will soon forget him, and I hope that this simple moment can act as a perpetual reminder of the need to reveal my own humanity to my future patients through simple acts of solidarity and compassion.