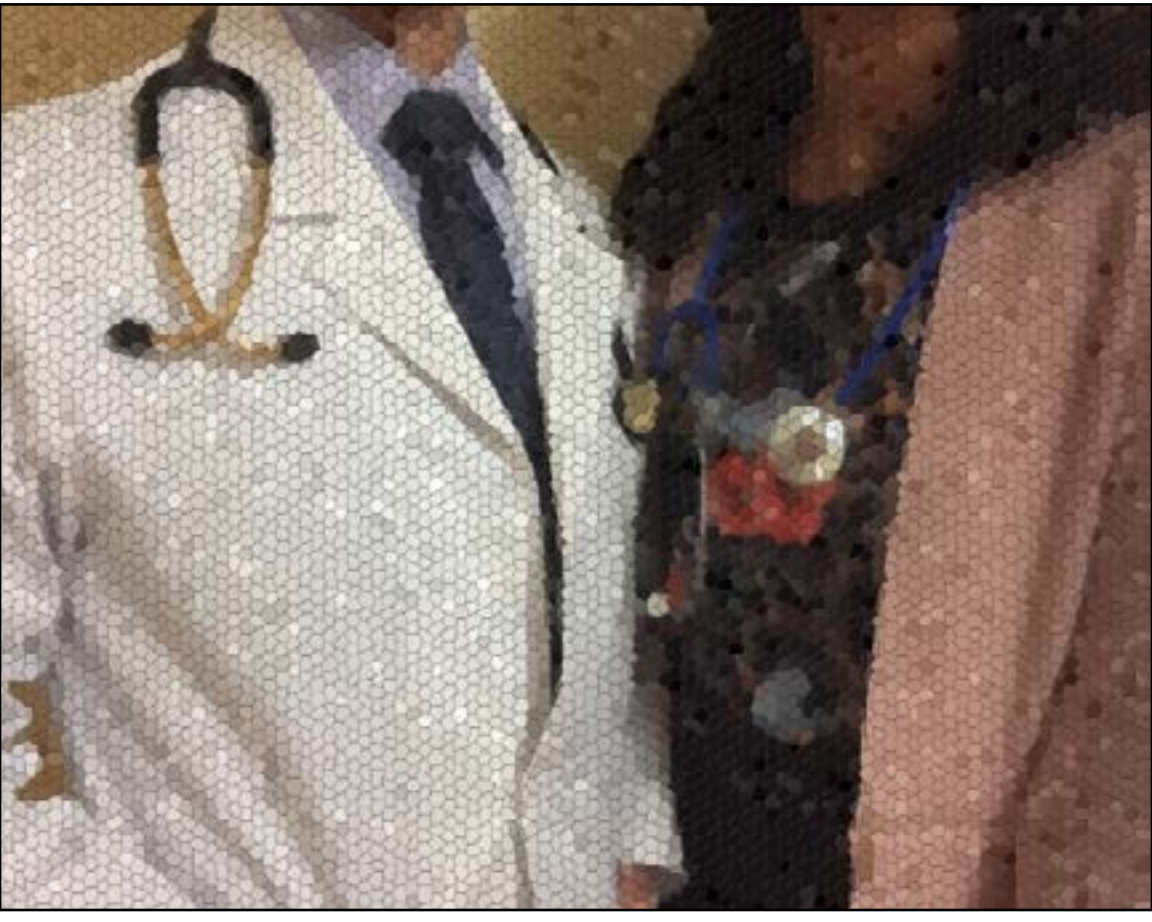
Spring
2018

JANUS



Expectations vs. Reality

Janus
Expectations vs. Reality

This edition of *Janus* is dedicated to the memory of Julian Richardson.
October 28, 1991 - March 7, 2018

The following poem was written by his friend and classmate Scott Ward.

Fall is surely the best season.
The first leaf bronzes gracefully in its age,
spreading its orange fire to its contemporaries,
the veins of its life revealed by the sun.
Plucked by the wind, it embarks on its journey.
Independent at last, dancing joyfully in the autumn breeze.
Our friend is a harbinger of the color and life to come.

YET, in our rapture, let us not forget the sorrow of our leaf.
The pain that accompanies its loneliness.
The terror it faces in its fight with the wind.
The peace it embraces once resting on the ground.

Dear reader,

Janus is a student-run narrative medicine journal at the University of Tennessee College of Medicine. Our name was inspired by the Roman god of transitions who has two faces, allowing him to look simultaneously at the past and at the future. Our journal encourages student reflection on our journeys in medicine through writing and artwork to better understand our patients and ourselves. Through reflection, we are positioned to better serve and to more compassionately care for our patients in the future.

In this edition of *Janus*, we explored the theme of expectations versus reality. Expectations can be bizarrely powerful. A five-star restaurant may have the most delicious food we have ever tasted and still not be as bright in our memory as the food truck for which we had no expectations at all. From lecture halls to the wards, medical school is filled with moments like these. Our preconceived notions color our experience. When reality does not match, we are forced to reckon with our dashed hopes or unexpected delight. We reflect on how expectations, fulfilled or unfulfilled, have shaped our views of medical training, our patients, healthcare, and, ultimately, what we want from medicine.

We are grateful to our contributors whose voices through writing, artwork, and photography expand our realities and connect our human experience. We are grateful to the community of peers, faculty, and staff at the College of Medicine who support our vision of creating and sustaining a vibrant narrative medicine culture on campus, and we are truly honored to share this Spring 2018 edition of *Janus* with you!

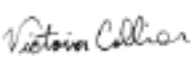
Sincerely,

Omar Tamula
Co-Editor-in-Chief

Anh Vo
Co-Editor-in-Chief

Max Rippe
Administrative Editor

Mike Hook
Publishing Editor



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Associate Editor

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Associate Editor

Cover photo by Omar Tamula and Annie Ameha; design and layout by Anh Vo.

Contents

my yorick

Mel Justo

The tie was loose and the shroud, taut beneath her weight, got caught. I saw her and

It silenced me. My eyes could tell that hers were missing. My skin prickled; hers—

Welling. with a confluence of reverence, no, sympathy, no, empathy

instead, sagged with a borrowed fluid that marks my hands and clothes

my throat can't swallow. Affected, I guess.

reminding where I was and what I am. and who

she was. re-named 1 month in; a suggestion

needed to scrub out that damned spot…

to cope. to appreciate

the delicacy of her ansa cervicalis

that which gave her a voice

—tormented. my patience

waned, but persistence

was the reason I stood there. Scalpel angled. Skin

Taught/taut**. us that which few may witness:**

stressed with a reflex I have yet to learn

to hurt someone to do no harm.

A note from the author –
The following poem was written in a form developed by Greg Williamson, double exposure. It is intended to be read in three different ways: solely the bolded left-justified, solely the right-justified, then finally, the combination.

Someone

Hannah Loewenberg

"It is far more important to know what person a disease has rather than what disease the person has." -Hippocrates

I was on transplant service that week. We were finishing rounds for the morning and gathered in a room belonging to one of our patients: a man on the intensive care floor. As he was not one of the patients assigned to me, I wasn't familiar with his case. We had a limited amount of time to see each patient, so, as usual, our team was intent and diligent. The attending was reading the ventilation monitor, talking to the nurse and the family, and discussing plans for the day. The fellows and residents were busy checking the tubes and monitors.

The man was intubated but awake and beginning to breathe independently, so respiratory therapy was preparing to take him off the ventilator. As the discussions continued, I looked over at the man lying in the bed. Unable to speak, he had scribbled a note to his wife. She was attempting to decipher his words but was unable to read whatever he had written. I stood next to her and attempted to read the note as well. After a few brief moments of struggling, I finally understood. I looked at him and turned to his wife as I read out aloud, "Someone had to die to save me." I watched her eyes widen as she turned to him.

"Yes, honey," she replied gently and without hesitation. "Yes, they did."

I took a deep breath and smiled softly at them both as we left the room to see the next patient. I had no words to respond but was thankful for witnessing this moment. The man lying before us knew nothing of his donor's death, nor of his donor's life. He could have asked anything about his own prognosis or recovery, but he chose simply to acknowledge the fact that his donor was someone and that *that* someone had lost their life.

As physicians, we have the extraordinary opportunity of getting to know a person and their whole story. Just days prior to this encounter, I was given the opportunity to see the retrieval of organs from a donor - the "someone" who, in dying, saved the life of another. Due to the delicate ethical regulations associated with transplant surgery and donor information, we knew the donor's medical profile but nothing of his life story. Perhaps it was not ours to know.

Why is it more important to know the person a disease has, rather than the disease a person has? A person's disease is only *part* of their story. Making a diagnosis, prescribing a medication, or performing a surgery is only a sentence within a chapter of that person's lifelong narrative. When we look beyond the disease to the person who is experiencing illness, we reach a level of understanding that allows for both the healing of our patients as well as the healing of ourselves. As I continue my journey into medicine, I hope that my encounter with this man will aid me in remembering the importance of the human connection and that the patient sitting across from me is *someone*.

Taking a Break in the Lab

Mike Hook

After sitting so long
in my windowless office
I like to stand up
and walk the hallway
to the corner of my building
where the walls end
and the windows replace them

Warmed by Southern sunlight
I look down and see
some burly men
planting trees in the park

"They have no idea
how good they've got it
with all the light
and trees
and air"

But then I think back
to my college days
when I once planted saplings
and dug clay
in Southern summers sweating
looking up and wishing myself away.

Nearness

Robert Elrod

Between here and there,
27 inches of rubber tubing hung,
Bridging the gap to novice ears,
Sending soft, thumping telegrams across
The small breadth of breathing space
Separating two strangers, hand on shoulder,
Reminiscent of, yet so distant from
Something like
Embrace.

Lessons Learned from Tattoos and Handcuffs

Alex Galloway

After five nights and three days in the trauma bay, I was finally getting to know my place: how to help, how to be out of the way, and how to interact with staff. One surprisingly slow afternoon while I was talking with a staff member, two police officers led a person in handcuffs to an open bed. This person's physique made for an intimidating presence: muscular arms, a shaved head, and tattoos up his neck and face. This guy looked tough, and my heart rate jumped, knowing that I had to interact with him to get the intake history. I was hesitant to ask questions, not knowing where to start and subconsciously worried he might jump out of the bed to attack me. However, I started with an open-ended question, and he shared his story. He told me he was walking outside when he missed a step, twisted his ankle, and landed on the side of his foot. He then heard a pop and curled up in pain. I could feel the pain in my own ankle from his description. His rough exterior didn't exactly suggest vulnerability to pain, but a fractured ankle hurts and was made only worse by the prospect of never being able to play soccer again, a sport he loved. We didn't have an X-ray yet, but I assured him that although it would likely be a long recovery, he would most likely be able to play again. Eventually we developed a rapport, and he told me about his girlfriend, a nursing student working hard like I was to graduate. Wishing him the best, I left the room with a handshake and a smile. It was a quick conversation, but I left feeling proud that I could make a connection with him.

I went back to the workstation and moved on to the next patient, whose physique was in stark contrast to the muscular young man I had just seen. She was a frail elderly woman who had fallen and struck her nose. Her white hair, frailty, and kind smile reminded me of my grandmother. In contrast to the man in handcuffs, I was not scared and was confident that I would develop a connection with her. As I gently cleaned the dried blood from her face, we chatted about her rural hometown, her extended family and her longtime church. As I was listening and talking with this sweet and smiling elderly woman, the person in handcuffs was wheeled out to get his X-ray. The curtains were slightly open as they sometimes are in that hectic environment. His eyes caught mine, and he waved as he was wheeled away. I waved back and, in that moment, felt a sense of meaning and purpose in my job as a doctor-in-training. I was proud of my ability to develop rapport with vastly different appearing patients.

However, upon further reflection, I realize I mistakenly made negative judgments of the person in handcuffs, in a manner that I would not have done so for the elderly woman. I did not expect to connect with him, the "inmate." I did not expect him to play soccer or have a girlfriend or even be nice. I believed his tattoos and handcuffs equated gruffness and that instead of talking to me, he would curse at me. However, I was obviously wrong, and I learned an important lesson. He taught me to be aware and to challenge the subconscious stereotypes that label patients who look different or more intimidating than our grandmothers.

Patients come from a variety of places with radically different stories, and the practice of medicine demands that compassion and healing extend beyond our sociocultural walls. The truth is, people are more similar than they are different. Everyone falls down. Everyone gets sick. Patients are people first and are more than their diagnoses or criminal records. In the chaos of the trauma bay that day, my preconceived ideas about tattoos and handcuffs were challenged. I was inspired to approach each person with a sense of humility and compassion, which I hope to maintain throughout my career.

*Original artwork in acrylic

The Dream

Janyn Quiz

The phrase "Medical school is a journey" is probably one of the most overused statements in this field. Nevertheless, it is, and it is what we expect it to be. When we chose this path, many of us already knew what we were getting ourselves into: the countless hours of studying, the vast information we would have to digest and regurgitate, and the numerous skills we would have to hone. There have been many times these seemed daunting to me. I have felt as if I were walking on a dark road, with only the expectation of things getting better down the path to guide me through it. But what surprised me several times was that when I took a step back, breathed in the experience and appreciated the journey itself, not just the destination, I found that the road, in fact, wasn't dark at all. In truth, the steps I was taking toward my dream were what I lived for, not just the dream itself. Despite the mountain of terms and exhausting dissections in Anatomy, it is amazing to realize how beautiful the human body is. Despite the complicated pathways and minute details of the cell, it is humbling to learn how the smallest of molecules and components come together in harmony to create life.

So finally, it came to me. Medical school is not just a journey to a dream—it *is* the dream.

The Path Less Taken

Jonathan Rho

Just as fellow hikers on TripAdvisor warned of the arduous undertaking of the Hardergrat Trail, colleagues who trailblazed the M1 curriculum foretold of long nights questioning the boundaries of the perineum and learning a jumble of letters like *salpingopharyngeus*. I fully expected difficulties in the paths that I chose, but often I would find myself paralyzed when glimpsing at the imminent challenges.

It was paramount to reflect on struggles conquered. At first, I was not able to differentiate a nerve, artery, or vein from a shoestring. Although frustrated and freezing in anatomy lab, I was determined to at least rule out the shoestring. Dark and early every Saturday, my friends and I dragged ourselves into the refrigerator for hours as we traced through the human body. My routine became as consistent as my healthy sinoatrial node as the weeks soon turned into months. Our perseverance and consistency made life a lot easier, and lab became enjoyable as we shared many laughs, memories, and positive energy. Before I knew it, not only was I able to differentiate the shoestring from other vessels, I even traced all the branches of a beautifully dissected brachial artery – shout out to all the invaluable anatomy tutors! The "jumble of letters" started to become decipherable; I even verified the existence of the salpingopharyngeus.

It is this path of diligence that will make me a proficient translator in the many languages of medicine. In fact, tackling each day one step at a time turned out to be enjoyable, as I came to appreciate the experiences, memories, and people along the way. I could not be happier with whom I've become and where I am headed. Though uncertainty clouds the path ahead, as they did on the mountain trail, I can take a minute and use my sternocleidomastoid muscle to look back at my progress; I can be proud of how far I've traveled on this lifelong journey and flex my newfound confidence at the challenges that await – or at the very least, have the assurance that my Cranial Nerve XI is intact.

*Photograph from Hardergrat Trail

The Student-Patient Relationship

Victoria Collier

I'm not sure why some patients leave such a big impression and others do not. It's been a little under a year now of seeing new tragedies and triumphs on a daily basis, and while they have all helped form my abstract view of "patients," there is one particular patient who stands out above the rest.

She came to the ER with osteomyelitis in the remaining stumps of her bilateral above-the-knee-amputations (AKAs). The reason for the AKAs was likely a complication of her morbid obesity. "We could take her to the zoo for the MRI," the intern joked. He actually wasn't joking though; apparently, this was an option for patients who could not fit into the standard machine.

On the first day, she asked me if she would be home in two days for her daughter's birthday. With my *vast* medical knowledge, I told her she likely would be. She was in the hospital for two weeks. Every day I would come in and spend more time with her than with all my other patients. I learned about her daughter and her husband and how she lived without legs. *It was finally happening*, I thought, *the touted third-year experience of truly becoming the closest member of the team to a patient.* Then, her IV pain medication was discontinued.

I wasn't naive to the fact that she had been opioid-dependent for many years, nor was she the first person I had seen who became a different version of herself when the medication was tapered. She really cannot be blamed; her reaction was the result of years using legally prescribed narcotics. That being said, I was still surprised when the last words she spoke to me were, "Tell them to turn the IV back on, or tell them I'm leaving today."

This patient encounter was not the brightest for me, but it seems to be the one I always come back to. In the moment, I was hurt and, admittedly, disenchanted with this patient to whom I had begun to feel connected. Looking back now, I realize that connecting with a patient may be more complicated than what I first imagined. She taught me that the patient-doctor relationship is not dissimilar to any close relationship. Having a true bond, with anyone, requires being there to see that person in their best moments and in their worst. Realizing this fact about human nature allows me to reflect back on my time with her in a new light. Instead of doubting our connection due to her harsh words, now I can see that she was just a person, in pain, who trusted me enough to let me see her in despair.

Short White Coat

Omar Tamula

Part I: The Summer

Year-round, the young Short White Coat had been unintentionally leaving his body. The daily barrage of PowerPoint bullets on-screen would shoot into his mind. Not for learning, as he originally thought, but for consumption. He left to escape the overwhelming details and emotions his cohort bled into the lecture hall. Their feelings gushed as his spirit floated to the ceiling – *only high yield…know all of this?!?...too much, too much…if I don't get an A, I won't be able to do what I want…none of this really matters.* Sitting, appearing to listen, testing, recovering – a cycle that zombified even the starchiest of White Coats.

Finally, however, the cohort could move on. They each had some kind of plan – some to make breakthroughs in labs, some to travel the world, and some to marry their significant others.

Excited and relaxed, the young Short White Coat had expectations for his own summer. That is, until his cell phone buzzed with an e-mail containing the menacing R-word. *Re…re…remediate??*

Part II: Life & Death

The Short White Coat is seasoned with experience now and remembers that summer when it all felt "life and death." Unlike his past inexperienced self, he is proud he went through that summer because of the fortitude he gained from it.

The story, however, does not end there. The rest of his medical school years donning his defining cloth were not filled with pure joy, happiness, and engagement, nor were they filled with pure discontent, apathy, or confusion. The "life or death" feeling just loomed in the background, waxing-and-waning.

Why then did he continue the pursuit of the illustrious long white coat, knowing the future ahead would be tough and that the system-at-large might be thankless? Did he continue because he had risked too much to change course now?

Though his past had been difficult and his future may have challenges ahead, the Short White Coat stayed committed in his pursuit once he had experienced reality. The Short White Coat saw true life and death: babies entering the world, parents rejoicing, men dying on ventilators, and families mourning. For him, it was beautiful, ugly, and worthwhile. If he had given up that summer, he never would have seen those things. If he did not pursue the long white coat, who knows what else could have been lost?

Artistry in Medicine: Learning the Power of Creativity in Healing

Kwame Nuako

Hmm. Eyebrows furrowed. Arms folded. Eyes intently focused upon the Kentucky Wildcats clock on the wall. A few seconds pass. I shift my gaze downward toward the trash can in the corner and start to hum quietly, scouring my mind for any relevant information that could be useful at this time. *Hmm*. Nope, nothing there. I place my hands on my hips and start to tap my feet—a different iteration of my "I have no clue how to answer this question" pose with the same futile result.

My preceptor would finally put an end to the uncomfortable silence by providing the correct answer and assigning a topic for me to read. He would wrap up the didactics by offering some sage advice for my future medical career. "Be the first one in, last one out." "Grind daily; put family first." "Never stop questioning." But one statement never made sense to me: he loved to say, "Medicine is an art." Though it was an expression I had heard before, it did not register with me at the time. The closest medicine came to art in the second year was in feeling like I was treading tirelessly in a pool full of paint, buoyed by a bicep-shaped Goljan floatie with SASSI lifeguards on the lookout.

Transitioning to a clinical setting for the third year gave me hope that the year would be more enjoyable...but art? Where is the art in the application of microbiology, anatomy and pathophysiology? As an undergraduate Arts and Letters major, I mostly learned to associate artistry with a level of imagination and creativity. Some of the classes that I enjoyed most were in sociology, anthropology, philosophy and history—classes where we could exchange and debate thoughts and ideas. People would challenge my preconceived notions and push me to form and to defend my opinions. Each classmate had a unique perspective, and the direction of the class would follow the development of our insights and assessments as an entire class. I loved the dynamism of that learning experience, and I felt like I was actively learning as opposed to the knowledge passively diffusing from text to mind.

Much to my surprise, the third year of medical school has contained many of the same elements that I enjoyed from my undergraduate career. I quickly learned that patients don't "read the book" and, oftentimes, we must debate as a team regarding the best approach to care. During the third year, we have gotten to sit in on tumor boards and other patient-centered conferences where specialists with various backgrounds debate what the next step should be for complex patient cases. Even for more "routine" patient management, the course of care is a fluid process. The multidisciplinary team includes everyone from physicians and pharmacists to case managers and chaplains; input and communication between these team members are necessary to deliver comprehensive patient care.

I have been fascinated by the art of social deftness in the clinical setting. During the first two years of medical school, we had standardized patient interactions to help prepare for clerkships. A lot of these interactions required hitting certain checkpoints, and the encounters could become painfully regimented. I even had a pre-rehearsed sigh, pause, and "sorry to hear about that" to make sure that I hit the empathy checkbox. Patient interactions in the clinical setting have been anything but routine. Some patients will let you directly know how they feel, but many patients will convey messages in a subtle fashion. During my internal medicine

rotation, I had an attending who had practiced for over thirty years. She would note the slightest changes in body language— a wrinkling of the nose, a shift in the seat, an aversion of the eyes— while simultaneously gathering additional history, performing a physical exam, or delivering the plan for care. These indicators signaled that further communication or a change in approach would be needed to better individualize the short-term and long-term goals of care. She and other clinicians throughout the third year taught me to key in on the social and physical cues that patients present. This cognizance requires a tactful approach that I am trying to improve on throughout third year and carry with me into the future.

I also have witnessed a high level of artistry in carrying out certain procedures throughout my rotations. During my surgery rotation, I marveled at the speed and delicacy with which attendings, residents, and even fellow medical students could perform one or two-hand techniques and surgeon's or friction knots. In the operating room, it was a marvel to witness the precision with which the surgeons perform. Earlier this year, I scrubbed into a surgery to remove a breast mass and to dissect the adjacent lymph nodes. During this procedure the intercostal brachial nerve is often damaged, leading to paresthesia in the shoulder, upper arm, and underarm. With the removal of the mass, by far the primary goal of the procedure, it was remarkable for me to see the surgeon take meticulous steps to avoid this nerve so that the patient would not have this numbness post-procedure. For me it was a prime example of practicing medicine with a human touch and a demonstration of art in a pure form.

Though I could never have predicted how important it would be for me to study art as an undergraduate student, I now see the value in cultivating the *right* side of the brain—so that my own practices are to the advantage of my future patients. The third year of medical school has continually demonstrated to me that imagination and creativity come into play in the medical field in ways that I would not have thought possible. When working towards the common goal of patient healing, it is essential to think outside the box and unite different approaches to bring about the best result. As I look forward to my fourth year, I plan to keep a creative mindset at the forefront of my work and to continue developing my artistry as a physician.

A Death I Thought I Was Expecting

Jackson Hearn

Last year, when that old man decayed
for months anointed with formalin
I sat and I wrote in November thinking
About the skin dormant lying on dying hands,
The feeling of the death that gets through gloves,
The desire of dying, its intimate power;
The nighttime came sooner, eventually sleep.
Vigilate ergo nescitis the advent proper goes.

This year, December, I hear from my mom;
Her mother is dying— I already know
Her brain is bleeding, and clotting but living
I try to remember.
"Where're you living now?"
She always would ask when I sat in her room.
Alone at the wheel, I silently weep.
Halfway to Nashville. She's already gone.

Lines in the Horizon

Anh Vo

My imagination draws a horizon
Extending infinitely beyond
My own experiences
I ask questions, listening for answers

With every question, a fine line
Between gift and intrusion,
The horizon becomes clearer
My understanding deeper

I knew nothing- the only truths
Are the ones she has planted,
The ones to which her words
Have granted life

Always with a warm smile
She ends her story for the day
Pulling her white blanket closer
As the sun tucks into the horizon

The Bystander Effect

Noor Alshibli

I walked in behind my attending and resident to see our next patient, a 16-year-old girl who was 32-weeks pregnant in clinic for her first ultrasound. She appeared nervous, uncomfortable, disheveled, and poorly groomed. Accompanying her was a partner who appeared to be in his forties. When asked questions, she would pause and turn to him, who would then answer for her. This seemed odd to me, but it was only week three on the wards, so I looked to the attending and resident for their reactions. Neither seemed concerned—probably nothing. Later on, I asked the resident if he thought there might be something else going on with our patient: "Well, the social situation is odd, but it's not our place to judge how people live." *True.* I shouldn't be so quick to judge. We scheduled her next visit and printed discharge papers.

For the rest of the afternoon, I couldn't get this patient off my mind. I thought about an article I once read linking the U.S. highway design to our city ranking nationally as a sex-trafficking hub. At the end of the afternoon, I asked my resident if he thought she could be a victim. We looked back at her records and found a visit at age 11: history of sexual abuse. Another piece to the puzzle. We paged the attending, who then asked us if we had spoken to the patient alone at any point. We hadn't. The patient was already discharged.

I was quickly struck with the reality of the responsibility in my lap—one that wasn't going to wait for the letters "M.D." to be printed on my badge. Learn from your mistakes; you won't miss it again. Until this point, I thought mistakes would come in the form of misdiagnoses or the wrong prescription. I was disappointed in myself for not speaking up sooner—that I didn't value my concern as valid enough to ask to speak to the patient alone. After all, it was only my third week on the wards.

I used to ask myself if I failed my patient in my role as a caregiver that day. Now, I wonder if I simply wasn't a good enough person. Would I have the same responsibility to say something on her behalf in a grocery store? I'd like to believe so, yes. Not because I took an oath in a white coat, but simply because speaking up would be the human thing to do, and because I may be the only human to get the chance to do it.

I was disappointed that I didn't speak up, but more disappointed that I allowed myself to be overcome by the bystander effect: a psychological description of a situation in which individuals are less likely to offer help to a stranger in need when others surrounding them are not offering help. I was depending on others to notice any signs of danger when I should have expressed my concerns regardless. On the other hand, perhaps she was not in any danger at all and I was simply being hypervigilant. After all, I'm only a medical student.

I fear the moment our subconscious whispers, "Someone else will do it"—the moment we lose touch with the human impact of our actions. I realized that although I am surrounded by attendings, residents, and nurses that have years of clinical experience over me, we function as a team with one goal: the best interest of the patient. I learned that I can no longer stand by the sideline. Even as a medical student, I have the potential to make an impact. Patients trust medical caregivers with vulnerable and often unseen pieces of their lives. With this, I hope not only to listen to the unspoken words my patients tell me, but also to be their advocate—their voice—that otherwise may be silenced.

Unfulfilled

Anonymous

I suppose I could be blamed for thinking a third-year medical student would be someone. It's not exactly the habit of society, much less medicine, to appropriate any respect for people halfway through their training. This statement alone embodies my disillusionment – thinking I was half a doctor and realizing I was half an intern. It turns out our meaningful training begins, does not end, with an M.D. You'd think it wouldn't feel so purposeless, though, as when you're waiting around for hours to be sent home or spending an entire day discussing dose adjustment or care facility placement. "They actually taught me" is always uttered by my peers with inflected surprise. What is being a medical student in the clinical years even supposed to be?

In my experience, it's wearing a sign that says, "Interrupt me" or "Pay no attention to me at all." It's a dismissive label branded on my forehead during rounds. It's wearing a coat designed to reflect in length my inexperience and project in cinch my harmlessness. It's knowing that speaking too much and too little are equally damning and that any word in my own defense is a liability. It's being present for activities of frustratingly inconsistent educational value and praying I have enough time left over to study. It's a uniform and title, both a costume and set of expectations, intended to shrink the individual.

And to endure this, you have to be shrunk; no self-respecting person would take this for any length of time. This is the story my ego tells me, at least, about why I think such sour things. It's easy to be indignant when you feel so out of touch with your dignity. The funny thing is I don't think I'm the only one. You see odd behavior everywhere that reeks of defensiveness. We students have grown accustomed to the aggressive "Can I help you?" and impatient harrumphs of hospital staff. You are often made to feel unnecessary or precocious for participating in their ecosystem. It's hard not to wonder during encounters like these where they think doctors come from and why they're so primed to resent you. We've grown accustomed to different flavors of behavior from residents: terse replies, gratuitous interjection, and a general denial of the benefit of the doubt. You can expect an almost intentional misinterpretation of questions – the kind that comes from assuming someone fundamentally misunderstands. Still, we are peppered with the same advice: participate! Though, when not asked a question or engaged in conversation, "Participate!" means "Perform your intelligence!" and this requires some unctuous acrobatics. You may even get the advice to "look interested" – the "You should smile more" of third year.

Worst of all, I've grown accustomed to similarly detestable behavior in myself. You'd be hard-pressed to find a more junior student whom I haven't showered with unsolicited advice or reminded of their experiences to come as a backhanded way of saying "Look at how much I've experienced."

It seems the pecking order is built on such insecurity. Nurses are belittled or ignored. Interns' concerns are dismissed. Other residents are questioned inappropriately. Then, there are medical students, who are new to the letdown. We come to find success on rounds is less dependent on our ability to interpret critical information and more on our ability to retrieve the right details from a chart. In other settings, we simply don't have the know-how to be of

any use, and no one cares what you know about *Echinococcus* if you can't obtain a venous blood gas. At every level, we seem to have imagined we'd feel better than we do and have discovered that the cure is standing next to a newbie and drawing attention to their newness. So, *what* is going on?

I'd say it's the same thing behind anyone elevating themselves at the expense of others: we are unfulfilled. After all, we are unrecognized: life as a learner in medicine has been passing a series of exams, which we are told is a seat at the table, not an achievement. We are spurned and resentful: higher-ups have found any excuse to put us in our place. We are overeducated: not that we know enough, but we get to use too little of what we know. We are underutilized: we are entrusted with so little that we feel useless.

The issue isn't just one of unmet expectations in training, but of a system that forgives discourtesy in proportion to one's professional standing. Some will say medicine is not a feel-good profession and that checked egos and rationed attaboys save lives, but in practice, this tactic extends too far. Why should preempting complacency demand a cold, question-until-you-get-one-wrong attitude? Does it really inspire hard work, or does it make hard-working people feel they can do nothing right? And is this withholding approach worth the self-inflation by degradation that results? And whatever humility it inflicts upon us, do we not lose more in dignity?

It's often said that learning medicine is a marathon, not a sprint. In reality, it's more like running several marathons. You run through the first two years and Step 1. You run through third year and Step 2, fourth year and interviews, residency and board certification. At a certain point, finishing the last marathon should mean more than the right to run the next. At a certain point, it's fair, not presumptuous, to expect to be treated like a runner.

True Expectations

Han Jun Kim

Expectations are double-edged swords, for if you set your expectations too high, you are almost certainly doomed to failure, while setting them too low leads to complacency. As a medical student and a future healthcare professional, for me the question lingered: what is the appropriate level of expectations to set for myself? What is my goal, during my time in medical school? It seemed simple at first, for as students, we already have been trained to achieve the best grades, the best test scores, and the best references to display on our résumés. We are told everything is important so just do your best. But as our obligations pile on, and with limited time and energy available to us, we are forced to set priorities. While everything is important, some things are more important than others.

For example, we are aware that good board exam scores are crucial to possibly achieving our dream residencies, whatever and wherever they may be. I truly envy some of my fellow classmates who already seem quite certain of their chosen paths. Therefore, the expectations they set for themselves seem straightforward, their roads ahead clear. If someone asked me, my answer was always murky and unsatisfying even to myself the moment I said them. With everyone seemingly so sure of their path, I had never felt so unsure of mine. That is, until I met our rheumatoid arthritis (RA) patient.

She was a nice lady who, with cheerful demeanor, quickly showed us her severely deformed finger joints, a consequence of RA. As she told us how she was diagnosed as a teenager after falling on her feet one day, I suddenly felt a surge of sympathy and had trouble looking her in the eye. As I attempted to seem composed, she asked me to let her squeeze my finger to assess her strength. I felt her fine grip and saw the grimace on her face as she tried to maintain it. I told her it felt like a 2 out of 5, and she agreed. To my surprise, she seemed satisfied with the level of strength she was able to display, and I realized her expectations, at least for herself, were met. She carried herself without bitterness and angst, which helped me understand that my own expectations were, quite frankly, irrelevant. If I were her physician, expressing my distress would have been inappropriate and immature of me, especially in front of the patient who seemed presently at peace with her condition. She would not have expected outright sympathy from me, but professional guidance. Prior to this encounter, I would not have met what she would've expected from me as her physician.

Meeting this RA patient reminded me that healthcare is an occupation of service; therefore, it was silly of me to search for my own goals as if it were something that I could find within me in isolation. As a future physician, my expectations are secondary to my patients' expectations of me. I still do not have a clear answer for someone who asks about my path, but I trust that as long as I follow my willingness to serve and to learn from every patient whom I meet, my journey will take me to where I belong. Everything may be important in medical school, but nothing is more important than thinking of those we serve.

So fear not the bell that tolls our time,
for time is the leveler of all men,
the weak and the strong,
the cowards and the brave.
So all I ask is that you take
what days you have left,
knowing that you must press on
and while doing so,
every time you stop to think,
about all that's important,
remember to miss me a little when I'm gone.

- Julian Richardson

You will be missed.