

Three Moments in a Trainee's Training

By Snow Wangding

I feel the tears threatening to fall as I pull to the stop light. The morning air is crisp, seasons just starting to change. I can taste it in each breath, and my mind wanders.

There's intimacy and uncertainty in being here, straddling the line of the sick and the well. I find myself so easily losing my footing. Am I doing this properly? Do I sound enough like a doctor? Is it obvious that I feel like I don't belong?

The first time a patient cries in front of me, I'm about to begin a physical exam. I have my gown on, gloves ready, the full COVID N95 protocol that I've been coached on, donned like armor. Yet, here is a woman, bed-bound with her limbs stuck dragging on thin sheets, and the tears run so silently down her face.

"I feel like a piece of meat," she confides. A tear slips onto her upper lip, and I wonder if I should wipe it for her.

Not short of breath, I can't help but catalogue.

The sun is just starting to filter in; we haven't had sun like this in a while. It leans into the room, lies sprawled across the IV, the extra chair, and leaves a warm glow to the otherwise cold, white walls. My eyes are starting to water, and I'm now too aware that there is only silence.

I place a hand on her shoulder, glove to skin, like she's my friend and all I can do to comfort her is give her this hand. Is this okay? I wonder. When was the last time she was touched like a person?

"I'm sorry," I say, because I am. I have no words for her; she's my first patient on my first rotation, and I have nothing but nerves and this overwhelming urge to cry. I hear my blood rushing, and I'm worried she hears it too.

I have no techniques, no skills to offer her.

She doesn't feel the sun on her skin.

I hold her hand later when her dressings are being changed. I feel her shaking, and I grip her hand tight, praying that this pain will subside. That's all I can give her right now.

I cry in my car later that night, thinking of those silent tears.

I think of the one I saw last night.

My first time seeing altered level of consciousness so vividly. aLOC, the term is thrown around so easily, so often. But here, in the dim light of the 4 a.m. ED room, as I look into unseeing eyes, I am afraid.

I am afraid that we are but vessels. Could we be just flesh and bones? A sternal rub to rouse, eyes open so slightly, then nothing. Who is this patient? Who was he before this happened? He must have lived a full life; I hope he had.

My hands are shaking ever so slightly as I write down my findings, pen to paper.

Pupils equal and reactive.

Breathing shallow, but unhindered.

No concern for airway.

As I stand there, listening to those shallow breaths, I'm thinking

Please, please, be okay.

Please stay alive tonight, tomorrow.

I'm so scared right now.

I take a deep breath as I draw the curtain behind me, leaving the space. As though emerging from water, the sounds of chatter, laughs, rhythmic beeping break open to me.

I think of the one I didn't see.

New and fresh, starting my second call shift. I am still so eager and excited to see more cases. I feel more prepared than my first. I have my charger! I finally remembered to pack it, with some mints for the morning and an extra pen. I have a plan in place, a table to outline my active issues, my overnight consults.

The night turns, and I am windswept by 9 a.m. Stepping out of the hospital, heart still racing, my mind faintly tinted by two hours of sleep. I can't help but feel a smile overtake me; I made it through! As I plug in my phone and ready myself for a post-call nap, a notification shows up.

"So-and-so has passed, can someone come to bedside?"

Words on a screen, black text against white, and a life has come to an end. This is someone I didn't see; someone I didn't know. Yet still he was with me, distantly, throughout the night.

His name on a list, heard in passing during our morning and afternoon rounds. I knew his active issues, knew his intimate medical history, but I didn't know him. Didn't see him. He wouldn't breathe in the cool, crisp air or taste the changing of seasons. He wouldn't see tomorrow, or the day after that. Yet I will. I'll continue to see these individuals, intercept them in moments of their lives—lives that I'm all too unfamiliar.

As a new trainee, I find myself struggling with this easy confrontation of mortality. When we see it every day, find ourselves mired in goals of care conversations, remain steadfast as families weep in front of us, how do we bear this burden?

I don't believe I was taught how to approach an unresponsive patient from a non-medical perspective. I know the ABC's, know the importance of establishing IV access and determining when someone is acutely well or unwell. But how do I approach someone who is unresponsive and stable? How do I find myself afterwards, when it feels as though a part of me has been left in that curtained room? As though that part of me could respond for him?

These are the moments that have remained. I fold them up, unsure what to do with them, as they take up my burden.

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