

My alarm went off at 6:00am today. Truth be told, I had been lying in bed awake long before then in nervous anticipation for my day. I couldn't wait to get to the ER and meet the physician that I would be working with. Because I am getting to apply to medical school in a few months, this experience is particularly meaningful to me. I expect that it will validate all of my hard work and show me how well-suited I am for a career in medicine.

When I arrived at the hospital at 7:00am, I paused for a minute in disbelief. This is all really happening. I really am growing up and I really am going to go to medical school. It's all so hard to believe, but so far I am enjoying my journey to becoming a physician. Although I was excited for my day, I also felt nervous about the experience. Today I had to face a fear of mine that resulted from the last time I job-shadowed a physician in an ER (in Salem.) After a night full of intriguing cases, I went with a physician to watch him stitch up a man. The man had all but cutoff four of his fingers with a saw. In order to repair the fingers as much as possible, the physician had to remove the fingernails of the man. I watched for about ten minutes, but left the room when I started to feel dizzy. Before I knew it, I was waking up on the floor in a puddle of my own blood, completely dazed and confused. Truth be told, I was absolutely petrified in the moment that I awoke and immediately thought that I had seriously injured myself. I had passed out, but only knocked my chin enough that it needed stitches. The experience was embarrassing, but the physicians and nurses told me that almost everyone at some point had done the same. I felt better, but have never had the same confidence around significant amounts of blood. I chose a preceptorship in the ER in order to prove to myself that I am in fact capable of handling situations like this, and now was the time to do just that.

I met my doctor, Dr. A, and changed into scrubs. He was welcoming to me and continued to warm up throughout the day. I followed him as he visited every patient. The ER was completely packed, as I am told it is every Sunday. Every room - a total of eleven - was full throughout the day. Contrary to what is often expressed on TV, ERs in quieter areas such as Corvallis really aren't that chaotic. The doctors are busy, but there are not many life-threatening cases. In fact, I was shocked by the number of people that came into the ER complaining of the flu, an earache, or a urinary tract infection. These cases were simply handed a prescription or, sometimes, nothing at all.

I was impressed by Dr. A's interactions with patients. Although he is somewhat silly with the staff, when he works with patients you can obviously see that he cares. It's not that he

becomes attached to each patient, but that he listens to them and does his best to comfort them by lightening the mood. I could tell that patients were put to ease by him, which is very important in such a potentially scary situation. I felt that he did a good job at balancing a large volume of patients while keeping his stress level low.

By the end of my day, I was used to this routine of non-critical patients. With an instant everything changed, however, as paramedics called in a trauma code. This trauma code was announced over the hospital intercom and before I knew it the ER was completely inundated with staff members, each ready to perform a different task in patient care. It turns out that there were two patients coming in, both of which had been riding a motorcycle that collided head-on with a car. Upon arrival, it was clear that both the male and female were in tremendous amounts of pain and they were given pain medications immediately. The female had an obvious tib-fib fracture, while the male had a femur fracture as well as an open tib-fib fracture. The physician just coming onto shift ran the trauma. He called out directions to the staff and examined the patients head to toe in order to determine the extent of their injuries. In-room X-Rays were taken, the films of which were quite impressive. An orthopedic surgeon was called and once the patients were stabilized, he took over.

I found this experience to be absolutely exhilarating. I'm more of an adrenaline junkie than I ever thought! Hospitals and, more specifically, trauma cases have fascinated me ever since my days in middle school and high school when I volunteered at the Salem Hospital. It amazes me that so many people with such diverse training are able to work together in order to both save lives and improve the quality of that life. Although I know that hospitals are not perfect, I really find the whole thing to be a beautiful orchestration that I would love to be a part of. Trauma is even more incredible because there is so much to be done in such a short period of time in such a confined space. As a teenager, I first became exposed to trauma through the TLC show "Trauma: Life in the ER." I was completely addicted. Before long I had a general sense of trauma and would exclaim "intubate him!" or "he needs a chest tube!" as I watched.

All in all, today was wonderful and really reawakened my desire to become an emergency physician. None of the blood or injuries in the ER today even fazed me, and I very much felt at home there. I cannot wait to see what the rest of my preceptorship has in store for me.

After yesterday's experiences, I couldn't wait to get back to the ER. I met with Dr. A at the beginning of his shift and we began to go see patients. The ER was significantly quieter today, but still relatively full. A man arrived at the beginning of the shift complaining of extreme stomach cramps. When the X-Rays came up, there were no visible problems and Dr. A started to wonder if the poor man simply had some gas pains. The ultrasound showed inflammation of the pancreas, but it wasn't until the lab work came back that Dr. A found out just how severe the problem was. The man had amylase levels that were three times the highest that Dr. A had ever seen. This indicated a raging (and potentially life-threatening) case of pancreatitis, so the man was admitted to the hospital. Oddly enough, there was no obvious cause for the infection, which typically only affects alcoholics. Although it can be frustrating, these mysteries intrigue me even more and help to ensure that the career never gets boring.

Towards the end of the night the ER slowed down enough so that Dr. A and I could talk. He attended University of California at San Francisco, a very prestigious medical school. After graduating, he sampled various residencies before settling on emergency medicine. This is advantageous because he consequently has extra experience in certain fields, including gynecology. He was drawn to the profession for the same reasons that I am. Of course, you can help patients and earn a good salary as with other physicians, but in this case you get added excitement and more flexibility in scheduling. For the Corvallis ER, for example, the doctors are actually employed by a separate company. The physicians work together as a democratic group and are basically able to pick their shifts. Physicians that work at night receive higher wages as an incentive. No one has to take call ever because there is always a physician on duty. While the physicians often work additional hours before or after their shifts, once they leave the hospital they do not have to worry about coming back in unexpectedly or taking care of their patients long-term. I consider this to be a huge advantage of the specialty.

Today was very interesting in the ER. I showed up as expected, but Dr. A was not there. He had switched shifts and somehow neglected to tell me. It turns out that this was a blessing in disguise, however. Instead I followed around Dr. B., one of the newest physicians in town. Dr. B. really had me involved. We saw various patients and he would ask me "what could this person have?" or "which tests should we order?" Later, when examining films he had me point out important features and then try to deduce a diagnosis. Although I of course did not know

everything, I was definitely able to use my intuition in order to lead to some likely conditions. It's rather thrilling to think that someday I will be able to work on my own as a physician.

Each day in the ER I continue to learn more about how the hospital works. For one, the hospital has really excellent imaging tools. All images are uploaded onto computers so that physicians may access them from any computer and then may automatically alter the image or perform measurements. These images are available almost immediately after the images are taken. Plus, the physicians may also load the images in the rooms so that patients can easily see exactly what the physician is talking about. It is exciting to see technology advance and help in the medical field. The only real complaint from the ER doctors is the time it takes to dictate. After seeing each patient, the physicians must call and leave a message for a medical transcriptionist, providing all the pertinent information regarding the patient. This requires a significant amount of time. It isn't much of a problem when the ER is quiet, but during busy times the physicians often fall behind and must spend time dictating after their shift. Every once in a while one of the doctors will whine and say, "I'm so sick of listening to my own voice!" Be that as it may, it is certainly a necessary evil and really is only a minor drawback of the job.

I was back in the ER today after a bit of a break. It felt great to get back to medicine; it very much helps to reinforce the things that I learn in class and validates all of my hard work. Although this term has left me extremely busy and stretched for time, going to the ER makes it all seem worthwhile. I want nothing more than to become a physician like Dr. A or Dr. B.

This was the busiest day yet in the ER. All eleven rooms were full for the entirety of the day, with people in the halls and in the waiting room as well. When this happens everyone seems to get a bit cranky due to the waiting times. I was actually very glad to be here today. I felt like I was actually a huge help to the struggling nurses. For example, a woman came in with an obviously broken ankle. She was crying, in part due to the excruciating pain and in part due to the fear. Because the ER was so busy, the poor woman was somewhat neglected. I went to check on her regularly while Dr. A was dictating. Her pain medications were insufficient so I often had to ask Dr. A to go administer more. When she was told that her ankle was going to require surgery, the woman burst into tears and became quite panicked. I remembered my experience passing out in the ER and the fear I felt when I was unsure of my condition. It's a terrible feeling and I wanted to minimize it for her. I stayed with her for a few minutes to

console her and told her that the physicians would take very good care of her and that she just needed to relax. I kept her comfortable to the best of my ability until the orthopedic surgeon arrived. He decided that it would be better to cast the ankle and perform surgery in a week. Unfortunately, this required setting the bone. Although the woman was administered heavy amounts of drugs, she screamed for several minutes while the surgeon did his work. It was difficult to watch, but at the same time he was ensuring that the woman would retain the function of her ankle. I think that being able to inflict pain in order to ultimately improve quality of life is a difficult thing for a physician and something that certainly requires time to accept. At the end of the day, the woman thanked me profusely for my assistance and told me that she didn't know what she would have done without me. It felt great to be able to help someone in this way.

I also encountered my most disturbing case today. A three year old girl came in with a seriously broken humerus. This injury, however, was completely preventable. The child had been riding her *own* ATV and had rolled it. Upon hearing of the case, Dr. A's demeanor changed dramatically. He told me that he didn't know if he could be civil with the parents. It was only worse when he saw the X-Rays. The break was very severe and could have caused severe vascular or nerve damage. Upon entering the room, I noticed Dr. A try to gain his composure. He calmly said, "I know that you feel terrible, but kids don't belong on ATVs. Period. This is serious." The mother broke into tears. Although I'm sure that she did feel terrible and that she had no intentions of hurting her daughter, I don't understand how anyone could make such a bad decision. She risked the life of her daughter without any cause. As far as I'm concerned, this could have easily been considered child abuse or child neglect. Needless to say, the child was whisked away to the operating room so that the damage could be minimized.

This reminded me of another story that Dr. A had told me on another night. At a different emergency department, there were two patients that came in one night. One was an elderly female who had been sexually attacked and consequently died of her injuries. The other was the man who had assaulted her. Dr. A talked about the difficulty in treating the patient. Of course the patient was treated, but certainly did not receive the same quality of care that others would have received. For example, when performing an STI test they used the kit for a female instead of that for a male. This results in a great deal of pain for the male, which they considered to be some form of justice. Although I cannot imagine doing something like this myself, it did make me think of how difficult it is to treat patients that have harmed others. Ultimately, I think

that a physician just has to remember that it is not their job to pass judgment. Physicians must treat all patients regardless of their personal views.

Today was very bittersweet. On one hand I was very excited to return to the ER once again, but on the other hand I was very sad that this would be my last day. I have grown quite fond of Dr. A and the rest of the ER staff. I love the camaraderie that exists within hospitals. Everyone is working towards a common goal and understands the stresses that the others are experiencing. I enjoy that you can work with a different group of staff members for each shift, but that you still build relationships over time. This helps to ensure that things are never boring.

I was able to see one more serious injury. At the beginning of the shift, a sixteen year old came in that had fallen from a horse. She, like many other patients, was in tears and expressed a great deal of pain. When her X-Rays came back, it was obvious why. Her clavicle was broken - really shattered - into at least four major pieces. In order to better explain the injury, Dr. A showed the parents the image. The father was amazed but kept saying things like "wow, that's terrible" or "there must be severe tissue damage." It was too much for the mother. She became dizzy and complained that she felt sick. The mother showed obvious signs of shock and we had to sit her down in a chair and calm her down for a while. Although Dr. A was trying to help the parents, I think that this time he made a bad choice. The mother was already noticeably shaken and exposing her to an image that seemed to make the injury even worse was not wise. While doctors treat patients, they also need to keep in mind the feelings of the people who care for the patients. Remarkably, this young girl will actually recover quite easily I am told. She was referred to an orthopedic surgeon, but clavicles are almost never operated on, even in very severe fractures such as this one. The bones in this case are very good at reforming without any assistance.

Each day I have fallen more and more in love with this career. I love the variety of patients that one gets to see - young and old, rich and poor, vibrant and diminishing. I believe that emergency medicine is one of the most challenging fields because the physicians must act so quickly and be knowledgeable in so many areas. Nonetheless, it is this very challenge that draws me to medicine. No matter what I do, I know that I will be a life-long learner that always seeks to expand my knowledge base. Medicine provides a perfect opportunity to do so, while I still get

to interact with a wide variety of people. I could never handle an office or lab job where I felt isolated or where I was forced to sit for long hours. I much prefer to be active and engaged.

Saying good-bye to Dr. A today was actually difficult. He is such a kind man and I feel like I was able to learn a tremendous amount of knowledge from him. I am glad that he had so many years of experience to instill upon me. At the end, it felt excellent when he told me that he thought that I would excel in medicine. My time in the ER is done for now, but I very much look forward to returning in a few years during my medical school clerkships. Amazing!



Thank you so much for your help over the course of the term. I thoroughly enjoyed my preceptorship and was able to get a lot out of the experience. I am so glad that we have wonderful people such as you helping us in the College of Science.