

I have a few vague ideas about what I would someday like to make my specialty in medicine, but I came in with an open mind when signing up for the preceptorship program. When I was assigned to an emergency doctor, I didn't really know what to expect but was excited to experience a facet of medicine that I was not very familiar with. My father is a physician, a general practitioner, with a private practice. As a child I would go on hospital "rounds" during the weekend with him, but I never went to into the emergency ward of the hospital. Sadly, much of what was associated in my mind with the "emergency room" before my experience shadowing Dr. Z was the drama and never-ending excitement with which ERs are portrayed on TV medical dramas. Knowing this was Corvallis and not a big city (as well as real life and not Grey's Anatomy), I was prepared for something a little more relaxed than the aforementioned portrayal I had thus far seen. As of today, I have shadowed Dr. Z three times, and have observed different cases as well as learned from each.

The first day I came in on a Monday evening. Dr. Z gave me a brief tour of the emergency unit and some "instructions" on how to shadow him so I began to follow him around like annoying younger sibling—in a white lab coat. For a while I did feel like that annoying sibling and was a little self-conscious for a while, but I began to learn when the appropriate times to talk and ask questions were and when I should just move to the background. In the hospital there is only one emergency doctor staffed at any given time, but there are also a plethora of nurses, EMTs, patients, and other medical employees that can cause the emergency unit to become full rapidly. During these times, out of the way is the best place for me to be.

Even that first night, one thing that was impressed on me was the variety of cases that came in and left the emergency unit. There were no severe, life-threatening cases, no gory car accident victims. In fact, the most blood I saw was from a patient who had cut his finger deeply

at work and needed a few stitches. However, after the doctor left each room, I almost invariably had some question, so I learned a lot even from the mostly simple cases that I observed. Doctor Z was very good at explaining to me the answers to my questions, but sometimes I felt as if it's best for me not to ask them and just observe, when the unit was especially busy. I very much admire Dr. Z's way of handling all the situations that arose. He was efficient but personable and seemed to make the patients at ease.

The third day of my observations was the most interesting by far. There were a few especially interesting cases. One was a patient that, after getting fitted for contacts, was sent to the ER for an inflamed optic nerve. At first Dr. Z thought it to be a condition that was caused by a brain tumor, but after numerous lab tests, discovered it to be a much milder condition that was very treatable. This case really just reaffirms my deep appreciation for science. Not long ago, when these lab tests weren't possible, the doctor would not have been able to properly diagnose the patient's condition. Today it is possible, and the rapid treatment will allow the condition not to develop into one that is more serious. I also observed a patient with a narcotics dependency and sever migraines. I appreciated the difficult situation that Dr. Z, as well as doctor's everywhere, was put in when he wanted to give something to lesson the patient's pain, but did not to support the drug dependency.

At this point, I'm very happy with how my observations are going. Because I am not observing and "specialist" I am able to see a very large variety of patients and disorders and well as learn more about different hospital environments.

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I think it is safe to say that those who become (or want to become) doctors demand excellence of themselves. They are reputed as perfectionists, uptight, anal, and controlling. I'm

the first to admit that I am a perfectionist and I can, at times, become uptight when things don't go as planned. In the ER, however, and really in any medical career (it just seems to be magnified in the ER), the doctor must find balance between perfection and disaster. The ER doctor can do little to control most situations, and this is something I'm realizing more and more about the "real world" of medicine. For example, today I came and sat around for about 45 minutes while the entire ER was completely empty. Other than making a few phone calls, Dr. Z had nothing to do. All of a sudden, or so it seemed, eight rooms were occupied with patients. With this sudden change of situation, Dr. Z's demeanor also changed. Although he was still friendly and courteous he became far less relaxed as he efficiently worked through the patients. However, he did not become "uptight," as so many would, but merely more focused. This is a skill, that I'm sure has taken him many years to develop and perfect, is one that is vital as a physician (especially one who works in the ER), but is rarely observed by those not in the medical field. Instead of controlling perfectionists as they are stereotyped, doctors must be very flexible and, although always demanding excellence of themselves, be able to accept that which is less than perfect.

The most shocking thing I have as of yet observed during this preceptorship has not been anything gory or revolting. It has not involved blood or people dying. It happened one evening when I came in to observe. The second or third patient that Dr. Z and I visited was a woman complaining of weakness and dizziness. When looking at her on the hospital bed in the nondescript hospital gown she looked very heavy, but it was not until Dr. Z lifted up her gown to examine her stomach that her immense obesity was revealed. She was in need of a blood transfusion because of a low red blood cell count. Seeing this woman alone would not have been shocking had not the very next patient we visited been a 28-year-old 66-pound woman. Again,

upon a cursory glance, I assumed she was a skinny pubescent girl. After learning of her age and seeing her walk, however, the true extent of her anorexia was revealed to me. Her jutting spine and hollowed knees were a little too akin to picture I've seen of Holocaust victims right after being released from concentration camps. Her diagnosis was dangerously low potassium levels, and she was to be transferred to a different area of the hospital to be attached to an IV feeding her potassium.

Seeing these two polar opposite cases made me realize how much variety there is in the diverse array of patients that one sees as a physician. This confirms what one of the greatest draws to medicine is for me. I had aspirations of becoming a dentist for a very long time before I switched to pre-med. When I shadowed the dentist, it seemed she did a few routine procedures again and again all day. To me, this was stifling--almost suffocating. I am excited for the challenge of having to deal with all sorts of patients in myriad of situations.

Also, try as I might to keep a straight face and try to appear stoically observant, I fear I could not help but to convey some sort of emotion on my face. I felt, for both women, pure compassion. Both were in such desperately helpless situations and, although for very different reasons, in danger of death. My sense of compassion does benefit me as a physician and I know that this aspect of my personality is the ultimate reason for my wanting to pursue medicine. However, I will have to learn to "hide it" at times. A physician is a professional, and the patient must be able to trust him or her as just that and not just as a shoulder to cry on or someone to feel sorry for them. Of course, I can not be uncaring and austere either. The trick will be to find the perfect balance between compassion and professionalism.

Dr. Z, I have observed, is a very good filterer of information. Nearly every patient that he visits has someone accompanying them: usually a spouse, girlfriend/boyfriend, mother/father, or

caregiver. When Dr. Z asks basic questions such as medical care, pain, and surgical histories and drug allergies, it is not uncommon for him to get differing answers from the patient and the other person in the room. He must also compare these answers with the official medical records, and come up with a solution for the problem using those answers which he deems to be correct. As sometimes I am too trusting of a person, deciphering which information is correct and which is not will be a challenge for me.

I have a few more weeks left to observe Dr. Z in the ER, and I hope to keep gaining as much insight and knowledge as I have been these past seven weeks.

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During the school year, I work at the Business Office in the Memorial Union on campus. Though of course we learn how to do the various tasks we are expected to perform, the biggest part of my job is not something one can read in a manual and learn. It is how to keep the customers happy—customer service. I've come to realize that really, being a physician is much like any customer service job. My menial office tasks do pale a bit in comparison to medical school, I must admit. However, no one wants to go see the “mean” doctor, even though he may be quite capable and intelligent. Patients would much rather see the pleasant and kind doctor with whom they are more likely to put their trust. This is, I think, one of the reasons that it is difficult to be a “good” doctor. Not only must one have the intellectual capabilities of learning all that is entailed to cure the patient's ailments, but also he or she must have the social abilities that make the patient less apprehensive about visiting the doctor, effectively gaining the patient's trust. The important issue of balance between these aspects arises yet again; balance is vitally important in almost every facet of medicine.

In Dr. Z, I have observed what would earn a “gold star” for customer service several

times. Whether is be a simple conversation about something going on in a patient's life or a few extra phone calls to make the patient's life a little easier, I admire, and hope to follow his example, of "customer service."

My choice of specialty still remains undecided at the end of this preceptorship. I know that I will need to observe and learn more intimately many more specialties before I eventually choose one, but emergency medicine is definitely not off the list. Though this preceptorship has not confirmed my choice of specialty, it has validated my desire to go to medical school and someday become a doctor working in some way with patients.

There has always been something that has inexplicably drawn me towards working in the healthcare field. I feel that after this preceptorship I am better able to put into words the reason why. Medicine deals with the incredibly and beautifully complex species that are human beings. These humans that visit doctors are broken, and the role of the doctor is to fix them. However, it's not the idea of fixing just anything that attracts me. It's that of fixing humans. The idea that I WILL someday be able to fix something that is so complicated and that I WILL make a difference in these people's lives is, I know, the only thing I would be truly happy doing. It will be a long journey to get to this point, and I know that it will be arduous and push me to extreme limits, but I embrace all that is to come.

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Preceptorship Evaluation:

I'm really glad I got a chance to do this preceptorship. I did not shadow a doctor from the specialty of my choice, but, in the end, I think I learned just as much as I would have with any other specialty. I will have plenty of time in the future to decide details, but I think now it's good for every student to just get a broad overview of medicine. In fact, if a student "decides" a

specialty too early on, without having a chance to see others, than this is actually hindering him or her. The only problem I had, and this is definitely not something that anyone could change, was my doctor's schedule. It was at times hard to find times to come in when he was working and I was available. However, I usually did manage to find enough time, it just meant careful planning. Also, I think the journals were a great way to get me thinking critically about everything that I just observed and enhanced my observational skills, as I was not just doing passive observation.