

MEDICAL MUSE

*A literary journal devoted to the inquiries, experiences, and meditations of the
University of New Mexico Health Sciences Center community*



SPECIAL EDITION

Writing from the Practical Immersion Experience Narrative Strand, Second Year Medical Students

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MEDICAL MUSE

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We are pleased to bring you this special edition of the Medical Muse, which is devoted to the writings of second-year medical students who participated in a narrative writing project as part of their Practical Immersion Experience (PIE).

During the summer between their first and second years of medical school, all UNM SOM students disperse for eight weeks to rural and underserved parts of New Mexico to live in those communities and to work with community-based primary care providers. This is their first exposure to sustained clinical practice. Beginning in 2005, students have had the option to sign up for a special Narrative Strand of PIE, in which they write once per week about their field experiences, and e-mail their reflections to a mentor on campus who responds to their work.

In the summer of 2008, fifty students participated in the Narrative Strand. This special edition of the Muse is devoted to their writings. Some of the works are poignant, some are funny. Collectively, they bring us into the minds and hearts of the beginning practitioner: moments of awe, crisis, humor, disillusion, and initiation.

- The Editorial Board

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Cover photograph by John A. Gallegos



André Reyes

Last Week

by Mateo Alaniz

Well this was our last week of PIE, and it wasn't too busy in the clinic. I saw a few patients which were mostly follow-ups for hypertension and diabetes. I'm excited and a little sad about PIE ending. I'm not looking forward to listening to lectures all morning but, my, it will be nice to get back in the mix of things with school. I actually am starting to get tired of just sitting around, ummm maybe not but I guess it will be nice to get in there and get year two out of the way. In all honestly PIE helped out in the sense of reminding myself what I am truly working towards and that soon sitting in the classroom will be no more. I'm also sad to leave Las Cruces. I lived here for seven years after high school so I have a lot of friends and had a lot of good times in this place. Who knows, maybe one day I will come back to practice here. If not, I will always have the memories. □

Six Degrees of Separation

by Beeling Armijo

JD is a young Native American female, age 32, with three children she must support on one disability check totaling \$600.00. She is constantly under the stress of not having enough money to feed and clothe her children. I try my best to offer her comfort and ask if she has any support from any other friends or family. I felt a little relief when she said her mother has been a big supporter for her. Unfortunately, her mother has only been in her life for approximately five years because she felt alienated from J.D. The mother's feeling of alienation rooted from her separation from J.D.'s biological father and J.D.'s preference to be with him. After J.D.'s father died of cirrhosis due to alcoholism, she was able to form a healthy and supportive relationship with her mother.

Later that evening when I returned home, I thought a lot about J.D. and the other patients with similar stories. Each patient that came into clinic, came in with what appeared to be a simple problem: Blood pressure check, diabetes check, diarrhea, etc.; however, not one of those patients did not have another social and emotional issue that was also affecting their lives and their health that needed to be addressed.

Looking back on the last year of my medical education, I felt that I was prepared to handle the emotional and social aspect of my new patients. However, I feel that there is still so much to learn from the patients directly. I find myself learning medicine more concretely and practically as I see it translated onto the lives of real people. The profound affect that the patient's stories have had on me has been a strong motivation to work harder. □



John A. Gallegos

eulogy

7 minutes
is the eulogy timed
read carefully & swiftly
I would move words into small storms
try to contain them
in my brown hands
as I tried to find my path
in the glow of the church's steps
this story
is all hers
and a part of mine
now

It begins with a crack in a moment of time
a lightning bolt sound
of love, laughter,
the light that surrounds each life
Birth, breathing, the heartache
that surrounds our departure,
our death

her fight was witnessed by 112 indians
all spoke original words through her final night
Iina' (life), shi awee' (my child)
and with a shaking trees sound song
the medicine man
thought the image of cancer
called it by name
held it by its bony breath
the dark force that does not stop growing
growing
growing
then stops
the roots of Shan's tree
nurtured orchards
grew deep and wide
until the circle of life touched all
who touched her

they recall a night's emergence & retreat
the hours are filled with stories
then laughter & profound sorrow
the paradox of a family suffering

in the waiting room
my brother dreamed of a locust
its scaly back wore brown and blue
this locust brought a story of acceptance
and grace

her black raven hair is wet
sweat and tears tumble onto white sheets
held tight by a mother and father
their sights of their daughter is abnormal
hands & legs swell
as an ocean of diabetes and cancer
ebbed and cooled in the morning dawn light
they rejected the meaning of scientific words until
they couldn't anymore

neither furosemide nor surgery could
contain the storm
now turned into thunder and heat
waves inside the heart
of this lovely woman
I call her sister and she smiles a smile so wide
she travels across cornfields,
past red sandstone and sagebrush arroyos
to peacefully rest atop a hill overlooking
the homeland
we call Blackrock

7 minutes
I try to speak the words
weave her story in and out of my relative's lives
create a beautiful rug pattern
made of water, wind, earth
and the zigzag of naastiliid (lightning)
a sacred design

she carries this design on her back
for protection & prayer
because one must endure,
endure
so many hardships

her eulogy
7 minutes can last
an eternity

my mind wanders and then is calm,
I've found my path now
it's worn but there
the sun is shining down
bringing its song and a hundred brilliant colors
a rainbow delivers a pink-throated hummingbird
to us
its heart beats faster than its wings
an epiphany awakes
the spirit of finally being free.

- Missy Begay



Caballo

by Jessica Bryant

The first sign was the white patches littering the mid-August highway. The intensity of the storm was not evident from the town, it never is. As we drove further along the highway and closer to the canyon, the storm's only trace was piles of hail quickly evaporating, creating a labyrinth of fog.

We ignored the sign and turned off the highway onto a dirt road marked with a stop sign as B47.

"I've never seen this area so wet in the eight years I've been here." I looked out the window to see what Caballo was referring to and I saw scattered puddles of water suggestive of a recent, but light rainfall. Ignoring the second sign, we continued on our late afternoon journey.

The first arroyo appeared harmless with a foot of water flowing across the road. The truck effortlessly crossed the arroyo.

The second arroyo seemed deeper, wider and the waters were not as calm as before. Midway the water splashed onto the hood as there was a dip in the arroyo. The truck jolted, smashed against what I imagined to be the jagged edge of a boulder, and started to smoke from the engine. Fortunately, we made it to the other side with the smoke clearing up.

"Are you sure this is a good idea? We can always run in the canyon another day," I stammered as we approached the third arroyo that seem more violent than the previous two.

"You only live once." These last famous words always find a way to make the wheels turn. After missing so many signs, this would have been the appropriate time

to step in and say, "Yes, you do only live once, but fortunately, I like this life, and I want to keep living it. I think we should stop. If you want to keep going, go, but open the door and let me out."

As soon as the truck contacted the water, I immediately knew that trouble was on the horizon, or at least by the end of the arroyo. The water was deeper than anticipated and as the truck advanced across the water we sank deeper into the muddy trap. As water slapped up the hood of the truck, I held my breath waiting for the truck to finally begin an ascent to the dry, solid earth.

The truck produced a series of gurgles immediately before the dreaded moment arrived; the engine shut down. I watched the muddy water rush across the hood of the car, leaving brown streaks against the white paint. I felt the truck lose its ground, lifted by the powerful water, and I felt us float. I froze. My trance was interrupted when the truck violently hit a solid object, a lifesaving anchor perhaps. To my right the window gave a realistic view into the tumultuous waters that were greedily slapping up against the car, ready to push it over into an unending series of tumbles, devouring everything inside the vehicle. At my feet the water already began to trickle in, slowly filling the cabin.

"Roll down my window, roll down my window, roll down my window," I stammered as I clumsily fumbled with the power window switch.

To my left, Caballo sitting calmly with both hands gripping the wheel as he stared out the window. Later, he would tell me that at that moment he had been assessing the situation and hesitated to roll down the window just to

assure the water would not rush into the car, creating an even more hazardous situation.

Somewhere between Caballo's composure and my adrenaline rush, I had tucked my feet under my knees to prevent my shoes from submerging in the brown liquid slowly soaking the floor of the truck.

I thought, *Why did I agree to go on a run today? What was I thinking?* I did need a workout, but I could have stayed home to work on my Learning Issues. This is how this is going to end, in the arroyo following a 'light rainfall.' How tragic. I should have watched for the signs. The surge of water against my door again interrupted my trance. Caballo looked at me in the face, smiled, and my window opened to let a rush of fresh air containing the scent of raw earth accompanied by rain drops.

As soon as my head could fit through the crack of the window, I threw myself out of the cabin of the truck and onto the hood of the engine. I sat there crouched on the vehicle with my muscles engaged ready for the "fight or flight" response to detonate.

After a few deep breaths, I peered through the windshield to see Caballo patiently gathering the things he would need: phone, phone charger, a check for \$100, the backpack with water, car keys, and insurance papers. He took a look around the car to double check that the things he was leaving behind would not be something to regret, for instance a first aid kit. He deliberately closed my escape route with the power window switch, turned off the headlights, and reassessed the situation. I thought any longer and he would surely miss his opportunity to get out of the drowning truck.

In one swift motion, he threw on the backpack and swung his door open allowing a surge of water to fill the cabin of the truck up to the dashboard. He gracefully stepped down from the truck into the water, walked towards the hood of the truck, and told me to get on his back to cross the arroyo. At this point, my body was shaking from the adrenaline rush and the possibility that Caballo could have drowned. Amazed at his logical approach under intense pressure, I realized that his composure allowed me to feel more confident in his decision to cross the arroyo in face of my own fear of the situation. So, I decided to do as Caballo and take a more logical and less frantic approach to the situation. I glanced at the water level, realized that it had not risen since the moment we arrived in the river. I knew we would be running back and to avoid more pain, I took off my socks and shoes, tied the laces together and slung them around my neck. Next, I put the backpack on my shoulders, hopped on Caballo's back, and before I knew it, my feet felt the sting from the cold water.

Once my feet landed on solid ground, the environment became a less fearful place. The water seemed harmless, nothing more than a stream cutting through the desert with a white car parked in the center of the arroyo. The only evidence that I had been scared was the trembling of my hand and the urge to run far away as fast as possible. As soon as we realized we would have to run to the main highway in order to call for a ride, we began our run. We ran alongside the railroad until we passed the three arroyos where we crossed to the dirt road and continued along fields of sunflowers. The beautiful jog turned into an unexpected six mile run alleviated by the adrenaline pumping through my system. In the end, we made it to the road, called a friend, and arrived to the house without a single scratch.

The moral of the story is not, as much as I want it to be, if you want a great workout that feels like a walk in the park, get your adrenaline pumping with a life-threatening experience. This could be true, but not advisable. Instead, I admire my friend's composure under the circumstances. Although he made a mistake - I am not dismissing myself from any responsibility, in fact, I blame myself for not intervening sooner - he logically assessed the situation before taking any action. In any serious situation with potential immediate danger, he would be the person I would want around. He would not make rash decisions that would soon be regretted as a situation would further deteriorate. He would take a step back, look at the situation from the solid ground alongside the arroyo, and decide the next move after assessing the possible outcomes. So Caballo, I hope you are around when I have another such situation, or I would at least pick you as a teammate for the Amazing Race! □



André Reyes

About Joe

by Clare Buckingham

This is the thing about Joe - short, sober-faced and sweet smelling with hair dried in sweat-formed ringlets around his face - he's terrified. To him, I'm the nurse who he thinks has a pretty name.

We're in the doctor's office exam room, sitting just a foot or two apart, him in a stuffed chair and me on the doctor's rolling stool.

He explains to me that he can't take the sweats - they come and go - anymore. What he really wants today are some pills that will dry him up.

The sweats are why he has stopped calling his friends; it's embarrassing to get drenched all of a sudden, with no warning, and have no answer when people ask what is wrong with him.

He thinks that maybe the sweats are why his family members are not answering or returning his calls.

When he's at home, he tells me, he sits like he is now in front of me just waiting for the sweats to come because he knows that they are chasing him and that he has no control anymore.

He is shaking too. I don't notice until he points it out and tells me: This is the other business that has gone all wrong with him and maybe even what is making every cell in his body pour - He has Parkinson's.

When I ask him how long he has had Parkinson's he answers, "Since Thursday."

It's Monday afternoon and it's warm outside. It was a hot weekend too, the sun parching everything except for Joe maybe. I ask Joe to tell me about the three days that have passed since he's had Parkinson's.

He tells me that there is always the shaking but also in fits his tremors will overtake him, his heart will race, he'll see everything go to bits and then the sweating will start and he'll sweat until he is dripping and he feels like he is disintegrating into a million pieces or maybe melting into a puddle.

This is how he spent the weekend, shaking and sitting and waiting. He tells me that ever since he got Parkinson's he hasn't been able to do anything else.

I want to ask Joe to tell me the whole story; the part before his hair turned gray and thin, before he lost his teeth, before when his clothes still fit him, before the chair where he waits; the silence, the heat and the perspiration that gathers on his forehead before it turns into a waterfall that he knows will eventually drown him. Instead, I ask Joe what

it is he feels afraid of when he is sitting and cannot move and is just watching the day go by.

He looks at the ground and gives his shoulders a resigned shrug as he tells me, "I'm dying."

Joe looks much the same just now as he has the whole visit; his eyes downcast, his mouth down-turned at the corners, his shoulders sagging downward and his hands clasped around an almost full bottle of sinemet.

There is a moment of silence.

With a disclaimer that death can be unpredictable I explain that having Parkinson's does not have to mean that you are dying.

Joe does not respond. He keeps his eyes on the ground and I hesitate a moment before I continue on. Maybe Joe is considering this revision of his destiny and I consider that of course death is still something to be faced. There isn't much time left of the fifteen minutes I had to take down Joe's chief complaint and the history of his present illness. To finish up I tell him that I think God is good to talk to about things like all of this and Joe says, "I do too."

When I stand to leave, Joe asks me to say my name for him again so he can remember. He repeats it a few times without looking at me.

I step outside to get the doctor. On his way into the room, I ask him if he could say some words about Parkinson's and dying to Joe before sending home to just keep on waiting.

When we are all in the room together, I stand against the wall and listen to Joe and the doctor chat. Joe mostly looks at the ground and listens or answers the doctor's questions with yes or no. Before the topic of death is broached, Joe glances in my direction briefly and then turns to the doctor to say, "Your nurse says I can live with this?" And he almost smiles. □



André Reyes

Faceless Vegetables

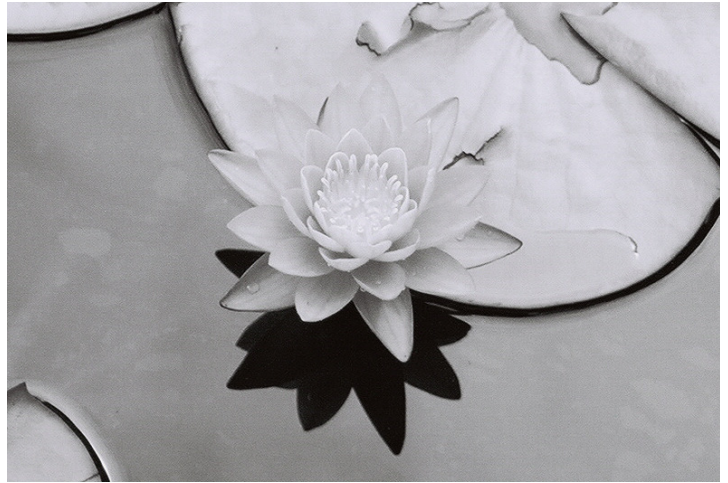
by Laura Burkhart

My third week into PIE...it is going okay. There are different faces but the same problems. I am becoming more comfortable examining children and practicing efficient interviewing. I think to myself about what motivates Dr. H. to get up everyday. Does he love his job that much? Is it the kids that he sees that give him energy? I will have to remember to ask him that. I saw a girl with a possible UTI and yeast infection. I asked her questions that she seemed embarrassed to answer. Then it came time for the physical exam and Dr. H. came in with me to perform it.

I don't know why that incident sticks out in my head. Maybe after a slough of well child exams and ear aches it was nice to have something else to focus on. She was a sweet kid though. I was noticing how much babies look alike. I mean I really can't tell the difference. They are cute but it's like they all have this generic face mold when they are born. Maybe someone who works with babies all day can see the slight variances but to me they might as well be a head of cabbage. A cabbage that screams. And poops. And throws up. And wants you to hold it all the time. But as they seem to keep telling me, when its your own...

Like today we did rounds at Memorial Medical Center and there was a newborn that Dr. H. went to see. The grandparents were in there while the mom was showering and they looked so happy. Dr. H. did a physical exam and they were taking pictures of him with the baby. Call me corny but I thought that was one of the coolest things. When that child grows up she's going to see the pictures with her first doctor. That is a neat legacy to give. And head of cabbage or not, those grandparents were beside themselves. I wonder if the next grandchild will get as much attention.

I was born third so I don't know if that warrants a big party in the hospital room. Contrast that to a mother today who didn't even know she was pregnant until she went into labor and delivered in the emergency room. I have no idea how I feel about that. The resident I was working with today said she used to get angry about parents who weren't responsible but she has learned not to let it get to her. I guess I haven't been in that situation so I don't know. The mom didn't seem too attached to the baby when we went into the room. Maybe all she saw was a head of cabbage too. □



André Reyes

Everyday Epiphanies

by Attefa Chaudhury

Reflecting back on this entire experience, I can only wish I had more time to spend with patients, more time to experience the daily existence of a physician, and more time to learn by doing rather than listening. Who would have thought that when I started this journey, I would be craving more? I went into it a little apprehensive, but came out of it wishing that it would never end. I guess I would much rather spend time working with people on a one-on-one basis rather than deal with the didactic learning that would once again haunt me in a mere week in GI.

I was fortunate to have spent time at a practice that allowed me to see twelve to fifteen patients in a half day. I got to meet so many incredible people with fascinating stories. I remember the young man I'll call Jake, who was one of the newer patients to the clinic. He did not believe the nurse, when she called to tell him he had genital herpes. Jake wanted to see a physician and hear it straight from the horse's mouth. So you think, oh this is going to be just another simple visit going over lab tests and starting the patient on prophylactic treatment. WRONG. It turns out it wasn't as simple of a visit as you may think. That is the beauty of medicine. You must also be prepared for the unexpected.

As my preceptor gets ready to leave, Jake asks, "Can I get a prescription for medical marijuana?" Calmly and without hesitation, my preceptor asks, "What for?" to which Jake replies, "Well, err for herpes pain!" My preceptor, Dr. C, without breaking into a fit of laughter (God only knows, how he managed that), proceeds to ask him, "What made you think you needed medical marijuana for that?" Jake says, "Where I used to live, my friend got medical marijuana for knee pain." Dr. C knowingly asks, "And where was this?" Jake answers, "California." I guess Jake was

trying to explain that in California, a joint is the end all and be all cure for pain. As Dr. C proceeds to exit the room to let Jake leave, he says, "Sadly, Jake you are not in California anymore."

While there is humor in medicine, there is also incredible sadness. There was the Thursday a man came to the clinic and left a cute baby there saying he couldn't handle it anymore and decided to just take off, leaving no further information. There was the Tuesday where we had to call the police to stop a woman with severe dementia, whose mentally challenged son could not prevent her getting behind the wheel, or the Friday you could not help but feel frustrated after your hypochondriac patient who calls your nursing staff on a daily basis and makes weekly appointments, comes in yet again with more of the same.

Each and every day I spent at the clinic was intriguing and every day was different from the day before it. Whether it was a day that made me laugh, like the day Jake strolled in, or the others that made me wonder if medicine was as great as it is often billed to be, I came away from this experience with a new found sense of commitment to the field that I have always known from a young age was in my future. I not only learned a vast amount about my patients, but also I discovered an inner truth. I realized that despite the challenges I have faced this past year, I do indeed still have a passion for medicine. This feeling of satisfaction and contentment that can only come from assisting another is what I will use to carry myself through the next three years, where, hopefully, at the end of the journey, I will finally at long last have at my disposal what it takes to be a physician. □



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Motorcycle Mania

by Jerome Cordova

I was sitting in the ER nurses station reviewing some notes from the patient in room 5. I was chatting with the nurses when suddenly a man came knocking on the ER ambulance entrance. The man had a panic type look on his face. He was yelling that his friend needed help. A couple nurses and I grabbed a wheelchair as we followed the man to a lifted dodge ram truck. The truck was parked right outside of the ER entrance with the hazard lights on. We were led to the passenger side of the vehicle where a man in full dirt biking gear was hunched over. The man was sweating more than a faucet at the time. His friends immediately started telling us, “It’s bad, It’s very bad.” So as I looked at the man’s legs and could tell that his left leg was completely broken and mangled in a hideous way. We had a hard time getting him out of the truck since he had a very difficult time making even the slightest movements. In the end, we decided to lift him out of the truck and place him on the wheelchair. He was a very thin man, so it was a lot easier than it sounds.

As we were walking into the ER, I was trying to get an accurate history from him as to what happened and how he broke his leg. I asked about his current incident and how it occurred. I then continued to ask about past medical history, medicines, allergies, and everything that we needed to know before we started treating him. We got him into Trauma room B and we took off his racing gear. As we uncovered his leg, everyone in the room had a look of agony

in their faces. It looked completely bent in ways that a leg should not be bent. We immediately ordered an X-ray, got some blood for labs, and got him some pain medications. Before looking at the X-ray, it did not take a genius to know that his femur was completely broken. It was “jacked up” as the patient’s friend stated inside the trauma room. The question that we were all wondering was how bad?

The patient was riding his dirt bike as he crashed into an arroyo and broke his left femur completely on the handlebars. The X-ray was very interesting to look at! The bone was shattered and the broken remaining portions of the femur were parallel alongside of each other making his leg shorter than its original size. We immediately called the Ortho docs and had them come take a look at the leg. After Dr R. took a look, we splinted his leg with a device that allowed us to stretch his leg back into an appropriate position.

Once that was done, we monitored him until he was taken up to surgery. Once the patient was in a stable position, I was interested in reading about fat emboli and what to look for in long bone fractures such as this one. Luckily our patient did not have any before his surgery later that night, but it was interesting to look into. That day was an awesome day at the ER. We also had plenty of other interesting cases that day, but I think this one was one of the most memorable. All in all, I got to intubate, correct dislocated shoulders, suture, and tons more that week. □

Sweat

by LeRoy Danielson

I showed up early, half-thinking that I was prepared. The process had been explained to me by several people, and I gulped water as I stood barefoot and shirtless in the grass, waiting to be called with my towel. After all, I'm Finnish. I know that it is pronounced "souw, naa", not "saw-na" as health club jockeys erroneously refer to it. I remember rolling in the snow on January sub-zero Minnesota nights, after outlasting my cousins in a sauna that required a wet cloth over your mouth to breathe through.

This was different. First of all, we wore shorts (the elders actually had pants on!). This was a spiritual affair—not a bath-house. I followed a man, who must have been in his 70's, on his knees as he crawled through the door of the 4-foot hut and sat us around a central 10-inch dirt depression to be seated on rugs all around. I think there were 11 of us knee-to-knee.

Large igneous rocks had been heating in a roaring fire since the afternoon. The last man outside used a pitchfork to transfer 6 large rocks—glowing red—into the central depression at our feet. He crawled in behind them to be seated next to a bucket of water, and the blankets fell over our only source of fresh air.

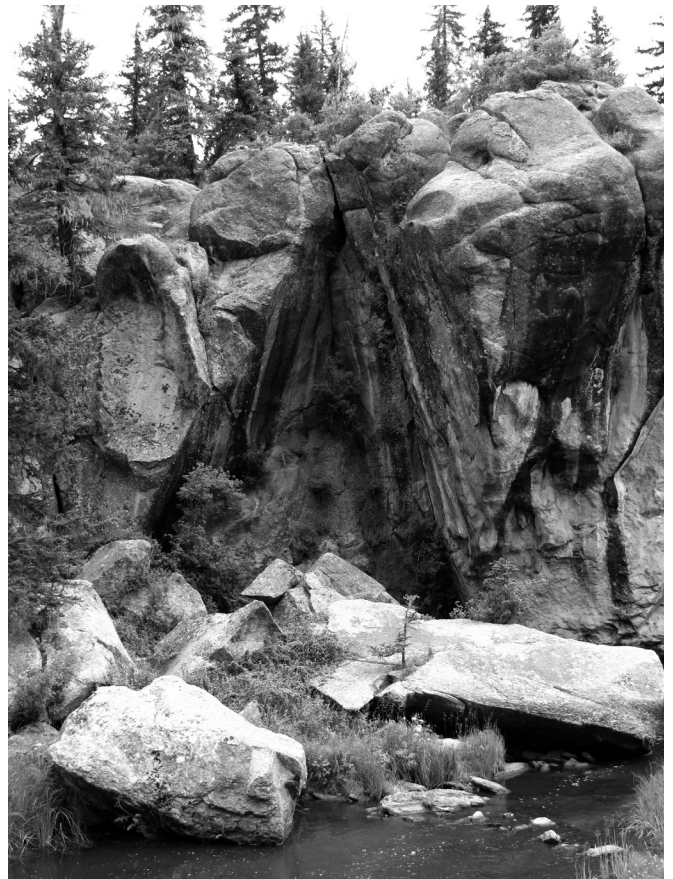
The first splash of water extinguished the last glow from the rocks, and there we were, alone, next to each other. Black. Pitch. Dark. The elder began by explaining that this was the first of four sessions tonight: he challenged us all to "survive" them all. A grandfather sat next to me, accompanied by his 12-year old grandson. It was the boy's first sweat as well. The drum and shaker started, and the first singer started off in Navajo. More steam, more heat. Voices rose and fell from the darkness, and I held to the steady rhythm as if it were ground under my feet.

My pores opened and my mouth creased into a private smile. I was instructed to think of myself and my needs in this first of four. I could think of nothing I needed more than to be there at that moment, overwhelmed with music, and heat, and steam. Yes, this was truly a new version of hot.

After the first session, we exited the small domed structure into the light and air. I got goose-bumps: 100-degree Shiprock weather had never felt so cool. My entire body seemed to breathe deep from the air, and we headed back in. More rocks, more steam. I passed the drum and the shaker as all Navajos present took turns leading a song or three.

Each session added more red rocks, but seemed to shorten in time. I noticed difficulty in catching air, and felt my heart race; I sensed each singer nudging the tempo as our bodies were pushed with temperature. We thought of our loved ones and our community. People shared prayers, and I thanked the group for welcoming me into the sweat.

In the fourth and final session, with a great pile of new rocks, my pores literally poured. Sweat streamed down my back, down my arms, over my closed eyes. This was extreme release. I put my head between my knees in an effort to find cooler air. The breath from my nostrils felt like fire on my skin, and I let go of my thoughts. I felt heat, I felt song, and my body, giving in. I think I'll go back next week. □



John A. Gallegos

A little girl and her koala

by Alex Davis

Cute little girl. Shy. Won't let go of her mother's sleeve. "It's okay," the mother assures the child. I try to get close enough to listen to her heart and lungs. I show her the stethoscope. I make funny faces and talk with her. She's going to Australia. Moving for a few years, and loves koalas and giraffes. Pretty soon she has no problem going to the exam table. I check her eyes and ears. She's smiling. Playfully, I tickle the back of her ears after checking them, saying "I've found a bug in them." At the end of my exam the doctor comes in and checks the child as well, as she has to fill out a physical form before she leaves the country. Now she knows she's due for shots. She looks at me sad, but I make a face for her and tell her that I'll keep her company as she gets them. We draw as the nurse prepares the shots.

She's too amused by the drawing of giraffe I make. Shot number 1 is down. She yelps, but helps me draw the hippo. Shot 2 and it's done. We talk while the "grown ups" finish talking about the other things they need filled out on paper for the big move.

Smiling, she gives me a hug and asks me to hug her stuffed koala bear as well.

And with that, the girl leaves, a smiling, giddy and cheerful child.

Another good day. □



Laura J. Hall



John A. Gallegos

About Feet

by Tiffany DiGiacomo

There are some gnarly feet in this town. In the family medicine clinic and on hospital rounds we take care to look at every patient's feet to determine if they need to see the podiatry or wound care clinic (the inception of which has apparently substantially decreased the prevalence of diabetic foot and leg amputations). I don't know if our patients cannot reach their feet, don't care to look at or touch their feet, or simply don't realize the atrocities occurring on their feet. Whatever the case, the vast majority of feet we see are not well cared for. I want to tell them that some heavy duty lotion and thick white socks could really help them out, but a lot of the patients don't really seem to care. In fact, some of them seem sort of annoyed when we ask them to take off their shoes and socks.

Some of the feet I have seen have had huge ulcers that the wound nurse covers with various antiseptic ointments and strips of gauze. Almost all of the feet have athlete's foot. With all of the anti-fungal cream that I've seen prescribed in the past few weeks, I can't imagine that any fungi is actually able to grow on the entire Navajo reservation, maybe even in the greater southwest area. Maybe there are just hundreds of unused tubes of clotrimazole sitting in medicine cabinets and the infections are able to continue to spread.

I had athlete's foot once when I was on the swim team in high school. It was so itchy and annoying that I obsessed over my foot cream until the infection went away and never, ever let my bare feet touch the locker room floor again. I realize I am probably a little obsessive compulsive, but it astounds me sometimes how so many people don't seem to notice the raging skin infections they possess. I don't think I will ever understand it, but I am learning to hide my shock when I see scary looking feet—or maybe I am just getting used to it. I guess that is what medical school is about—training us to be desensitized by gross stuff. □

The Reality of Medicine

by David Dockray

This second week of PIE turned out to be in many ways more difficult than the first. One of the more difficult things that happened this week was when my preceptor and I had to tell a patient about a very bad radiology report. The patient had colon cancer, and the report stated that metastases were found in the patient's lungs and liver. We entered the room to find an elderly man sitting in the chair, with his son facing him from across the room. The tension in the room was palpable when we told the patient about the findings, and I couldn't help but stare at the floor. Then the patient asked the doctor how long he thought he had to live. The doctor calmly told the patient that if he was alive in six months, the doctor would be very surprised. I was surprised with how matter-of-fact the doctor was, but after a brief silence the patient simply said "I guess I had better get my affairs in order then." I think the patient appreciated how the doctor didn't try to sugar-coat things. This may not have been the way we have been taught to present bad news, but I think it worked. It was a hard day for me as well. I didn't know what to do, so I just stood there and looked at the floor.

Also this week the reality of why I'm in medicine became more clear. It's so that I can someday take care of someone else the way I would want a doctor to take care of a friend or family member. Sometimes, during the stress and tedium of school, it's easy to lose sight of why I'm here. This whole situation reminded me why I want to be a good physician, so that I can help the people and hopefully make some kind of a positive difference. □

Medicine and Drug Representatives

by Kenneth Downes

The school is vehemently against interactions and contacts with drug company representatives, and from what I have seen over the last two months it seems to me too simple and also a little irresponsible to write them off entirely. In the clinic that I am working in and in the clinics I have seen my friends work in, interaction with drug company representatives are a vital part of providing high quality care for all the patients in the clinic. The interactions that the clinicians have with the drug rep-

resentatives I have seen have been important for introduction to new drugs, the staff in the clinic and most importantly the patients of the clinic (especially the poorer ones). Due to the samples the companies provide, the clinic can give poor patients months of needed medication that they could not otherwise provide, and to all the patients they can provide a much higher quality of care than they could without the samples. They also provide to the clinic much needed supplies. Some companies, instead of bringing just drug samples, also bring things that can be used in the clinic, such as peak flow meters, which would otherwise cost considerable money. Not to mention, representatives that provide equipment to clinics provide training sessions to the employees to show them how to use the product. A smaller benefit is all of the office supplies that they provide to clinic (not just pens, but staplers, notepads, etc). It is really useful, and when I asked the docs what they like the best, they said the office supplies were a huge help. One other thing that I did not realize until some of the docs pointed it out to me is that the free lunches they provide several times during the week are really big perks for the MA's, and receptionist staff who do not make that much money. It really makes a big financial difference for them and allows the physicians and office managers to recruit more dedicated employees because they like their job.

Another misconception that I garnered from the school is that all drug company representatives are predatory and trying to mislead you. I have found some of them to be that way, but the vast majority have been very straightforward. They introduce the drug, talk about what it is generally used to treat, and then what tier of coverage the drug is carried under. The drug representatives that are more predatory are easy to spot and it is not hard to tell when they are feeding you a load of BS. Even someone like me with limited medical knowledge was able to spot one immediately, and what I did was let him say his piece and then take his stuff. I feel that as physicians we are in much more of a position to use drug reps than they are to use us, and by not exhausting all of the resources available to us we are doing a disservice to our patients. □



André Reyes

How Big Was It?

by Kathlyn Drexler

How big was it? That was his question. What did he want me to compare it to, I wondered. A blank stare was not the answer he was expecting. Please don't compare this to a food...please not a formerly tasty food. "A walnut, a plum...how big?" He had to! "Go get the model." Well we probably should have started with the model now, don't you think? It's my second day in the real world, for goodness sake! "This one is 40cc. Here, feel like this." Surprisingly lifelike indeed. But how am I supposed to estimate size when I can only touch part of it on this side? Maybe if I close my eyes and methodically feel the two little lumps moving at a constant speed I could learn to estimate the width. "Did you feel the nodule?" No Doc, someone who is blinded swiftly and traumatically is not immediately gifted the ability to read brail! I'm still getting used to being blind. Please leave me in the darkness a little longer. "Here's the 80cc. See the difference?" If I were allowed to see the specimens there would be no problem with identification. So as I sat fondling the models with my eyes closed I had the eerie sensation of being the object of a powerful stare. I came into the light to find the doctor's eyes slanting from his computer screen and the edge of his mouth fighting against a smirk. But to my greater mortification, the patient stood peering at me through the billing window, not quite knowing what to make of my day-dreaming. That's it, I'm putting the model back. Things could be worse. At least that's over. "Looks like you get another chance to practice." Days like this make me seriously contemplate the possibility of reincarnation. I must have done something unspeakable in a former life. This patient knew what exam to expect. "Hello, this is Katie, a medical student who will be working with me this summer." We were both just thrilled! □

The Blockade

by Hannah Dunn

I awoke this morning to another grey sky. For weeks now it has been cloudy and rainy. Today I am not feeling well; I have a fever and I have had chills. Well, I guess I will go to la clinica to find out what is wrong with me.

La clinica opens at 8:30; I arrive at 8:20 to be first in line. Maybe I will not have to wait as long to be seen by the doctor. Last time I had to wait four hours! If only I could go down to Las Cruces and get this tube out of me for good. I just cannot risk getting deported back to México. What would my family do without me?

It is 10 o'clock and the doctor is examining me now. He told me my urine looked like I had an infection. He is going to put a new tube into my bladder today because the old one must be infected too.

As the doctor pulls out the old tube, my urine leaks everywhere. I can feel it soaking my pants despite the pad he put down. He says it had been blocking my bladder off so it could not drain. I wish I could get this taken care of. How long will I have to use this tube for fear of passing the border police?

He is putting in a new tube now. This part never takes long. I wonder how long it will be before I have to come back with another infection. Hopefully it will not be as soon este tiempo.

Commentary:

There are many undocumented individuals in the border regions; this is no surprise. These individuals still need medical care. At our clinic we provide care to them when they need it and usually they manage to pay somehow. However, when they need the help of a specialist it can be very difficult. They may go to Las Cruces, but they may not be able to return without getting stopped and deported. It provides a huge dilemma for the patient and physician alike. Although the best thing for them may be a procedure that only a specialist can provide, they will more than likely not make it to see the specialist. So, we make do. □

Realities of Life

by Ernest Dytiapco

“How are you doing today, Mr. L.?” asked Dr. M.

“Good, good,” he replied.

“I have a medical student with me today. This is Ernest. He’s a student at the School of Medicine at UNM. He’s training with me a few days a week during the summer.”

“Hi Ernest. I’m Frank, Frank L.”

“Pleased to meet you, sir.”

“So, you’re studying to be a doctor?”

“Yes, sir.”

“Good. That’s a good line to go into. And from the look of you... you’ll make it. Just try hard and never stop. If anyone tells you that you can’t do it, tell ‘em you can do it! Don’t ever let anybody get in your way.

“You know, in life, there are many people who will try to bring you down. And there are a lot of ‘em!

“I remember a time when I was in the Army. It was during the Korean War, and I was in Boot Camp. I was 17 years old, and I was so proud to serve my country and all this bullshit. The last thing I wanted was to be sent back home. That was the last thing.

“So, you know, one day this white guy says to me, ‘Hey Wetback! Why didn’t you join the Mexican Navy?’

“You know what I did? I punched him in his nose! And I thought I’d get kicked out then.

“So we go to court. And, you know, I’m half Native American and half Hispanic. I say ‘I am the real Native American. This is my country.’ But they were all against me.

“Then they asked me, ‘Mr. L., is there anything you wish to say to this gentleman?’ who I’d hit.

“And I said, ‘Yes. There is something I’d like to say.’ I said, ‘If you call me a Wetback again, I’m gonna kill you.’

“And I thought they’d really kick me out then!” he said with a laugh. “But they didn’t.”

“When we got back, it turns out that that guy was telling everyone ‘Don’t call L. a Wetback! He’s gonna kill you!’

“Ha ha ha! And they never messed with me again!”. □



John A. Gallegos

Regarding Pain

by Seth Farnsworth

I'd like to write about pain this week—specifically the pain that a physician causes his patients as part of their medical care. During an earlier week, an 11 year old girl came in for a well child checkup and she was scheduled to receive 5 different shots. The shot nurse showed up and it became apparent very quickly that she was going to need assistance from another nurse. I was not present to see how the shots were administered but I heard the result. The screams were reminiscent of the type of screaming one would do if they were being murdered with a knife. It was astonishing. The nurse (who had worked at the clinic for over a decade told me this was the worst she has ever done). I learned later that the mother had to wrap her arms and legs around the girl and the nurse had to sit on top of the mothers legs to tighten them on the girl while the other nurse assisted in immobilizing the arms. The next day, her twin sister came in to receive the same shots. I was present this time and used distraction techniques to try to keep her from focusing on the pain. But what I really want to share is that I made a mistake during the process. After a few shots, once the girl started to cry, I caught myself grimacing as the nurse prepared the last needle to insert into her arm. The girl could see my grimace and I felt bad for grimacing and perhaps adding to the horror of the shot.

This would not bother me if it was an isolated incident, but this week I caught myself grimacing in front of another patient as Dr. M. performed a painful procedure.

This patient was a mature man whom I found on exam to have a large accumulation of cerumen almost completely occluding one ear canal. Dr. M. chose to remove what he could of the cerumen with a small metal instrument (I forget the name) with a tiny loop at the end. I am paranoid about my ear canals and felt very uncomfortable when my fellow medical students would insert their otoscopes even a little bit into my ear canal—in fact I wouldn't let them do it. So as I saw Dr. M. inserting this instrument deeply into the patient's ear canal and the patient was clearly uncomfortable and in pain, I cringed.

I think it is good to be empathetic to a patient's pain. However, part of people's perception of pain is how they see other people react to what is happening to them. I am sure that patients do not feel calmed when they see one medical provider (me), cringing at the sight of what the doctor is doing to them. It is not helpful.

My feeling is that I never want to lose my empathy for a patient's pain and I should always keep in mind the pain I am causing when I must. But I must also learn to keep the desire to not cause pain from causing me to provide substandard care. If the patient needs a painful or uncomfortable procedure, it would be wrong for me to not do it. I also needs to keep control of my face. Humans communicate too much through their facial expressions for me to allow myself to cringe when I should look supportive and confident. □

Hypocrisies & Disparities

by Katherine Flynn-O'Brien

I received two letters recently, both from Maksin Management Company, a division of The Maksin Group, an insurance agency and third party administrator “specializing in the student insurance market.” Each letter was a notice of my “patient responsibility” to pay, all together, over \$300. Though the letters read in bold capital letters, THIS IS NOT A BILL, the message was clear. These letters were pre-bills, notices of bills soon to come, or warnings, so to speak. But why? I thought, I have insurance...

I called the number under “Got questions?” and after a few machine prompts and a hold-time of 15-20 minutes I got a cordial Maksin representative. She said that the claim was my responsibility because the visit was preventa-

tive medicine: a routine eye exam. The exam was June 9th, 2008, the day I went to the UNMH eye clinic for a slit lamp test to look for lisch nodules, a diagnostic test for Neurofibromatosis (NF1). She explained that my plan only covers sick care, not primary nor preventative care...and since a routine eye exam is preventative care, I had to foot the entire bill. 100%.

For me, this event spurred a myriad of emotions: First of all, this visit was a diagnostic test, not a routine eye exam! Did someone just code it wrong? Was the ophthalmologist too tired, too hurried, too fed up to look up the correct code? And second (and most importantly), my health insurance only covers me when I am sick, really?!

UNM's entire platform proudly embraces preventative medicine and primary care at its crux. So how then, do we as an institution not practice in that very way? It made me sick to my stomach to actively be a part of such a hypocrisy. I shot an email off to one of UNM's primary/preventative medicine gurus:

Dr. Kaufman,
Something that has been on my mind a lot lately (and has really been bothering me) is that the Macori student health plans DO NOT provide preventative care. Only sick care. And even at that, not much "sick" care. My gut keeps saying to me that there is something morally wrong with UNM offering such health plans to their medical (and all) students when the basis of their education platform is prevention and primary care. Thoughts?
Katy

Katy,
You're absolutely right! And the way our health "system" is currently structured rewards procedures and acute treatment and disincentivizes efforts to prevent disease.
Art

Yes. True. I still don't understand how we, as an institution, can be ok with being hypocrites, especially in this regard. There are plans out there that do provide preventative care, right? Shouldn't we practice what we preach? Shouldn't we go above and beyond to make sure our student body receives preventative care? I am sad that this discrepancy was ever a part of our program; it seems like a change should be a priority for the UNM School of Medicine. Do you agree? Is this just me being an idealistic young medical student?
Katy

OK, you're right. But let's convert anger/frustration into action. What steps could you and colleagues take to build a mini-movement to move the institution to offer an acceptable health plan? This could be a first step in learning how to influence health policy at an important, local level.
Art

Great point. Anger/frustration gets me no where. I am going to think about this one. Maybe when we start up again I can rally the forces. In the meantime, I will research the plan so I can be well educated on the issue.
Again, thanks so much.
Katy

And then a week later...

You would be proud:
I went to Student Health and met with the insurance representative. After a long talk, she seemed motivated herself, and she asked if I would want to be a part of the Insurance Committee!
I will see what this involves, but it was exciting nonetheless...
Katy

Congrats--you are now officially a health policy wonk!
Art

This experience, and email exchange, has sent me through a roller coaster of emotions, which I think are settling relatively nicely. I am trying to turn my frustrations into actions, a transformation my father has fashioned his whole life, and which he has (albeit tryingly) tried to instill in me. And with some success perhaps.... I guess that we will have to see.

Note: After hours of frustrating phone calls, and being shuttled back and forth between departments at UNMH, the coding for the eye exam was changed to accurately reflect the medical visit. Now I am knee deep in claim forms (and hoping my checks don't bounce). This, however, does not attenuate the hypocrisy that still entangles UNM School of Medicine's health policy platform and its health policy actions.

In addition, it is important to note that I am struggling from within the system. I have status, education, credit, and healthcare experience--and yet I am still frustrated, lost, feeling disenfranchised and helpless. How then must it be for the thousands of individuals and families outside the system? What about all those who don't have any resources, who struggle just to find work or put food on the table: What must it be like for them to try to make headway in our healthcare system? Most importantly, what can I do, as a future healthcare provider, to change that? To diminish that blinding disparity? □

In the End

by Christine Fordham

I had a patient this week who was clearly dying. Sitting shrunken in the corner wrapped in a beautiful Tibetan shawl she looked as though these were her last days. She seemed diminished, depleted, and done fighting for her life. Six years ago she had a lumpectomy of her right breast. The cancer resolved. Then two years later it had spread to her liver her spine and her neck. She has been living untreated with cancer for four years now.

Six weeks ago she began experiencing chest pain. She was sent for a full work-up: stress ECG, ECHO, blood, and the list continues. It seems that she has a pericardial effusion. Thirty-five percent of pericardial effusions are due to neoplasm. It is a small pericardial effusion, so it is also possible the cancer has spread to her bone and she is experiencing the chest pain from the cancer. Next week, she is also receiving a full bone cancer work-up for a disease it is clear she has. Both ways it would seem the disease is killing her, and she is waiting.

I only wonder why it is that a woman who is refusing treatment for metastatic cancer had a full work-up on her heart. She seemed desperate for an answer to her pain, and she also seemed relieved from the fact it could probably be resolved with anti-inflammatory medication. It would seem to me, as an outsider without personal experience with having a terminal disease, that if you had refused treatment, you might also have accepted your death. It was clear this was not the case. She was scared her chest pain was going to kill her, and in fact it might be a sign of the end. She was not in a place of acceptance; it seemed she was in denial.

As a student doctor taking my place in the corner, I was wondering how much of what doctors had said to her made sense to her. She grew up in Tibet. She lives in a Tibetan monastery. Is it possible that she does not understand what was said to her about her disease? I hope that she did, and I hope that this is just her way of dealing with her prognosis.

I guess it is true as a doctor you can only help people from where they are in life. Try to provide support by helping to answer questions of chest pain when it is clear she is in her last days. The answer it seems is whatever helps the patient cope with their death within reason should be done. □

Tribal Days

by Adam Forshaw

The sun was shining through the thick grey clouds that were stretched out over the mesa. Even though a drenching rain had recently passed through the area, there was still a fine dust hanging in the air, choking out small, incandescent rays of light that occasionally crept through the clouds. The air was pierced with a low pitched cacophony of noise, the rhythmic sounds of drums and singing rang through the day, echoing off the canyon walls and piercing the otherwise inescapable silence of the desert. Flashes of color: blues and greens, orange and turquoise, purples, black and white all seemed to flow rhythmically in tune with the drums and the songs and the wind.

I was perched atop a set of corrugated aluminum bleachers, where I could view the spectacle before me. Strange to my eyes as it was, I was taken in by all that was happening around me. We were at the annual Intertribal Powwow in Gallup. There were hundreds of natives walking around in wonderful traditional costumes or hawking traditional art, celebrating their ancestral heritage and their culture. It was captivating.

I had decided to come to the powwow with a pharmacy student who lived across the hall from me in Shiprock after I had heard about it from one of the new docs. She had told me that there was a powwow in Gallup this weekend and as an opportunity to engage in the Dine' culture I realized that this could not be missed. After all, wasn't this an "immersion experience"? These types of once-in-a-lifetime opportunities are the kinds of things that must be capitalized on, else one can add another "regret" to the checklist.

It had rained earlier in the morning, but now it was cool and crisp. The air smelled clean, different from life inside the city. There were the sounds of drums and bells and chanting and singing everywhere.... storytellers were sitting in various corners surrounded by small groups of children listening intently. Older women and men, grandfathers and grandmothers, were walking proudly amongst the crowds. I had heard about the reverence for the ancestors that is key in the Navaho culture, but I had never before been privy to such a direct exposure.

At one point an announcer came over the loud-speaker stating that the initial dance of the Intertribal Powwow was just that, intertribal, meaning that anyone was welcome to come to the dance floor. He even encouraged the "white brothers" amongst the audience to come and dance if the music moved them.... It was a time for joy and celebration and prayer and reflection. All things that were encompassed by the dance. □



André Reyes

Thursday Afternoon

by Jason Fredriksen

The last session this week wasn't what I expected. After a rushed lunch at the clinic and a quick nod to the drug rep, Dr. F. informed me that he had a house-call to make, and wanted me to come along. I was excited and a little nervous as we pulled up to the small white trailer. We passed through the makeshift gate and across the dusty yard to the porch, where we found a note taped to the screen door instructing visitors to return later, as "Mr. Sandoval has very little reserves left." We crossed the threshold into a dimly-lit living room. The room contained only a night stand, a portable toilet, and a hospital bed. In the bed lay Mr. Sandoval, who I later learned was dying from end-stage hepatocellular carcinoma secondary to chronic Hepatitis C infection. His entire body evidenced his liver disease: his skin, eyes, and even fingernails were that unmistakable creamy yellow color of jaundice. Despite his condition, he was genuinely happy to see us, and our presence visibly lifted his spirits. As we chatted with him and felt the tumor, which extended down his right side from the ribs to the iliac crest, his wife wept softly in the corner. After our exam, he gathered the strength to get out of bed, and shuffled slowly to the bathroom. He emerged a few minutes later, and beckoned us to examine his leavings, which were more blood than stool. We stayed only a few minutes longer, discussing hospice and palliative care and attempting to console his grief-stricken wife. I wondered how much time Mr. Sandoval had left, and what would become of his wife once he finally passed away.

My last patient of the day seemed routine: a three-year-old girl in for a well-child visit. Katherine was shy, with big blue eyes and brown hair. She clung to the elderly man in the corner, eyes fixed on me, straying only to snatch her plastic toy mermaid quickly from the top of the counter. As I went about gathering her history, I learned that I was chatting not with her mother, but with her aunt from Germany. Katherine had been involved in a car accident ten days ago on I-25 that killed her mother. Her father died last August from lung cancer, and she lived in the E.R. for three days after the accident, while her aunt and grandfather flew in from Germany. They were arranging legal custody, and intended to take Katherine back to Germany, as she had no other family. On exam, you would never have guessed that Katherine had been involved in an accident, much less one that took the life of one of the passengers in the car. She was the picture of health, without so much as a scratch. As I was finishing up my exam, we were joined by Katherine's brother, who was about 10 and had the red, puffy eyes that were left after crying. He had apparently been inconsolable since the accident, and would soon be living in Germany as well. As I surveyed this group, I wondered how much different their lives would be as a result of this single tragic event, for both the kids and the aunt, who had lost a sister and gained two children. □

Humbling Hand Washing

by Elizabeth Greig

After a year of logging hundreds of hours in the library studying mechanisms, I found myself standing in front of a shiny, silver sterile sink wracking my brain over the answer to what seemed to be the simplest of questions, “Do you know how to wash your hands?” I tried to remember if this was something they taught us in our first year of medical school; “The mechanism of hand washing.” I felt my cheeks starting to flush as I fumbled for words to stall while I continued to search through a year’s worth of lectures stored somewhere in my brain. “Umm...well...I’m a first year... but I think I remember learning about it,” I stammered to the scrub nurse. “Everyone is waiting on you, so wash up,” he responded while looking at me with doubt.

I lathered up my hands and nervously looked for the knob to turn on the water. Thankfully, before anyone noticed, I remembered that scrub sinks actually have a pedal that can be bumped with your knee to turn on the water.

As the water poured out I started to wash up while remembering the little I had learned about hand washing during the past year. The only thing that came to mind was an essay by Atul Gawande describing how Ignaz Semmelweis, a Hungarian physician, had, in 1847, discovered that the incidence of puerperal fever could drastically be cut by the use of hand washing standards in obstetrical clinics. The essay went on to describe how physicians must be diligent when it comes to hand washing to stop hospital-acquired infections because bacteria on hands alone can range from five thousand to five million colony-forming units per square centimeter. Although I remembered this essay I realized I had never been taught the proper way to wash your hands before entering the operating room. I quickly finished and grabbed a paper towel and proceeded to dry off my hands.

“That was too fast. Are you sure you know what you’re doing?” the scrub nurse asked me. “Oh... ummm.... maybe I should wash them a little longer,” I replied as I noticed a yellow soapy brush in the drain of the surgical sink. I proceeded to pick up the soapy sponge out of the drain and start scrubbing my arms, imitating what I had seen on television shows growing up. As I scrubbed away trying



Laura J. Hall

my best to look like I knew what I was doing, the scrub nurse just watched me, and then the look in his eyes changed. It could have been pity, or maybe empathy that he felt while watching me cluelessly pick up and use someone’s dirty scrub brush from the drain. “Wash that soap off and follow me, I will show you how to wash your hands.”

I followed him to a different sink. It seemed as though I was going to get to start over and have a second chance at learning the mechanism of hand washing. He pulled out two white foil packages from a dispenser on the wall next to the sink and gave one to me, then tapped the pedal to turn on the water. “Open your sponge-brush and don’t let it fall in the sink. Once it touches the sink it will become contaminated and you can’t use it.” As I opened my new clean sponge-brush I tried not to show my embarrassment as I realized that just minutes before I had been washing up with someone’s discarded dirty sponge. I followed his instructions as he demonstrated how to wash each finger, under each fingernail and up to your elbows before discarding the sponge. “Good. Now don’t touch anything and hurry into the OR. They are still waiting on you,” he said to me as he hurried off before I could even mumble thank-you. □



Eliot Knight

Nosebleed

by Maria Hamilton

Up in the hospitalist's office on the third floor of St Vincent's, Dr A. hands me the fax that we requested from the hematologist in Los Alamos. J. had a bone marrow biopsy performed late last week as part of a workup for pancytopenia, but the hematologist had left town before giving J. his results. Over the weekend, J. got a bloody nose that wouldn't stop. In the ED, they packed it and put in a Foley, and gave him a few units of O negative. The bleeding stopped after a few hours. But when he went home, it started again, unprovoked. Now, in Bed 2 of the new ED with its quiet, wide hallways and decidedly un-emergent feel, he sits, covered in blood, a tampon in one nostril and a Foley in the other. When he speaks, his voice gurgles because of the blood dripping down into his mouth, and he stops speaking frequently to use the suction that rests on his bed. His step-daughter is there. When he stops talking in order to suction, she fills in details.

J. is 70 years old. His history is significant – for 20 years as a military pilot, “hauling nukes,” as well as a history of alcohol, tobacco, and recreational drug use. He has a family history of heart disease. He has two adult children. He and his wife and the step-daughter live in a small town. He has never had any problems with his blood before. No epistaxis. No gingival bleeding. No bleeding into his joints. No post-surgical hemorrhage. No guaiac positive stool. No anemia. Until now. Blood count, metabolic panel, and coagulation studies have all been done, but the lab values seem to further obscure the diagnosis instead of revealing it. He had an ENT consult on his first admission, but they had little to say because they weren't able to look into his nose

with all the bleeding. They've been called again today. So has hematology/oncology. And interventional radiology. Someone needs to stop the bleeding.

Hematology's best guess, over the phone, is a Factor XIII deficiency. So they order one unit of cryo to be transfused. I write out a release for J. to sign and the step-daughter to witness, so that the hematology office in Los Alamos will release the bone marrow results to us. Radiology is on its way, and we whisk off to see a few more patients. A patient with a-fib and rapid ventricular rhythm. We get his history only to find out later it's completely unreliable because he's demented and was confabulating—possible lacunar infarcts. A 29-year-old with profound DKA secondary to alcoholic chronic pancreatitis. A woman whose major depression and rheumatoid arthritis have left her with such a feeling of hopelessness that she simply stopped eating and drinking three days ago.

At our first chance, Dr A. and I sneak upstairs to the hospitalist's office. And he hands me the fax. I'm learning how to skim radiology and pathology reports, eyes scanning over the details, looking for the summary, the most important few words. It occurs to me that no one else has looked at this report since the hematologist left town. My eyes are among the first to see it. Under “Impression,” it reads, “Infiltration by plasma cells consistent with multiple myeloma.” My heart races. I turn to Dr A. “Plasma cells!” I say, proud to be giving him the answer he's been trying to find. “Plasma cells!” he echoes, “Wouldya look at that!” □



John A. Gallegos

Untitled

by Michael Hegyi

We had a really sad case on inpatient. Mom had delivered a pre-term baby (about 32 weeks). The day after delivering by C-section (the day we were on inpatient) a nurse was in checking mom's vital signs when she went into arrest. Apparently, the nurse could not get a blood pressure and looked up to find mom turning blue when she had been sleeping peacefully seconds before. Unfortunately, the team was unable to resuscitate mom and they pronounced her 35 minutes later.

In hindsight, mom had loads of risk factors. She was 300+ pounds, 44 years old, and had delivered by C-section the day before. Nevertheless, it doesn't make it any easier on the family who now has a pre-term, probable Turner and/or Down syndrome child to raise. To make matters worse, the newborn's father is currently "on the run from the law." For the time being, custody has been arranged through the 19-year-old eldest daughter and half-sister of the baby.

Having just studied saddle embolisms a few weeks before, the case was interesting in terms of my medical education. But it was the things I didn't think about as I was reading Robbin's and Harrison's frantically trying to remember risk factors, sites of embolization and histopathology that really gave me pause. This child has the cards stacked so high against her succeeding in life that I would find her story difficult to believe if I didn't know it was true.

Nevertheless, there is always hope. I was impressed how even though the family seems so divided (each of the woman's three children were from a different father), how the family and community rallied around the child. The woman's best friend came in to talk to the doctor and support the daughters as they were told about their sisters' conditions. The eldest daughter's father left Albuquerque where he lives as soon as heard the news to be with the family. The community here is also very supportive of mentally challenged children and has resources available for home care if needed. In the end, I suppose the only thing you can do is hope for the best. □

Pocket Confidence

by Nancy Hempstead

In the previous months of owning my white coat, I found little use for the three pockets sewn to its front. In fact in the beginning, the mere object dangling from the lapels was my goofy-grinned hospital ID badge, a photo that had been taken in the days before I began medical school. Wearing the coat as a stranger might, those first months I simply used the pockets to hide my unsteady hands and my roller-coaster confidence.

As interviewing patients became more routine, I added a pen to the pocket for the moments I would sloppily attempt to record the patient's medical history. A few black-ink-stains later, I understood the importance of the nerd-inspired-pocket-protector but stopped short of actually adding one to my poor, blemished pockets.

Since beginning PIE however, all three of my pockets are bursting with items I've deemed absolutely necessary for my daily clinic routine: three writing utensils, one dark black pen for moments of certainty, one purple pen for aesthetics, and one pencil for uncertainty. Index cards for quick-access note-jotting, Post-It Note paper flags for marking my place in the myriad of medical texts/journals I am currently reading and a BMI-calculating wheel. Tarascon pocket-sized pharmacology text for my flip-through pleasure when attempting to follow the list of drugs my preceptor spews from memory. A color-coded medical reference spiral of lab values, admission guides, and eye chart. A miniature-travel-sized hand-sanitizer for the sanctity of hand hygiene. And finally, vanilla-mint tic-tacs for prevention and cure of halitosis.

The stitched seams must be stretching...I hope they hold. At least until the day that I no longer have to stuff my pockets with trinkets that, for now, inspire my self-assurance and guide my learning in the clinic. By then, the information I find in my pockets now will be safely filed away in my memory and I might then graduate to wearing a long-coat with very empty pockets. Well, that it is, empty except for the tic-tacs. □



Paul Akmajian

Driving

by Katie Hodock

I've done a lot of driving during PIE. It just so happened that I had weddings, appointments with doctors, and other things on the weekends, and a round trip to and from Las Cruces was at least 6 hours. This allowed me to do a lot of thinking and a lot of reflecting.

The last trip that I made, the final one, was especially reflective. I looked at the changes that I had made, the growing up that I had done, and I was pretty surprised that a lot had happened in just a short time. I used to be rather scared to go in and talk to a patient all alone. I think I kind of had a complex about not being ready enough, and it somewhat made me less confident. I thought that because I am rather young, that the patients wouldn't trust what I said or might think I don't know what I am doing. This experience in the summer made it so that I feel much more confident. I had many patients compliment me on my ability to explain things to them. One patient who generally did not reveal much about himself trusted me enough to tell me some very private things. When I went to do my patient presentation, the doctor was surprised at all I had learned. He even commented that it had taken him years to learn the things I had done in fifteen minutes.

I often forget the reason that I am in school amidst all of the studying and requirements. This summer actually made me feel like I know what I am doing, and that I

actually have what it takes to be a doctor. It was such a nice feeling to have the trust of a doctor to allow me to see patients on my own. It was nice to have him tell me that I was good at what I was doing.

I think that my thoughts towards patients have changed as well. I worked a lot with children in Albuquerque. I never really recognized how sheltered I was until this summer. My dad sold health insurance, so I knew of the challenges that come with the expense, but never really knew a lot of people who went without health insurance. I have learned more and more about differences between myself and many of the patients I will deal with. I am much more sympathetic to the challenges that patients face, and the difficulty that comes in deciding which problem they can afford to treat. I understand now after the summer that, like one of my patients, they just cannot afford their insulin and hypertension medications, so different tools are often necessary. I also noticed that sometimes people come to the doctor not really wanting help. Many times they weren't responsive to our suggestions, but came in anyway. I learned a lot about the different ways to approach a non-cooperative patient.

It was really nice to learn these lessons so early in school too. I am now ready to get back into school, which was a nice refresher after a rather difficult year. □

Haiku #1

Tribute to the immune system

Unsuspecting child
Virus lurking in shadows
Not this time virion

Haiku #2

Goodbye Truncus Arteriosus

**Magnificent pump
One for two cannot sustain
Blue for pink, success**

Haiku #3

Microdeletion

Only a small piece
Away went vital function
Hugs and smiles stayed

Haiku #4

Ode to bilirubin

Oh bilirubin
Light can make you disappear
Like a vampire?

Haiku #5

From the Nurses

Oh these med students
Gloves and gowns are all you need
So smart, but can't read

- Michael Hopson

Good and Bad Decisions

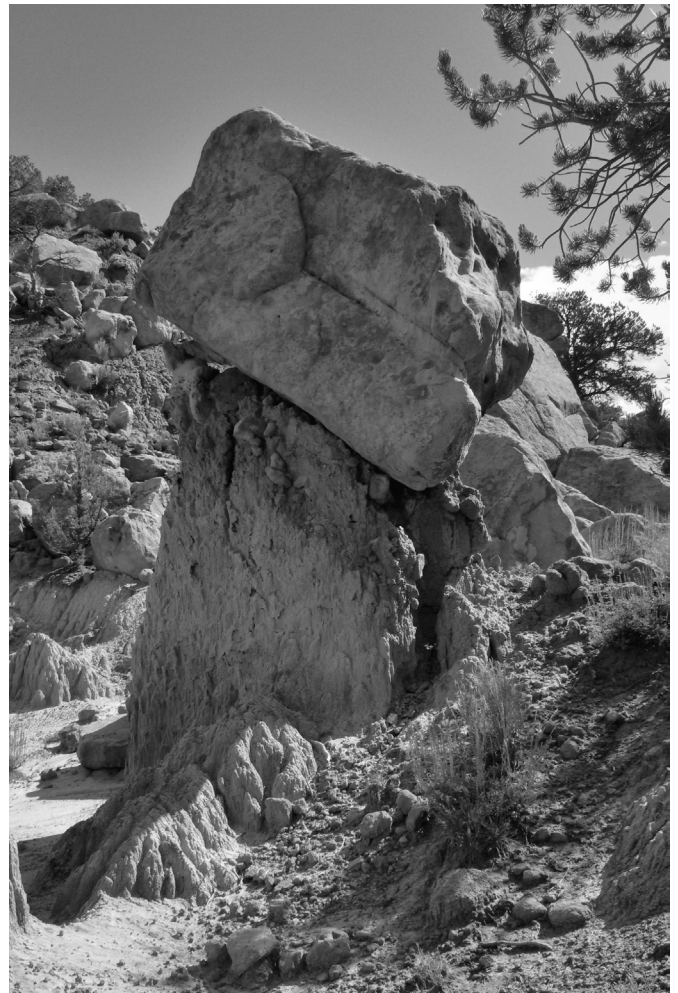
by Jesse Y. Howell

Today I had a very surreal experience that definitely made me thankful for the choices I have made in my life thus far. I was working in the Dona Ana County Detention Center and performing H&P's on the different inmates that were brought into our clinic. About 30 minutes before lunch the guard brought in our last patient. He was initially screened by our nurse and then it was my turn to see him. I walked in and introduced myself and started the H&P.

The patient was young and had no problems whatsoever; his only complaint was the poor living conditions that he had to put up with. As I was finishing everything up in the exam room the patient stopped me and asked me where I was from. I told him that I grew up in Las Cruces and I graduated from Onate High School. He informed me that he had also grown up in the Las Cruces area and that he had gone to Gadsden High School. The patient then told me that I looked really familiar to him and that he thought we may have played baseball against each other. As it turns out we had in fact played baseball against each other during high school and had graduated one year apart. He started telling me about his life and the poor decisions that he had made thus far, which ended up with him being incarcerated. He informed me that he had been in the army for 4 years and was looking to move up in rank and possibly make a career out of it. Unfortunately he had been involved in a verbal argument with his commanding officer over what he told me was a racist remark against my patient's wife. During the argument my patient became so enraged that he hit his commanding officer in the mouth with his rifle and thus he was given a dishonorable discharge which meant he forfeited all future health care and advantages that being a retired soldier allows. He then told me how he had gone to the local community college to work towards a computer engineering degree, but after he graduated with his associates' degree he never went on with his schooling. He admitted that both these choices were very poor and only ended up holding him back in life. Unfortunately, after both these things happened, he felt backed into a corner, and decided that the only way out was through street crime and drugs. This third poor choice ended up landing him in prison where he is now awaiting trial to determine how he will spend the next years of his life.

All of this made me realize how easy it is to make a few mistakes and end up changing your life forever. Fortunately for me, my errors in judgment have not cost me

very much. Working with these inmates and actually seeing people I had played baseball against in high school, or had worked out with at the same gym has given me a new realization as to how important our life decisions actually are. I plan on talking to my brother and sister and anyone else young who will listen, as to just how important decisions can be. I am thankful for my time here at the Detention Center. It has given me a new respect for the freedom we take for granted on a daily basis and this is surely an experience that I will stick with me forever. □



André Reyes



John A. Gallegos

You're gonna be a good doctor.

by Rahman Johnson

As far as operating rooms go, this is quite picturesque, says Susan Belmont, a 73-year-old breast cancer survivor. They want us to call it the procedures room,” I reply with a smile.

“All these windows, the fluffy white clouds beyond them...” She giggles inwardly, girlishly, an interesting contrast to her aging frame, “...takes your mind off of things.” She smiles at me warmly, and slowly tears fill her eyes.

I've only met a few cancer survivors, but many have had one characteristic in common, an uncanny ability to put on a brave face. I'm not sure if it's to keep family members from worrying or their own way of internalizing bad news, but they've all had it, so convincing you'd almost think you weren't talking about cancer at all, more appropriate tone for a dry cough or painful urination. But every now and then, in the most unexpected settings, you ~ their doctor, their nurse, or, in my case, medical student ~ see a crack in the mask. You could be discussing responsibilities

at the factory job they held fifteen years ago, and suddenly their voice cracks and the words just seem to drift away as they look at you, pleading, silently. As an idealistic first year medical student you are eager to help, desire greatly to make the first meaningful impact on a patient, help them in some way, be useful the way doctors are supposed to be useful. You've rehearsed what you would say, should say, in moments like these. You've been coached by professors about compassion, and addressing sensitive issues. You are ready, you think. But when the moment comes, and the patient looks at you with eyes full of sadness, their face a tired expression of vulnerability, all those rehearsed words just won't come out, sound cheap and empty as they echo in your mind. So instead I say nothing, and we sit in silence until it's broken by reassuring words.

“You're gonna be a good doctor,” Susan tells me as she places her hand on mine, again with that warm smile, tears mysteriously vanished. □

To Do The Right Thing

by Megan Krispinsky

Last week there was an incident when a patient walked out of the office and I felt he really didn't know the extent of his condition. The patient was a man whom I went in to see who had just recently been discharged from the hospital. My doctor told me he was originally admitted for alcoholism. His son came in with him and I asked the man why he came to see us. He said, "My stomach is very hard." His son was the one who took him to the hospital a couple of weeks ago because the father's legs and abdomen were swollen. The man had decided to quit drinking on the 3rd of July after drinking a six pack to a twelve pack per day for fifty years. He said he quit because he hurt his ankle and someone told him that it wasn't going to heal unless he stopped drinking. This man is 71 and finally decided to do the right thing, but it's too late. His son told me the people at the hospital drained 3000 mL of fluid out of his abdomen and then gave him medications. He was given two diuretics and a sleeping pill. The patient also told me that he was becoming short of breath after walking short distances. We went through a review of systems and everything seemed to be fine except for his "hard stomach" and shortness of breath. He told me, "I have been healthy my whole life. I had never been to a hospital and I have never had surgery." I began to examine him and his ankles were both swollen, but I could still feel the pulses in his feet. I listened to his heart and lungs and they were fine. I felt his abdomen and immediately could feel his liver. His abdomen was also swollen because of fluid retention. I told him that his liver was enlarged because he damaged it from his drinking. The son asked if I could give his father a referral for a home healthcare service and a food delivery service. I told him that I would try to get him that information. The patient heard this and said, "I like cooking my own food. I don't want it delivered to me." The doctor came into the room at that time and I told him everything that I knew about the patient. The doctor examined the abdomen and wrote out more prescriptions for the patient's medications. He also gave the son a number he could call to try to set up some home healthcare for his father and said that he could try "Meals on Wheels" for help with food. The patient began putting his clothes back on and the doctor told him

that he wanted to see him next week. I walked them to the front so they could schedule an appointment, and then said goodbye.

As I walked back to do the patient write-up I realized that his condition was never completely explained to him or his son. Maybe the people in the hospital talked to him about it, but I don't think he knew he was dying. Hopefully I will see him this week so I can make sure he knows what is happening to him. Even though it is unbelievably difficult to tell someone, it is his right to know that he is dying. □



André Reyes

15 Minutes

by Amanda Lo

When I entered medical school I told myself that I would never become the doctor who is curt and cool with her patients. I admit I was even a little excited about all the patient-centered interviewing we were going to be learning. Being socially awkward in new situations, I loved having a guide to how to talk with my patients in a way that has been patient-approved (according to EMB, I think?). Open-ended questions, pauses, NURSE, the whole nine yards. I then panicked a bit when we had to do the interview in 15 minutes. Okay, in retrospect, I was being a baby. Try doing an interview and focused physical in 15 minutes, WITH an extremely verbose patient...

Having learned that one can get much more from allowing a patient to talk rather than drilling him/her for yes or no questions, I have been trying to do so. The system is at no fault. It certainly does work... in some cases. I also learned to let people talk about emotional things and to support them in opening up. This also has some drawbacks in certain situations. The latter I feel is more an issue of just obtaining skill in identifying when a patient needs to talk about something very badly or if they just talk a lot about everyone and everything. I don't mean to sound insensitive, but it has been problematic when a person is scheduled for a 15 min. appointment, and you're already behind on the schedule by half an hour. Here's to give you an idea of a recent encounter with a middle-aged woman at my clinic.

THEORETICAL APPOINTMENT:

Me- Have you had any physical therapy for your hip and knee before?

Pt- No I haven't. I did see a podiatrist though and he gave me some insoles to wear in my shoes, but they just didn't seem to help any.

REALITY:

Me- Have you had any physical therapy for your hip and knee before?

Pt- (speaking thoughtfully, i.e. taking her time) Gosh, well went to Yosemite... beautiful place.

Me- (smiling and nodding)

Pt- You know with big backpacks.

Me- Mmm hmm.

Pt- And I had on those shoes (point at her feet). You know, what are they called... gosh, what are they?

Me- Hiking boots?

Pt- No, those aren't them. Hmmm... gosh, it's on the tip of my tongue. They've got straps on them.

Me- (hopelessly and noticing we've been in there for 30 min. already) Birkenstocks??

Pt- Hmm? Oh no, that's not them. What are they...

Me- How was the hike?

Pt- Great, just great. We walked all over the place. We walked and walked and saw some ponds...

Me- Sounds like a nice time.

Pt- Yes, it was. But you know what?

Me- (thinking WHAT?????)

Pt- My feet hurt so badly and here I am in these marvelous shoes. Gosh they hurt so badly.

Me- Uh huh (eyes bulging out of my head and begging her to get to her point).

Pt- So I saw, um, hmm, the uh... what's the word, the uh... (pointing at her foot)

Me- Podiatrist?

Pt- Yeah... I saw the podiatrist, and he gave me these insoles, but you know what? I don't think they've helped.

Me- I see. So you've seen a podiatrist. Have you had physical therapy too ever?



John A. Gallegos

In the footsteps of doctors

by Babak Mehrnoosh

I have a little more than one week left here in Hobbs and all is going well. Dr. R. left for a vacation this past weekend and since then I have been mentored by one of his partners, Dr. S. It has been very interesting to observe another physician with a slightly different style of patient interview and physical exam. Dr. S., like Dr. R., is very interested in teaching, with the difference that he places more focus on the meanings of physical findings, the finer points of the physical exam, and the patient interview than on the biological bases of disease. He invites me to examine many of the patients and give him an interpretation and description of what I have seen and heard.

I have also had the opportunity to work with Dr. G., the third physician in the clinic. Dr. G. is from Miami and speaks fluent Spanish, so he is given the bulk of the Spanish-speaking patients, who make up about sixty percent of the total. I had taken several Spanish classes prior to medical school and learned what I thought was quite a bit of the language, but my experience here shows me that it's not nearly enough.

The clinic has been short-handed and for sometime now, they have sought another pediatrician to serve the high volume of patients visiting each day. Now, with the absence of Dr. R., each of the remaining physicians must work much faster than before. Typically, we charge from room to room constantly and rapidly without any breaks from the start of morning until lunch hour, which has been shortened from one hour to as little time as it takes you to eat.

Recently, I observed one of the possible difficulties that a rural clinic could face when Dr. S. tried to place a line into the vein of a four-year-old hemophiliac. They did not have the right equipment and had to modify parts from a system made for a different use.

I probably see more patients every day than I could have seen in my continuity clinic at UNMH in one week, and the high volume has exposed me to such a wide variety of problems and treatments from hemophiliacs to MRSA infections. □

Embracing Communication

by Lenora Mathes Miki

This past week was exceptionally rewarding for me. One day as I entered the patient waiting area I glanced upon the mother whose son had made a scene about my appearance. I smiled at her and she smiled back and then I tried to inconspicuously scan the room looking for her son. I did not see him. Later, in an examining room, I met her again. She was with another of her sons. This son was feeling ill and had a swollen neck. The doctor asked me to feel his swollen lymph nodes. I approached the boy hesitantly, not wanting to scare him or create a scene. The boy was very compliant. I felt comfortable examining him. Afterwards the mother looked at me and mouthed, "thank you." I was touched. She understood my earlier pain and wanted me to know that she believed in me.

The next day we were seeing a boy of five years old who presented with a wet, croupy cough. He was pale and weak. He was examined with no mishaps and prescribed medication. Upon leaving, he looked at Dr. U. and me and, with a smile on his face, he said, "Thank you, doctors." My heart melted. At one moment I was on a cloud and in another I was feeling guilty that I hadn't made the correction of saying that I was only a medical student. I decided that remaining silent in this moment was acceptable.

In the short time I have been following Dr. U. and his patients I have made two personally meaningful observations. First, Dr. U. sees as many as sixty patients in a day. He rarely takes a real lunch, eating a bite of food here and there. He never shows signs of being tired, and, most importantly, he approaches each of his patients and their caregiver with a friendly and caring demeanor. That is a talent definitely worth mastering. Second, Dr. U. often sees repeat patients. In my short time in his practice I have seen several of the children two and three times. I found that I really like this. □



John A. Gallegos

‘Viva Las Vegas’ My First Impressions

by Gabriel Monthan

Las Vegas has been absolutely wonderful to me...medicine, mountain biking, “pick-up” soccer at Highlands University, Disc Golf at Sipapu on the “enchanted loop,” which consists of Highway 518 NW and loops through Mora, Sipapu, Pinasco, Truchas, San Juan (our original capitol city) and our current capitol Santa Fe. I loved New Mexico before and I would say that I adore New Mexico now, especially northern NM. The weather and climate has been wonderful. With 70 degree nights I don’t even need air conditioning and the mid-afternoon thunderstorms reverberate to your spine. The thunderstorms are most enriching because, in addition to the nourishment and assorted spectacle of lightning they provide, their sheer magnitude performs wonders on my psyche by reinforcing my humility and role on the earth.

Medicine: Wow! It has only been one week and I already feel enlightened. This has been excellent exposure to semi-rural care. From treating a young man’s panhypopituitarism as a result of an Astrocytoma removal... to treating an older gentleman’s proctitis as a result of inadequate hygiene, the medical experiences have been jam packed with “real life” medical issues in NM. Diabetes, hypertension, malnutrition, skin infections, immunizations, and urinary tract infections have also made the menu thus far. I can’t wait for next week’s experiences. I am looking forward to all that may come. □

God’s Treatment Plan

by Jill Oldewage

Today I left the clinic behind and travelled with the public health nurse out to the reservation area called Torreon. Our first visit was to a woman who was diagnosed with DM last year but has not appeared for her appointments since then. When we asked what her sugars were at today she approached a table and dug the glucometer out from under a pile of junk. She brushed the dust off of the rarely, if ever, opened box and took her sugars. While this went on, I was offered homemade tortillas and spam (light of course) and we attempted to jog our patient’s memories of which foods had protein and which had the sugar that she should avoid. She then began to tell us that she refused to start medications because God was taking care of her diabetes. Her church leader had told her that she should ignore this “diabetes” word and that God would take care of everything for her. This unique opportunity to see a patient in their home and see first hand the difficulties with diabetes treatment compliance was eye opening. Although doctors strive to do what is best for the patient, the convenience of certain foods and the certainty of God’s disease treatment plan make our words irrelevant and difficult. How interesting that the profession devoted to improving the health of others is one of the most feared and avoided. □



Laura J. Hall



André Reyes

Lasting Impressions

by Kathleen Overholt

My last week at Arroyo Chamisa Pediatric Clinic ended with a small surprise ~ my preceptor hugged me and told me I had done a great job. That one act made me reflect on and reanalyze my summer experience. In all honesty, I am glad that this experience has come to an end. While I have learned a vast amount of information about the pediatric population, about office politics/personnel, and about myself, there is still so much more to learn and experience. I have learned that I love pediatric patients but I would be bored out of my mind doing well child checks every day. I have learned that even if you think the nurses dislike you, if you treat them with respect they eventually come to you on the last day and tell you not to change and that you will be a great doctor. I have learned that preceptors really do think that you are competent and that they are hard on you to make you better. I have learned that children are the sweetest people on earth and that it

hurts my heart to see them in pain or in a bad situation that neither they nor you can change. I have learned that some people should not be parents and that some people are born to raise children. I have learned that I really like adolescent health but I am not sure how long it will take me to not feel too young to do a genital exam. I have learned that the birth of a child is the most magical moment in a young family's life. I have learned, even though I am not sure I will end up in pediatrics, that through all of the laughing, crying, empathizing, joking, stressing, and the unknown I have been through with these patients, I am meant to be a physician. □

Nightmares

by Gabriel Palley

I fell for the macho myths of the military in high school. Taken in... it was only natural. Besides, for the hormones wrecking havoc with my body and mind, the myth of war offered a clear solution to the confusion that I, and presumably many teenagers, get lost in. The absolute decisiveness of killing and dying shattered adolescent uncertainty. The power of potentially canceling persons' right to live and breathe offered a shelter against insecurity of those awkward years. Sacrificing my life for my friends and country appealed to my developing moral identity. Yeah. I was hooked.

A few weeks after receiving an acceptance letter from an Ivy league college, I took the subway downtown and signed up for the Marine Corps. I was completely blindsided when my single mother, her single mother, my teachers, my godfather...everyone whom I respected...was horrified. They pleaded with me, telling me that I might die, or worse yet, kill. They told me that boot camp would crush the artist I always saw myself as. Even if I went to war, and came home alive...I would be destroyed. I would cry myself to sleep every night, only to wake up screaming at the horror I had seen, escaped and committed. They love me and they laid it on thick.

Their arguments only strengthened my attraction. Of course I might die. That is the whole point. Duh!!! The ultimate challenge. To test myself, and push myself beyond...I didn't know what, but I was pretty sure it was important. We came to a compromise. I joined the reserves and would go to boot camp after my first year of college. I could still go to my prestigious school and also be a macho bad-ass on the weekends. Luckily, at least in retrospect, I was macho and reckless that first year of college, injuring myself in football games as well as nights of drunken revelry. After dislocating my shoulder seven times in one night, I was officially declared unfit for military service...although the Marine Corps recruiter snidely suggested that the Air Force might take me as he was filling out my separation paperwork.

These memories swelled up during my first week of PIE. Embudo clinic has the VA contract for northern New Mexico. The majority of the patients I saw were veterans, from the second world war to Iraq. They all had various health problems: diabetes, high blood pressure, heart disease, obesity...nothing out of the ordinary for older men in our society. In addition, however, they all had PTSD.

Almost every one. One old man whom I interviewed had landed on the beaches of Normandy on D-Day. As he was talking, the images from the movie Saving Private Ryan flashed through my mind. I played the little model medical student and gave him silence and then asked him how his PTSD was doing. He said that he used to have nightmares every night...and he would wake up screaming...until he stopped watching war movies. Good thing I had chosen the silence approach. He added that he was really glad Dr. B., the VA Psychiatrist, told him not to watch war movies, and wanted to know if Dr. B. was in the office today. I had to stop for a few seconds for it to hit me.

"When did Dr. B. tell you to stop watching war movies?"

"Oh, a couple of years ago."

Half a century of nightmares. Half a century of not getting a full night's sleep. I almost laughed at the Desert Storm Veteran who had only been struggling with his PTSD and suicidal depression since the time I had considered joining the military myself. Sure he had attempted suicide twice and had a raging alcohol, cocaine and anabolic steroid problem. But the tranquilizers we were giving him allowed him to sleep like a baby every night.

I was upset and angry at nineteen years old because I could not join the military and pursue suffering with youthful abandon. The most depressing thing is that talking with these men would not have dissuaded me from signing on that dotted line. Even if the military had to include on their advertisements warning labels that young men and women "might" be maimed, disfigured and destroyed. That they might wake up in fear of the horror they avoided, rage at those guilty of their horror and rage at the innocent...just because. That they might never feel as close to those friends whom they lost. Even if every recruiter's business card had a huge black-box warning, recruitment numbers would probably not go down. They might even go up.

"So, Mr. Smith, how often do you check your sugar....." □



John A. Gallegos

A Visit to the Rez

by Amar Patel

There are several Native American reservations surrounding Gallup, including the biggest reservation in the United States. I've lived in Gallup for most of my life. I've always heard stories of what it was like to live out in the reservation but I've never really seen with my eyes how these people live. I was given the opportunity this week to go out into the reservation with a Community Health Representative (CHR). A CHR goes out into the different Native American chapter communities in the reservation to check up on high risk patients who have multiple diseases and have a hard time with activities of daily living. The CHR checks up with the patient to ensure they are taking their medication, make a referral if needed, and does simple blood pressure monitoring to ensure the patient is doing alright.

The chapter community we visited was located right next to Gallup and I was very surprised to find roads that I had no idea existed. Some of the main roads were paved but the further into the rez you went, the rougher the roads became. I finally understood why so many families in the area owned trucks. I also finally understood why so many families that lived in the rez would live in the city during the winter. The dirt roads would become so muddy that it would become impossible to navigate anywhere from your house. Many of the families also had to haul water in from town, so that it makes it that much more challenging.

There were about a couple of thousand people that lived in this particular chapter but I was surprised to see the expansive land between each home. There were several families that we visited and most of them lived in old houses or trailers, with many living without electricity. Most of these families had pictures of family members covering their walls, which reminded me how similar this was to my own culture where families remain very close.

I was surprised by one patient in particular who was an elderly male living by himself. When we pulled up to

his home, I was surprised to see that it was simply a hogan with an outhouse right next to it. There were an extreme number of flies swarming the vicinity and the area had an odor that I would soon like to forget. When we entered the hogan, it turned out to be much bigger than it looked from the outside. It was pretty dark inside with the only light coming from the opened door. The dirt floor of the hogan cooled the inside by a good 20 degrees on the hot summer day. I could see there was a stack of wood next to the door and an area on the opposite side with some canned food on a shelf. Clothes were simply hanging all along the sides of the hogan, which seemed to decorate it, and a cot was placed towards the back. I was surprised by how someone could live by themselves in this remote area, but I was in for a bigger surprise when I finally saw the patient. I noticed that he was blind. It just blew me away that someone who was blind was living by himself in such a harsh condition. The only other living thing for miles was a couple of dogs that seemed to keep an eye on him. The radio next to his bed was the only thing that probably kept him entertained or informed. The CHR told me that his family maybe comes once a week to check up on him but I just can't imagine how it would feel to live in isolation like that, especially in the winter when it usually gets well below freezing.

The CHR told me that she has many cases like him and how important it is for her to just talk to these individuals and simply give them company for awhile. The whole experience of going out into the rez was definitely amazing and I am extremely glad to have seen what these folks have to endure. As a physician, in order to take care of people, it's important to understand what the population you are serving has to live with and the hardships they have to deal with. There really is no comparison to the value of seeing first-hand how our patients live and cope with their realities. It truly gives us a perspective that we cannot possibly gain just from seeing them in our clinics and hospitals. □

Scientist vs Humanist

by Kurt Pedrotty

This week was somewhat of an emotional one for me in clinic, simply because of one patient encounter. The patient was a down syndrome patient and his innocence truly touched my heart. He was our first patient of the day, and I was still a little tired from the previous night. I saw the nurse escorting him to the end of the hall to the room that we would see him in. I recognized the characteristic down syndrome features and started thinking through the different things I could remember about the disorder. Catch phrases always seem to be the first things that come to mind: “nuchal lucency on ultrasound,” “lower set ears,” “protruding tongue,” “Possible Robertsonian translocation,”....etc. My preceptor then gave me a book with the current recommendations for primary pediatric care of down syndrome patients. I tried to familiarize myself with reference points in the text in the 15 second walk to the patient’s room. (I don’t know why I do things like that... I never get any useful information in my frantic two-second searches... but I suppose that I would feel bad if I didn’t try).

However, upon entering the room my mind switched over from scientist to humanist without me even realizing it. I saw before me a very kind patient who, despite his teenage years, found peek-a-boo absolutely hilarious. I tried to remain as professional as possible and intently focus on my preceptor’s discussion with the mother. However, the patient’s sweet nature was infectious, and I felt myself drawn towards him. I know that upholding the patient-doctor relationship is important, but I could not restrain my compassion for this patient upon his next move. After my preceptor concluded the physical exam, our teenage patient walked over and said to me, “Hi doctor!” extending his hand to shake mine. I returned the greeting and handshake, and then he further surprised me. Without reason or restraint, the patient gave me a hug. I know that my response may not have been the most professional, but I could not help but return the hug to the patient. I think the hug was the most generous thanks I have ever gotten for standing in a room shadowing a doctor... ☺. This bout of hugs continued as somewhat of a game for the next few minutes, and I must admit that it was kind of funny to me. However,

I believe the funniest thing about this entire encounter was the fact that this was likely the most effective treatment I have provided a patient in the six weeks I have been in PIE. I don’t mean to undermine the extremely important scientific aspect of medicine by this comment. Rather, I must simply admit that at this point in my training hugs likely offer more treatment than any prescription I could try and write. Sure I remember a lot of the drugs I studied over the past year; and, as noted above, my brain initially jumps to the hard sciences I learned in the past year. But to lay it completely on the table, I am still far from a real doctor, and I guess I have learned it’s okay to still be learning.

I think what I really took from this encounter is a hope for my future practice. While I can’t wait to fill the many, many gaps in my current knowledge base, I sincerely hope that the ‘hug center’ isn’t completely lost in the process. Again, this is coming across more corny than I had hoped, but I guess my real desire is to uphold the human side of medicine while implementing the science.

This patient helped to remind me how great it feels to connect with another human being, and to serve as a healer in more way than one. Do you find that the current medical system allows doctors to connect with their patients? Or do you feel that the current medical shortage in our state and our country does not allow the time needed to do so?

Just curious what you thought, no obligation to answer, obviously ☺. ☐



John A. Gallegos

Alternative Medicines

by Aaron Pierce

So over the whole PIE experience I followed a few different doctors and have gotten quite a few different perspectives about alternative medicines. It seems that many of the older docs are not open to the idea that alternative medicines have some healing qualities for certain people. We, as med students today, are taught to treat the patient and the physical illness because it allows better communication and better doctor patient relationships. We are taught to treat the disease, or in other words, the patient's experience with an illness. Part of treating the patient is figuring out their history and their perspective of what's going on. Their perspective of what is happening and what is helping is very much influenced by their beliefs and culture. For many, that means that they use alternative medicines, herbs, meditation, ritualistic healers, etc. My feelings about these other practices of healing are that if the patient thinks it is helpful or healing, than it truly is. I don't believe in using alternative medicines for myself, so I think they would offer very little in the way of helping my experience with an illness. This is of course assuming the jaded opinion that the alternative medicine offers little pathophysiological benefit to whatever illness I am suffering from. The mental, emotional benefit of thinking something is working to heal you is going to offer you some assurance and security even if it does nothing to treat your illness. I support treating the disease, so anything that gives people any psychological help is a great resource. This also is assuming that their alternative medicine or healing is not causing the current problem to worsen or new problems to arise. Treating the pathological illness is the physician's job, but supporting practices that offer psychological benefits to a patient should also be part of the role. □

Life after the First Year of Medical School

by Nancy Rivera

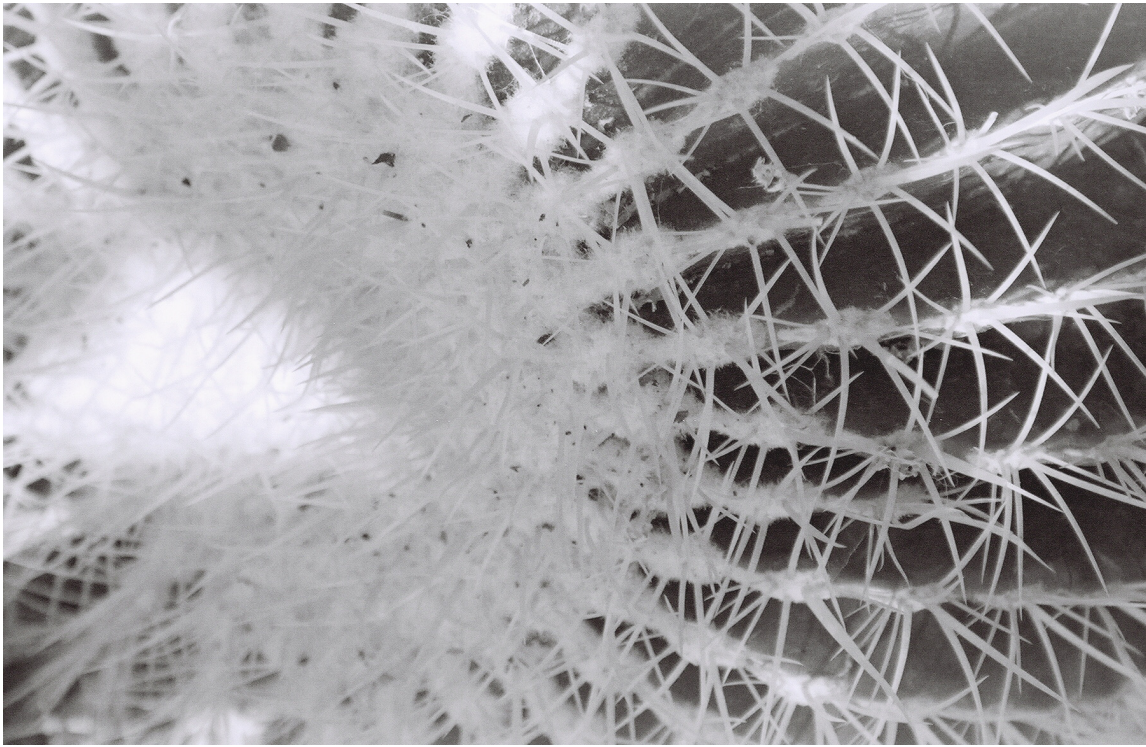
I remember starting Medical School in late July of last year and thinking to myself, I finally made it!! I was so happy and excited to start my medical school education. I was so eager to learn and very enthusiastic about clinical skills. Then after the first week everything changed. I thought to myself, "I can't do this, this is too hard, I am never going to make it through medical school." What was I thinking? That enthusiasm and eagerness I had before were nowhere to be found. Then out of nowhere I got a boost of confidence and became very driven to study hard and to get focused again. Now, a year later looking back, I think to myself, "Wow, I have come a long way and I am very proud to say that I am a second year medical student."

I never thought I could learn so much in just eleven months. In only the first week of PIE I saw patients with knee problems (HSF&D), Down syndrome (Genetics), metastatic melanoma (Neoplasia), Pneumonia (I&I), Stroke (Neuro), and I think every patient I saw had some stage of heart disease and almost all patients had COPD (CVP&R). Over all the most rewarding aspect from this PIE experience is that I was able to communicate with patients about their illness because of the knowledge I had gained in the past year. □

Boot Camp Walls

by Rob Shafer

This week didn't include any super-cool procedures or time with the radiologist. Actually, nothing momentous happened. Except for maybe a patient who was a cornucopia of all the lingering sources of my discomfort. I have worked through most of my wince-inducing issues related to H&Ps, but this woman had the remainder. Miscarriage? Yep. Multiple sexual partners? Oh yeah. Refusal to use protection? You bet. Plus she needed a complete physical. And... it was fine. I handled it. I even managed the speculum, an ongoing source of bewilderment that has stymied me in the past. After we wrapped up and she left the room, I gave myself a moment to enjoy my incipient competence, and I hoped I had finally scaled another of the med school boot camp walls. □



André Reyes

Learning to Paint

by Elizabeth Walker

According to the dictionary, a doctor is a person licensed to practice medicine. But what does that really mean? I walk down the quiet white halls of the hospital and imagine the “practice of medicine” going on behind closed doors. In the far reaches of the halls, secrets are whispered to discover hidden truths of the body. Truths that only through the practice of medicine may be uncovered. Truths that desire healing and comfort. And the keeper of those truths being the man or woman in the white coat. The one with the stethoscope wielding knowledge thousands have worked entire lives to uncover. But how much knowledge does that practitioner of medicine impart? It is only in the art of medicine that I have begun to realize the delicate balance of practicing my chosen path.

Like a painter deciding which colors to use to shade the trees, a physician must learn what knowledge to impart to comfort his patients. To help parents breastfeed their children; to explain why vaccinations are so vital to disease prevention; to discuss the diagnosis of life-changing illness. The practitioner of medicine holds the keys to these and other “secrets” but how does he decide when and how to show his cards? What cards does the patient really need to see to feel that the practice of medicine has succeeded?

Every room is different. Some pink, some yellow in a clinic made to appeal to children and worried mothers.

Green benches in each room house the seeker of knowledge: the one who will bring questions and concerns with the hopes of comfort, support, and always answers. Answers to questions that aren’t always answerable. Sometimes answers that the patient does not want or need to hear.

An assessment of what answers to give, what cards to show, is made in every moment. As each doorway is opened, each green bench holder is surveyed and a decision is made. Not one decision but a thousand tiny ones. So minuscule that they are hard to notice unless you are trying to learn how to make them. So many colors and paints to choose from in the art of medicine. So many different brushstrokes available to the painter. Yet his image, his knowledge is so powerful and so important, it’s easy to overlook the details that create it. Details that change with every room, every patient. Details that dictate decisions I will spend years learning how to make. That I will continue to make differently as I watch different artists choose different techniques to create similar yet powerful images to comfort and heal their patients. And in so doing, I will spend my life learning the art of medicine to create a practice of medicine. □

Traditional Medicine

Anonymous

I introduce myself in Navajo, with my name and my clans. This is who I am and where I come from. It tells you about my heritage, my culture, my family, and my people.

While working at the Crownpoint Indian Health Service Hospital this is how I identified myself and it was this statement that gained me entrance into my patient lives. I had the opportunity to work with many of the geriatric patients, but more so, I had the opportunity to talk with them. The majority of my patient interactions were ones that included kindness, curiosity, skepticism, but most often trust. I not only learned lessons in medicine, but lessons in culture.

As I reflect on the last eight weeks I am wondering if I gained a better understanding of my culture and my belief in medicine. I was hoping that the two would coincide enough for me to form my own line, but eight weeks is not enough. (In truth I doubt that a lifetime would be enough time.)

Here is what I can tell you: That the traditional medicine of the Navajo people is one that treats the person. The disease is just a consequence of actions that have already taken place. For many the ceremonies and prayers provide the psychological stability and social support that we all need in times of illness. I know there have been times in my own family where my aunts, uncles, and grandparents began to repeat prayers from the medicine men asking for healing. The methodical chanting and deep concentration would calm any soul.

In another instance my great-grandfather was sick in the hospital and the outcome did not look good. The physicians allowed my family to bring a medicine man and he informed my family that my grandfather had touched a tree that had been struck by lightning. (traditionally this is a big no no) As a result my grandfather's insides would twist and he would not be able to eat and his body would radiate with pain from deep within. The medicine man prayed for my grandfather and told my family to make an offering to a tree that had been recently struck by lightning. A few days later my grandfather was released from the hospital. This is what my family remembers. I realize that the traditional medicine helped my family gain a feeling of control. It moved my entire family towards a goal and clouded the worry in the back of all our minds. I don't know how or why things turned out the way they did, but it still helped.

There are also the instances when traditional herbs are used. If anything that is the medicine I hope my people hang on to. My great uncle use to drink this mixture of roots and herbs to control his diabetes. I can honestly say that it seemed to work. I have also seen my great grandmother use plant roots to remove my younger sister's warts one day and the next they were gone. Another time my grandfather took the fat of a prairie dog and rubbed it on my cousin's skin that was covered in eczema. I have never seen any cream that she has gotten from any doctor work as well as the prairie dog fat did. (granted it really smelled)

It comes down to this for me. Western medicine is something I believe in, but traditional medicine is something I don't want to forget. □



John A. Gallegos

Normal

Anonymous

I have lived my whole life healthy. Rarely do I need to visit the medicine man or the doctors at the clinic. Then the doctors tell me I have a disease in my blood. There is too much sugar in it. I have to start taking medication. I cannot eat the things I normally eat.

I feel fine normally, so sometimes I don't take my medication. I don't need it. I also eat what I have always eaten. I am old and I have eaten this way my entire life. Some days I feel sick. I take my medicine then, if I remember. Nothing bad has happened, and I can deal with a little sickness now and then.

It started slowly; I barely noticed it at first. I am on my feet a lot and I thought that was why they started going numb. I didn't think much about it. With rest it would come back. I continued life as normal, I would not let this bother me just like I would not let the disease in my blood bother me.

My feet did not get better; I can hardly feel them now. I know that something is wrong. This is not good. But it is not really serious or dangerous. It makes things a bit easier in some ways because I don't need shoes all of the time because the ground doesn't hurt.

My ankle has started swelling. It is red and angry looking. I try to stay off of my feet. I have probably overdone it. My family thinks I should see a doctor but I refuse. It is not serious. It doesn't even hurt.

My ankle and foot are really swollen now. My ankle is oozing. The bottom of my foot has a black patch, as well as the tip of my toe. It is starting to smell bad. I know something is really wrong, but I feel no pain. I feel fear.

I do not wish to go to the doctor. He cannot say anything good. He will want to cut off my foot. I know he will. I have heard that is what they do. I will not go though my children beg me to. I will not become incomplete. I stuck my foot in really hot water because that is what my sister said would help. I did not feel the heat.

I am in the emergency room now. I was unable to resist the request of my entire family. They all came to my house to talk with me. My aunt and my daughter drove me. It was a long drive to make.

The doctor said it is an infection. I cannot go home. I must stay in the hospital so that they can give me medicine in my blood. I have to talk to another doctor who knows more about feet. He will decide what should be done. I do not want to lose my foot.

The foot doctor came and talked to me. I told him I wanted to remain complete. I do not want to lose my foot. I told him many times. He says he will do all that he can to help me keep my foot. I have to get a surgery so that they can drain the fluid in my foot and get rid of the bacteria inside. They will not take my foot.

The surgery went well, the doctor said. My foot is not quite as large. I still have to stay in the hospital. It has already been a week. They are watching to see if the black spots on my feet will dry and shrink. It will be good if this happens. I can keep my foot if this happens.

The black spots are drying and shrinking. This is good the doctor says. I need one more operation to clean inside my foot and to close the skin around my ankle. In a few more days I will get to go home. It will be good to go home. Better food and no nurses to bother me every day and every night.

I get to go home today. The drive will not be so long. I will get to cook my own meals and my family has prepared a special dinner for me in celebration of my return. I feel so relieved and so happy. Life will be back to normal. □



André Reyes

Never Forget to Care

Anonymous

I hope I never forget to care for my patients. This week the clinic wasn't very remarkable. One day we had over half of our patients no show for some reason. It is very frustrating. One day though, I did pay a visit to the ER.

Well on this afternoon, the ER was fairly slow- as slow as they get I guess. Lots of people were just hanging around. There was one family who came in with a child who had had a fever. He of course didn't have a fever now. The family was living at the racetrack, dirty, and had no insurance. The husband warms up the horses for the races that will be starting soon here for the fair. The mother looked almost ashamed as she tried to rub the dirt from the child's hands. As all other employees were just hanging around, this nurse instead sat with the mother who barely spoke English. He told her how beautiful her child was, that she should have more. You could see that he made her feel really good, like her son was special. She didn't look ashamed anymore. He also knew she wouldn't be able to get insurance for the two months she was here, so he told her to come back if her son had a fever again. He told her the signs of illness and to please bring the child back if he got sick, if he was breathing rapidly and so on.

It was obvious that in just a five minute conversation he was able to show the patient he cared about their family and was concerned about the health of the child. Although no medicine was delivered and there was no intervention, he was still able to help this family by caring and showing support.

It really is the dirty, the homeless, the forgotten, the helpless, the demented who need our help. If you can't feel for them and care for them then it's not worth getting into this profession. I hope I never forget to care.

I am proud to say the nurse was a good friend whom I was visiting. Its important to remember that anyone in the health care field, no matter what position, has a role in helping patients. I hope that after 30 years in my profession, I will still be as caring and considerate of my patients as this nurse was. □

The Art of Family Medicine

Anonymous

Family Medicine. There should be so much more respect for these physicians. If I've learned anything this summer, it is that family practitioners truly treat the whole patient. They not only see the patient in times of acute illness, but also manage their health care on a day-to-day basis. To say that this is a near impossible feat would not be an understatement. Everyday, these physicians must learn how to manage everything from pediatrics to the elderly. And the complexity of the disease that these patients and physicians deal with everyday is overwhelming.

Before this experience, I felt that what was important was specialization, learning one subject to the very best of my abilities. However, I have come to understand that it is not the specialists that have the hard job, it is the general practitioners. Family physicians have to become near specialists in a vast array of topics, from asthma to hypertension to diabetes to depression. Luckily, the immense number and variety of patients that each and every family physician sees on a regular day keeps them on their toes. Keeps them learning and researching every single day.

In my opinion, these doctors do not get all the credit they deserve. More often, they are looked over and not given credit for the steps they took to identify the health problems of a particular patient. I understand the need for specialists; I always have. But this summer, I have come to understand the integral role that family physicians play in patient care. I can only hope that no matter what career path I choose, I will be able to treat my patients as whole persons, rather than simply parts that need to be treated. □

Medicine

Anonymous

On Monday I wished for a little kid to have a seizure.

I couldn't help it. I'd never seen one before. My curiosity took hold of me, and I wished for it.

He was only three years old. He had a seizure disorder that was partially controlled by meds. For some reason, over the weekend his medication completely failed him, and he started having about ten seizures a day.

He looked exhausted. His body was weak, drained to the point that he could hardly sit straight on a chair. He couldn't even speak. His eyelids drooped, and when the doctor asked him questions he slowly slurred out individual words like it took every ounce of energy he had. It was heartbreaking to watch.

Yet still, deep down, I wished for him to have a seizure.

His parents talked about his struggles, how he tried so hard to be independent even though his body would betray him. He would try to walk without holding their hand, sit in chairs without their arms around him. They had to watch him carefully, they said. He was likely to keel over at any second as his disorder took hold. They'd been lucky so far, in that he hadn't hit his head too hard yet. He might do it some day though, they said. The poor kid, he can't have a normal life. We always worry for him.

I worried for him too. He was so small, so sad. He'd been through so much. But still - despite my compassion and sympathy - I wished for a seizure.

Then he had one.

And I felt terrible...guilty...responsible...

My adrenaline pumped, and I watched him.

At the beginning of the episode, he cried out, and fell forward. My preceptor caught him, and held him while he tensed up, his eyes staring at the wall, his hands grasping at nothing. I saw the whole thing, saw him disappear into himself while the seizure took hold, and saw him slowly come back when it released its grip.

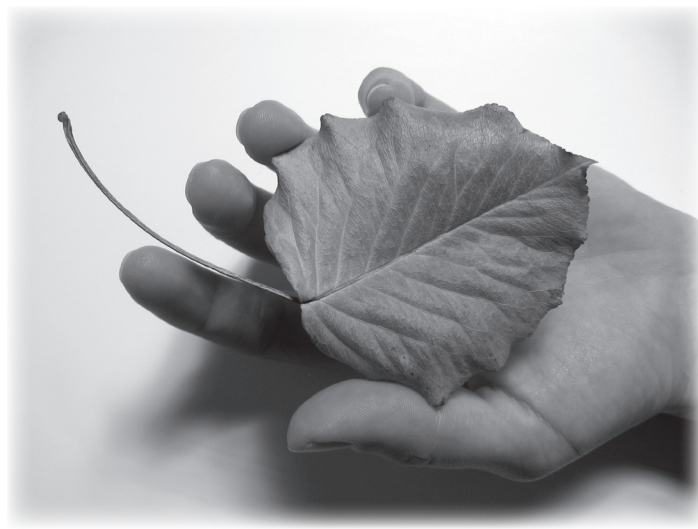
When it passed, we all let out the breath we had been holding. The poor kid, he looked terrible. He would probably give anything to have the seizures stop. What is the matter with me, I thought. How could I have wished for that to happen? How could I have wished for his misery to continue?

I asked these questions of myself, but deep down I knew why.

It is because I have entered into the gray area that is medicine. Medicine, a realm where you can be driven by compassion and an innate desire to help others, and yet still wish for something serious to happen just so you can see it and learn from it.

As a student, part of my training is learning to balance my good will towards others with a seemingly insatiable curiosity. I try so hard to identify with the patient, to learn their story and understand their perspective, and yet part of me remains isolated from them, treating them like a nameless participant in my quest for knowledge. It is something I am going to have to get used to, this compartmentalization of my brain. I have to get used to learning while feeling, feeling while learning.

Soon I will get over the guilt, and realize that it is ok to want things to happen. It is not that I have ill will towards the patient. It is not that I am betraying my compassionate nature. It is that I am eager to learn. I can still feel for them while I observe, empathize while I document. The two are not mutually exclusive. In fact, as I move closer to be a physician, I realize that it is being able to separate the human from the science while still addressing both that will make me a good doctor some day. □



John A. Gallegos

PIE

It was quite the experience,
It all makes sense.

At the beginning it was intimidating,
My doctor need not do any Hx taking.

She knew all her patients, inside and out,
Whether their PMH was diabetes or gout.

She worked off of paper charts,
My note taking was gonna be like throwing darts.

Then slowly I was seeing patients first,
But my role was more like that of a nurse.

All of a sudden it was time for midpoint evals,
And I was learning all about bowels.

My preceptor's daughter was also the office secretary,
Which at times made things quite hairy.

The next thing I knew, patients were asking me to stay,
And I was looking forward to what new symptoms I would see the next day.

Every complete Hx and Physical was automatically given to me,
I was writing scripts and saying "Please F/U on day 3."

During PIE I learned a lot,
Relationships were made and colds were fought.

PIE, it was quite the experience,
...being part of the curriculum, it all makes sense.

- Anonymous



Paul Akmajian

