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Once Upon A Clerkship: Trials, Triumphs, and Things That Happened in My First Month on the Wards

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Once Upon A Clerkship: Trials, Triumphs, and Things That Happened in My First Month on the Wards

Cover Page Footnote

My thanks to Dr Danielle Wallace, for encouraging me to publish, and Dr Stephanie Brown Clark, for her patient and thoughtful review of many a preliminary draft.

ONCE UPON A CLERKSHIP

Trials, Tribulations, and Things That Happened in My First Month on the Wards

Preface

In the American medical school paradigm, the third year marks the transition from classroom-based instruction to a clinical apprenticeship on the hospital wards. Crack open any textbook or commercial prep book aimed at preclinical med students, and you'll be sure to find some variation of the following: *The core clerkships are simultaneously the most exciting and challenging phase of medical education, and, when approached with an open mind, often prove to be amongst the most rewarding and formative years in a trainee's life.* Grandiose stuff.

What the books *won't* tell you about third year is that it also introduces the so-called "hidden curriculum" of medicine: the process of socialisation to the implicit values, norms, and expectations comprising the dominant workplace culture. Though specifics vary from one institution to another, the general ideology is succinctly captured by this counsel given by one of my former professors to the departing second year class: "*Show up early, work your ass off, and **smile.***" In a system where individual clinical assignments can last as little as five days and performance assessment is based primarily on narrative evaluation, appearances all too frequently take precedence over aptitude. Indeed, there is precious little tolerance for attitudes and viewpoints that do not comport with the image of the perpetually cheerful, enthusiastic junior medical clerk. "Exciting and challenging" becomes more like "exciting or *else.*"

When I began my third year of medical school, lofty notions of impending formative-ness were the farthest thing from my mind. Instead, I'd entered the year with a singular, primordial desire: *survival*. It was abundantly clear from the outset that I do not fit the medical student archetype, though I'm hardly an exception in this regard. No, what made my case unusual was that I'd openly struggled with mental illness for the majority of my life. It didn't take long for me to figure out that the added stress of maintaining the façade required to "fit in" would rapidly overwhelm my limited coping capacity. My "choice," then, came down to making it through as myself or not at all. Hardly a tragedy, all things considered, but the prospect of the hidden curriculum terrified me because – well, let's say that people can be mean when you don't play along. Consequentially, when I began the log that eventually became *Once Upon A Clerkship*, I half-fancied the finished product would read like the misbegotten love child of *Office Space* and H.P. Lovecraft, a final testament to the hapless protagonist's gradual yet inexorable descent into gibbering madness as she struggled to make sense of workplace politics.

Alas, the final product is neither my bombastic tale of quotidian horror nor the inspiring narrative of growth and self-discovery that the medical establishment tries so hard to sell. Instead, it is something altogether more subtle and, in my opinion, authentic to human experience. I'll be the first to admit there is no moral to this story, no deeper meaning, no great wisdom to impart. Nor need

there be, because in the end – *spoiler alert!* – I survived. In fact, after enough consecutive days of surviving, I woke up to find I'd completed my third year. There was even a decent chance I'd stick around long enough to graduate. What had seemed utterly insurmountable just one year prior had been reduced to a distant memory no more able to harm me than a common nightmare. As it turns out, I'm going to make it. And you know what? **So are you.**

Clerkship Day -422

Third year is my sword of Damocles.

Clerkship Day -2

Hello Dr Nemeth,

I just wanted to check in briefly before clerkships are officially under way. I feel I've done all I reasonably can to prepare, including reading through multiple clerkship guide books, organising the review and study materials I plan to use for exam preparation, working through a handful of required cases ahead-of-time, optimising note templates to the best of my current knowledge, and taking steps to set my personal affairs in order for the next few months. Despite this, I feel as if I am standing at the precipice overlooking the fathomless abyss of Third Year, still clinging desperately to solid ground even as I'm steeling myself for the inevitable shove over the edge. As such, I am concerned that my anxiety with respect to the emotional/interpersonal burden of the year risks becoming a self-fulfilling prophecy should I fail to achieve a more productive mindset early on. Because I am sure you have worked with a number of students in the past sharing similar concerns, I was wondering if you may have a few points of advice gleaned from those experiences that I might use to ensure I'm able to make the most out of the rest of my time as a medical student.

Thank you,

Rachel Yestrebi

Clerkship Day 1

Let it never be said that the Medicine clerkship wastes students' time. My first day on service, and I've already been assigned a patient of my very own. Naturally, I won't have any actual responsibility for his care, but I'll still be expected to know his every poop, cough, and sneeze as if it were my own. It looks like he's here for some sort of liver problem. On the other hand, half the patients on our census are here for some sort of liver problem, so I'm still not quite sure what this poor fellow did to get stuck with me. Very well, then. He shall be my Liver Bro. There are many like him, but this one is mine.

Clerkship Day 3

I have a chronic gastrointestinal illness that has historically made large social gatherings, shall we say, *uncomfortable*. In light of the fact that my health is unlikely to change in the foreseeable future, I have discovered something profoundly liberating about hospital work: I can let it rip all day and absolutely nobody will think to question the smell.

Clerkship Day 4

Right now, the only thing keeping me going is the realisation that every single day is *one more day that I will never have to live again*: a tangible achievement that gives meaning to my struggle. I've spent the better part of the last few years grappling with intrusive, frequently debilitating anxiety related to impending third year clerkships. Now that they are here, I can take some small solace in the fact that each passing day is no longer bringing me closer to a reckoning, but an end to my suffering. Each moment, no matter how awful, is a moment I needn't ever fear again. Each day, a day I will never live again. This shall be the mantra that sees me through the trials to come.

Clerkship Day 6

Today is my first day off since the clerkship began, the first real opportunity I've had to pause and think about anything more than finishing patient notes on time. I know I should be relieved – thankful, even, for the brief reprieve – yet all I can feel is unease. For the past five days, I've lived, breathed, and dreamt medicine so thoroughly I am no longer sure there was ever anything else to life in the first place. Now, I find myself overwhelmed by the sheer vastness of the alien world beyond my hospital bubble. What am I to make of this momentary freedom, anyhow? Why go to the trouble of reforging a tenuous link to the outside only to see it shattered the very next day? I sit on my couch and begin to work on a virtual case. The phone begins to ring. It's my mother. I haven't spoken to her in a week. We used to speak every day. Somehow, the virtual patient in the case seems far more real to me in this moment than my family ever were. The phone continues to ring. I don't pick up.

Clerkship Day 7

Hello Dr Nemeth,

Thank you for checking in on me. It's been tough, but I am fortunate to have the support of my fiancé and psychiatrist. This year, the Medicine clerkship is giving us the option to write a reflective piece in lieu of the inter-professional interview assignment. I plan to participate as I believe that writing frankly about my experiences may prove to be therapeutic.

-R.

Clerkship Day 8

Sometimes, I like to listen to 80's rock on the way to work. I'm not much of a music fan, but my mother began her clinical clerkships at this very institution in 1984, and I like to imagine she may have listened to some of the same songs on her morning commute. It reminds me that she not only survived third year, but went on to graduate, find love, start a family, and enjoy a successful 30+ year career in radiology. If she made it through without losing herself, so can I.

Clerkship Day 9

I had my first formal feedback meeting today. Some people would think it went pretty well, based on the generally positive tone of the discussion. Some people would be wrong.

Whenever I pause to contemplate the vast chasm between where I am right now and where I would need to be in order to thrive – much less excel – in this profession, I feel naught but pure disgust. I am doing all that I can merely to keep afloat at a functional level perhaps two or three rungs above that which could be expected of an amoeba given the same task. Fortunately for me, the bar for third year medical student performance seems to be set pretty firmly at amoeba. Regardless, *what is wrong with me?* The way things are going, each passing day is best approached as a new opportunity for failure. It is only a matter of time until there's something I will be required to explain or understand before I've had time to look in to the matter, to educate myself, to *think* before opening my mouth. Thus far, I've scraped by on intuition and a non-trivial store of recondite pharmacological wisdom, but I can only outrun the spectre of my own incompetence for so long. The real question is, will it be long enough?

Clerkship Day 10

Every morning, I come by to check on you, not at all certain that you'll still be there. Somehow, you're hanging on, even though you shouldn't be. One of these days, Liver Bro, either you're going to crash, or I am. I'm not really sure at this point which will happen first. Until then, we can wonder together whether or not we'll make it out alive.

Clerkship Day 12

I climb seven flights of stairs every morning to get to work. The trip can be gruelling at times, but I always power through. Once, I made the mistake of contemplating the parallels between my morning slog and life as a medical trainee. As I made my ascent, I reflected on how, despite the discomfort of the moment, I was making steady progress towards a tangible end point; a destination. Then I reached the top and remembered that the reward for my trouble was the pleasure of yet another fourteen hours of stress, anxiety, and doing things I wholeheartedly hate. Not the most uplifting metaphor, after all.

Clerkship Day 15

We should all be palliative care physicians.

Clerkship Day 16

I was informed this afternoon that Liver Bro finally succumbed. He was a tough old bastard, a veritable veteran of infirmity who had already logged a good month on the wards by the time I got there. Even then, he'd been showing signs of hepatorenal syndrome, a complication of liver failure that amounts to a virtual death sentence short of an organ transplant. In other words, we all saw it coming. *So why is everyone acting so nice to me?* In the last half hour, I've been independently approached by two different residents looking to make sure I was okay. The intern told me to let her know if I wanted to talk about it. The chief said it was fine if I needed to take some time for myself. I appreciate the concern, but deep down, I feel nothing. I begin to wonder if that should alarm me.

Clerkship Day 17

0751 – We admitted our first *bona fide* gomère to the service today: An 87-year-old grande dame coming in with likely aspiration pneumonia. Mercifully, I was not assigned to follow her, but that doesn't mean I won't be keeping an eye on her in the meantime.

0934 – O sign positive.

1645 – It appears our gomère is having a rough go of it this afternoon. My team is quite worried she'll crump tonight. Don't they know? GOMERS DON'T DIE.

Clerkship Day 18

I just arranged for a patient to receive sedation prior to an uncomfortable procedure. Mind you, it took some doing to ensure that the order would go through in time since nobody else on the team thought it worth the trouble. Yet, I've taken more satisfaction in this latest accomplishment than in anything else I've achieved in the last eighteen days. Thing is, from the patient's perspective, *not hurting* supersedes the sort of minutiae that providers all too easily get caught up in – you know, the ten minute debates over the paper just published in the *New England Journal of Medicine* whose authors spent one hundred million NIH dollars to figure out whether it was better to treat that stroke patient with two weeks of Plavix or three. Soon enough, it's time to move on to the next poor soul and nobody thought to mention that Miss Smith needs a tunnelled line pulled later that afternoon and would truly appreciate not having to savour every moment of the experience in vivid detail. Look, I'm not saying that academic rigour doesn't have a place on the wards. I just think that it's easy for the white coats to lose perspective on what the patient is really going through unless they've been on the other side of the needle a few times themselves.

Clerkship Day 19

Today, I ran my first code. More accurately, showed up. More accurately still, hovered impotently at the periphery of the room whilst the senior resident from my team ran the code. It was actually sort of exhilarating for the first thirty seconds or so, until it became clear that I wasn't going to get to see or do much of anything. Instead, I pondered the surrealism of the tableau before me: There had to have been at least a score of humans toiling frantically to ensure the survival of a single, frail stranger who, statistically speaking, was highly unlikely to regain consciousness, much less a meaningful existence, ever again. From an evolutionary perspective, I simply could not make sense of it.

Clerkship Day 20

For three consecutive weeks, I've been wrested from sleep by spontaneous panic attacks on the eve of my weekly day off. The attacks themselves are nothing new; I've struggled with these so-called *nut parties** ever since a particularly traumatic encounter near the end of my first year of medical school. For a time, they'd plagued my dreams at least once or twice a week, but gradually became less frequent as I made progress in therapy until naught remained but a faint scar on my psyche. Now, they've returned, as rambunctious as ever save one unsettling difference: Previously, I'd always been able pinpoint some sort of trigger, some specific exogenous stressor that had precipitated each attack. Lately, I've had no such luck. This observation leads me to two important conclusions:

1. I have **finally** become inured to the pre-clinical-encounter anticipatory anxiety that has plagued me since the end of my first week of medical school when I burst into tears in front of a room of my peers whilst struggling to interview a standardised patient. From that point forward, the mere thought of donning the white coat induced a Pavlovian fear response that largely dictated the next two years of my life. Over time, that damned coat came to symbolise my self-doubt, my fear, my every personal failing that the realities of clinical medicine seem to exploit to the fullest. Often had I wondered what it would take to free myself of so grave a burden. As it turns out, the answer all along had been to give myself over wholly to the coat, for the twisted symbiotic relationship we now share blurs the boundary between it and me to the point where fearing the coat is tantamount to fearing what is left of myself.

2. On some level, I know that I'm living on borrowed time. I believe it is no accident that the panic attacks always seem to come on my day off, the one day I am permitted to drift just far enough away from the coat to catch a glimpse of the best parts of myself, the passions I so willingly renounced lest I feel too keenly the sting of their absence. But, I will not be a medical student forever. There will be a reckoning when I cast off the short white coat for good and become once more the master of my own fate, forced to confront the full consequences of the path I chose. I pray I will be able to forgive myself.

*Because my amygdalae threw a party when I was sleeping and didn't bother to invite me.

Clerkship Day 22

After three long weeks, I've finally found my rhythm. My team's long call day is Friday, meaning we can expect a higher volume of late admissions that day. In return, we are protected from new admissions on pre- and post-call days, which are officially Thursdays and Mondays because whoever thought up the call schedule forgot that weekends are still a part of the week. Come Tuesday, we predictably get slammed with six or more new admissions, to the point where we're arguably worse off than on our actual call day. The upshot of all this? I've figured out that Mondays tend to be the best days to catch up on studying and schedule doctors' appointments. Tuesdays are fourteen-hour patient care marathons. The intensity usually wanes from there so that by Thursday afternoon I can often squeeze in a few more hours of studying. Fridays are like Tuesdays with scrubs. And Saturdays are mine alone. All in all, things feel a bit more manageable now that I have some sort of internal schema of how the universe is supposed to work. Naturally, I will be moved to a new hospital next week with a different team and a different schedule where exactly none of this will matter anymore. That's the fun of third year, right? Yeah. *Fun.*

Clerkship Day 24

Apparently, if you are a consult fellow, it is a really bad idea to mock the providers who call in consults you find unnecessary over the phone. Not because that sort of behaviour is puerile and antisocial, nor even because your literal job description is to take consults. It's because doing so will give you a **bad reputation** (!!!). At least, this what my senior resident explained to the team after someone got chewed out by an uppity fellow this morning. Oh, and lest I forget, the corollary to this rule is that it is a-okay to mock the caller *ad liberatum* as long as it's done behind their back.

And this, my friends, sums up why I hate people. Ninety percent of them never left high school.

Clerkship Day 26

0421 – Today is my last day at this hospital. It's a call day, but I really don't anticipate anything too exciting happening. Just one more day that I will never have to live again.

0630 – I just told my intern to order midazolam for our patient with a new diagnosis of stage 3 multiple myeloma prior to her bone marrow biopsy. In return, I got a mini-lecture on why we should not acquiesce to patients' demands for drug escalation. The weaker agent lorazepam would do; hell, most patients undergoing this procedure do perfectly fine with nothing at all.

Um, *no.*

Dearest reader, I do not know if you have a sense of how painful it is to have your bone marrow aspirated. For your sake, I hope you do not. Suffice it to say that a sedative drug like midazolam won't even touch the pain, but it happens to be a decent amnestic – better than, say, lorazepam. Thus, there's at least a chance it might help blunt the memory of first delightful procedure come time for the next biopsy. Bottom line: as an enthusiastic student of pharmacology, I knew there was absolutely no medical justification for withholding midazolam from this patient. Alas, as an inveterate human pincushion, I've personally come up against more than a handful of providers similarly disinclined to offer adequate sedation for entirely arbitrary if not blatantly adversarial reasons. Why is it so difficult for so many physicians to grasp that limiting needless suffering is the right thing to do? The humane thing. For once, I cannot afford my intern the benefit of the doubt, nor ascribe the discrepancy in our clinical judgement to my own lack of experience. I can only pray I should never have the misfortune to become a patient under his care at any point in the future.

0914 –

****bop. bop. bop.** CODE TEAM TO CANCER CENTRE. CODE TEAM TO CANCER CENTRE. **bop. bop. bop.****

This time, we make it to the code early enough that I can actually see what is going on. I take my place in line. Crap, I might actually have to do compressions. *"We have a pulse."* Oh, thank God. I dodged a bullet there.

"He told me this morning he doesn't want to be intubated."

"Did he sign the papers?"

"Not yet."

I glance at the whiteboard behind me:

[08/03: Palliative care following. To be seen by long term hospice later today.](#)

In goes the breathing tube.

Clerkship Day 27

once more i find myself wrenched from the comforting embrace of slumber this time by visions of dead and dying things shadows of the past or perhaps a sign of things to come as i contemplate the mortality of those i love withering away as time slips by ever faster whilst i rot away in this hell where every day i feel the spectre of death closing in around me until all i am left with is the echo of their pitiful wails i watch their bodies fail them unable to speak yet i hear their screams i hear their screams ...

Clerkship Day 29

A new month, a new hospital, a new team. I have no idea what I am doing and my senior does not seem so keen on easing me into my new role. Is it too late to request a transfer back? I never thought I'd wish to return to the old hospital, but if this is the alternative... at least I will never have to live this day again.

Clerkship Day 33

Sometimes, I wonder if anyone has the slightest idea of just how terrified I feel each and every time I have to solicit the attention of another human being. Early on, I thought I would acclimate to my new, more social existence over time, but things just aren't shaping up that way despite ample exposure. Every day is a gauntlet of phone calls and consults assigned to me with astonishing nonchalance. My emotional reserve for handling these situations will soon be exhausted, and I fear I don't have much of a plan in place for if (when) that occurs. There's just no reasonable way to say, "I'm sorry, but I'm going to schedule that outpatient appointment tomorrow because using the phone legitimately terrifies me and I'm too overwhelmed to cope with it right now." Nor is it acceptable to pass on rounding because I am simply too depressed to give a damn at that particular moment. The sick part is that the residents, bless their souls, think they are doing me a favour by suggesting these relatively benign tasks in lieu of requesting I handle tedious discharge paperwork. From their perspective, this is entirely reasonable; I mean, what kind of doctor picks paper over people?

Clerkship Day 34

I see you lying there. I see the fear in your eyes as you grapple with your impending mortality. I see your pain, your yearning, your loneliness. I see you so clearly in your hour of need and know in my heart that I could ease your burden, if only a little bit. I see you... but if I can't track down the nurse who can tell me whether the guy on 634 pooped before rounds, I'm going to get yelled at. I leave without saying goodbye. Sucks to be both of us, I guess.

Clerkship Day 35

This morning, I cried in front of a patient with, amongst other things, vocal cord paralysis. Try as I might, I simply could not make out whatever it was he was trying to tell me. This latest failing merely punctuated what had already been a tremendously stressful morning, and in a moment of weakness, I broke down. The patient immediately took my hand in his. With a grandfatherly nod, he reassured me that everything was going to be all right.

This particular patient had coded eleven days ago. He'd just come as close to death as it was possible to get, and here I was the one who needed taking care of. Well... no surprises there.

Clerkship Day 36

That moment when you are about to see a patient on contact precautions and consider not gowning properly because if you should be so lucky to catch whatever nasty they have, you wouldn't have to show up to rounds for a while. Or ever.

Clerkship Day 37

I have admitted at *least* one patient a day for the past week and I am about to lose my mind. The sad thing is, I'm still carrying only two patients a day. It's getting to the point where I'm fantasising about slipping my new alcohol withdrawal patient some stimulants to guarantee she'll stick around for at least a few days. In other news, I cannot say I was devastated to learn that my other patient, who had been slated for discharge today (*of course*), developed an acute kidney injury just this morning and would be staying with us a while longer.

Clerkship Day 39

Evaluations from my first month on service have slowly been trickling in over the past several days. As I've worked up the courage to look through them, I've noticed a theme. For instance, take the two most recent:

Don't be so hard on yourself... You have ALL the ingredients to develop into a great doctor. I hope you also find joy in what you do.

Sometimes I worry that you don't seem to be having any fun.

Well, well, well. It seems I am portraying myself authentically, after all.

Clerkship Day 41

There is a certain atemporality to life in the hospital. I come in well before dawn and increasingly find myself leaving after the sun's last rays have dipped below the horizon. Inside, I find innumerable identical corridors aglow in eternal halogen twilight. The soft hum of industry pervades the floors at all hours of day and night, broken only by the occasional blaring of code bells. Windows are a luxury reserved for patients, who in their convalescence keep them drawn more often than not. It's been days since I've seen the sun.

The loss of regular day-night cycles has long been recognised as a major contributor to the frightfully common inpatient affliction known as hospital delirium. I see no reason why providers should be immune to its influence. As the hours blur into days melt into weeks, I start to lose track of where I end and the rest of the hospital begins. It is six in the morning, or perhaps evening – the difference hardly matters anymore – as I float down the dimly lit halls of West Five for what feels like the thousandth time. I set about my chores with appropriate vigour, but cannot shake the dreamlike haze that pervades my senses. None of this is real. I am not real. Soon enough, the curtain will fall as all becomes but a distant memory, then an uncomfortable feeling just outside the grasp of consciousness, and finally, nothing at all...