

THE 4TH ANNUAL “HUMANISM IN MEDICINE” ESSAY CONTEST

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1ST PLACE

The **STRUGGLE** *is Real*

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When mention is made of medical errors, the tendency for most is to think of disastrous mistakes that result in patient injury or even death. For others, perhaps near misses come to mind, missteps with catastrophic potential that were luckily noticed in time to prevent serious injury. There is, however, another type of mistake that we make in medicine, not the sort that dramatically impacts patient care, but rather the minute, small mistakes we make daily that mostly impact the way we see ourselves as healthcare practitioners.

It didn't take very many surgeries under my belt to reach what many will consider a self-evident conclusion: surgery is hard. I remember early during my OBGYN rotation (my first rotation) being asked by a doctor on one occasion, then soon after by a fellow, to do a free tie on a tubal ligation. This was of course long before I had gotten the chance to really practice knot tying and to develop facility with it in a pressured situation. I stammered something incoherent as I struggled through it, doing a miserable job and clearly floundering. When this also happened with the fellow, she was even less patient than the attending. "You'll just have to practice this later," she tersely concluded, and tied it for me. As someone who prides myself on preparation and technical competence, I was at once humiliated, flustered, and frustrated. This was by no means the last time I would experience that packet of emotions during surgery, and for a while I waited with trepidation when it came time to suture or tie, hoping I would not be made to look as foolish as I had looked early on. I practiced my knots of course, but was unsure how I would react under the bright lights when the pressure was on.

Some time later, during a colorectal surgery rotation, everything changed for me. As I was watching one of the colorectal fellows doing a colonoscopy, the attending came in after seven or eight minutes and took over for her. This happened again, and yet again, at which point she finally explained, "If I'm too slow, he comes in and does it himself." Then she added with frustration, "I wish he would let me struggle with it." Her words struck me. "I wish he would let me struggle." As I reflected on what she had said, I realized that the very thing I was avoiding – struggling – was precisely

what she was wishing for. What she knew that I did not, was that struggling in surgery is not a dreaded occasion to be avoided; it is an opportunity for improvement and growth. Surgery can only be learned by doing. The sooner you struggle, the sooner you learn and improve. She craved the opportunity to struggle, and I realized that I had been thinking about my difficulties all wrong.

With this perspective in mind, I felt like my eyes had been opened, and I began watching for other people struggling, especially so I could see how they approached it and dealt with it. One day before a small bowel resection, I saw an experienced anesthesiologist struggling to start an arterial line on a patient with difficult vasculature. He opened one kit, tried to insert the line, but could not find the artery. He called for the ultrasound machine and tried again. No luck. After a third unsuccessful attempt, he shook his head in disgust and concluded that someone in the ICU would have to insert it. At that moment I realized that even after years of experience as a physician, the twinge of embarrassment and frustration following even a minor failure was no less palpable. Indeed these emotions are perhaps more pronounced, since both the physician and those around him or her have higher expectations.

As I progressed through my third year, especially during surgical rotations, I came to realize that doctors and doctors-to-be at all levels of training struggle with something, and that no matter where we are, there is always some skill or piece of knowledge that is just beyond our comfort zone. The fellow who uttered those words, “I wish he would let me struggle,” opened my eyes to a different and better way to approach these times of difficulty and frustration; in particular she showed me that I ought to view them as a gift, an opportunity to be cherished rather than a catastrophe to be avoided. Struggling spurred me to practice, and in time I came to look forward to opportunities to tie and suture. Maybe I would perform exceptionally; maybe I would struggle. But whatever the outcome, I knew I would be better as a result. To my colleagues at all levels of training, I share with you the lesson I have learned: the struggle is real – embrace it with humility and determination and you will grow! ■

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RESILIENCE

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