

A HAND TO HOLD

Efe Cudjoe, Class of 2020

I, like many first year medical students, had always dreamed about my first patient encounter. Despite my prior shadowing and clinical research experiences, my perception of what that day would be like was, oddly, somewhere between the popular drama-television series *House* and *Grey's Anatomy*. At 6:30 a.m., on a cool winter day, the time had finally come. As I made my way out of bed, I could hear heavy raindrops steadily beating against my window, but at that point not even the rain could dampen my spirit. I had waited so long for this moment; I was excited and prepared. As I was getting ready, I continually repeated the steps for a problem oriented encounter. These steps had been drilled into my head since my first few weeks of medical school. Knock on the door, wash your hands, introduce yourself, elicit details of the chief concern, ask personal context questions, elicit the emotional context, obtain a detailed description of the HPI, and gather: a past medical history, a social history, and a family history all in under 15 minutes. I must have repeated this sequence at least 100 times that morning. The primary difference was that unlike the standardized patients that I was accustomed to, this was a real, unscripted patient, with a real health problem. Nonetheless, I knew I was prepared.

I arrived at the health clinic, thirty minutes early, donned my white coat and immediately preceded to my preceptor's office. I was met by the nurse who was working with Dr. Ford. She indicated that Dr. Ford would not be in for another 15 minutes and I was free to go in and speak with Ms. Jones, the first patient. She had roomed her in 106. I was excited because I knew exactly what to do. I was going to follow the exact sequence that I had recounted numerous times that morning. I was convinced that my prior experiences had primed me for that very moment.

I confidently knocked on the door. Silence. I thought to myself, "Perhaps you knocked too lightly." So I proceeded to knock again. And again, I was met with silence. Rather than knocking a third time, I decided to open the door. I immediately saw a woman in black jeans and a purple t-shirt. She had multiple tattoos extending down each of her arms. She was slightly slouched in her chair and was intently staring at the ground. I slowly walked into the room and began to sanitize my hands as I greeted her. Despite my greeting, the woman did not move or acknowledge my presence. My palms began to sweat and a small lump formed in the back of my throat. All of a sudden I felt very unprepared. This is not what I had planned for. In that moment, I wanted to let fear win. I wanted to run out of the room and let the nurse know that I was not ready. It was clear that this woman did not want to interact with me. Despite these thoughts—I sat down and persisted. I began to introduce myself and informed Ms. Jones that I was a first-year medical student and that I had been instructed to gather some information from her. Ms. Jones did not stir.

I nervously shifted in my chair and struggled to find my next words. "Ms Jones, is there anything that I can do to make you feel more comfortable before we begin?"

Tears began to trickle down her face. As she slowly looked up at me, her first words were: "You know she was so beautiful, full of life, her son still doesn't understand. It's been long enough that I shouldn't be in this much pain. Today is a particularly hard day because she loved the rain. It's been 2 months since her death and things just never seem to get easier...My daughter."

A tear glistened at the corner of her eye and then slowly rolled down her cheek. She outstretched her hands and grabbed both of mine. We then sat in silence. Strangely, in that moment, I was comfortable with the silence. It gave me peace. I realized that as much as Ms. Jones needed the comfort of my embrace, I too, needed the comfort of hers. Unbeknownst to Ms. Jones, I was also dealing with the unexpected death of my aunt who had passed away just three months prior. Up until my aunt's death she was healthy and full of life. As I sat there holding Ms. Jones' hands I could feel not only our shared pain but also the glimmer of hope that the pain would not last forever.

As I now reflect on this experience, I realize that Ms. Jones was willing to share the most intimate moments of her life due to the compassion that Dr. Ford had previously shown her. Dr. Ford had fostered a caring and comfortable relationship with Ms. Jones; which effectively provided me with a platform.

This experience taught me that fulfillment isn't just about meeting goals or finishing a patient encounter in the allotted fifteen minutes. It's more about the journey, and the process. The process of listening, learning, and growing with a patient in order to provide compassionate care. I trust that one day I will be able to fulfill my lifelong dream of serving underprivileged communities. As I work toward that dream I am really enjoying the process of learning about who I was, who I am, and who I want to become. Part of that entails becoming the best physician that I can be. A physician who makes meaningful connections with patients. I've seen that strength and sustenance in the physician-patient relationship is built from compassion and a mutual recognition of humanity. In my future practice, I hope to emulate Dr. Ford by ensuring that all of my patients feel seen, heard, and valued. ■

Efe Cudjoe is currently a second year medical student. She received a Bachelor of Science in Biology from Brown University. In her free time, she enjoys reading, writing and staying active.