

Anything but commonplace

A third-year UBC medical student reflects on the poetry of life in medicine, as experienced in a single day of his Integrated Community Clerkship.

Greg Costello

The doors to the Fort St. John Hospital slide open and I brush the snow off my shoulders and stomp my boots. I say hello to the passing housekeeping staff coming and going in the bustle of the early morning shift change. Unsung heroes of the facility, they are omnipresent and always willing to help a hapless medical student find his way. Soon I've grabbed a scrub shirt and cracked one of my textbooks, trying to make a minuscule dent in my monstrous reading list before rounds; it only grows as I progress in my Integrated Community Clerkship.

In the elevator to the inpatient unit I stare down at my smartphone, which reminds me I should be meeting my preceptor in a few moments. We find each other and start flying from patient to patient—from depression to hypertension to heart failure to dry heaves. We dart from room to room getting a sense of what needs to happen for each, and then ask for it to be done. My list of things to look up is growing faster than my knowledge base.

Mr Costello is a UBC medical student currently finishing his third-year Integrated Community Clerkship in Fort St. John. He will be applying for a residency position in family medicine later this year.

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“Nothing will sustain you more potently than to recognize in your humdrum routine, as perhaps it may be thought, the true poetry of life—the poetry of the commonplace; of the ordinary man, of the plain toil-worn woman, with their loves and joys, their sorrows and their griefs.”

**—From *The Student Life and Other Essays*
by Sir William Osler**

My answers come up short again. “That’s the point!” my teacher states with a smile. “If you knew everything already, why would you be here?” His words bring a little comfort to my bruised ego as he disappears to the OR to provide more effective anesthesia. I’ll see him next in the family practice clinic and hopefully have better answers for him then.

I make some notes as I walk to the intensive care unit to see a patient I admitted from the emergency room a week earlier. The blood has stopped flowing from his lower gastrointestinal tract, but the octogenarian’s other organ systems still need some work. Unfortunately, the internist is muttering incantations to the nursing staff for another patient, so my questions will need to wait.

To counter the intensity of the ICU I make my way to the Happiest Place

in the Hospital. After learning from the maternity nurses about the happenings in the night, I ask if I can help with anything. A few normal newborn checks and introductions to laboring mothers-to-be later, I am chatting with the obstetric physician on call when I realize I need to visit my palliative care patient, whom I haven’t seen in a few days. As I leave, I have the feeling I will be returning later in the day at a much quicker pace.

Though a heavier place, the hospice is home to great conversations. I make the most of my time chatting with a lady I first met months before in the ER. Though sicker, she is much more comfortable and appreciative of my assistance all those weeks ago, and of my current presence, even if it’s only for a few minutes. She dozes off, and I think about doing the same when a buzz in my pocket reminds me

of where I am slated to be for the rest of the day.

With each shift in the emergency department I have come to appreciate the unique perspective that it offers on a community. Each patient, with their particular injury or illness, gives one piece of a cross-sectional view of a region. An uptick in the number and severity of industrial workplace accidents reflects a boom in oil and gas activity in the region. The patients with extraordinarily exacerbated chronic disease suggest a profound shortage of family physicians in the area.

In addition to this, I often see people who I have passed in the street on stretchers in the ED—the mother of a local hotel manager, the clerk at the grocery store, a nurse from another part of the hospital. As we exchange smiles of mutual recognition, the privilege and responsibility of medicine and confidentiality weigh on my mind.

I flit from room to room getting histories and doing exams when I encounter a young girl with appendicitis. In short order I find myself in OR scrubs watching the angry organ,

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hinted at by my physical findings, being removed on the laparoscopic screen.

Afterward, as I consider going home to catch up on bookwork, a call comes in from maternity. The time had arrived for the patient I had met earlier, and an hour later I take part in the joyful moment when she is

presented with her child. I leave the room, making a note to check on them tomorrow.

It's dark outside, as it was when I arrived, but I don't feel tired. I walk to my frozen car, relaxed and contemplative, like I've just finished a small part of a poem. I drive away as my contemplation gives way to excitement, looking forward to the next verse.

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May cause elevated heart rate.

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