

## Medical School Commencement v. Graduation

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*Students undergo a conversion in the third year of medical school: not “pre-clinical” to “clinical,” but “pre-cynical” to “cynical.”*

-Abraham Verghese, MD MACP

The scalpel hovered over the swollen, red, and inflamed mass peeking through the opening in the sterile drapes. The patient lay on her side facing away from us, clutching the stiff emergency room pillow against her face and moaning as she rocked back-and-forth. Whenever the surgeon manipulated the mass, she yelped. I was a brand new medical student observing my first incision and drainage of a perirectal abscess. The surgeon sat on a rolling exam chair next to the patient’s bed and peered at me over his mask. “Your two jobs are to hold her in a position so I can get to her rectum and then get a culture of the contents once I open this thing up.” I nodded.

The surgeon leaned slightly and spoke distinctly to the back of the patient’s head. “Okay,” he said, “you might feel some pressure.” He pressed the mass again with his gloved finger, apparently satisfied that he had located the best point of entry. I had recently attended a Microbiology lecture about anaerobic bacteria and knew that I would need to place the sample into the culture media quickly. I adjusted the exam light then pressed against the patient’s leg to expose the area. I held the culture swab at the ready. The distance between the scalpel and the abscess closed. Without knowing it, I was about to learn an enduring lesson.

The moment the abscess cavity opened, I recoiled from the overpowering stench of the pus as it burst from the abscess. The horrendous odor was not something for which I had been prepared and my eyes were burning as the surgeon glanced at me with what I assumed was amusement. “Here,” he pointed. “Get the culture.” He completed the procedure, took care of business, and left.

Over the years, I learned many lessons from experiences at the bedside, in the clinic, and in the operating room that I could have learned in no other way except by being present when they happened. Serendipitous, formative moments are common to all medical students and physicians, yet because of their spontaneity, they are not part of the written curriculum.

Consider, for example, the teaching opportunity encountered at the bedside of a dying woman. The young medical student – who has never experienced a significant disappointment in his or her own life – sits and listens as the woman’s

husband patiently and unflinchingly shares the intimate details of what his wife's death will mean.

Similarly, consider the significance of the first time a student steps alone into a clinic room and another human being allows – expects – the student to wash their hands and approach the exam table. The student moves the patient's gown aside and listens to the heart and lungs, searches for the liver and spleen, and hunts for signs of illness. Does every student wonder how to respond when the patient looks into their startled eyes and asks, "What do you think? Is everything all right?"

For better or worse, the linear structure of a life in Medicine forces students to have many first experiences accompanied by mentors-of-the-moment that are often merely one or two steps ahead in training. There is a first time each student or young physician repairs a cut, gives a shot, starts an IV, takes the knife in hand, delivers bad news, hears a murmur, or slides in a catheter. There is a first time they sense the pulsation of an aortic aneurysm, realize that a patient is trying to deceive them, or feel their hand enveloped by the warmth of the abdominal contents. There is a first time when they come up with a correct diagnosis and a first time when they do not. There is a first time another person dies while they wait and watch.

Each spring, medical schools hold commencement ceremonies to celebrate their graduates' successful completion of the curricula and to award degrees. Like other institutions of higher learning, there are processions, speeches, music, and caps-and-gowns. There is great happiness and celebration as the graduates stand at the cusp of their careers.

I would argue, however, that medical school graduates have "commenced" long before they receive a diploma. From the day each of them first slips on the white coat until that day, years later, when he or she takes it off for the final time, they experience a perpetual succession of commencements devoid of ceremonial ritual or formal recognition. Without the moment of reflection, however, the student or young physician learns early to shrug and then get back to work.

As young adults begin medical school, their "vicarious empathy" – the ability to sense another's feelings, thoughts, suffering, or attitudes – is identical to their peers outside of Medicine. Their vicarious empathy drops throughout medical school, particularly after the first and third years<sup>1</sup>. Occasionally, an exceptional mentor will recognize that the student or young physician has had a seminal moment and will pull them aside to ask, "What just happened here? What are you thinking? Let's talk for a minute." Most of the time, however, students and young physicians have these experiences and then move on to whatever subsequent urgent task awaits them.

As they become physicians without the benefit of ceremonies or signposts to mark the accumulating moments that separate them from their former peers, they continue their nearly imperceptible transformations.

The day I watched the incision and drainage of the perirectal abscess in the emergency room, I realized for the first time that pus in an abscess cavity can exist under pressure. I understood that it is possible for a person to scream in pain and then say, "Thank you! OH, THANK YOU!" in the same breath. I developed an indelible association between a mixed anaerobic abscess and the word "putrid." And it took me years to un-learn that when a surgeon notices a student's distress, it is apparently just fine to smirk, say nothing, and then go on your way.

REFERENCE:

1. Newton BW, Barber L, Clardy J, Cleveland E, O'Sullivan P. Is there hardening of the heart during medical school? *Acad Med.* 2008;83(3):244-249.  
doi: 10.1097/ACM.0b013e3181637837
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