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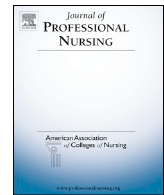

AACN NEWS
2020 Hope Babette Tang Humanism in Healthcare Essay Contest

The Arnold P. Gold Foundation holds an annual essay contest to encourage nursing and medical students to reflect on their experiences and engage in narrative writing. The contest began in 1999 focused on medical students and expanded to include nursing students in 2018. Students are asked to respond to a specific prompt in a 1,000-word essay.

For the 2020 contest, students were asked to use the following quote as inspiration to reflect on when they've experienced or observed, as an individual or as a team (doctors, nurses, therapists, etc.), the impact of human connection:

"Medicine cannot heal in a vacuum. It requires connection. ***— In Shock,*** **by Dr. Rana Awdish**

More than 200 essays were submitted. A distinguished panel of judges, ranging from esteemed medical professionals to notable authors, reviewed the submissions. Three winning essays from medical students and three winning essays from nursing students were selected, along with 10 honorable mentions. The winning essays will be published in consecutive issues of *Academic Medicine* and the *Journal of Professional Nursing (JPN)* in the fall/winter of 2020. The third-place essays are published in this issue of *JPN*. The second-place winning essays will appear in the November-December 2020 issue, and the first-place winning essays will appear in the January-February 2021 issue.

The contest is named for Hope Babette Tang-Goodwin, MD, who was an assistant professor of pediatrics. Her approach to medicine combined a boundless enthusiasm for her work, intellectual rigor, and deep compassion for her patients. She was an exemplar of humanism in medicine.

The Arnold P. Gold Foundation infuses the human connection into healthcare. The nonprofit organization engages schools, health systems, companies, and individual clinicians in the joy and meaning of humanistic healthcare, so that they have the strength and knowledge to ensure patients and families are partners in collaborative, compassionate, and scientifically excellent care.

NURSING STUDENT ESSAY

Mia

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Pancreatic enzymes, a host of respiratory medications, two different antibiotics, a steroid, an appetite stimulant and to top it off, a surprisingly high dose of anti-depressants…

"Far more medications than a 17-year-old should be taking," I think as I scan through the chart of my first pediatric patient, Mia.

Upper respiratory infection, history of cystic fibrosis complicated by malnutrition, 6th percentile for weight, regular marijuana use…

I log off. Following the cues of the sign posted on Mia's door, I gown up and pull on my gloves and mask. I pause, then knock. "Come in," I hear.

I walk into Mia's room. She is wearing a nasal canula, lying on her side, and watching a video on her phone. She is small, very skinny, with a jet-black bun tossed on top of her head, and looks more like 13 than 17.

"Hey Mia! I'm Sonia, I'm going to be your student nurse today," I say cheerfully. "Hi," she says, without looking up.

I feel a blatant nurse-patient divide as I, in my isolation garb, nervously approach a pajama-wearing Mia to perform my assessment. When she sits up, I notice her shoulders are arched forward into a kyphotic position, something I have seen only in the elderly. I fiddle with the pulse oximeter, trying to attach the cords and get an oxygen reading.

She takes the cords into her hands and clicks them into place. "Oh, thanks!" I say, embarrassed that I am already making a fool out of myself. "Are you nervous?" Mia asks, sizing me up with a coy smile at the corner of her mouth. "No, not really," I lie, trying to sound nonchalant.

After gathering vital signs, I listen to Mia breathe. I hear her lungs crackle, and see the outlines of her central line port and ribcage through her white camisole. I document my assessment findings and Mia reverts back to staring at her phone. When I'm done, I walk to the window and look out.

"You've got a really nice view here," I say. "Yeah, I like the rooms on this section of the unit because I can see the Domino Sugar sign there lit up at night," she says, pointing. She comes over to join me. We kneel side by side on the window seat, and she orients me to the city of Baltimore below, my new home as a nursing student. She tells me about her parents, her dad's girlfriend, her younger half-siblings, and her bulldog. She says she is pretty sure her brother's friend gave her the infection.

Over the next hour Mia gets visits from a dietician who tells her she needs to eat more, and from a respiratory therapist who straps her into a vibrating vest that helps her cough up thick secretions. Later in the morning I bring in cans of formula for Mia's tube feeding. As I prepare to administer the feeding, Mia picks up a can and pours it into her syringe attached to her gastric tube, watching the fluid disappear into her body. This is her everyday reality; she doesn't need my help. When she is done, I ask if she wants to take a walk.

"Uh…okay," she says. "Great!" I say. I like to get my patients up and moving.

We assemble her cords and IV tubing and make our way out of the

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room. She pulls the IV pole alongside her as we walk laps around the unit and chat about her many stays here. She tells me that when she feels well enough, she likes to venture off the unit to buy candy at the hospital gift shop just past the Jesus.

"Past the what?"

"You know, that huge statue of Jesus on the first floor?" she prompts. "I must have missed it," I say. "Well that's an achievement," she laughs. "You have to work hard to miss it. I'll take you there in the afternoon," she says. "Deal," I respond.

We return to the room and I head to lunch. When I get back, I notice that Mia has changed her outfit, let down her hair, and put on make-up. She is peering into a small mirror, finishing the last touches of eye shadow.

"Wow, you look nice!" I tell her. "Thanks!" she says.

Moments later a young male resident comes into the room to talk to Mia about her plan of care. Once he rounds the corner, Mia turns to me with bright eyes and says, "could he BE any more attractive?!" I laugh and nod in agreement. "So that's why you put on all that makeup!" I joke. "Yep, he comes around in the afternoons," she explains, blushing.

A classmate pokes her head in the room to inform me it's time for our clinical group to convene to discuss the day's events. Genuine melancholy comes over me as I collect my things for the day knowing that I will most likely not see Mia again.

"See you Mia, it was good to hang out with you today." "Yeah, you too," Mia says. "If I'm still here next week, we can go see Jesus." "Sounds good," I say, smiling.

In class we learn medications, diagnoses, and technical aspects of nursing. In clinicals we are challenged to apply all this knowledge but in a way that is specific to the patient. When my day began, Mia was a list of information in a medical record. And to her, I might have been just another person in a revolving door of strangers who were only there to poke, prod, and monitor her for changes. By overcoming the nurse-patient divide, we both grew far beyond our initial impressions of each other and I got to watch her spirits be lifted as she chatted, walked, and tried to impress a boy. Healing comes from genuine interpersonal connection and I will take this lesson to heart as I enter my career as a nurse.

(Author's Note: The patient's name and other details have been changed to protect patient privacy.)

MEDICAL STUDENT ESSAY

Unscripted

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I once shadowed a surgeon who made a habit of patting his patients on the shoulder. He informed me that studies suggested malpractice rates were lower for proceduralists who engaged in nonverbal communication. I couldn't help but reflect on how he would have acted if not for the statistic.

Every so often I wonder if I will become like him. Will I catch myself in the mirror furrowing my brows to feign concern? Will I lose myself going through the motions? Worse yet, will medical school become a finishing school of sorts for me, diluting my human connection and transfusing clinical distance in its place?

Once accepted to medical school, students are given a script. We rehearse our lines until the words become but a string of syllables. I'msorryforyourloss comes as automatically as Doyouhaveanyallergies. Empathy is not a quality so much as a criterion. Check the box and move on.

Professional schools across the country are teaching patient communication by adding improvisational theatre to the curriculum. Subpar bedside manner? Take a course. The sequencing of this instruction seems funny to me. "You're going to be a doctor, so we have to make sure you're a human!" The operating theatre is not a stage. Does wearing a surgical mask mean you have to get into character?

I fear that assessment and instruction on bedside manner may dissociate the people skills from the person. Bedside manner should be streetside manner and couchside manner and barside manner and grocerystoreside manner without geographic dependence. While I've learned a lot in medical school, I would still like to hold on to the hope that I am more than what I have been taught. I would like to imagine that I would have furrowed my brow and held your hand subconsciously. I would like to think that the words "I'm sorry" would be unscripted.

I'm proud to say that most of my classmates do not need lessons in empathy. Empathy often comes coupled with tragedy, or rather, tragedy comes bearing empathy in tow. Despite seatbelts and vaccines and surgeries, tragedy is not something we can avoid. My peers learned their empathy from summers spent caddying at golf courses for the middle-aged man who lost his swinging arm, or growing up with the little sister with the blue eyes who did not wake up one day. The reality is that, for those who would need an empathy lesson, just a lesson would not be enough.

For several weeks during my first year of medical school, I watched an otolaryngologist see the same young woman after his Friday evening clinic was over. She had lost over 80% of hearing in one ear and he was giving her steroid injections. One day she asked why he was going out of his way to restore her hearing.

"I lost hearing in my ear suddenly when I was your age. I never fully recovered."

This is empathy, honed and chiseled only by human connection.

Sometimes people skills are learned when we aren't talking. When my middle-school singing lessons evolved into a post-graduate job as a funeral soloist, I found myself tethered to people I was seeing for the first time. All of a sudden, the church would feel empty except for me and the widower or the son of the police officer or the parents whose child had overdosed. I felt as though every word I sang was in answer to the pleading question, Tell me where it hurts. I've never felt more like a doctor than when I was singing at funerals. The principle is the same, isn't it? Our role is to heal. I don't think anyone could teach me how to react. All I know is that I found myself crying over eulogies for people I had never met.

I used to think empathy was fluffy and medicine was accurate and precise, but perhaps the opposite is true. Medicine can be unwieldy: The test is 99% accurate and the complications of surgery are very rare and the protection usually lasts and the clinical trials have been said to succeed. I pray I will not succumb to the script: *I'msorryforyourloss* but I thought I asked *Doyouhaveanyallergies* and *Thecomplicationsfromsurgerywereveryrare*. I hope that if you have empathy, you will carry it with you from the bedside to the bar to the church to the grocery store to the waiting room. I hope that my humanity will still remain when I am tired and don't remember the words I was supposed to say.

And, if nothing else, I hope that I will always find myself wordlessly seeking an answer to the question, Tell me where it hurts.