

# On the Bottom Rung

Category: Stories

written by Jordanna Platt | July 1, 2011

I was in my third year of medical school, and the initial week of my first-ever hospital clerkship had passed without incident. I showed up on time, did what I was told, stepped on no toes and followed my patients as well as I could.

At the close of that week, however, my intern pulled me aside to ask, "Remember learning how to put an IV in a mannequin during the workshop earlier today? Well, there's a patient in radiology, waiting for a CT scan. The tech can't flush the IV, and I need you to do it. If you can't, put in a new one."

*Tech? Flush?* I meditated on my intern's words and realized that this would be my first unsupervised procedure. I starting imagining all of the terrible permutations of things that could occur to the unfortunate patient who was being plopped into my novice hands, and fiercely wished that I knew how to call a code or how to find the blood bank. I couldn't even navigate through all of the identical-looking tubes and needles on the dozens of mini-trays lining the supply closet.

Fortunately, a passing nurse took pity on me. She helped me gather the IV needles, tubes and labels. When I finally emerged, I was carrying three of each item, just in case.

"Good luck..." she called out, looking dubious.

The gods must have been smiling upon me that day, because the woman's current IV turned out to be just fine, and merely in need of some cajoling. I helped the radiology tech load the patient onto the table and waited for the CT to run. I'd never seen a scan like this before. The patient's internal images looked enchanting as they came to life and blinked animatedly around the walls of the darkened room.

Unfortunately, this moment of quiet was interrupted by strident beeping, followed by the unsynchronized flapping of many sneakers on the floor. A blitzkrieg of surgeons came panting into the radiology suite, hauling an unstable, moaning patient.

"WHAT THE HELL IS *THIS*?????!" demanded the surgical head honcho. Apparently, the surgical team had called the lab tech to warn him of the imminent arrival of their failing patient, but somehow our lady had reached the CT slab first.

An angry back-and-forth ensued between the doctor and tech, punctuated by the surgical patient's yelps. Meanwhile, I tried to make myself invisible while silently delivering a stream of self-guiding instructions: *Stay in the periphery...Don't make eye-contact...It's not your war.*

Then the swollen-faced surgical chief turned my way.

"WHAT IS THIS PATIENT HERE FOR?????!!!" he screamed.

"I...don't know," I faltered, bracing myself for anything.

**"YOU DON'T KNOW?????!!!"**

"No, sir. She's not my patient."

**"EVERYONE IS YOUR PATIENT!!!!!"**

Before I could answer, this scintillating conversation was interrupted by the radiology tech.

"The scan is complete," he announced.

The surgical team hauled the woman onto a gurney, and I stood there stunned as they heaved it like an empty shopping cart down the dimly lit hallway. I didn't know the official procedure for getting patients back to their rooms, but I dashed after her anyway. *After all, everyone is my patient*, my mind parroted.

When I finally caught up to the rolling gurney at the end of the empty corridor, I heard the surgeon calling out facetiously: "Oh, is that your job?"

"No," I answered.

And kept on pushing.

It was a memorable moment for me. In the two weeks I'd been on the wards, I'd been struggling with the same question as every other student in my position: "What is my role here?"

It wasn't my job to move the patient out of the dark corridor, nor was it my job, according to my resident, to take more than ten minutes to elicit a medical history from a demented patient earlier that day.

But it was my job to bend that poor hunchbacked man in two in order to listen to his lungs, and it was my job to know why this woman was getting a CT scan—and all of the possible differential diagnoses for all of its possible outcomes.

Maybe one day I won't have time to do the extra things. Even worse, maybe one day I just won't care. For now, I figure that if you're at the bottom of the medical food chain, then there's nothing that's beneath you—and maybe that's not such a bad thing.

I hope to remember that, wherever my training may take me.