

2020 Hope Babette Tang Humanism in Healthcare Essay Contest

First Place Nursing Student Essay: In Good Hands

Emily Friedman

Fresh pair of navy blue scrubs, squeaky clean clogs, hair neatly pinned. I look the part and yet am painfully aware—I know almost nothing. It's only my third week of nursing school clinicals, and I feel as though I am merely acting a part in a complex play, slinging lines memorized the night before pouring over my textbooks: *fluid volume overload*, *16 French Foley catheter*, *18 gauge to the left AC*. So far, I've managed to spill urine all down my scrubs, lock myself out of the electronic health record from too many failed password attempts, and give bed baths—none of which, I disparage myself, counts as the practice of medicine. This week I am assigned to Mr. S, a 62-year-old man admitted for a congestive heart failure exacerbation. He is quiet, stoic. His eyes kindle with warmth when he learns I am a student, and he is patient as I fumble through a physical assessment. How is he feeling this morning? *Good*. Does he need anything? *No*. I head back to the nurses' station expecting a quiet day.

A few hours later, as I return from lunch, the certified nursing assistant grabs my arm, saying, "You're going to want to be there for this." Down the hall, my patient's room is the epicenter in a whirl of movement. We slide between a half-dozen nurses, speaking in staccato whispers, urgent and clipped. Inside the room, the eye of the storm is still quiet. There is no one else in here. Mr. S sits small, pale, heaving chest beneath thin hospital gown, oxygen tubing winding around his face. He's leaning forward on his hands. *Tripoding*. We learned this descriptor in class, that it indicates severe trouble breathing. We haven't yet learned what to do. I see his oxygen saturation sliding ominously down, hovering to the low 80s; the nurses with poker faces on phones outside the door; Mr. S alone, fragile, panic stretching his forehead into deep creases. He's mouthing something. I approach the bedside and do the single

thing I know how to do in this moment. I reach to hold his hand.

"You're doing great!" The nurses call from outside his doorway. It feels like inside and out are two completely disparate worlds.

Mr. S is whispering so quietly I can barely ascertain, "*Help me. Help me.*" My heart breaks in two.

"The respiratory therapist is on their way, you're doing great," echoes through the room. He is coughing deeply and I hand him a Styrofoam cup. It is handed back to me full of frothy, pink sputum. He gestures to my clipboard and I hand him my pad of paper and pen. He scribbles a phone number and a single word, "Daughter." And with that, I know that he knows what all of us are circling in our language, in our hushed words, in our worried faces.

I urge the slip of paper on his nurse but she's on the phone. The respiratory

therapist arrives and places a face mask over his head, the oxygen is turned up and nebulizer mist fills the room with static. Mr. S's daughter appears at the door, shell-shocked, caught completely unaware of what she would be walking into. She runs to hold him and then pivots, heading directly to the bathroom. I hear knees hit the floor behind the closed door, and retching. I return to my post at the bedside, taking up his hand in mine once more, trying to convey some firm sense of assurance. His O₂ stats have hit the 70s since the face mask. I am at a loss for anything else to do. A million terms of medical vernacular fill my brain—*flash pulmonary edema*, *rales*, *nonrebreather*—and not one of them is useful in this moment. As we hold one another's eyes, his hand reaches for his oxygen mask. Lifts it away from his face. Is he confused?

"*Thank—you—for having—compassion.*"
The words eked out between heaving

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The Arnold P. Gold Foundation holds an annual essay contest to encourage medical and nursing 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* in the fall/winter of 2020.

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

Please see the end of this article for information about the author.

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breaths. I am floored. His nurses are paging rapid response. A team of efficient, commanding doctors arrive like a waterfall, flooding the room with activity and noise. He is intubated, ventilated, wheeled away in a matter of minutes. I find myself once again alone in a quiet room, but those words are etched on my heart.

A wise professor of mine compelled us on our first day of training to know our superpower. She advised it may be the

only thing to get you through the darkest of days. To be at the bedside during what is, for many patients, the worst day of their life is to have our share of dark days. As the semester progressed, so too did my skill. One by one, I placed my first IV, administer injections and medications, pulled stitches, handled chest tubes. Slowly, it began to feel as though I was practicing medicine. But this I carried with me—it would never amount to anything without my

superpower. I wrote this essay for Mr. S, whom I never saw again. From the bottom of my heart, thank you for this gift: for teaching me my superpower, and that everything I needed to heal was already *in my hands*.

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

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