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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 are being published in consecutive issues of *Academic Medicine* and the *Journal of Professional Nursing (JPN)* in the fall/winter of 2020. The third-place essays were published in the September–October issue of *JPN*. The second-place winning essays appear in this 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

Good enough

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It is late evening. I am visiting a hospice patient whom I have seen several times before. All of her children live out-of-state and in different states from each other. She has been living in an assisted living facility fairly independently until a few weeks ago when her status changed remarkably, and she eventually transitioned to hospice. Her two sons are her proxies and have been trying to commute back and forth from their day-to-day lives, making a go of being invisible caregivers. So far, I have met the privately paid aide when I have visited, but none of the children or extended family. The primary case manager visited earlier in the day and reported that this patient would likely not live the week, and she had spoken with the physician and the children earlier that day. I am coming in to visit and meet one of the children who called in very anxious about his mother's breathing and medication schedule.

He is waiting for me by the elevator sitting in a giant club chair. I don't know him, but he recognizes my badge, scrubs, and giant bag, and calls out to me, asking if I am going to his mother's apartment. I identify myself and he leaps up from his chair to stand beside me. "I can't tell if she is just sleeping really loud or if she is as bad as the aide thought. There are so many different colored medications in there, and I'm not sure what I should be doing. I mean, they say hearing is the last to go, so I wanted to talk out here first. She seems really bad, hasn't opened her eyes, but what if she is just sleeping, you know? I wanted to hear what you thought, but I don't want you to say it in front of her."

I assure him that I will assess her and will be quiet and as discreet as possible; his mother has met me many times before and will not be alarmed to see me. I enter the apartment and let my patient know quietly that I am there. I set my bag down and begin to assess her, and her son paces back and forth in time. She is nonresponsive, tachypneic, tachycardic, and mottled. She appears to be actively transitioning, has "one foot here, and one foot beyond." I rapidly think about how to explain the progressing situation to her already nervous son. I approach the back of the room.

"I am sorry, things have changed from before." I explain in a low voice what I am seeing and that she is in fact not sleeping loudly. I describe the symptoms I am observing and the need to reposition and medicate for comfort. "I am going to make her more comfortable. Let me show you which medications are used so you can help."

As I go through the teaching, and drawing up, and medicating, he becomes very distressed. At first, I am not sure if it is from witnessing his mother's rapid decline, handling the medications, or having to deal with the upsetting information. As we talk, I realize it is more. "I'm not supposed to be here. I'm not the one she wants, I'm not good enough. My brother's flight was cancelled tonight, and he may not make it here in time. What if something happens and he is not here?"

"You are here. Be with her. You are good enough. When he arrives, you can update him, show him, teach him. Help me reposition her." We reposition her, and I again tell the patient who is there and what is happening. "Let me show you how to moisten her mouth," I tell the son, and he helps me move her head.

We sit next to his mom. I turn to him, "Tell me about your mom."

And I listen while he tells stories about growing up with his mother and his siblings, how he ended up where he lives now. I watch as he

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takes her hand. I watch and listen as her breathing settles. I quietly explain that this is a more regular breathing pattern.

"Have you had anything to eat since you arrived today and sent the aide home?" He tells me he does not know the area, is not local. I phone down to the desk and ask for a guest tray for the morning meal and the closest takeout location for dinner, which he has clearly missed. Once I am certain he has ordered something for himself, I remind him of what he told me when I came in. "She can hear you." I encourage him to tell her whatever he wants to when I am not there if that would make him more comfortable. I remind him that he does not have to wait for family members to be there to relay feelings, and that he can also update family when they arrive. "You are the one who is here right now and who is handling the situation. Don't feel uncomfortable telling her you love her. You are good enough."

I have him teach-back the medications again, and I answer his questions. His dinner arrives. I say goodbye to my now comfortable patient. As I turn to leave, he gives me a bear-hug and sobs, "Thank you."

Two hours later. I am paged just as my shift is ending. A familiar voice is patched through to my cellphone by the answering service. "She just now stopped breathing. I held her hand after you left and told her I loved her, over and over. She was comfortable the whole time."

"It was beautiful."

Medical essay

The Hidden Healer

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"Oh, Mr. D? He's a handful … if you want to pick a different patient to follow, I totally understand," my senior resident said.

It was 8:10 a.m. I had just begun my clerkship year and was ready for a challenge. I knocked on the patient's door, and my eyes were drawn to a thin elderly man lying on the hospital bed. He looked up, rolled his eyes and let out an audible sigh.

"Nurse, I told you I need that oval pill at 8:00 a.m. and NOW you come in? It's like you want me to die!"

I turned around. Perhaps he was addressing a nurse who had walked in behind me. Nope, he was talking to me.

"I'm sorry sir, but I'm a medical student. Can you explain what's going on?"

Without even looking in my direction, he motioned me to his bed. He pointed to the lower left corner of a page in his tattered notebook. I tried not to gasp when I noticed he had recorded every single blood pressure measurement three times a day, and the exact time that each of his eight medications was given for the past two years. I had heard of patients being non-adherent to their medications, but Mr. D was the complete opposite.

In frustration, he explained to me what he probably explained to every healthcare provider in the hospital. He was diagnosed with CHF and COPD several years ago, causing difficulty breathing, worsening swelling, and an inability to take care of himself. His medication list was constantly changing, and he was having difficulty following the medication regimen, which led him to start documenting everything. He wanted to know exactly why he was being given every medication, their side effects, and their scheduled time of administration each day. As I looked around the otherwise empty room, it became clear that he was struggling through this illness on his own.

Mr. D asked the same questions every day and seemed perpetually preoccupied with his treatment plan. Our conversations seemed futile, and I realized the real challenge of this encounter. How could I, a healthy 25-year-old Asian American medical student possibly relate to an ill 78-year-old African American patient?

So, I tried a different approach. I revisited the qualities that made him a "difficult" patient.

This 78-year-old patient is demanding and aggressive about receiving his medications properly. This elderly man is diligently compliant with his medications.

He is obsessive-compulsive, based on the way he jots down every single detail in his notebook. He is meticulous and organized, doing everything he can to follow the treatment plan with hopes of improvement.

He has a rough demeanor toward the nurses and the medical team. He is expressing his concerns and reminding us that behind all the IV's and pills, he is a human being who just wants to be heard.

Through the rundown of this patient's characteristics, oddly enough, I was able to relate — not as a medical student, but as a violinist.

"Mr. D, you expect proper care and attention for your medical condition, the way I expect my violin teacher to catch the slightest of errors during my lessons. You are precise with your medications, the way I was trained to perform each note by its unique pitch, tone, and rhythm. You organize each entry by pill, date, and time, the way I organize my practice time by scales, bowing technique, and concertos. Lastly, you don't hesitate to show your raw emotions, just as I strive to portray a wide array of emotions through my violin performances. While I may not understand your physical pain, I admire your tenacity and sheer will to get better."

After a brief moment of silence, he looked up and said, "I was once a saxophone player. Can you believe it?"

For the remainder of our time together, Mr. D's previously vacuous room became filled with endless stories about how mentally and physically challenging it was to pursue music. Finger calluses, impossible time signatures, and difficult keys. But we also shared stories of the beauty and power of music. Inspiring conductors, perfect harmonies, and standing ovations.

Though he cracked a few smiles and laughs while sharing his experiences, I sensed traces of sadness, as his passion for music had waned due to his debilitating health conditions. I wondered, when was his last performance? When was the last time he could take a big enough breath to play the saxophone? Does he still listen to jazz?

It is so easy to see our patients as just that — patients. However, in developing this connection with Mr. D, I was reminded that every patient has a story. My patient spent a lifetime healing others through his music. He was a performer, mentor, and friend. Yet here he was, decades later spending every moment on a hospital bed, labeled by his medical comorbidities, rather than his artistic nuances.

I unexpectedly found a passion that Mr. D and I both shared, which opened the door to understanding. I learned why he was so particular about his medications. On the flipside, he loosened the reins of his rigid expectations, and became more receptive of the medical team. What was previously asynchronous, gradually became symphonious.

This interaction inspired me to always ask the questions, "So what do you like to do? What makes you happy?" Taking a few extra minutes to get to know our patients on a deeper and more human level can help unearth forgotten passions that were once dear to them. This reminder of their unique experiences can empower them to continue to find meaning in their lives, no matter what circumstances they may face.