Lost: the medical student's perspective

Alexander George

Received: 7 January 2014 / Accepted: 11 January 2014 / Published online: 31 January 2014
© Springer-Verlag Italia 2014

To an outsider, medical students are a dedicated group on a clear-cut, common track towards becoming a “doctor”. That was certainly my perspective before enrolling in medical school. While I (correctly) anticipated the material to be challenging and tiring, I also anticipated my classmates and I to be on a well-worn path towards graduation from day one. Just like college, I expected a simple, linear process—study hard, earn good grades, get my diploma, and graduate, this time as a doctor. Needless to say, I had a vague understanding of medical education. I failed to recognize the complex, confusing course each medical student takes before ultimately determining a career in medicine. My expectations were focused on the end product, and not the process itself.

My impetus for applying to medical school stemmed from two incongruent encounters with medicine. Before the age of 16, I suffered two traumatic injuries—one to my shoulder, one to my knee. The first, a separated shoulder with a spiral fracture, required internal fixation and extensive rehabilitation. Given the extent of damage, I marveled at my recovery. In less than a year, I regained full range of motion and strength with simply a scar as a reminder. Conversely, less than two years later, I underwent elective knee surgery under the same surgeon to correct repeated dislocation of my patella. After the success of my shoulder, I expected a similar outcome for my knee. However, months after physical therapy, I re-injured my patella and ruined any progress made from surgery. I was deflated and confronted with the limitations of medicine. These two experiences defined my adolescence and

planted a compulsion to become a physician and better understand modern medicine.

However, to date, medical school has been characterized by a perpetual feeling of being lost rather than understanding. My first two years of medical school were characterized by adjustment and adaptation. Initially, I felt completely lost due to being in an unfamiliar environment. The first month required adjustment to an entirely new program, new people, and a new city.

During the initial adjustment period, I also faced the fast-paced medical school curriculum. Although learning objectives were clearly defined, the breadth of information and resources turn a clear-cut curriculum into a confusing labyrinth of learning. Every new block of information comes with its own set of texts, review books, practice questions, audio/video files, etc. Upperclassmen encouraged me to develop “my own style” of learning, but discovering that style took months of trial and error. I felt trapped in a maze. Different study strategies frequently led to dead-ends, bringing me back to square one. Over the course of 5 months, I experimented with standard lecture and textbook learning to strictly internet-based resources before settling on a hybrid of the two. The classic analogy still rings true—learning in medical school is like drinking water from a fire hydrant. However, with the wealth of resources available, now you have to find the right fire hydrant.

The clinical years of medical education have simply added new challenges. First, third year medical students must essentially learn a new job every month or two while going through rotations. With the continuously shifting landscape, simple tasks become anxiety-ridden scavenger hunts. Personally, a simple fax has resulted in over an hour of work because of my lack of knowledge of the system in place. Thus, I find myself more concerned about where to

A. George (✉)
Tulane University, New Orleans, USA
e-mail: ageorge6@tulane.edu

be, how to act, and who to impress on a day to day basis over patient care and clinical learning.

The standard work week also places stress on study hours during third year. For myself, tension often exists between studying for the clerkship or reviewing patient plans. On one hand, I want to impress my attending and residents with a thorough comprehension of my patient's disease. But on the other, I need to ensure I cover all the material for the exam. Ideally, these overlap, but I have found myself sacrificing one for the other.

Lastly, and most importantly, all upperclassmen must determine a specialty to pursue *for the rest of your life*. As residency applications approach, I am simply perplexed by the prospect of choosing a specialty. So many questions flood my consciousness when I start to consider career options. "How am I to know what to do if I have not been exposed to every field?" "How does lifestyle affect my decision?" "What if I don't love *any* specialty?" I am over halfway through third year and still feel no closer to finding my career.

However, I am hopeful because I am beginning to understand my fallacy in approaching medical education. A discussion with a resident clued me in. Over lunch, we were discussing how to determine a residency program. He warned me against comparing myself to others and recognize what gets you excited. At every turn in medicine, I have been letting my ego determine my course of action. For the first two years, I studied to get good grades. I constantly changed study strategies to get better grades. Then I compared myself to my peers. During third year, I have put my concerns ahead of patient care. Not only has this affected my performance on wards, but I have also been blind to my reaction to medicine. My self-centered perspective has framed clinical responsibilities as a chore, rather than an opportunity. Recently, I have begun putting the patient first in my decision making. This simple change in perspective has put whole new meaning into work and I am finding my niche in medicine. While I still have yet to find my career path, at least I am using the right compass.