

Making Space

Sophia Neman, BA

By the time I prepared to start my first clinical rotation, I viewed medicine less as a field that had space for me and more as a fixed structure that I would need to squeeze myself into. My determination to refine my clinical knowledge and meet academic benchmarks seemed to be at odds with my desire to embrace the art of being a learner in medicine—namely, celebrating the small milestones in training while gradually finding space for my own voice in personalized, patient-centered care. However, as my third year of medical school progressed, I met incredible preceptors who showed me how to cultivate the personable space in medicine that I had been searching for.

During my OB-GYN and surgery rotations, clinicians taught me that being a “lifelong learner” is an opportunity to celebrate each accomplishment, no matter how small it may seem. When I did my first hand-over-hand delivery, an attending excitedly asked, “Did you tell your parents?” He encouraged me to do so, “They will be so proud. I’m going to check back in tomorrow to see what they

said.” On another occasion in the operating room (OR), a fellow asked me if I would like to make the first incision in a case. When I enthusiastically agreed, she shared that she enjoyed being able to provide new opportunities for students. I also witnessed junior attendings—even later in their careers—celebrating finally being able to choose the OR music playlist and it became clear that I needed to start searching for these “wins” at each stage of training.

Many meaningful lessons in patient communication came from my cardiology rotation. At the start of each new patient interaction, a fellow would sit at eye level with the patient and say, “My name is Dr Jacobs, but you call me Ben.” His tone of voice softened the intimidating aspects of inpatient care by introducing a sense of familiarity. Another attending emphasized the importance of starting each encounter with a light-hearted topic: “I know you’re going to miss eating this *delicious* hospital food when you are discharged.” That month, I was reminded that personable communication styles are invaluable to impactful medical care.

On my psychiatry rotation, I had the pleasure of being paired with an attending who decided to lead weekly creative inpatient group therapy sessions for veterans. One day, we did laughter yoga and spent an hour doing lighthearted exercises and just being silly. I think this is one of the most beautiful experiences that I have had as a medical student

because, for 1 hour, these patients could melt away some of their obstacles. It was possible to provide a haven for patients by gently introducing light-hearted humor amidst their battle with intrusive, heavy pain.

Now, having finished my third year of medical school, I have rediscovered the sense of passion for medicine that I was afraid I had neglected. My preceptors invited me to see the journey I have in front of me in a new light. I also recognize my own privilege in this experience. For many who identify as underrepresented in medicine, representing one’s culture and creating a space for their invaluable contributions to medicine has been a multi-generational struggle. Prioritizing mentorship that will amplify these voices and experiences is critical.

Forming meaningful relationships between preceptors and students is often intimidating. We have just 1 or 2 months to positively shape the experience of the other. A different approach to this relationship might include reminding students that there is space for them in the medical landscape. And for students, maybe the first step is to seek out people who will remind them that they deserve to take up space, too. The result? A mosaic of lessons in humanism that will not only guide patient care but also remind them of their purpose.

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