Development of a Doctor: A Medical Student's Year Training in a Fetal Anomalies Clinic

Amanda Jentsch, BA

My preceptor began every appointment by asking expecting parents the same question: "What do you know about your baby's condition?" I listened carefully as families explained their understanding of the diagnosis, and I silently asked myself the same question. What did I know? I was two months into medical school, assigned to a fetal anomalies clinic to learn the basics of being a doctor, and every diagnosis was unfamiliar.

One of the very first skills I learned was how to take a history of present illness. My preceptor sent me into an exam room to ask the patient and her partner that key question, "What do you know about your baby's condition?" The patient had been referred to the clinic with imaging suggesting that her baby had echogenic kidneys. I had no idea what was normal for fetal kidneys, nor what "echogenic" meant. I walked into the room, nearly fell off the chair when I sat down, and opened my notebook with shaking hands. I asked the question, unsure of what they would say, or what I could offer in response.

The patient answered – a single sentence. A pause hung in the air. I was out of questions. The pair looked at me expectantly.

• • •

Author Affiliations: Medical College of Wisconsin, Milwaukee, Wisconsin (Jentsch).

Corresponding Author: Amanda Jentsch, Medical College of Wisconsin, 8701 W Watertown Plank Rd, Milwaukee, WI; email ajentsch@mcw.edu; ORCID ID 0009-0009-6807-275X

"Okay! Thank you," I said to break the silence. I winced at my overly perky tone. As I guided them to another room to meet with a specialist, the patient's partner asked, "So how long have you been doing this?" My cheeks burned with mortification.

January brought my sixth month of school

> Despite my new knowledge, I was not capable of contributing to the conversation about a baby's condition… I longed to have a positive impact on my patients and their experience.

and our cardiovascular system class. Most referrals to the clinic were for cardiac anomalies, with details about ventricles and outlet tracts I never quite grasped until the day after I attended a cardiac development lecture. Looking at the clinic whiteboard felt like I'd unlocked a new level in a video game. The words on the board had meanings that I knew! A sonographer allowed me to shadow an anatomy scan, and I was thrilled to be able to follow the blood flow through the heart. The assignment that week was to write a full visit note. I chose a patient whose baby was diagnosed with hypoplastic left heart syndrome and copied down imaging results to include, proudly noting the structures that I now recognized both in name and purpose.

Much of my learning came from observation. There was no physical exam for fetal anomalies, and imaging interpretation was far beyond my

capabilities as a student. My history questions were usually limited to fetal movement, vaginal bleeding, and cramping – all aspects of an appointment that took mere minutes. Despite my new knowledge, I was not capable of contributing to the conversation about a baby's condition. It seemed that I was benefiting from the patients' presence in the clinic and giving nothing back. I longed to have a positive impact on my patients and their experience.

My ninth month of medical school found me shadowing in the birth center of the same hospital I had trained in all year. Sitting in the workroom and listening to the buzz of a busy night shift, I caught the tail end of a conversation about a patient being taken to the operating room for a cesarean delivery. Her baby had a complex congenital heart defect. I leapt at the chance to observe. I knew what to do: I stood quietly in the corner, out of the way. The patient lay on the table, prepped, alone except for the resident standing over her. I watched as the resident's brow furrowed, an ultrasound probe in her hand, and a silent machine next to her.

The resident would later explain to me that what happened next was called a "splash and crash." However, that moment was not the

time for teaching. The room burst into activity, and the anesthesiologist called out to me from across the room. Was I in the way? No – they needed me. The patient's partner hadn't arrived yet, so the anesthesia team gave me a stool and sat me down with instructions to keep her company while they worked. I slipped my hand into hers. While the surgeons worked on the other side of the drape, the patient and I talked quietly about the name she had picked out for the baby and her other children at home. From somewhere near us, her son began to cry, and she squeezed my hand tight.

In that moment, my limited knowledge and clinical capabilities weren't a concern. Once her partner arrived, I stepped back and watched as she greeted her baby before he was taken to the neonatal intensive care unit. Mother and son locked eyes through the incubator plastic, the lines hooked up to both of them, and the sea of people around. I might have missed it if I had been anything other than an observer.

Working with and learning from patients receiving fetal anomaly diagnoses was a privilege that reminded me why I entered medicine in the first place: to walk beside my patients in their journey. My preceptor asked her patients, "What do you know?" I often asked myself, "What do I know?" While I knew more than I did at the beginning of the year, I had always known how to hold a hand. How lucky I was to be there to do that.

Visit www.wmjonline.org to learn more.