

1 of 2 DOCUMENTS

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My first clinical placement; Learning basic biology is one thing. Seeing real patients shows me how much I have to learn about the human condition

BYLINE: **GOKUL CHETTY**, FREELANCE

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GOKUL CHETTY is a 23-year-old Montrealer who started medical **school** in September at the Saguenay campus of the University of Sherbrooke. This is the second instalment of an occasional column that will look at what it takes to become a doctor.

In medicine, students are progressively integrated into clinical practice. I had my first clinical placement just before the Christmas holiday break. A twoweek immersion at the hospital, each day spent rotating through a different medical specialty. All students from the Université de Sherbrooke were placed in hospitals throughout Quebec and New Brunswick. Most of the other native Montrealers in my class returned close to home, to hospitals in and around the island.

As for me, I remained in the Saguenay region at the Chicoutimi Health and Social Services Centre, a 700-plus bed tertiary-care hospital. In all, there were 17 of us at this site, 14 from the Saguenay satellite campus and three from the main Sherbrooke campus.

The days typically started at 8 a.m. and would usually last till 4 in the afternoon, with the exception of certain specialties like surgery, which tended to finish much later. I would arrive 15 minutes beforehand, get changed in the newly renovated student-learning wing of the hospital - which I knew well seeing as it was where all my previous clinical skills training sessions were held - exchange a few words with my classmates who were also getting ready, and head off to meet my assigned physician for the day.

With barely a semester of medical **school** completed, I felt a little lost at first. I found myself occasionally nodding along to explanations that I more or less fully understood, and later looking up terms I was too embarrassed to admit I did not know on the spot. The very first times I examined patients during morning rounds, I would tentatively place my stethoscope on the patient's chest as I listened for heart sounds, all the while being a little unsure about what to do with my free hand - was I supposed to rest it on the patient's bed or even their shoulder, or was I supposed to simply keep it at my side? It was all the more unnerving when I performed breast, gynecological and prostate exams. As I eventually became more proficient in the techniques, I was no longer so preoccupied by the trivial aspects that initially caused me unease.

Over the course of my clinical placement, I quickly gained confidence as I performed increasingly complex and

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challenging medical procedures. I will forever remember my first time in the operating room in general surgery, in which, under the watchful eyes and rigid directions of two attending physicians and a medical resident - my face in the wound of an inguinal hernia still fresh with the smell of cauterized tissue - I learned how to suture the incision site to close.

Not all students had such hands-on experiences, but everyone did encounter unique aspects of clinical medicine. Some were on during chaotic night shifts in the emergency department, while others marvelled at the sight of a beating heart in cardiac surgery.

During these two weeks, the hospital was full of medical students. We filled the halls and the wards, all sharply dressed in white coats with stethoscopes slung around the neck. However, it was only occasionally that I would cross paths with a fellow classmate. We would acknowledge each other with little more than a tilt of the head, as we struggled to keep pace with physicians who all seemed to have mastered speed-walking. It was only at lunch that we would actually have a chance to talk and catch up - we had an abundance of stories to share about all the amazing things we did each day as we experienced new specialties.

Going into my placement, I was most interested by surgery and internal medicine. I was able to explore both, as well as everything from family medicine to radiation oncology. As I rotated through the specialties, I was hoping, and even expecting, to find the one that could possibly one day become my field of practice. I don't know whether it was because I found everything too interesting or it was simply because I did not spend enough time in each, but I was not able to identify that one special specialty.

I did, however, gain profound perspective in experiencing the realities of medical practice. As I saw real patients - after a half-year in medical **school** heavily focusing on basic biology, which at times seemed detached - I came to know the human element in medicine. And while I always envisioned that I would touch the lives of my patients, I did not realize how much they would touch mine.

In many situations - as tough as I thought I was, as stoic as I hoped I would be - I was taken aback by overwhelming emotions. My heart broke as I stood with a team of physicians, noting the patient's vacant stare, as we informed her that her metastatic cancer was terminal and that nothing else could be done.

It was equally difficult as I took the medical history of a patient having suffered a nervous breakdown, her eyes welling with tears as she told me how she had lost her children in a horrific accident a few months prior. As patients allowed me into their lives, I shared their most personal of experiences.

In those moments, as I tried to comfort patients with a reassuring smile and encouraging words, doing my best to show that they were not alone in their time of need, I understood what it truly means to be a doctor. Having always been drawn more to the scientific aspects of medicine, my contact with patients has changed my outlook. I have realized that medicine is as much about healing the human body as it is about caring for the human spirit.

Through all the heartbreaking cases, through all the uneasy moments, I came away from my clinical placement deeply inspired. I now return to the classroom with a new-found dedication, in the promise that I will make a difference in patients' lives.

gokul.chetty@usherbrooke.ca

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GRAPHIC: MARCOS TOWNSEND GAZETTE FILE; Being a student in a medical simulation centre, with a dummy body (above), is fairly straightforward. But the first experience of placing a stethoscope on the chest of a living,

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breathing person is unnerving.;

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