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FROM THE WARDS

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More Than Skin Deep

by **John Weng** at Florida State University College of Medicine

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SHARES



On the second day of my psychiatry rotation, I found myself feeling a mixture of anxiety and excitement before performing my first complete psychiatric workup. This was an essential step in my training — a step that would equip me to play a significant role in patient care. After orienting myself to the unit for a short while, I came face-to-face with a patient younger than myself. I met a 20-year-old woman named Sarah. From the beginning of our encounter, I could sense the trauma that Sarah had endured, shown in the sadness that was present in her demeanor. She appeared somber and pale, with multiple scars on her arms and legs. Her hair covered her face and she was hunched over in her seat. Through our conversations, Sarah opened up to me about her story.

Sarah was born into an abusive family and she had experienced eighteen years of sexual, physical and emotional abuse at the hands of her stepfather. Additionally, her mother, struggling with drug addiction, was unable to care for her. I believe these difficult childhood experiences likely contributed to the development of bipolar disorder type I in her late teens. Seeking a fresh start, Sarah moved to Florida from Georgia, only to face another life-altering event. She was involved in a severe motor vehicle accident, during which her car flipped

multiple times and her right arm was completely severed. Fortunately, multiple surgeries allowed her arm to be reattached and she regained its functionality. However, the injuries resulted in a condition called complex regional pain syndrome (CRPS), a severe form of chronic inflammatory pain that occurs following severe tissue injury. For months, her CRPS symptoms were misdiagnosed by multiple physicians as psychosomatic which eroded her trust in physicians. Sarah expressed the disappointment she felt regarding the initial workup of her pain; she felt frustrated and dismissed during her appointments. She was never given more than five minutes to tell her story before she was either given an incorrect diagnosis of fibromyalgia or her care was transferred to a different doctor for management.

Sarah's story weighed heavily on me and nearly brought me to tears, but I knew I had to be a strong source of support to her. Throughout her admission for severe suicidal ideation, Sarah expressed her desire to get better but acknowledged that she couldn't do it alone. With hypothyroidism, she couldn't take lithium, but her current regimen of valproate wasn't effective. When asked what she wanted from our care team, Sarah simply said, "I just want to feel like things are going to be okay again."

After finishing the examination and collecting myself, I presented Sarah's case to my attending, Dr. S. Together, we decided to prescribe lamotrigine and quetiapine for mood regulation and hydroxyzine as needed for anxiety. Dr. S introduced herself to Sarah and asked additional questions to gain a deeper understanding of her history. It was remarkable to witness how effortlessly Dr. S provided compassionate, patient-centered care, skillfully utilizing motivational interviewing to reinforce Sarah's protective factors and instill hope. One particular technique used by Dr. S left an impression on me. She always initiated her patient visits with "How are you doing today?" followed by, "What is better today and what is worse?" I saw that these simple sentences allowed patients to feel seen as someone beyond their diagnosis and provided a chance for more in-depth discussion about their care. Patients can be encouraged by celebrations of improvements in aspects of their mental health while also providing a space to address any areas of care that need attention. These simple words allowed for a patient-physician connection that strengthened each visit.

Over the next few days, I had the opportunity to work with Sarah on her treatment plan. It was clear that building trust with her was crucial to her progress. Through active listening and providing a safe and non-judgmental space for her to express herself, Sarah began to open up and share more about her experiences and struggles. During our sessions, we explored the impact of her traumatic experiences on her mental and physical health and how her substance use had been a coping mechanism. We also discussed the importance of developing

healthy coping mechanisms, leaning on her friends as a support system and using exercise and breathing techniques to manage her pain and emotional distress. Over the next few days, Sarah's condition improved significantly. She actively participated in group activities, even taking the lead in uplifting and encouraging other patients struggling with depression and mood disorders. Before her discharge, I had the opportunity to speak with her again and was astounded by the transformation in her mood and outlook on life. Now determined to return to work and follow-up with her outpatient physician and therapist, Sarah was committed to improving her condition.

This experience provided me with a profound understanding of what it truly means to be a doctor. I felt a deep sense of responsibility for helping Sarah progress in her recovery and it was incredibly rewarding to be involved in her care. I realized the immense privilege and honor of being a physician, entrusted with the most intimate aspects of a person's life and guiding them on their journey to improved health. Additionally, this experience reinforced the importance of remaining non-judgmental and maintaining an unbiased perspective. If I had solely been given the information that a bipolar patient had recurrent pain, I might have misattributed her symptoms to a somatic symptom disorder instead of CRPS. Furthermore, I was struck by the impact of the healthcare staff's compassion towards their patients. They never grew frustrated when patients refused to take their medications or isolated themselves from group activities. Instead, they sought to understand the reasons behind these actions. Their sole focus was on improving the lives of their patients, leaving their egos at the door.

In conclusion, my encounter with Sarah and the time spent on the psychiatry rotation have profoundly impacted my approach to medicine. As a future physician, this experience reminded me to remain empathetic, compassionate and unbiased in all aspects of patient care. By doing so, I can not only improve trust and connection with my patients but also ensure that my clinical judgment remains clear. Sarah's story, along with the lessons I have learned from this experience, will serve as a constant reminder of the true essence of being a doctor and the responsibility that comes with it. As I continue my journey in the medical field, I am inspired to carry these lessons with me and strive to provide the best possible care for my patients, just as Dr. S did for Sarah. These invaluable lessons learned during my psychiatry rotation will stay with me throughout my future career, regardless of the field I ultimately choose to pursue. I am forever grateful for this powerful experience and the opportunity to witness the power of empathy and understanding in patient care.

John Weng (1 Posts)

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compassion,
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