Linda Brodsky Memorial Journal

**Actually, It’s Doctor**

*Hannah Schneider*

“My name is Hannah. I’m the medical student working with the doctor today.” “Ah, so you’re going to be a nurse.”

“So, what brings you in today?”

Wait, let’s try that again. Rewind, please.

“This is Hannah. She’s the medical student working with me today.”

“Ah, so she’s going to be a nurse.” “Actually, she’s going to be a doctor.”

“A nurse.”

“No, a doctor.”

For this particular visit, I shadowed my preceptor like a fly, sitting quietly in the corner of the room. I immediately tensed when the doctor, a short, fiery, compassionate woman, looked the elderly male patient directly in the eye and corrected him until he understood. I was going to be a doctor. The brief back-and-forth went   
  
against every bone in my body. If I had been on my own, I likely would have smiled and carried on gathering the patient’s history, but now, I waited for an argument, a lashing out, or some other agonizing conflict. Instead, the visit continued amiably with obvious trust and a resolution the patient wholeheartedly agreed to. To say I was surprised would be an understatement. What began as a quick, 30 second interaction led to the start of understanding the importance of speaking up for myself in a professional capacity and having confidence in myself as a provider. By extension, I also began to recognize the necessity of advocating on behalf of patients who are not taken seriously, especially when they are unable to speak up for themselves.

Fast forward roughly one year to my outpatient obstetrics and gynecology rotation. I again sat quietly in the corner, this time in a predominantly female clinic, listening raptly as the physicians threw around banter or discussed their children or analyzed patient results. If you walked by that office, or often a patient room, you would have heard lively conversation and laughter, not exactly the stereotypical environment of a doctor’s office. In this clinic, the threads of friendship between colleagues were nearly palpable; there was no cold impassivity so commonly seen among co-workers. Perhaps more importantly, there was no apparent hierarchy, either between physicians or between physicians and patients. Instead, I saw comfortability, care, and humanity emphasized among the physicians and patients. I saw providers empowering their patients to make decisions right for their own bodies and patients reciprocating with trust and gratitude. In an unexpected fashion, this clinic not-so-subtly changed the way I view medicine.

Three years ago, I would have said that a career in medicine meant simply caring for patients, likely a response that most medical students would also give. Now, I recognize the nuance that even a small argument or light-hearted joke can impart into patient care and how the complexity of medicine is invariably intertwined with the relationships stretched across all interfaces of care. I see the power in physician-physician and patient-physician relationships. I see fun and laughter and persistent love for the profession. Above all, I see genuine care for the humans that patients are and the change that can happen when we empower each other through seemingly minute interactions.

Yet, there are facets of medicine I must still imagine. I picture a space I can walk into where physicians at all points in their career assist each other with kindness, with understanding, and certainly without judgment and harsh words when someone turns their back. I imagine an interdisciplinary healthcare team: patients, nurses, physicians, social workers, respiratory therapists, physical therapists, occupational therapists, and child life specialists, etc. I see a place where these teams work together for the best possible outcome, without a patriarchal hierarchy placing non-male team members on the lowest tiers. In one word, I envision equity. Perhaps I cannot singlehandedly dismantle an inequitable system and create one without a gender-based wage gap, or one with adequate paid parental leave. Perhaps I cannot singlehandedly empower a new generation of female leaders, but together? Together, we could make it reality.

We are already on our way. I grew up in a world of primarily male doctors, but I am learning medicine in a time when over half of trainees are women. Truly, in the three short years I have been engrossed in the ecosystem of medicine, I have begun to see how valuable diversity in healthcare is and how change can be made when we band together. I have been empowered to speak up for myself, to take pride in forming friendships with colleagues, and to eliminate hierarchy in my practice- all while a medical student. Imagine how medicine would change when we completely level the playing field.

Now, let’s try one more time. Rewind!

“My name is Hannah. I’m the medical student working with the doctor today.”

“Ah, so you’re going to be a nurse.”

“Actually, I’m going to be a doctor.”

“Wow, a doctor! Good for you.” “

Thank you. Now, what brings you in today?”

**Biography**



Hannah Schneider is a third-year medical student at the University of Rochester School of Medicine and Dentistry. While in medical school, she has played an active role in her university’s AMWA chapter, helping to revitalize the chapter and co-leading it for two years. During her time as an AMWA leader, she has enjoyed hosting events geared towards empowering medical students and learning from inspiring female leaders across many disciplines. Outside of AMWA, Hannah spends time volunteering with local organizations that aim to foster equitable healthcare for people of all genders and ages in the Rochester community. She enjoys reading, baking, and visiting new coffee shops in her spare time.