

Hopeful

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Rushing through the hospital halls, I searched for the correct room. “Ah, finally, found it!” I thought. It was my first-time volunteering for Women’s Clinic, a student-run free clinic focused on women’s health for uninsured members of the Tucson, AZ community. I was a budding first year medical student with no experience what-so-ever in providing direct care within this field of medicine. I didn’t even know how to hold a stethoscope properly at this point. So, you can imagine the state of my nerves. “Why did I volunteer?” I thought. “Was this the right choice?”

Stumbling into the room and greeting the coordinators at the front desk, I slowly pushed my way through a series of doors leading to the care team’s room. A feeling anxiety and nervousness built up inside me that grew larger and larger, as I pushed open the last door and fell into a whirlwind of uncertainty, the world of medicine. There, volunteer medical students of all years stood and sat, spread across the room. Some were chatting about cases, and some were on their laptops, plugging in their chargers and getting ready to see patients. They all turned their heads and looked at me.

With my nerves curtailed by a smile, I introduced myself to the team. The atmosphere slowly relaxed as everyone introduced themselves but quickly became fast paced again. I was introduced to my supervising physician for the night, Dr. G, a faculty attending known to be a “tad bit” intimidating, making my anxiety spike just slightly more. My task was to document the patient’s HPI and additional chart notes in Practice Fusion. Thankfully, I had prior experience working with this EMR system, and a little petal of confidence bud out of that flower of nervousness upon hearing what system we would use. Nonetheless, I stood holding onto the

scribing laptop designated to me with my dear life, unsure of how any of the next few minutes would go and preparing for the worst fulfilling of my roles and responsibilities as of date.

While I was at war with myself, a patient coordinator popped their head into the room and introduced our first patient on the schedule. It was a woman in her 40s from Emerge, an emergency center and a shelter for women and children against domestic violence. The patient had told Women’s Clinic that her primary language was Arabic, which made everyone instantly direct their heads towards me because I was a hijabi who wore a scarf on my head and had an Arabic name. I was asked whether I could speak Arabic and regretfully answered that although I could read Arabic, sadly I could only speak a few phrases and barely could hold a conversation. You could almost feel the sudden hopes and then the subsequent sad “oh’s” let out by the care team as everyone looked to me and then received my answer, respectively. I felt that tinge of regret, or more-so, a “desire” to have known that language to better be able to communicate with this patient. Before going in, I met my care team partner for the visit as well, a third year whom we will call “Sandy” from now on, with a tightened brass-colored ponytail and an understanding but slightly impatient look to her. She was going to conduct the H&P and lead the visit while I documented the details.

Let’s call our patient “Nadia.” Her chief complaint was possible UTI. When I first walked into the room, I saw Nadia’s face light up when she saw me. She assumed I knew Arabic as the others had, and with a regretful smile, I let her know that this was not the case. Nadia knew basic English, but there were words that she was uncomfortable with, so she flipped out her phone

to use a translating app, using it only for words that she didn't quite know. She began telling us her story.

Nadia had just divorced her husband and was staying at the shelter with her children, who were in elementary school. She talked about the difficulties of her current situation, about how her children kept talking about their father and wanting to go back to their house, but how she knew that she had to do this for them, even though they didn't realize it or were unaware. She talked about the difficulty of being homeless, of not having a job or a way to earn livelihood for her family, and of how she needed to ensure protection for her children and herself.

As time went on, I realized that an appointment for a UTI had the potential to become a far more complex visit.

This encounter required much more than the usual "UTI" focused questions. Nadia needed someone to be there to listen to her, to hear her thoughts and feelings, and someone who would reassure her and try to understand, even if they couldn't. After discussing her on-goings, we finished up the visit, with Sandy ensuring that she asked focused questions for Nadia's symptoms and completing a pelvic exam, which to my horror (as a first year on her first semester), I ended up assisting with and discovering what a vaginal speculum looked like and how it worked. Never in my life would I have thought such a device existed before.

Throughout the visit, Nadia asked me several times about why I don't know Arabic. I gave her the same answer each time, expressing my smile but regret and the "Oh man, I wish I knew Arabic too!" statement. It was her hopeful expression that truly caught me when I first entered the patient room, however, and her continued hopeful expression as she kept looking at me and talking to me, telling me that I should continue to learn Arabic to better help patients who spoke Arabic as their primary language. Subconsciously, my feelings of nervousness morphed into that of

inspiration. I became motivated to "hear" Nadia and to be there for her, to express understanding that she was going through a difficult time, and to share a space of comfort for her so that she could share her own thoughts. As the minutes went by, I focused on documentation, hoping to help in what tiny way I could. Before finishing our visit with Nadia, I told her that I would continue to learn Arabic. She smiled and said, "Of course, so that you can better help your future patients and others like me!"

Stepping into the patient room, I had a certain view and feeling associated with this part of the world of medicine: uncertainty. I am someone who likes to be well prepared for what is to come. Thus, this uncertainty brought me anxiety. However, stepping out of Nadia's room, I found that my view of this corner of medicine changed in a subtle but significant way. I would describe my overarching thoughts and feelings as hopeful now, even though the nerves are still there. The uncertainty still exists. However, my focus has shifted and has become hopeful for the encounters I will experience, the patients I will meet, and how I can ever so slightly bring a positive impact to those I will call my patients.