Deciding to become a physician is by far the greatest commitment I have ever made. At the end of it all, I will have spent over 20 years in school and several hundred thousand dollars paying for my education only to graduate and spend several more years training rigorously as a resident! Yet, for a field that demands so much from its members, it offers relatively little opportunity for prospective doctors to gain insight into what lies ahead. How many premedical students truly know what they are getting into? I certainly did not. Unlike several of my premedical peers in college, I had no physicians in my family or prior exposure to the field to guide my decision. Throughout my undergraduate career, medicine was on the backburner, I only fulfilled the prerequisites because they were required courses for my biology major. By the time graduation rolled around, however, the idea of applying to medical school started to take shape. Yet I was still not comfortable with how little insight I had into what it really meant to be a physician. Most of my non-premedical friends had spent summers or semesters interning in their respective fields and were graduating into jobs that mirrored their experiences. Yet, for obvious reasons, you cannot let an untrained premed spend a summer interning as a physician! I felt that a gap year or two would be my best option to gain experience in medicine, but I was unsure how to spend this time. Fortuitously I came across the opportunity to work as a scribe and build a new scribe program for my local emergency departments and in return, received the best preparation for medical school I could have imagined.

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analogous to learning a foreign language — there are vague and conflicting pronunciation rules, acronyms, abbreviations, redundant and overlapping terms, and even slang. Just as the best way to learn a foreign language is to spend time in the country with native speakers, I learned the language of medicine through immersion. My lexicon grew consistently with each shift I worked, with each chart I wrote, and with each patient history I reviewed and summarized. I learned the most by listening in on the conversations between consultants, analyzing how the attending or resident presented the case to their colleagues. While working, I made it a priority to become comfortable with every word I was not familiar with. Throughout shifts, I would make a list of terms to look up, and found that because I remembered the context in which they were spoken, I could learn their meaning with relatively little effort. Having a solid foundation in medical terminology has allowed me to focus just on the content taught in my medical school lectures, without the encumbrance of deciphering the language used. I have quickly learned that as a medical student you have to get used to constantly feeling uncomfortable with your inexperience — whether it is learning physical exams or interviewing patients for the first time. Thanks largely to my scribe experience, I feel confident about the use of appropriate medical language. In my first year doctoring course reading patient histories, writing up case reports, giving oral presentations, and having meaningful and informative conversations with physicians about patients has all been second nature to me because they were integral to my position as a scribe.

I once estimated that during the three years of working fulltime as a scribe I charted on close to 10,000 patients. That's 10,000 histories, chief complaints, physical exams, and diagnoses — thousands of examples I've been able to search through to help me remember the seemingly endless list of diseases and syndromes on my block exams. Scribing has provided a framework for my preclinical studies. For example, in my most recent neuroscience block, I did not struggle to imagine and memorize the sequence of events that occurs when a patient comes in which an acute head bleed and progressive herniation — I was able to draw on personal experience. Now that I am in medical school, I have the opportunity to fortify my observed medical knowledge with academic study. Learning and understanding more about things you have already witnessed is a potent motivator. It is incredibly exciting when I'm sitting in lecture and the professor mentions a disease or diagnosis I can vividly remember reading, seeing, or hearing about. Although scribing exposes you to a breadth of medical knowledge through observation, it only provides a superficial appreciation for the science behind the practice of medicine. As a medical student I have been happily able to flesh out and grasp the knowledge that lies beneath the surface. In a way, compared to the traditional student, I am learning “backwards,” but having even a partial grasp on the “big picture” makes the details so much more relevant and rewarding.

Lastly, as I look forward to beginning my clinical rotations in the next few months, I know that scribing has thoroughly exposed me to clinical etiquette. On any given shift I worked as a scribe, I was part of an inter-professional team assigned to a specific treatment area within the emergency department. Effective communication is essential for a productive working environment, and most importantly patient care. Conflict is sometimes unavoidable, but time and time again I have seen that when workplace conflict is handled well, it provides an opportunity for professional growth. There are certain unspoken but critically important approaches that can best be learned from the experience of being a member of any professional team that you simply cannot learn in a classroom. The main responsibility for a medical student during our preclinical years is self-derived — performing well in classes and learning the material. Come third year, however, we transition from an observational to a functional role. We become part of a clinical team whose primary responsibility is external — the care of patients. As medical students we must learn to work cohesively with the entire medical team to accomplish that goal. I have seen firsthand observing medical students on shift while I was scribing, that it can be difficult to strike a balance between being a student whose priority is to learn and being a contributing member of the team. The unofficial mantra for every effective scribe is to “always be there when you need us, but out of your way when you do not.” That simple goal was remarkably hard to accomplish in a crowded environment with diverse personalities and ever changing stressors. Yet growing into that role and learning how to be a valuable member of a team enabled me to advance both professionally and personally; I have confidence that it will ease my transition to the wards.

As my second year at the Alpert Medical School of Brown University comes to a close, I truly cannot imagine that I would have decided to go to medical school if not for my experience as a scribe. I am truly grateful.

Author
Katie Baird, BS, MD’17, is a Medical Student at the Alpert Medical School of Brown University.