



## Case Study

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**ABSTRACT:** The initial management of symptomatic confusion during the third year of medical school often includes attempts to conform to traditional standards that are not always readily evident. While mentorship by residents and attendings is vital, the minute-to-minute decisions regarding how exactly to behave must ultimately be made by students. We report the experience of a UC Davis MSIII in the midst of her required rotations.

### BACKGROUND

The clinician is faced with prognostic and diagnostic questions posed by disease in a given patient population. Likewise, the MSIII must understand how to become a physician which, more often than one would expect, is vastly different from learning to be a medical student.

During their third year of medical training, students learn to hone in on what is most problematic about their conduct (i.e., the chief complaint). They must then synthesize written, numerical and verbal criticism of their performance, and choose the most effective management. Decisions to forgo treatment of the primary problem commonly result in recurrence, and while symptomatic management can improve day-to-day survival, short-term measures generally equate to short-term remission.

In general, a delay in diagnosis can be disastrous, albeit commonplace. The mean time from onset of symptomatic poor performance to self-diagnosis ranges from minutes to days, while the mean time from onset of symptoms to detection by residents and attendings is 14 +/- 5 parsecs.

Profound understanding of the pathophysiology and sequelae of medical student malfunction is generally anecdotal. Moreover, it is not possible to conduct controlled studies of this process as all medical students, by definition, have problems at some point in their training, no matter who they are.

We therefore present a case study of one medical student during her third year of training, with the hopes of conveying to both her colleagues and to herself, "Don't worry, it's probably going to be OK."

### MATERIALS & METHODS

This was a single center, completely random, oft-times blinded, and uncontrollable study comparing the experience of T.M., a third year medical student, from one day to the next.

Outcome measures include a necessary, effective, but completely exasperating scoring system; self-contemplation on walks down the hospital's long glass hallway and along the sidewalk of V street; performance on national bored examinations; and feedback from tolerant roommates and friends. Other outcomes include the side-effects of constant self-evaluation, complications of feeling anomalous, and the incidence of laughter and joy when confronted with new problems to solve.

Inclusion criteria included willingness, sense of humor, proclivity for both triumph and failure, and a pair of red clogs.

Exclusion criteria included the ability to get it right more than four days a week, active ability to relate multiple-choice questions to evidence-based patient care, and any congenital ability to avoid tangents during oral presentations.

The subject was lost to follow-up on post-call afternoons, on the day she was allowed to play lead surgeon during an inguinal hernia repair, and on big-powder days in Tahoe. Moments spent contemplating the ever-growing and colossal pile of dirt near Y street were numerous but statistically insignificant and therefore not used in regression analysis of our data.

## **RESULTS**

Our findings showed both long-term and short-term changes in the subject's skill, attitude, and understanding of life. The various outcomes of treatment are recorded in Figure 1. There were 519 hours spent writing Histories & Physicals, 18 hours spent hitting the snooze button, 16 unwitnessed squealing episodes, 1 witnessed squealing episode, 2 pairs of bloody scrubs, 29 beloved morning reports, and as of yet immeasurable moments spent learning. The subject ate 1,163 packets of graham crackers, 29 breakfast burritos made by Barbara in the cafeteria, and approximately 3 jars of peanut butter.

## **CONCLUSION**

Medical school is hard because we make it hard, because we allow it to be hard. Some primal instinct tweaks things just enough to leave us suddenly tearful in the last stall of the Davis 6 bathroom, using that wretchedly durable toilet paper as tissue, so that flower of compassion may bloom in us once more when it is needed desperately by someone else.

Laugh at the flower and the blooming! Laugh! For I suspect you may be exercising that which hurts so dearly when your S.O.A.P note flopped. And cry! Cry at your grades, and the scrub nurse who scolded you, and the resident who hauled you over the coals. For in each of these moments you are nurturing a small, secret and powerful part of you that will keep you human, and make you a doctor.

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