

Room for a view

Hat trick: the doctor who was a nurse

My physician friends and colleagues generally advised me to keep my status as an ER nurse under my hat. This was *medical* school, after all, and it might be a disadvantage if my instructors expected me to know something from clinical experience. In fact, my years as a nurse were a hindrance when I applied. I wasn't given any credit for my nursing diploma, nor were my specialty courses in emergency nursing acknowledged. The attitude was: "Okay, you're a nurse. So?" I might as well have been a plumber. During one particularly harrowing interview a male physician glanced at my transcript and goaded me: "I see you've done very well in these nursing courses. How do you think you'll manage with some *real* science?"

As it turned out, first-year medicine had a levelling effect for everyone. None of us had an advantage in the gross anatomy lab as we struggled to

delicately dissect tendons, muscles, arteries and nerves and to memorize a dizzying number of Latin terms. As a nurse, I had never heard of the brachial plexus, and although I knew that there are 206 bones in the human body I was unaware that one of them is the hyoid.

But I did appreciate my nursing background during second-year pathology. This course spanned a year and a half — nine hours each week — and covered every disease process known to man. Not even Einstein could have mastered the content. I had a distinct advantage over my colleagues, though. From years of clinical experience I knew the merits of understanding things that are common. When the lecture was about pneumonia, congestive

heart failure or gallbladder disease I was wide awake. When the topic was amyloidosis, Wegener's granulomatosis or tropical sprue, I may have nodded off.

There were different reactions to my being a nurse. One anesthetist had me

empty the urinary drainage bag of his bypass patient: after all, isn't that what nurses do? Another had me start all the pre-op IVs when he found out I used to work in the ER. The nurses generally

thought it was great: I was the only "doctor" who cleaned up after herself. In one operating room they were thrilled to have another "nurse" on hand when they were short staffed. They had me hold an unconscious patient's legs up in the air while the scrub



Art Explosion

nurse painted on the antiseptic. There I stood, spreadeagled on tiptoes so as not to contaminate the sterile field. But I can't say I minded helping out: as doctor, or as nurse.

During one ER rotation, several failed attempts were made by various personnel to gain peripheral IV access in a patient who was crashing. The central line was placed in the jugular, but a peripheral site was still needed for potent IV medications to stabilize blood pressure. I seized the opportunity to start the line —having examined the patient's left arm, I knew that I could. The nurses talked about this feat all night. "Hey, that was pretty cool the way the med student got the line in, eh?" After a half-dozen pats on the back, I couldn't stand it any longer.

"Actually," I stammered, "that wasn't the first IV I've ever started. I've been an ER nurse for about 7 years."

Sighs of relief from the nurses and the doctors on duty. There was no prodigy in their midst.

I kept my nursing licence throughout medical school. Working during summer vacation and on the "super-stats" (read: triple time) was more than just a way to reduce my student loan. The physicians at the community hospital where I worked provided terrific mentorship. I noticed an immediate shift in attitude when they learned I was about to become one of them. It was as though I were now a member of some exclusive club and everyone wanted to take me under their wing. "Shannon, go listen to the patient's heart in bed 5." "Hey, Shannon, what's unusual about this chest film?" "Shannon, what lab work would you order for this patient?"

In fourth-year medicine I was surprised to feel a conflict of interest in

trying to balance my nursing responsibilities with those of an almost-doctor. For one thing, the apparent obliviousness of the doctors to the call bells drove me mad. I couldn't tune them out — or the ringing phones, which a doctor can sit next to forever without answering.

As a medical student intern I was often told by the attending physician, "Don't bother with that; the nurse will do it." When I returned to the community hospital the next weekend as a nurse, I found myself being chastised: "Shannon, you're not the doctor. You don't have time for all that stuff. Just get a simple history and take the vital signs and get out of there."

My experience as a nurse is an integral part of who I am. But, now that I am also a physician, my perspective has changed. Nurses are *doers* who work harder physically than doctors, who are not as well paid or respected as they deserve, who have less autonomy and less credibility than they might, and who are wonderful patient advocates. Yet I can also describe them as being concerned with minutiae and redundancy, as being slow to adopt change, and as having a reputation for "eating their young." Nurses have tribunals to rake members over the coals. Physicians participate in morbidity and mortality rounds to learn from experience and avoid mistakes in the future. Physicians seem to respect each other more; they stick together; they police themselves; they are forgiving of one another — sometimes to a fault. But I also know, as a physician, that nurses are my best allies. And I am proud to tell my colleagues and patients that I was once a nurse. The truth, I guess, is that I always will be.

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One thousand words



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Plastic surgery patients exercising at the Young Division of the Hamilton Convalescent Hospital, Hamilton, Ont., 1944