The White Coat and the Transition

by Monica Dixon, MSN
University of New England College of Osteopathic Medicine

I first arrived at Manchester Hospital as a scared medical student unsure of all that was to come. I felt the weight of the white coat on my shoulders. It identified me as a student, one with a significant amount of medical information. My pockets were filled with my badge, a pen, a reflex hammer, my cell phone, and my pager; while my stethoscope swung around my neck. Each time that I walked through the hospital doors, I identified myself as doctor-in-training to the community, the employees, the patients, and other doctors. However, putting on the white coat did not immediately transform me into the doctor I wanted to be.

I had done several rotations through various doctors’ offices and clinics including cardiology, pulmonary, nephrology, infectious disease, obstetrics, gynecology, and pediatrics. I followed attending physicians and learned from their techniques. I took patient histories and carried out patient physical exams. I contemplated which labs and procedures to order. I learned how to interpret results of blood tests and chemistries, as well as imaging studies like x-rays, CT, and MRI scans.

With the white coat, I had access into patient rooms and to view lab results. I could visit radiology or pathology as was warranted or needed by the situation. The white coat gave patients a sense of ease and comfort towards me, and allowed me to inquire of their circumstances and symptoms, and further examine them physically. It is very humbling to know that patients will put themselves in your care, trusting that you will give them the best you have to offer. I knew it was my duty to use all my medical knowledge in their treatment, and to do it efficiently with expertise.

Since arriving here in August, I wake up each day and put on my white coat with care and appreciation for the privilege it affords me and the honor of being recognized as a colleague to doctors who have practiced much longer than me! Each day I recognize the need to increase in medical knowledge so that I can easily transition from history-taking to physical exam and then to diagnosis and plan. These skills do not come in a day or a week or even a month, but require on-going learning over years. Just recently, after the November storm that ravaged Connecticut, I volunteered at the shelter at Manchester High School. I walked in one night and was immediately shocked by the appearance of the school and could hardly believe the number of people it was accommodating! The cafeteria and gymnasium were completely cleared of tables and furniture and were filled with rows of cots where parents, children, youth, and elders slept in somewhat of a military arrangement. The school was acting as a house, a senior center, a recreation area, a day care, a hospital, a nursing home... but most importantly a refuge from the cold. Children were running around, parents were conversing together, other men were playing cards, seniors were sitting together, and youth were watching movies and listening to music. There were volunteers from C.E.R.T. (Community Emergency Response Team), security, police officers, fire marshals, search and rescue teams, nurses, certified nursing assistants, and there I was... just a medical student.

Little did I know, this event would be an important transition in my life. No one called me "student", but everyone recognized me as "doctor". Parents asked me about their child’s sore throat, older women were complaining of difficulty breathing, some children and youth had fevers, and seniors needed help taking their medicinets or just moving around. There was no attending physician to tell me what to do or direct me. There were no x-ray machines or thermometers or any medicine. I had four tools: my stethoscope, my penlight, and my two hands. I listened to people’s hearts and lungs for murmurs or chest congestion. I used the back of my hand to feel for fever, and used the penlight to detect red or swollen tonsils and allergies. Then I explained my findings and recommendations as best as I could to people eagerly awaiting what the “doctor” had to say.

So they saw my white coat and they called me doctor. And I responded to the call. I went from being a student, to being their doctor in just an evening! The community needed help and I arrived as a volunteer being skeptical of how I could possibly provide relief. But afterwards, I left the shelter feeling empowered to step into the role that I have been preparing for with many years of education. The time had come to mature into a person that could independently serve others, instead of only waiting for someone to teach me.

It was an important moment and one that will remain in my memory. For once, the white coat I was wearing felt different. Somewhat the student wearing it was growing in confidence.

I want to thank the ECNH community for being so accepting of the new UNECOM medical student. You have made our transition here very pleasant. I hope that the community knows that we are here to serve. I hope that soon each of us will experience a transition where we gain a unique understanding of the true meaning of our white coats.

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