

## ON MY MIND

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## The Patient Rotation

A prolonged vibration followed by 3 piercing beeps from the pediatric gastroenterology service pager informed me that my first admission of intern year had arrived. As I scrambled down the corridor to the emergency department, I flashed back to my most recent emergency department experience, 6 months earlier. I had completed the last of my required clinical rotations as a medical student and celebrated Christmas at my parents' home when my taken-for-granted life abruptly came to a halt. After dining on all-you-can-eat seafood shabu-shabu with my cousins, I suddenly began vomiting bright red blood and passing black tarry stools. I shrieked for my parents before passing out on the white tile of our bathroom floor. In those few seconds, I transitioned from physician-in-training to patient. For the next 30 days in the hospital, I learned invaluable lessons in my journey to becoming a physician.

First, I began to appreciate the critical role of family in the healing process. I awoke in a pool of bloody vomit. My mother, an intensive care unit nurse, assessed my circulation, called the paramedics, and accompanied me in the ambulance as I was rushed to the emergency department. My father used up the remaining sick days he had accumulated over 40 years working for Los Angeles County to keep me company every day in the hospital. While physicians, nurses, and other staff changed as I transferred to different services, floors, and hospitals, my parents remained at my bedside, day and night. I realized that no matter how old or independent I became, I would never outgrow the immeasurable love of my parents.

Second, I learned humility from experiencing the painful medical interventions that I had previously only observed. I remember the sharp discomfort of the nasogastric tube piercing through my nostril, slithering down my neck, then gurgling through my first night in the hospital. Every 6 hours, I woke to the prickling pokes of hemoglobin checks with purple track marks along my right arm. I will never forget the uncertainty and lack of control inherent in being a patient. What caused my recurrent bleeding? When would it stop? When could I go home?

Third, my appreciation for food has been changed forever. I could have nothing by mouth for days on end. I began total parenteral nutrition. Through this prolonged process, I lost 25 pounds and barely recognized my pale skin-and-bones apparition reflected in the mirror. When I finally could consume sustenance again,

I grew frustrated with the continual diet advancement game. Nothing by mouth. Clears. Full liquids. Soft diet. Rebleed. Back to nothing by mouth. I stored away the pangs of hunger in my memories for the future hospitalized patients whose nutrition would be dependent on my care.

Fourth, I learned that the nursing staff is the patient's best friend, not the physicians. While the physicians were present at my bedside for 5 minutes a day on rounds, nurses were the ones who actually provided most of the day-to-day hands-on patient care. Three weeks into my hospitalization, I hit rock bottom. My night shift nurse entered my room to see tears flowing down my cheeks. With her hands firmly gripping mine for comfort, she pointed out the silver lining: "Think of all the important lessons you will learn as a patient and what a compassionate physician you will be after this experience." At her suggestion, I calmed my nerves by journaling each night before bedtime. Through writing, I began to view my hospitalization as a unique learning experience, a "patient rotation" in my medical education.

The patient rotation provided me with countless instances of exemplary physicianship. My gastroenterologist demonstrated compassion when he supported my family in praying before my first esophagogastroduodenoscopy, told me that he would care for me like his own brother, and stayed well into the night to scope and clip my ulcers when I rebled late one evening. Though surgery was never ultimately required, my surgeon stayed to watch my nighttime esophagogastroduodenoscopy and eventually recommended transferring me to a more specialized hospital so I could receive the interventional radiology embolization that definitively stopped my bleeding. These physicians instilled in me the significance of duty and responsibility, treating all patients with equal care as though they were family.

As I swiped into the pediatric emergency department with my glossy new ID badge labeled with the title MD, I took a few deep breaths and reminded myself of the invaluable lessons I learned from my patient rotation. I cleared my mind of the numerous administrative tasks on my daily checklist and focused on being present with each new patient, striving to provide them with the same amazing compassion and care I had received during my patient rotation. Ironically, it was my month as a patient that taught me the most about becoming a physician.

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