



# Hard conversations

**E**xplaining to someone that she is going into labor at 19 weeks is hard. It's even harder when she is 18 years old and she only speaks Spanish.

Such a patient came to the emergency department when I was a third-year medical student on one of my first rotations (OB/GYN) after she'd felt a gush of fluid at home and developed a fever. I stood silently while residents and doctors told the patient that, because her cervix was dilated, she would likely pass the pregnancy in the next few hours. I think that in this circumstance, "pass the pregnancy" was a lot like the phrase "your loved one has moved on," used by a physician to tell a family that their loved one has died. In the cramped ED room stood a nurse, two residents, a physician, a translator, the patient's family, the patient and me. The sheer number of people present would have made the conversation difficult for anyone.

This patient sat there with a blank stare and slowly allowed it to sink in that she would not likely leave the hospital pregnant. I wanted to console her and tell her that the pregnancy wasn't viable, she didn't do anything wrong, and that as she was still a teenager she could hopefully expect to have many years of fertility ahead of her. From the look on her face, I sensed that she

felt as though something she had done had killed her baby. It was hard to watch as she slowly shut down while everyone talked in hushed, calming voices in a language she didn't understand.

Once the patient was moved out of the ED and to her own room, the attending physician asked right away if she could sit on the patient's bed while they talked. She held her hand and repeatedly assured her that she had done nothing wrong. The attending laid out all of the options without placing more importance on any one of them. She allowed the patient time to

## and hidden lessons

Musings on  
an encounter  
gone right

BY AUBREY THYEN

cry. She looked at her the entire time without glancing at the translator. In that moment, the attending showed me how to be strong in a very difficult interaction. This physician likely didn't know the impact she made—not just on the patient, but also on me, the medical student.

The phrase “hidden curriculum” is something all medical students hear about and encounter during their third and fourth years of medical school. Most of the time, I feel as though hidden curriculum is discussed in a negative way. The senior surgery resident is rude to you and belittles you in front of others? Hidden curriculum would call that “learning how to have thick skin.” Morning rounds are taking longer than normal and you don't have the opportunity to use the bathroom without falling behind? “Welcome to medicine,” hidden curriculum would say, “and please develop a steel bladder.” The interaction I witnessed between that attending

and her scared patient was another example of hidden curriculum—but one that cast the concept in a positive light. The doctor taught me how to respond to serious moments, such as when a shattered teenager who doesn't speak English needs someone to communicate with her about an unexpected miscarriage.

Since that interaction, I've tried to hold on to the positive lessons I've learned from the hidden curriculum, so they outweigh the negative ones that inevitably crop up. On my pediatrics rotation, I saw a senior resident carry an infant patient during rounds so the mother could have five minutes to drink her coffee. In palliative care, I saw a dying patient console a crying nurse during a care conference. In family medicine, I saw a physician discover the reason his patient had out-of-control diabetes despite being prescribed the correct medicine: The patient did not know how to read, and no one, not even her husband, had ever known.

I hope to remember these and other positive lessons from the hidden curriculum for years to come, as they will make me a better doctor. I also hope to remember the negative ones, as I know they will help me next year as a resident, when I interact with new third-year medical students. As for the lesson I learned by watching that attending physician communicate with her young, distraught patient? I expect it will continue to inform how I recognize—and respond to—strong emotions during tough conversations.

Such encounters confirm for me that my career is the privilege I've been dreaming about since I applied to medical school. Physicians are afforded opportunities to walk people through some of their best and worst circumstances. That makes me wake up every day excited about my chosen field. **MM**

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