The Art of Listening: My Journey from Observer to Aspiring Physician

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The drone of the hospital fluorescent light was mixed with the beeps of the monitors, but it was both new and familiar at the same time. I was a volunteer at St. Mary Medical Center, and together with the physician, I stood at the edge of a patient room as she remembered her story of chronic pain dripping with fear. It was at that point that something inside me that I had been unconsciously feeling, but had never been able to clearly express was embodied: it is not just a matter of diagnosing the symptoms or foretelling the prescriptions of treatments of medicine but it is a matter of listening, to really hear the tales that each patient has incorporated within their lifetime. This revelation has informed my path as a fluent spectator to an evolving force towards future medicine due to my desire to provide compassionate care. My experiences in medicine as a pre-medical student are a patchwork collage of experiences: volunteering, research, and personal struggles, which have informed me of the importance of empathy, the need for resilience, and have shown me the privilege of service. I am attracted to a medical position because of intellectual challenge, but also because it has close ties to human connection, and I would like to devote my life to the pursuit of the art of listening as a physician.

Discovering Empathy Through Volunteering

I learned the art of listening not through attending a lesson in my classroom but through the silence that I got through the volunteer experience at St. Mary. At a young age, I started receiving my first experience in the hospital, which was in the emergency department, operating there, unloading materials, and then showing families where to sit and wait. Active listening in clinical encounters has been shown to improve patient satisfaction and outcomes (Shapiro, 2020). I happened to visit one night an old lady, Mrs. Carter, who was alone, and looked anxious

and unhappy, awaiting the result of a test. Being with her, I did not know how to start the conversation, but soon we both became simply listening to her speaking about her husband, who passed away, her fear of sickness, and her passion for gardening. I did not have any medical expertise, but I was there, and she told me that later she felt seen by me. This was an awakening: listening itself is a kind of restoration. It taught me that patients are not necessarily their diagnoses, but people with lives that define their health and things they fear. This understanding drove me to want to be a doctor, and in that field, I could incorporate science with the compassion I learned that day. I started to view medicine as a medium between science and humans, and I wished to cross that medium.

Balancing Science and Compassion in Research and Clinical Exposure

This bridge became more real when I began to pursue my undergraduate studies, because this is where I engaged with the research and clinical exposure professions, the former of which continually strengthened my perception of the need to listen to the data, and the latter also looped into this idea, as I have to listen to the patients. As a biology undergrad, I was in a lab where we were exploring the genetic markers that are related to breast cancer, where I spent hours looking at sequencing output to figure out the mutations. I was amazed by the criticality of science, yet equally, I appreciated the conversations I had with my tutor, who focused on transforming the information into practice for the patient's benefit. The above balance was realized when I shadowed a primary care physician, Dr. Nguyen, in my junior year. I noticed that she would spend time to inquire about the lives of the patients, the work hassles they had thrown into the system, their family life, and even hobbies, then proceed to treat them in line with their ailment. Our first patient was a young man who had uncontrolled diabetes, and she discovered through her caring questions that he was omitting insulin medication because of poverty.

Building Resilience Through Personal Challenges

Nonetheless, there have been challenges along the way, and it is these types of personal challenges which have taught me resilience, a trait which I feel is vital to being a physician. My diagnosis occurred during my sophomore year when my mother was diagnosed with lymphoma and suddenly I ceased being only a volunteer or an observer but a family member. Physician empathy plays a critical role in fostering trust and adherence to treatment (Derksen et al., 2021). I went to the meetings with her, and I observed her helplessness and the doctors who were treating her with different levels of compassion. There was one oncologist who was able to distinguish himself: he was able to listen to her concerns relating to chemotherapy, thus respecting her feelings, which further proceeded to explain treatment options in a clear manner. Not only did his method soothe her anxiety, but it also made me learn how to copy that blend of being compassionate and competent. The treatment of my mother, taking care of her, school, and volunteering at the same time strained my stamina, but I had her bravery and the thought of the gratitude with Mrs. Carter to help me.

Looking Forward as an Aspiring Physician

On the verge of entering medical school, I think that listening can be regarded as the art that will be at the core of my practice. Resilience in healthcare professionals supports both personal well-being and quality patient care (West et al., 2020). All of my experiences have enabled a strand of meaning in my life, the stillness with Mrs. Carter and the hard work in the lab, following Dr. Nguyen and helping my mother. Both of them have taught me that medicine is not a right but a privilege, an opportunity to ease human suffering as each patient has a different need and need to be listened to. I would love the struggles of medical school, I would love to

learn more science, and I would love to develop more empathy and resilience in myself. The path that lies directly in front of me is unnerving, yet I am prepared to devote my life to this vocation, to listen to a heartfelt whole, and to be a representative of a caregiver with expertise.

References

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