

Cold coffee and histology slides: a medical education

Welcome to the Cancer Center. There is a small hallway that juts off the main thoroughfare—just before you reach the café—in the hospital where I was a medical student. I sped through this hallway hundreds of times, bouncing between lecture halls and the cafeteria, between small group learning and afternoons shadowing in a clinic. There is a sign at the turn-off, above the doorframe that says, “Welcome to the Cancer Center.” I walked by this sign every day for two years and never really noticed it.

“Welcome to the Cancer Center,” announces a semi-professional actor to a large group of second-year medical students gathered in a conference room. This is the name of the short play we are about to observe. We have two hours reserved in our curriculum to learn how to break bad news to patients. The actors perform a piece following a woman through her diagnosis with colon cancer. The teaching points are painfully obvious: medical jargon flows more smoothly than a comforting phrase from the resident’s lips; the providers don’t see the patient’s harried exchange with the front desk about insurance coverage; the patient’s face lights up when the warm, wise attending finally asks the patient about what brings her joy.

Next it is our turn. We break into small groups so each student can practice telling an actor bad news. This shouldn’t be too hard, we think, scanning the prompts printed out. We are all wearing our short white coats as we were instructed, a costume for the part.

In one scene, my 22-year-old classmate wearing a sagging white coat has to tell the actor, Steve, that his wife died in a car accident. Steve pounds the walls of the room and collapses to the floor while tears stream down all of our faces. My classmate timidly gets on the ground next to Steve, barely in arm’s reach. He tentatively reaches for Steve’s shoulder to give it a pat, scanning the audience’s eyes for help, for clues. His partner, another classmate, shuts down and freezes, unable to say anything at all.

It is my turn. I pull the chair closer to Steve in order to calmly tell him that his daughter has just been diagnosed with diabetes. As I begin to talk, he looks down and intently cleans his glasses on the hem of his shirt. The actors are trained to goad us, to lead us to the limits of our patience and compassion. Before I know it, Steve is asking whether I’ll be informing his ex-wife of the diagnosis and begins to list her many character flaws. I let a smile slip. But only because I know this is pretend, can’t he see? We leave the conference room shaken, doubting our ability to ever provide comfort, much less expertise. I replay my scene over in my head as I blankly stare at histology slides later that day. Surely we’ll do better with real patients.

A few months later, on morning rounds at the hospital, my team is seeing an elderly patient who came in to the hospital because he fell; imaging we did showed a terminal cancer. It is my classmate's job to relay these imaging results to the patient. The teaching team files into his room, ducking beneath the thin curtain separating him from his roommate.

"Sir, remember those pictures we took of your liver?" My classmate's voice quivers. "Um, we found something." (pause). "That we are very worried about."

How do you teach a student to say the words that will shatter someone's life?

"Give it to me straight." He is sitting on the side of the bed, turning his good ear towards my classmate's faint voice.

"We found a mass..."

"—cancer," the attending physician interrupts. "We found *cancer*."

No wonder we call it breaking bad news. It is snapping a stick in half, shattered pieces that can never be one piece again.

We never spoke about how patients have to break the bad news too. This is the lesson I learn when I fly home between exams a few months later. My mother took me on a walk to get coffee and as we were leaving the house said, "I have news. My mammogram was suspicious. I've had more tests. I have to go to the oncologist." What I remember is liquid heat spread slowly through my body. We eventually made it to the coffee shop. I could not drink anything, emotion constricting my throat, and brought the cold coffee back home, setting it on the counter.

I had just learned about breast cancer as part of our second-year curriculum. I dutifully studied the purple patterned calcifications on a pathology slide. I answered multiple choice questions. One in eight women by the time they turn 80. I had memorized a pathway for treatment, but I didn't have any comforting answers to my mother's questions. I was horrified I had studied it all with such nonchalance.

I accompanied my mother to her first appointment in a slick new building. She wore a new gray suit and orange scarf. In her early 60s, she had just recently begun wearing high heels to match her new job. I kept thinking she belongs in her office right now, not here. We acted out the motions of getting into the elevator and pushing the button to the Oncology floor. A sign pointing the way: *Welcome to the Cancer Center*. I glared back at it, annoyed at its gall to welcome us there, as if we had a choice. My mother became the one in eight women who swipes her credit card on a co-pay to see an oncologist and feels like it isn't real.

It will just be a blip in your year; really, an excellent prognosis," insisted her new doctor. "After all, it is *proliferation of malignant epithelial cells completely contained within breast ducts not*

thought to be metastatic.” My mother looked to me. I recognized the words, but what did they mean? A *blip*? How could I have spent two years learning so much about medicine and know so little?

I realized that until then, I had been learning medicine as if it were a foreign language. The first two years of med school taught me how to sound out vocabulary words—*clonal population of atypical cohesive cells confined to ducts and lobules*. I rolled the foreign phrases around in my mouth like hard candies. I memorized flashcards, even silly mnemonics, all just symptoms floating out of context. I had learned to read the medicine book out loud, but I couldn’t explain the plot.

Where was the missing Learning Objective in that breast cancer lecture:

- *At the end of this lecture, students will understand:
The patient will spend months in agony knowing she can’t stop her body from feeding the malignant cells.*

Where were the slides about the patient’s matted hair after surgery? We were never quizzed on what it feels like to hear “eight centimeters” when in your head the cancer was a tiny bead the size of this *o*.

How do you teach a student the weight of their new vocabulary words?

No matter how many years we spend studying textbooks, nothing can prepare us for the hospital. Clinical years become the study abroad program to practice our new language, our cultural immersion into the messy hospital workrooms where we gain conversational proficiency. For two years I was shielded from this side of medicine while I learned lists of diagnoses, detached from their meaning to the humans who receive the them.

I wish I had a pocket dictionary to translate between textbook information, what attendings say behind closed doors, and what patients experience after we leave the room. I imagine how I might have annotated my medical school books for my past self. Pulmonary Embolism: *Your attending will spend days obsessing over oxygen saturations. Your patient will eventually tearfully tell you he thought he was going to die when he couldn’t breathe on the way to the hospital.* Thyroidectomy: *post-surgery, the first time a mother will ever smell sour to her daughter.* Prostate abscess: *an estranged son will bring his delirious, septic Dad into the ICU and wonder if he’ll lose him before they can repair their relationship.* Fibromuscular dysplasia: *Your team will struggle to find the cause of the strokes. Your patient’s husband will bring his wife daily lattes, desperate to see her smile, and spoon her the sweet foam after she loses her ability to sip from a cup.* Ductal Carcinoma In Situ: the oncologist will call it “just a blip in the life,” but your mother will still want you by her side, even with your floating, fragmented M3 knowledge.

At the end of this lecture, students will understand: behind every diagnostic histology slide we breeze through in the next hour, there is a restless grandfather twisting his sheets; a woman sitting in her car in the parking garage, crying too hard to drive home; a family wandering the hospital halls late at night, looking for a coffee that will go cold, undrunk.