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TIME ON MY WATCH

By Stephanie Schulman

You buy a watch before your third-year rotations. You figure it will look more professional than pulling out your phone to check the time. It feels clunky on your wrist the first day. It'll take some getting used to.

How strange: we try to capture time and divide it away as a nicely categorized series of numbers. So very unlike the sort of time you're about to see from that first day on.

You see, time has a very different meaning for hospital patients. It's divided not by minutes or hours, but rather by sleep, by medication, by meals or visitors and there's never enough of it.

Up to this point in your training there was never enough time before each exam, yet lectures could drag on for what seemed like days. The second hand raced by during anatomy lab, or when you checked the corner of your laptop screen after an afternoon studying and realized it was already evening.

The patients and their families you visit now are at war with watches like yours. They fight for more time with all their strength, at times taking out their anger and frustration on doctors or nurses.

"I've been waiting to talk to you!"

"Why isn't this result back yet?"

"When will we know the prognosis?"

Questions and assertions for which you have no answers.

We don't own time.

Nobody does.

"If there are 100 people in a room, I shut the door and open it in

5 years only 13 will remain. I can't predict who those 13 people will be," your attending explains to a patient's wife during your first week of oncology elective.

He wears brown loafers and a crisp white coat. Her hair is tied back in her favorite scrunchy. Her nails are painted a shade of pink.

She doesn't care about the NNT or the NNH, she just wants to know when they can go home and if her husband will ever be the same person she married.

The probability of survival. The response curve. We graph time. We measure it with statistical values.

Don't forget, though, those little dots on each line are made up of real people. People who fought to carry that line out just a little further.

Months pass and you find yourself in the Operating Room during your first trauma case. The patient, a 19-year-old, dies right there on the table in front of you. You've never seen so many surgeons in one room. They're all shouting over the hectic background noise of people scurrying around getting more blood getting more pads getting more and more and more... but it doesn't matter.

Time is up. You can't fight it; it isn't your choice.

The OR warps into seas of blue gowns, blue tarps, blue towels. Waves of people in and out of the room. Moving around you in sync and in chaos.

But you're stuck – as if time stopped – everything is happening in slow motion. You're floating; just trying to catch your breath.

A blue bracelet is the only thing left of that 19-year-old who came into the ER talking just an hour ago and you can't stop thinking about it.

Who are we when we are gone?
When time is up?

Pink nail polish. Loafers tossed in the corner of the room. A teen's wallet and cut up pants in a plastic bag. An ABG level. Empty syringes scattered on the floor.

Being a med student in the hospital is like riding the waves on a choppy morning.

Half the time you're confused about where to go, or lost in the hospital, given tasks that you don't know how to complete, cold called and embarrassed. You're seeing the highest of highs and the lowest of lows.

From mundane and routine to life altering and dramatic. Literally seeing people at their first breath or their last— as a fly on the wall, an invisible in scrubs, or right there doing compressions.

All the while you're sleep deprived and trying to catch up on the flashcards accumulating on your phone app and make it through your allotted practice questions of the week.

Your shift ends and you go back to your room. Go back to the categorized minutes and hours on your watch. Try to complete your work for the evening. Maybe eat dinner.

Set your alarm for 5AM to start again.