Kia ora koutou.

I’m the current President of the New Zealand Medical Students’ Association and a Trainee Intern. I’ve been thinking for a while about what to write for this article: ‘From the frontline’, because I’m not on them…yet. A more accurate description would be “From the rearguard, with a good view of the front from a safe distance.” That’s a little less snappy though.

I thought about using this article for advocacy, to tell you about how the current limit on student loans is going to make it nearly impossible for some students to finish their degrees. Or I could muse on the mix of elation and terror I feel staring into “the frontlines” as they get closer and closer.

But in the end I decided not to. Instead I decided I’d share my thoughts on what it’s like to be a medical student in the clinical years, and what my biggest challenges were.
Our frontlines don’t relate to being under pressure to work fast, having lots of patients, or shifts that are too long or frequent. Sometimes our studies can be a source of stress, when we battle to ingest a textbook, or work out how to convincingly appear to look for a JVP. For me, however, by far the greatest challenge was the hospital itself.

Generally I got lost. It never ceases to amaze me that a superficially numerical system can be deployed in such a bewildering manner. Ward 15 will be sensibly next to ward 16, and nicely labeled. But for some inexplicable reason ward 17 (where I needed to be five minutes ago) will be sitting smugly between wards 2 and 13, marked with a sign bearing an acronym I will never determine the significance of.

The next challenge is to ascertain who is who. For my purposes I have tended to use a somewhat iterative approach: patient or staff (a mistake I have certainly made on occasion)? Doctor, not doctor? RMO or SMO? It’s really only been within the last year that some of the finer demarcations have become clear. I have a clear memory of getting half way through a conversation before realising that in this context a MOSS was not something you would, necessarily, find on a damp rock.

And then I’d get to the most difficult part: who am I and what am I for? I found this incredibly hard, especially in the early clinical years. We’re there to learn, and to be part of the team, but however welcoming that team is, however good they are at teaching, there’s no escaping the reality that everyone but you has an essential job to do. I absolutely do not mean that medical students do not contribute. I’ve seen caring 4th years make huge differences to the experience of patients. But I have sometimes felt like I simply leech.

I don’t profess to have a particular solution to the above. There’s no escaping that the need to learn presupposes that you don’t yet know what to do. However, as I move onto “the frontline” I will endeavor to remember my experiences as a medical student, to greet those around me warmly and be kind in my interactions, and to direct those who are lost to their destinations and tasks. And while I’m definitely nervous about stepping to the front, and all the pressure and responsibility which that entails, I’m also excited to have a role: to know who I am, and what I do.