

# Listening Closely

by Sabin Karki, MS1

(This short story describes my experience volunteering in a local pediatric emergency department as part of a study to collect pulmonary recordings for the development of a smart stethoscope. Patient and physician names have been changed.)

In the pediatric emergency department (ED) of Johns Hopkins Hospital, two patients share a single room, their beds arranged in parallel. Each bed is flanked by chairs for family members and an opaque blue curtain bisects the room, its spongy texture attracting the curious hands of more than one toddler on any given day. After spending several weeks recruiting patients for a study testing a new stethoscope, I began shadowing Dr. H, a young pediatrician in the pediatric ED. I felt accustomed to the general comings and goings of the throngs of doctors, nurses, PAs, and patients streaming through the maze-like facility. Evenings were noisier than mornings, and now, at 5:30 pm on a Wednesday evening, even the fax machines and telephones were drowned out by the cries of children. As I followed Dr. H from room to room, I tried my best to keep out of the way while listening to and learning about each of her patients.

As Dr. H and I stood in front of Room 05, she articulated stories about the highest acuity, most contagious patients she had seen throughout her career in encyclopedic detail. Today, she was telling me about her preparations for coronavirus, should a patient arrive with the associated symptoms. Regimented, clear protocols laid out before the event — that’s how you prevent panic and infighting for resources, she said. Our conversations always pushed me to think about medicine from a broader

perspective, and the energy and passion Dr. H brought to patient care were palpable. She squeezed one of the countless hand sanitizer dispensers lining the walls, rubbing her hands together almost unconsciously as we waited for the nurse to finish charting on the bedside laptop.

Dr. H leaned against the wall. “It’s been a long week -- but here, I’m always learning, always teaching. In a way, it’s a privilege.” The nurse exited the room, signaling our cue to enter. Dr. H stood upright, squeezed the Purell dispenser again, rubbed her hands together, and turned the aluminum door handle to Room 05. Inside, an exhausted mother lay asleep, cradling her infant in white sheets on one side of the room. In the other bed, a toddler sat upright in her mother’s arms before tossing a stuffed dinosaur at my feet. I laughed and gingerly returned it to an empty chair.

“Maddie!” Dr. H smiled. “It’s been a while. You’ve gotten so big.” The mother flashed a brief smile, and they exchanged pleasantries for a few moments. “Can I listen to her heart and lungs?” Dr. H asked.

“Yes,” murmured the mother, positioning Maddie so she faced the physician. “She’s been doing good for a couple days. No more coughing.” Dr. H squeezed the toddler’s hand, and Maddie’s eyes flitted toward Dr. H, but only for a moment. The child’s face suddenly twisted and she began to wail. Dr. H cooed and soothed her within seconds, flashing a stethoscope retrofitted with a plastic clicking frog. Maddie stopped mid-wail, examining the frog intensely, as the doctor placed another

# A Place to Heal

by Christopher Schorr, MS2

stethoscope on her chest and back.

After a brief pause to auscultate, Dr. H issued an exciting assessment. “She sounds clear! I don’t hear any more crackles or wheezing, so this is a great sign.” The mother perked up; her shoulders visibly relaxing. “I’m always happy to see Maddie,” Dr. H continued as she leaned forward, gently taking one of the child’s fingers in her hand and waggling it, “But I’d be even happier to not see you in the hospital for a while. Now, go home and get some rest. Your nurse will be here soon to go over her paperwork.” The mother was ecstatic. She thanked Dr. H profusely, glancing up intermittently as her fingers rapidly tapped out a text on her phone, presumably to her spouse.

We exited the room, and I heard the heavy door slide close behind Dr. H. I turned and was shocked to see a look of frustration on Dr. H’s face. “She shouldn’t even be here in the emergency room” she said. I nodded as she clarified: “Coming into the ED presents its own risks to the most vulnerable patients I see, but for many families it’s the only way they can get care. Maddie’s lungs sound great and she has a greater chance of catching something just by being here.” As we left the room, I wondered aloud: Why had Maddie’s mother brought her all the way to the ED when she appeared to be nearly recovered from her sickness? Perhaps Maddie had no pediatrician, or the ED was the closest source of medical care for her daughter in East Baltimore? There are no easy answers, said Dr. H, and I agreed. She reached for the hand sanitizer dispenser. Squeeze. We walked down the hall to the next room.

*Streaming down my face, they fall,*

*Invisible to all but me.*

*Silent tears that speak it all,*

*Of pain, hurt, and misery.*

*I lay here in this sterile room,*

*With machines that beep with every breath.*

*Each tear a symbol of my woe,*

*A sign of what lies beneath.*

*One day, a stranger walked in,*

*A soul with wounds just like my own.*

*We shared our pain, our hope, and then,*

*A friendship was born, a bond that’s grown.*

*Together, we laughed and cried,*

*We shared our joys and fears.*

*In this place where sickness prevails,*

*We found a home, a place to heal and cheer.*

*And now, as I look back and see,*

*How far I’ve come, I’m filled with pride.*

*For I have found a family,*

*In this hospital, where tears once cried.*