A man with cancer receives his first chemotherapy treatment, and it sends him into seizures that won't stop. Jolene Seibel, MD ’02, who was then a third-year medical student, watched as a team of doctors and nurses handled the emergency, wondering, As a medical student, if I came across this alone, what would I do? “It was a very scary thought at that point in my training,” she says.

Paul Rogers, associate professor of anesthesiology/critical care medicine, understands what students like Seibel experience. At least, the 45-year-old professor remembers how he felt when he was in training: Though he might have known what was wrong with a person and why, he wasn’t likely to know the specifics of what to do when a patient becomes unstable. He remembers that no one ever gave him the step-by-step instruction he wanted on how to care for a patient in a crisis situation.

“Nobody said to me, This is how you hook up the oxygen. This is when you call for the crash cart. This is how you evaluate a person in respiratory distress,” says Rogers.

After reading many textbooks and journal articles to add to his growing experience, Rogers eventually mapped out a methodical approach to caring for patients in an emergency.

“It occurred to me that if someone had taught me all of this, it would have been a whole lot easier,” says Rogers.

When Rogers finished his fellowship and arrived at Pitt as an assistant professor in 1987, he began giving students the kind of instruction that he had never had. Since then, teaching awards have accumulated on his CV.

“I make someone’s learning my responsibility,” Rogers notes.

Just this year, he was honored by the administration of the medical school, its alumni, and students: He received both the Dean’s Master Educator Award and the Alumni Faculty Recognition Award. Students also chose him to receive the prized Golden Apple Award for Excellence in Clinical Education (it was his second time winning that honor). His fourth-year elective in critical care medicine is more difficult than any other elective to get into. By means of a lottery system, 24 students get a place in the class he teaches at the Veterans Administration hospital each year.

But you don’t have to win the lottery to meet Rogers. Every medical student at Pitt takes the small-group sessions he teaches during the third year.

During one morning class, students gather around a computerized mannequin, named Sim Man, who is hooked to a heart monitor. Rogers shows the students pattern after pattern on the heart monitor. “This is one of the rhythms you’ll see when someone is getting ready to die from hypoxemia,” he says. He shows them more detailed printouts of the rhythms, arranging the strips on the blanket-covered legs of the mannequin so that everyone can see.

“This is scary,” he says of one strip, telling students that when he sees that rhythm, his heart rate becomes about as fast as the patient’s.

He stresses the knowledge and skills needed to save lives, including speed. “Evaluate the airway, breathing, and circulation within 10 seconds,” he urges.

The goal for the course is to teach students how to evaluate a patient in distress and how to initiate a resuscitation.

Once the teaching portion of the class is over, it’s time for an evaluation. Students come in individually to resuscitate the mannequin and to get feedback. Before they begin, Rogers offers them reassurance: “Students are way too hard on themselves. My goal is that by the time you finish today, you’re better than you were last week.”

His favorite day of his courses is the very last day:

“We run through various scenarios, and I see how they are excited about their abilities to tackle problems and initiate therapies that they will say they couldn’t have done before they went through my course.”

For Rogers, the reward for his efforts is seeing his students make that progress. His job he’s chosen, he says on reflection, is “a remarkable responsibility.”
A first year student isn’t sure that white coat will fit him. (On the cover of the latest edition of *On Doctoring*, an anthology that all med students receive as they begin school, this Rockwell illustration appears.)
Backstage in alphabetical order, 148 of us sit in ties and dresses. Coatracks at the front of the room hold 148 white coats. These are short white coats, the length of a blazer, not the long white coats that one might wear in a lab. Their shortness signifies that we are students, not physicians, though in our case, as they hang at the front of the room, they are signifying that we are about to become students. Right now we are in the liminal world, but when this ceremony ends we will have crossed the threshold, moving from whoever we used to be to medical students.

The woman at the front of the room is from the Office of Student Affairs. She is friendly, and before we arrived she learned all of our names from our photographs. She instructs us to look around at our neighbors, and I wonder if this is the old “look to your left, look to your right; one of you won’t be here in four years” routine. But no, she is telling us what a great group we are, how diverse, and then something about how well we are going to get to know our alphabetical neighbors throughout the next four years.

Four years. Suddenly it sounds so long. Four years ago I was graduating college as an English major whose only science course was a class called “AIDS and Society,” about to start my first job teaching at a boarding school, full of enthusiasm and certainty about spending my life with young people and books. This ceremony was nowhere in sight.

“Don’t let it eat you.” That was my friend Greg’s mantra during the year we took premed courses. We’d heard the statistics about doctors and substance abuse, doctors and depression, doctors and divorce. Greg described his father, a retired physician, still working in the hospital, trying to make it fit. He is 88 and continues to see patients every day. He believes that there are many useful and worthwhile things you can do with your life, all of them a clear second to medicine. I do not believe this, did not anticipate this career path from birth, but here I am.

The Robert Wood Johnson Foundation provides every medical student in the country with an anthology called On Doctoring, and we have received ours today. On the cover of our 1995 edition a Norman Rockwell doctor in a white coat and bow tie bends over a little girl with his stethoscope. Her back is to us, we see red pigtailed and her skirt around her waist. The doctor’s hands rest on her back; his expression is soft and serious, comforting. A letter from the president of the foundation, Dr. Steven Schroeder, comes along with the book.

“Congratulations on your admission to medical school,” Dr. Schroeder writes. “You have now entered a profession that has as its purpose the relief of suffering and the caring for others. Your studies will quickly introduce you to sciences and technologies that have saved many lives and lessened much human misery. But it is the knowledge of people—the insights into the human condition—that is the essence of the practice of medicine. This, too, is the challenge and the privilege of being a physician.”

Our names are called in alphabetical order, and I climb the stage steps to greet Dr. Musgrave. Flashbulbs go off in the audience where my family sits. A second-year student helps with the ceremony. She holds a white coat open to me, and I work my arms into the sleeves. It feels like polyester, tighter, stiffer than I imagined. I walk to the opposite side of the stage to descend the stairs and go back to my seat. I smooth the pockets with my hands as I move, trying to make it fit.

Todd Green, MD ’01, is now a pediatric resident at Maine Medical Center in Portland. He and his wife, Cindy Green, are the parents of six-month-old Jonah.

Mayer Green, MD ’32, Todd’s grandfather, offered a steadfast example. Before he died in 1997 he reminded his anxious grandson, who was then a freshman, “Medical school is supposed to be hard.”