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My Summer with “Doctor Mac”



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IT WAS THE SUMMER between my freshman and sophomore college years. As a pre-med biology major I had just completed two semesters of test tubes and frog dissections. Frankly, I was questioning whether medicine was

really for me. The road to becoming a doctor was looking a bit daunting, paved with boring science courses and a great deal of tedious memorization. Having been an award-winning trombonist in high school, I was thinking a music career might be more exciting.

Seeking relief from the monotony of school, my plan was to spend the summer at home in Willow Grove, Pa., working days on a county road crew and nights playing jazz with several local bands. My mother, always hoping to fan the flames of my medical ambitions, presented me with a clipping from our local newspaper advertising a new volunteer program at the community hospital. It was specifically designed for college students interested in medicine.

The program was dubbed a “premedical externship” and it offered qualified volunteers a chance to be observers in the emergency room, to make rounds with staff doctors and to talk with willing patients about their care – real clinical exposure to real patients in real time. When I called the number, I learned I was the first to respond. As it turned out, I was the only one to respond.

Thus, after a series of interviews, I became the first premedical extern at Abington Memorial Hospital in Abington, Pa. I was given a short white coat and encouraged to put in a minimum of eight hours a week for the ensuing eight weeks. My entry point was as an observer in the hospital’s emergency room and from there

I would follow selected consenting patients through their treatment experiences. If their course included admission to the hospital, I would be invited to make rounds with their doctors during their stay. If surgeries were involved, I would be allowed to observe the procedures in the OR. What a great opportunity to witness clinical medicine in the trenches. The prospect was exciting enough that all thoughts about music as a career were put on hold, at least for the summer. I couldn't wait to get started.

As I think about it now, exciting doesn't do justice as a description of this amazing opportunity. Little did I anticipate just how much those eight weeks would shake up my world. It didn't take long to begin. Arriving for my very first night in the ER, I found a patient awaiting the arrival of the surgery resident to examine her. Her complaint was abdominal pain.

I barely had time to put on my white coat, before the chief resident in general surgery, one Paul McIlhenny, MD, burst like a whirlwind into the nurses' station in response to his page. He was somewhat small in stature but his bristling positive energy more than filled the room. My first impression was that of a man who truly loved what he was doing. I could feel myself getting swept up by his enthusiasm. It was immediately apparent that he enjoyed a great working relationship with the nurses. They seemed genuinely glad to see him. To my delight, when they introduced me to "Doctor Mac," he greeted me cheerfully and welcomed me warmly onto his treatment team. He had heard about the externship program and seemed even more thrilled by my presence than I was.

"Let's have a look at her," he said after reviewing the history.

"Do you mind if I come with you?" I asked.

"That's the idea," he replied. "Unless you'd rather sit here and talk to the nurses."

I didn't need a second invitation. I was right behind him as we entered the examining room together. He identified himself to the patient, and then introduced me as his assistant. We proceeded as if we'd been working together for years. The examination he conducted was accompanied by a running commentary for my benefit, outlining the fine points of diagnosing acute abdominal pain. He seemed thrilled with the opportunity to teach me.

A short time later we sat together in the nurses' station as Doctor Mac wrote on the chart.

"What do you think she's got?" he asked me.

"Appendicitis?" I offered tentatively. It was the only thing I could think of.

"I'll bet you're right," he replied. "She has all the clas-

sic signs, but there's only one way to know for sure. Let's take her to surgery and see."

I can still remember the simultaneous thrill and fear those words evoked at the time. This was to be my first exposure to a human surgery. Would I faint at the sight of an open incision? What is the proper etiquette to follow when someone is carving up a live person? Would I be able to stay out of the way? My externship was barely an hour old, and here I was already on my way to the O.R. Hitting the ground running is one thing but this was above all expectations.

Entering the surgery suite, Doctor Mac handed me a set of scrubs and told me to get changed into them.

"You might as well learn how to do this," he said, as he guided me through the process of scrubbing and getting gloved. "And, by the way, if we're going to be working together this summer, why don't you call me Paul?"

Before that night was over, I had peered into my first incision and actually got to hold a retractor under Paul's careful tutelage. I didn't faint. The truth is I found it fascinating. Beyond that, I realized that I had happened upon a mentor who was apparently willing and ready to share information and experiences with me that most pre-med students only get to read about. That night I even received my first lesson in tying sutures, with the promise that, if I practiced and got good enough at it, I might have the opportunity to stitch up a laceration in the ER by summer's end.

And that was just the first few hours. Over the next two months, I literally couldn't get enough of this stuff. I certainly surpassed the suggested eight-hour weekly minimum of volunteer time. Every spare minute would be a more accurate measure of my enthusiastic immersion.

And Paul McIlhenny quickly became my friend as well as my guide. At his encouragement I matched my schedule wherever possible to his on-call obligations. He never seemed to tire of my constant shadowing of him and my incessant curiosity about all things clinical. In fact he encouraged me. He invited me into every aspect of his medical world. I felt the thrill and satisfaction of his performing a life-saving procedure and his tears of disappointment and frustration one unforgettable evening when we responded to a Code Blue that was called for one of his patients and all resuscitation efforts fell short.

My clinical exposure ran the gamut, from the treatment of a variety of traumatic injuries to a wide array of elective surgical procedures. Every experience was illuminated and augmented by Paul's eagerness to teach whatever I was willing to learn. And my education wasn't

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limited to clinical treatment issues only. He showed me how nurses and hospital staff could make life easier or harder for the doctor depending upon how much respect and gratitude he was willing to show them. He even went so far as to share his classified secret methods for finding the best late night snack in the hospital cafeteria.

He included me in his rounds and offered opportunities to scrub in on any surgical procedure, often assigning readings to supplement what I was observing. He repeatedly went out of his way to make me feel valued and trustworthy yet never compromised the safety or privacy of his patients by including me unwisely or inappropriately.

And yes, late one night in the emergency room, when an inebriated man showed up with a laceration on the back of his head, Paul gave me the chance to demonstrate my new-found suturing skills. I doubt if the patient remembers much about that evening but I'll never forget it. He was lying face down on the table with the sterile drape over his head. Paul stood at my side and made it sound as if he were doing the procedure himself. Since we've heard nothing to the contrary up to this point, I'm assuming that the outcome was satisfactory for all concerned.

By summer's end, thanks to Paul McIlhenny, my commitment to becoming a doctor was strong and unwavering. But that wasn't the end of it. Paul extended his friendship and mentorship beyond my externship and into the years that followed. Whenever I was home from school for a weekend or holiday we would get together and talk. We celebrated the completion of his residency together. I was invited to the grand opening of his private practice. When time and opportunity would permit, I had an open invitation to join him on rounds and in the operating room. And each time I seemed to come away with a little more wisdom and perspective with which to fuel my professional ambitions.

Two and one-half years later, when I was accepted into Jefferson Medical School, he celebrated with me, even though he had graduated from a rival Philadelphia school (Temple). When my wife and I got married during my second year of medical studies, Paul traveled from Philadelphia down to rural Maryland to serve as an usher in our wedding. After our honeymoon, when the apartment we had secured was not quite ready, Paul and his wife took us into their home for as long as we needed it, not allowing us to pay anything for their inconvenience.

Then, during my third year at Jefferson, Paul's life

took a sudden and tragic turn. Late one night, while he was walking to his car from a downtown hospital, he was mugged on the streets of Philadelphia. His attackers were apparently after the drugs they thought he might have been carrying in his doctor's bag. As a result of the beating he received, Paul lost his right eye, and with it, his career in surgery. That first glimpse of my friend wearing a black patch remains indelible in my memory to this day. How senseless! How unjust!

Undaunted, Paul enrolled in a psychiatry residency and eventually became a board certified child psychiatrist. However, the lingering effects of his trauma were more than physical. Almost overnight, my energetic and gregarious friend had become a subdued and withdrawn shell of his former personality. By the time we had to move away from the Philadelphia area for internship and residency, I had lost touch with him completely.

Despite repeated attempts, I have failed to reconnect with him to this day. I haven't a clue as to his current whereabouts or circumstance. It makes me sad. It's not that I never got to thank him. When we were still in touch, I left him no room to doubt my deep gratitude for all that he meant to me.

My regret is that I've been unable to repay his kindnesses by helping him when he may have needed it the most. Also, it bothers me that he has never had the opportunity to savor the longer-term results of his mentoring. For example, I am certain Paul's influence played a strong role in my choosing a career in full-time academic medicine. The joy he took in teaching and the encouragement I received from his attention stirred in me the resolve to provide a similar experience for the students who would cross my path. I hope I've done that. I think that Paul would have felt justifiable pride in the doctor he inspired me to become.

It has only been in retrospect that I have come to an even deeper appreciation for what Paul McIlhenny gave me that glorious summer of my externship. What was a rare gift back then might be simply impossible nowadays. With our current concerns over medical-legal issues, I wonder if such an experience could even be offered now.

I count that premedical externship among the most precious gifts I have ever received. Because of one man's effort, it truly became a world-shaking summer and a real turning point in my life. It would be wonderful to be able to say thank you one more time to my friend, "Doctor Mac." ^{LM}