



## Perspective/Opinion

# A Story about Maryam

By Cassie C. Ferguson, MD

The most rewarding mentoring relationship I've had with a medical student began the day she came to see me in my office to tell me about her experiences on academic leave. Maryam\* had heard that I started a task force to learn about our school's remediation process and wanted to share her story with me. I now know her to be a fierce, determined daughter of immigrants, but that day in my office she sat hesitantly on the very edge of her chair, backpack on, and glanced frequently at the door, as if she hadn't yet decided to stay. Her voice was flat, and she rarely made eye contact when she spoke. She told me that after failing a course by less than a percentage point, she was asked to take an academic leave of absence before her first year ended. She *might* be able to come back, she was told, in the fall and repeat her entire first year. What she was not told was that when she drove to school the day after her leave began, her student ID would not work, and she would not be let into the school's parking lot.

"They just threw me away," she said.

Maryam's story—her whole story—would take me years to learn. How she was diagnosed with multiple sclerosis during her first year of medical school after months of attributing her symptoms to stress. How she learned that she was dyslexic in her second year of medical school. How intense test-taking anxiety finally drove her to seek help from a psychologist. That information would be given to me in pieces as she grew to trust me, and I have slowly and carefully put those pieces together. Even now, four years after we met for the first time and three years of meeting with her every other week, I know that Maryam has not revealed all the pain she felt during that time, or during the struggles she has had since. I believe that this is in part because of her reluctance to seem as if she is making excuses, in part because of the intense shame that accompanies failing in medical school, and in part out of deference for the archaic medical hierarchy that still hangs over our profession, and the accompanying perception that my time is somehow more valuable than hers.

**“That hurt we embrace becomes joy. / Call it to your arms where it can change.” Rumi**

Medical school is not for the faint of heart. As a result, supporting medical students—particularly those who are struggling—requires love, grit, and fierce compassion. I have learned both through my own experience with failure and from working with students like Maryam that if we are to live up to the titles of *teacher*, *mentor*, and *advisor* we must walk *with* our students; we must show up even when showing up is uncomfortable. It is precisely when things get hard that we need to lean in and wade through the uncertainty and pain with our students. This requires that we recognize that we have something to offer because of our own life experiences, but I believe the bigger imperative is that we acknowledge that the boundaries of our experiences limit our ability to know what our students are going through. The only way to begin to truly understand is to get very quiet and listen to their stories.

When we listen to a story, research using fMRI demonstrates that our brain activity begins to synchronize with that of the storyteller; the greater our comprehension, the more closely our brain wave patterns mirror theirs. The areas of our brain involved in the processing of emotions arising from sounds are activated, particularly during the more emotional parts of the story. Even more amazingly, when we read a story, the networks of our brain involved in deciphering another person’s motives—in imagining what drives them—prompts us to take on another person’s perspective and even shift our core beliefs about the world.

**“It is impossible to engage properly with a place or a person without engaging with all of the stories of that place or person.” Chimamanda Ngozi Adichie**

These findings should not come as a surprise to those of us whose work includes caring for patients. As an emergency medicine physician, I have heard thousands of stories. Whether they are snapshots relayed through EMS of how a 14-year-old child was shot in the head at two in the morning on Milwaukee’s north side, an exquisitely detailed account of a 3-year-old’s fever and runny nose from her mother, or a reluctantly provided history of pain and despair that led a 12-year-old to try and kill himself, each of these stories should *transform* us. They should move us to want and do better for our patients, for our communities, and for our world.

At the same time, it is essential that as physicians and educators we also recognize what Nigerian author Chimamanda Ngozi Adichie describes as the “danger of the single story.” As an emergency medicine physician, I only hear stories of peoples’ suffering; I am listening to them when they are at their most vulnerable, on what may be the worst day of their life. I only hear of the tragedies that have befallen a neighborhood we serve. As an educator who mentors

students who are struggling, I often miss out on their stories that are not about failure or crisis. Adichie warns that when we only listen for the single story, there is “no possibility of feelings more complex than pity, no possibility of a connection as human equals.”

So then our charge as physicians, as educators, and as human beings is to make room for more than just a single story—to remember that all of us are much more than our worst moments, and that compassion and connection arise authentically when we recognize the full spectrum of humanity in one another.

\*Names have been changed.

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