



What I Expected and What I Have

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My med school advisor once said that the second 2 years of med school were neither harder nor easier than the first 2 years; they were as hard, but in different ways. That got me through a lot. It calibrated my expectations. I had expected the clinical years to be much easier than dreary basic science studying, so I wasn't prepared for some of the new challenges of the clinical years. Unexpected things were hard, like starting every professional relationship over every 4 weeks, and like always being a little lost, both geographically and intellectually, and like being scolded for being empathetic, even after being scolded as an M2 for not learning empathy the right way.

I think of his words often in this phase of the pandemic. We're reopening but we are not done, and I was expecting those two things to go hand in hand. During the early days of COVID I daydreamed about reopening. I anticipated an exhale of relief, and a return to the before, except that in this fantasy, life would be even better because we would be wiser for having been through this collective experience. We would celebrate resilience and survival.

But it turns out we can't have a chaotic global pandemic, with millions of deaths worldwide, and go back to how things were. Even as the big things fall back into

place—schools are open, sports are back, visitors are bedside in the hospital—the little things haven't slipped back in as easily. I'm not only stuck with this unpleasant in-between stage of COVID—better, but still bad—but I'm also stuck with all my expectations of how COVID was going to end. There is no sigh of relief. I'm still feeling like I did as an M3, a little bit lost—intellectually, if not geographically. Routines feel familiar, but not quite right, grayed out by uncertainty, fear, and other people's anger. As 20th century philosopher Ozzy Osbourne said: "Times have changed, and times are strange. Here I come—but I ain't the same."

I had so many assumptions about the way things would be after COVID. If we couldn't reopen back to how things were, we could reopen into something familiar, and it would feel amazing. There are highlights to the "after," of course, and they do feel good. I'm mostly done with Zoom teaching, and I was both a miserable and a terrible Zoom teacher, finding it difficult to connect through the screen. I've seen patients in the office who hadn't come in for a year, and it's a relief to see them doing well. I have learned so much about how much family doctors matter and about how teams work in health care.

But I'm not the same. Improving the quality of our feedback to students is a laudable goal. My portfolio

shows the institutional review board for it, dated March 5, 2020. I'm responsible for these plans, and I feel a restless obligation to see them through, but they feel inconsequential now. We once thought about putting new windows in the house. But the windows we have open and shut. Instead of replacing them I want to sit down and look out one. Now, after—between?—the surges, I am struggling to understand why I'm not eager to get back to these plans. I want them to matter to me like they did before. I want to take pride in good work and set goals again.

I understand why it is hard. We started a clinic quality improvement project in January 2020. I presented the 9-month outcomes in November 2022. Even though we all aged a decade in those 2 years, we only got 9 months of work done on the project in that time. What COVID does not threaten or kill outright, COVID undermines. I have a quiet fear that any plan, big or small, will be interrupted by another surge, another vacancy, another crisis.

I look at the people I work with and I see what happened. We are all scalded by the masks in paper bags and the countdowns to when we'd be out of personal protective equipment. We are raw, still, from the fully-vaxed patient who almost decided

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against intubation, then held on for 9 long days on the vent, and then died. We are marked from the texts and calls about our friends and colleagues getting sick, the late schedule changes, the intensivist crying in the hallway. The weight of so much illness presses down on us.

After all this, I still expected I would recognize “after.” At the very least I expected I would recognize my own little life in the after. The bony adolescent with a messy top-knot tapping on a cellphone on my front porch is my daughter—how

did that happen? Do I even know this child? Residents we welcomed to the program just 6 months before COVID are changed. They were always going to be, by the first few months of residency, but they are not different in the familiar, grown-and-learned ways typical of early training. They are grown, learned, hard, and scared. As are my children. As, I suppose, am I.

In time, I got used to being an M3, even if I never got more oriented to the role, and eventually I graduated and faced the disorientation of being

a new resident. In time, I got used to that, too. I realize I’ll get oriented to this “after,” as I forget what my expectations were of this time. I’ll forget the wistful daydream of easy, relaxed relief. I’ll look out the window at what I have—these children, these residents, this work. Chronic COVID is neither harder nor easier than chaotic early COVID. It’s as hard, but in different ways.

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