

Finding My Sense of Belonging

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“Good morning, my name is Sara Bolivar Wagers, and I am the medical student working with your physician. *Buenos días, mi nombre es Sara Bolivar Wagers, y soy la estudiante de medicina trabajando con su doctora.*” I had practiced this introduction in my mind countless times. As an immigrant who came to the United States from Colombia at the age of 9, and now as an MD/PhD student, I had never quite felt that I truly belonged. However, after many years spent bouncing between the classroom and the laboratory, I was finally a third-year medical student and fully immersed in the clinical world.

I had requested that my family medicine rotation take place in a community clinic where I could work with a diverse population of patients. My clinic was well-equipped with in-person interpreters. Though we always used the interpreter, I had asked to be point of care for all the Spanish-speaking patients.

Spanish was the language I used to communicate with friends and family; but after living in the United States for many years, English had become my professional and academic language. Now in medical training, medicine has become my third language.

On an early Tuesday morning in clinic, the scheduled Spanish interpreter was unreachable. I offered to lead the medical encounter and interpret between the patient, nurse, and attending. My attending was understandably hesitant because interpreters are used to ensure accurate communication and therefore safety during medical encounters; but she became agreeable after learning that Spanish was my native language.

Though I had secretly been waiting for this moment, my heart raced, my hands trembled, my stomach felt like it was in knots.

How would I balance connecting with my patient while gathering a medical history in Spanish with collecting my thoughts and presenting the history of present illness with an assessment and plan to my attending in English?

We would soon find out.

I knocked on the door, entered the room, and for the first time introduced myself to a patient in my native language.

The patient, Maria, reminded me a lot of my mother and grandmother. While growing up in Florida, I had translated for them many times. They had always yearned to connect with their own doctors, but unfortunately had difficulty doing so due to cultural and language barriers. Since starting medical school, I had imagined the moment when I would begin to break down those barriers in ways so few had managed to do for my own family.

After I introduced myself, Maria’s eyes opened wide and a smile spread across her face.

Maria said, “*Hay que emoción poder comunicarnos en Español!*” (How exciting to be able to communicate in Spanish).

We quickly established rapport as we learned that we had both grown up in small, rural towns in Spanish-speaking countries—Maria from Mexico and I from Colombia. We had both left our families and friends and immigrated to the United States. We talked about her family and work challenges. As we chatted, the real reason for her appointment became clear. Her voice lowered, her shoulders slumped down, and her right leg began shaking rapidly. She had been struggling with anxiety.

As she shared how it had progressed to the point where she could no longer drive to work, she no longer maintained eye contact with me. She had tried to ignore her emotions and push through, but it wasn't working.

Her situation was one that I could relate to.

Growing up in a Hispanic family myself, mental health was not something we talked about. As I explained how prevalent anxiety is in our community, she slowly made eye contact with me again. However, her shoulders tensed up when I brought up therapy or medications. Understanding how taboo this topic was, I stopped myself from jumping straight into treatment options. Instead, I focused my discussion on the benefits of sharing our feelings and emotions with an expert and the power of reducing anxiety to more manageable levels with medications. I was delighted when Maria agreed to consider treatment.

I stepped out of the room and felt my emotions wash over me—I was proud, overjoyed, grateful. All my hard work was paying off. I finally was improving the medical care of others, particularly those that looked like my mother and grandmother.

I took a deep breath and straightened my white coat before making my way to the workroom to find my attending. As exhilarating as my conversation with Maria was, my job was only halfway done.

I confidently presented my assessment and plan to the attending. When we returned to the room, I stood in the corner, this time playing the role of the interpreter. I focused intensely on the messages delivered so that I could interpret accurately. However, at times I stopped interpreting to clarify with the patient; and my role as a health care provider seamlessly fell into place again.

Maria shared her immense gratitude with us and unexpectedly asked whether we could be her primary care providers moving forward. My attending later told me that Maria already had a Spanish-speaking provider—albeit Spanish wasn't the providers' primary language. I smiled to myself, knowing that language wasn't the only thing that connected Maria and me; our shared experiences and cultural background also made us a great team.

This interaction with Maria is one that I will keep with me forever.

It was a magical moment in which all of the seemingly disparate parts of me—the researcher and the clinician, the Latina and the American, the native Spanish speaker and the student doctor fluent in English and now in the language of medicine—collided and coalesced into a new and seamless identity with the purpose to provide the kind of connection between patient and provider that my own family had yearned for but could so rarely access.

I drove home that day after clinic feeling overwhelmed with happiness. I knew I was exactly where I was meant to be.

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