“Beep beep!” my alarm went off at 10pm. I woke up my sleepy legs, tossed my pajamas in the laundry bag and jumped into my heavy EMT pants. Dreading over the overnight shift ahead of me, I would be lying if I had not glanced twice at my double-padded mattress. After all, I’ve grown to prefer night shifts; they have allowed me to build stronger bonds with my coworkers, who I share 3am coffee and pass out on the couch with.

I believe shared hardships bring people together. This occurred to me when I met Doudou, a girl from the rural China, 9 years ago at a local hospital in Beijing. I had an outsized adenoid that obstructed my airway, and she had a sphenoid tumor pressing on her optic chiasm that took away her vision. We bonded through the fear for our impending surgery. However, as much as I thought I understood her experience as a patient, I realized I didn’t know much at all when she told me that her biggest wish was to go see Tiananmen Square, a landmark I drove by routinely but never cared to look twice. Closing and opening my eyes again and again, I wondered: “what’s it like to be blind, what does the world look like in her dreams?” Soon, the narrative of Tiananmen Square became my daily bedtime story to her. Although I may not have truly grasped the agony of blindness, I felt the gratitude to share a sweet part of her dream.

“Phew, right on time”, I arrived at the squad room and picked up one of my worst enemies: the old-fashioned handheld radio. When I first started working on MERT(Penn EMS), I constantly struggled with understanding dispatcher’s message amidst the symphony of noises. The embarrassment from inept communication reminded me of my faceoff with language and cultural barriers six years ago, when I first moved to the U.S.. Fortunately, being a first-generation immigrant has taught me the value of welcoming challenges with hard work. Interacting with people who differ from me, I learned the courage to look them in the eyes, question my assumptions and make connections that I once thought were impossible. My effort paid off again when I finally trained my ears to extract key information from the abstruse buzzes of the radio.

Expecting to spend the night with drunk patients as usual, I was startled when radio hastily dispatched: “MERT, we have a hospital case of a male patient fallen from third story in the upper quad.” We looked at each other for two seconds before we lifted(snatched?) our equipment bags and blitzed out of the squad room. I could almost feel my adrenaline pumping through my blood vessels, waking up every cell in my body. This was the first trauma case I’ve ever encountered. All the pictures of skull fracture, flail chest and spinal injury on my EMT textbook suddenly came back to me, and the thought of seeing those on a real patient struck me. Am I ready to take responsibility of someone’s life?

Before I had an answer, we arrived to find our patient facing down nearly choking on his own puddle of blood. “Responsive to painful stimuli, breathing, pulse present, external bleeding controlled,” I quickly formed my initial impression. My partner held his c-spine immediately as we rolled him supine. “His SpO2 is 86%. I’m giving him oxygen,” I informed the crew. As I put the mask on, I said to him: “It’s okay, don’t be afraid. We are here and we are taking care of you.” I knew he probably didn’t hear any of that, but what if he did. Although he wasn’t conscious, I felt an indescribable relief when his SpO2 creeped from 86% to 95%, as if his body listened to me. A rapid trauma assessment revealed unequal chest rise, laterally diminished lung sounds and abdominal distension. After relaying all our clinical findings and treatments to the paramedics, we stood there until the light and siren faded in the horizon.

Walking home at 7am as the sun arose, I couldn’t help but reflect on my experiences. Being a physician means meeting people from all walks of life. Sometimes they can’t see, sometimes they can’t speak, sometimes they aren’t even aware of what is happening.

For me, the great responsibility to bridge all barriers and care for patients underlie both the appeal and challenge of being a doctor. From my experiences, I’ve learned that the ability to make connections despite obstacles does not require shared background. Rather, it takes an attentive attitude to ask the right questions, synthesize available information, identify common goals and empathize through moral imagination. I’m grateful for the opportunity to connect with the world through my service as a future physician, and it is this aspiration that keeps motivating me to explore my potentials and seek self-improvement on the path to medicine.