10:00 pm. “Beep beep!” my alarm went off. I dragged my heavy legs out of bed, tossed my pajamas in the laundry bag, and jumped into my tactical EMT pants. Dreading the overnight shift ahead of me, I gave my warm cozy nest a reluctant final glance before heading out into the dark. Nevertheless, I have come to prefer night shifts over time - they allow me to build stronger bonds with my coworkers, with whom I share a 3am coffee loaded with sugar.

Shared hardships bring people together. I learned this when I met Doudou, a 7-year-old from rural China, at a local hospital in Beijing nine years ago. I was hospitalized for adenoidectomy, and she needed surgery to cure her blindness. We bonded naturally over our fear of the O.R. As much as I thought I understood her experience as a patient, I realized I was missing something when she told me that her biggest wish was to see Tiananmen Square, a landmark I passed by routinely but never appreciated. Closing and opening my eyes again and again, I wondered how it felt like to be blind and to keep a dream that was so simple yet so difficult. Before long, the narrative of Tiananmen Square became our bedtime stories. If I couldn’t fulfill her dream with eyesight, perhaps I would make up for it with words. When I shared Doudou’s dream with her, I believe I had found my first calling to medicine.

10:45 pm. “Phew, right on time!” I arrived at the squad room and picked up one of my former worst foes: the clunky handheld radio. When I first started working with MERT, I struggled to distinguish the operator’s messages from the cacophony of noises. It reminded me of the brief language barrier I encountered when I first moved to the U.S. six years ago. The life as a first-generation immigrant has since taught me the virtue of embracing challenges with hard work and perseverance, the value of making connections with those who differ from me, and the amazing goodwill of people. Efforts paid off as always. After days of shameless practice on a side channel, I gradually trained my ears to capture the key information from the radio.

1:06 am. Radio buzzed. Expecting some drunk patients as usual, I knew something was different when I noticed some hastiness in the voice. “MERT, we have a hospital case of a male who has fallen from 3rd story...” Adrenaline rushed through my veins. It was my first trauma patient. Ever since I became an EMT, I had mentally rehearsed a million scenarios of heroic rescue. But as we seized our equipment and rushed out of the squad room, I found myself a little apprehensive, rather than excited, about the opportunity to finally make use of what I have learned. What popped up in my mind were the pictures of fractured skulls, flail chests and spinal injuries in my EMT textbook, and a deep concern for seeing these on a real person. Was I ready to take responsibility for someone’s life?

1:09 am. Before I had an answer, we had pushed through the bystanders and found our patient facing down nearly choking on a puddle of his own blood. The bloody scene was nothing like the textbook, nor was I as composed as I had pictured myself to be. As I palpated his radial pulse, my heart raced so hard that I was almost unable to distinguish my own heartbeat from his. “Responsive to painful stimuli, breathing, pulse present, external bleeding controlled,” I forced myself to keep calm and formed my initial impression. “SpO2 86%, I’m giving oxygen.” My stressed vocal cords started to loosen up as I updated the crew.

“Come on stay with me, stay with me…” I urged the man while putting a non-rebreather mask on him. His SpO2 creeped back up to 95%. It gave me a moment of relief, but the severity of his condition made it a short-lived one. He was showing unequal chest rise, diminished lung sounds and abdominal distension – signs of pneumothorax. As I closely monitored his vitals, it occurred to me that this job was not about the glamor of being a hero, but about protecting the fragile life of a fellow human being. The fear of losing him stayed with me after the handoff to paramedics. Back in the squad room, I stayed up until our medical director assured us that the patient had been stabilized in the ICU.

7:00 am. Walking home in the first light of dawn, I kept thinking about my purpose and directions. Looking back, when I found out Doudou’s blindness came from a sphenoid tumor pressing on her optic chiasm, little did I understand why the surgeon said it couldn’t be fully removed. Today, despite the gratification to take the first actions on our patient’s injury, I had no idea about the scope of his brain trauma that could affect the rest of his life. If medicine is an iceberg, what I’ve learned, from hundreds of hours of shadowing, hospital volunteer and EMT shifts, is probably little more than the tip of it. But these experiences have made it ever clearer to me that I want to continue learning towards becoming a physician. *In the ever-changing medical landscape today, being a physician entails a journey of lifelong learning.* Fully prepared for the next stage of my medical education, I remind myself that I learn not just for me, but for better care of the people I will meet in the future as a physician. That’s what energizes me, that’s what wakes me up at 10pm.