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. I gave my warm cozy nest a reluctant final glance before heading out to the dark, dreading the overnight shift ahead of me. Nevertheless, I have come to prefer night shifts over time - they have allowed me to build stronger bonds with my coworkers, with whom I share a 3am coffee and a nap on the couch.

Shared hardships bring people together. I learned this when I met Emma, a 7-year-old from rural China, at a local hospital in Beijing 9 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 go and see Tiananmen Square, a landmark I passed by routinely but never thought of taking a close look. I wondered how it felt like to be blind and to keep a dream that was so simple yet so difficult. Perhaps I could help her with my words, I thought. Before long, the narrative of Tiananmen Square became our bedtime stories. As I closed my eyes and took her imagination away from the hospital, the honor to be a guest in her world filled me with joy. For the first time, I became interested in pursuing medicine, a profession fulfilled with meaningful connections.

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 (Penn EMS), I struggled to discern the dispatcher’s messages from the symphony of noises. It reminded me of the brief language barrier I encountered when I first moved to the U.S. 6 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. These life experiences worked magic as always. Before long, I was able to capture key information from the radio with ease.

1:06 am. Radio went off. Expecting to spend the night caring drunk patients as usual, I knew something was different when I noticed the hastiness in the dispatcher’s voice. “MERT, we have a hospital case of a male fallen from 3rd story...” Adrenaline rushed through me. It was my first trauma patient. Ever since I became an EMT, I have mentally rehearsed a million scenarios of heroic rescue. But as we seized our equipment bags and blitzed out of the squad room, I could not bring myself to the exhilaration of a chance 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 onlookers and found our patient facing down nearly choking on a small puddle of his own blood. My partner held his c-spine immediately as we rolled him supine. 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 cord 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. Soon, his SpO2 creeped back up to 95% as if his unconscious body listened to me. 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, laterally diminished lung sounds and abdominal distension – all the signs of pneumothorax. As I worried over these signs, 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 the paramedics. Back in the squad room, I stayed up until our medical director assured us that the patient had been stabilized and transferred to 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 Emma’s blindness was a result of 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 medicine to be the center piece of my future. Ready to embark on the journey of lifelong learning in the ever-changing medical landscape today, I remind myself that I learn not just for my advancement, but for the 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.