

Blue Collar, White Coat

by Luci Hulsman, MS3

I didn't grow up with any family members in medicine. Quite the contrary, my mother worked at the local Dairy Queen and my father worked repairing furnaces and air conditioners. Entering medical school, I was surprised at how many of my fellow classmates had physician parents or family members in healthcare. I couldn't help but feel like I was already lagging behind at the start of medical school. I hadn't grown up hearing about interesting medical cases. I didn't have parents prepping me for the rigors of medical school. I was starting from square one trying to grasp the vast medical lexicon and disease rolodex. I allowed my modest upbringings to be carried like a heavy weight on my shoulders, crushing my confidence, making me believe every passing exam score must have been a fluke.

It wasn't until late in my third year of medical school that I realized the value my father's career provided in my future as a physician. Working in heating and air, my dad was often on call for emergencies. Like our health, people don't fully appreciate their air conditioning until it's not working at full capacity. He was responsible for troubleshooting these machines and fixing their ailments. I came to realize how similar his thought process was to that of physicians—how he systematically approached each malfunctioning unit, ruling out diagnoses based on physical exam findings. He checked the vitals of the thermostat. Was the air coil frozen? There may be a refrigerant leak. Does the draft fan start? The flues clogged.

Many of these “blue collar jobs” have a thought process analogous to that of physicians. My father, the pulmonologist of a home, specializes in airflow. The construction worker, such as an orthopedist, assures the home's bones are strong. Electricians, like neurologists, assess the electrical synapses throughout the dwelling. Plumbers are naturally the gastroenterologists and urologists checking for leaky pipes. Each of these professions portray problem solving skills that I now rely on in my medical education to convert physical findings and assessments into treatment plans.

I believed I was severely behind starting medical school in comparison to my peers, destined to never catch up. As I reflected on my dad's professional role, I realized how he encouraged an analytic mindset even from a young age, taking special interest in my science fair projects. He didn't need a formal science education to understand the importance of control or dependent variables—it was something he practiced every day. He was able to encourage my problem-solving skills, something that would serve me for the rest of my life.

Imposter syndrome can originate from many different parts of our lives—our race, gender, age, and upbringing. As we confront the basis of our insecurities, we have a chance to see how these experiences shape us into physicians capable of communicating with diverse patient populations and approaching issues from a unique perspective. When considering my own imposter syndrome, I began to understand that medicine involves more than memorizing the right combinations of facts. It depends on the synthesis and application of all the information inputs. While anyone can be lectured on the material, being a doctor requires a trouble shooting mindset to discover root causes of presenting symptoms. This was something my father, although not a doctor himself, encouraged and I thank him for his role in teaching me how to practice medicine.