

Q&A: What it takes to move from nursing to medical school

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For Edleda James, an AMA member, pursuing training to become a physician isn't just her second career. It's her second career in health care.

James worked as a bedside and post-surgical nurse at the University of Chicago Medical Center before enrolling as a medical student at the University Illinois at Chicago College of Medicine. Now in her third year in medical school, she reflected on her time in nursing, changing paths and the challenges of being a medical student and a mom.

James is a member of the AMA Ambassador Program, which equips individuals with the skills and knowledge to confidently speak to the AMA's initiatives and the value of membership. The program also increases overall awareness about what the AMA does for medical students, physicians and their patients.

AMA: At what point during your nursing career did you decide you wanted to pursue medical school?

James: It was within the first year of nursing and working on the floor in the hospital that I had this realization that medicine would be where my personality and intellectual curiosity would be increasingly satisfied. I enjoyed being at the bedside and still enjoy it. I love advocating for patients under my care. I also annoyed many colleagues with my intellectual curiosity whenever receiving report on a patient or giving report. I would want to know more "than needed" or I would always give what appeared as extraneous information. For me, the information helped understand the entire person.

However, bedside nursing is very task-oriented. One needs to hang antibiotics, give injections and administer oral medications by a certain time. As I would give medications, change dressings or complete another activity, I was constantly asking the 'why' question. Why am I giving these medications verses others? Why am I starting this patient on this particular antibiotic verses another? What type of surgery did this patient receive and why did the patient need it?

I thought to myself as a mid 20-something-year-old: I am married and will likely begin a family but if I do not try, if I do not return to school now and take pre-medical prerequisites, I will regret it. The promise I made to myself was as I work full-time night shift and do well in pre-medical coursework, taking two courses at minimum each semester, I would continue pursuing medicine. However, if I did not do well and did not enjoy the coursework, then I would stop. I enjoyed every single course.

AMA: What lessons from your days in nursing stick with you as you train to become a physician?

James: Being a bedside nurse instilled a steady confidence that I rely on even now. I can speak to patients well as I have practiced it for several years. I know that I can learn pathophysiology successfully. I can perform clinical procedures safely such as putting in NG tubes and IVs. Developing these previous skills made me realize I am capable of graduating medical school and will become a skillful physician if I am willing to sacrifice my time at present and consistently put in hard work. It is powerful to know one can complete advanced training based on a previous framework. Despite any negative talk, I know I will become a great physician.

AMA: What are the differences between nursing and being a medical student?

James: In nursing, my job is to implement the patient's plan of care while also understanding and attending to the patient's physical comforts, fears, concerns and anxiety. My job on the hospital floor is time-sensitive in terms of getting tasks completed and very interprofessional as I reach out to coworkers and other healthcare team members such as physicians on behalf of patients.

As a medical student, my primary job is to learn and to ask 'why.' The basis of medicine is building knowledge, understanding disease processes, perfecting physical exam maneuvers, making educated diagnoses and using the latest evidence to highlight and provide the patient with best treatment options. Questions I ask myself as I see patients are: what are diseases that look similar to how the patient presents and what educated diagnosis will I make based on answers from questions I asked and physical exam findings? As I think about the biological reasons for the patient's presentation, I also learn to practice patient-centered care. I am honored to be a medical student and cannot believe I have the wonderful and heavy privilege of becoming a physician.

AMA: Earning admission to medical school is rarely easy. What kept you motivated as you went through the process?

James: I recognize others before me have become physicians from once working as a bedside nurse. Many people after me will also be on this same trajectory so I am not doing anything abnormal. There is always a very small percentage of medical students in a class that are transitioning from another profession and/or who have a family.

As I spent two years somewhat sleep deprived working twelve hour night shifts while attending classes during the evening, I listened to many podcasts of non-traditional students successfully matriculating into medical school. A main motivation was hearing someone else's not-too long-ago story and learning of how much they enjoyed their learning in the clinical arena. It was also me believing very highly in myself that I could do this despite being the first in my family to complete undergraduate education and now, obtain my medical doctor degree. The drive usually possessed by first born children also guided my motivation.

AMA: How have you managed parenting and being a medical student?

James: I took time off from school because my daughter had multiple health issues throughout many months which was terrifying each time I received another call of fever from daycare or drove to urgent care or an emergency department. Those unexpected but really important series of life events humbled me further because I recognize while taking my toddler to a developmental pediatrician once to rule out autism or several visits to the Immunology Clinic that many parents have children with chronic illnesses which require multiple people to coordinate care over the child's lifespan. It is very difficult to stay atop of caring for a sick child while going through the rigors of medical school.

I felt the weight of being a mother and wife during that period away. There were many times I reminded myself that taking time off for my daughter was the absolute right and necessary step because she is my responsibility and my priority alongside my husband's. I cannot go through medical school with my daughter being sick and me not giving full attention to her health.

Financially, it was difficult transitioning from full time nursing work to full time student status; my husband had to pick up financial slack as we had built a life on two incomes. Around the time I took time off, the weight of finances was highly stressful to the marriage. I believed the loans would suffice but with unexpected life events happening, they were not. I am reminded of my husband's sacrifices during this time of me being in medical school and truly appreciate him walking with me and encouraging me to reach my highest life goals. I am also appreciate of my college for allowing this unexpected time away.

AMA: What do you think will be one major difference between working as a nurse and working as a physician?

James: The weight of telling patients unexpected diagnoses or difficult news. I did not really reflect on that aspect prior to the start of medical school. That is the responsibility of physicians which is not the responsibility of a nurse. Another main difference is obviously handling unexpected complications and crafting plans of care while keeping patients and family abreast. There is a difference in someone who carries out facets of a patient's plan of care verses one who crafts and modifies the plan of care as they see fit.

AMA: What other aspects of the physician side of health care have surprised you?

James: The system itself in which physicians practice. The idea of trying to cut costs in health care systems by squeezing the efficiency out of physicians which includes the speed of seeing patients and signing charts—that concept is frustrating. I am also bothered by the idea that laws have passed across various states giving non-physicians the ability to see patients without physician supervision. As a medical student who is committed to the lengthy years of training to give my best in treating patients, these issues are not lost on me. I am also highly sensitive to seeing many unmatched medical graduates not being utilized in our healthcare workforce while possessing six-figure loans. That surprises and frustrates me equally.

AMA: What advice would you offer other nurses or health professionals considering medical school?

James: You must identify your motivations for pursuing the field of medicine. You must reflect on what is it that you want to achieve in going through medical school versus becoming a physician assistant or nurse practitioner. Make sure you understand what you are getting yourself into in terms of the journey, opportunity costs, debt, board exams and for women who wish to carry children, fertility.

I would encourage you to have conversations with physicians of various specialties and hear their take on medicine today. Everyone obviously is going to have different opinions. At the end of the day, you listen to your heart and your intuition. But please make an informed decision based on doing your due diligence and recognizing your life priorities.

AMA: What do you envision in your future?

James: I envision graduating and obtaining entry into a radiology residency. Previously taking care of patients who would go or return from to the interventional radiology suite, I promised myself I would learn more about interventional radiology if I gained admission into medical school. That has been my main specialty interest since day one. Outside of medical specialty choice, I hope to still be enjoying my journey and continuing my advocacy of increasing the pipeline of low income students and underrepresented minorities into medicine as well as advocacy regarding physician-led medical care.