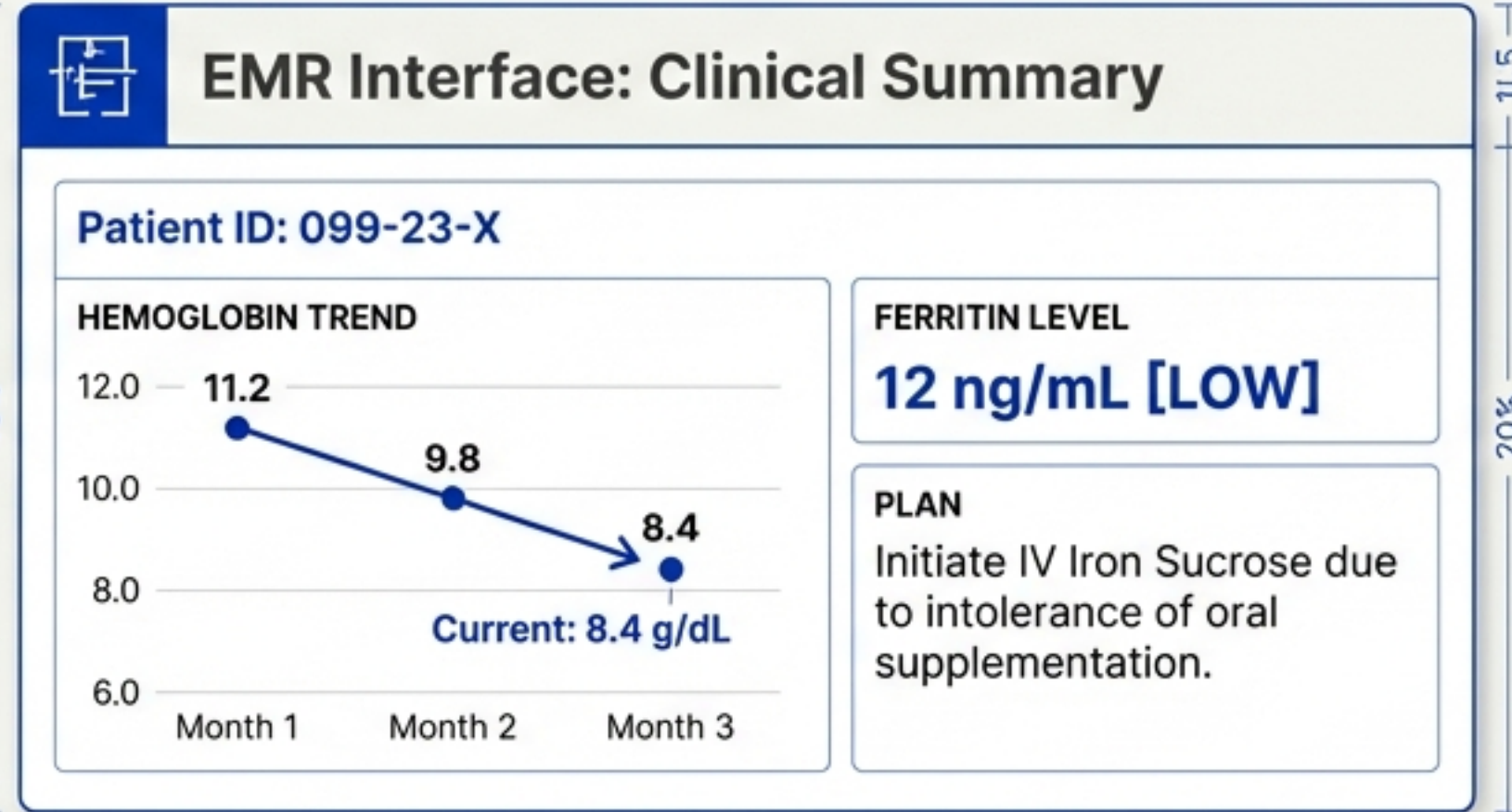


The patient returned as if we were resuming a conversation. I had no idea who he was.



I nodded. I listened. I tried to orient myself. Within minutes, it was clear we weren't meeting for the first time. I had examined him, written a note, and made recommendations. I remembered none of it.

When I opened the chart, the structure came back immediately. The logic of the diagnosis was permanent. His face was not.

The narrative surface fades. The structure remains.

This pattern isn't new. It happens when I read fiction: I can be halfway through a novel, realize I don't recognize a character's name, and have to reread. The prose style is familiar, but the 'map' of who belongs where dissolves.



“I can watch a film and, a week later, struggle to recount the plot or retrieve the title. Detail slips quietly away.ly away.”

For years, I interpreted this pattern as a deficiency.

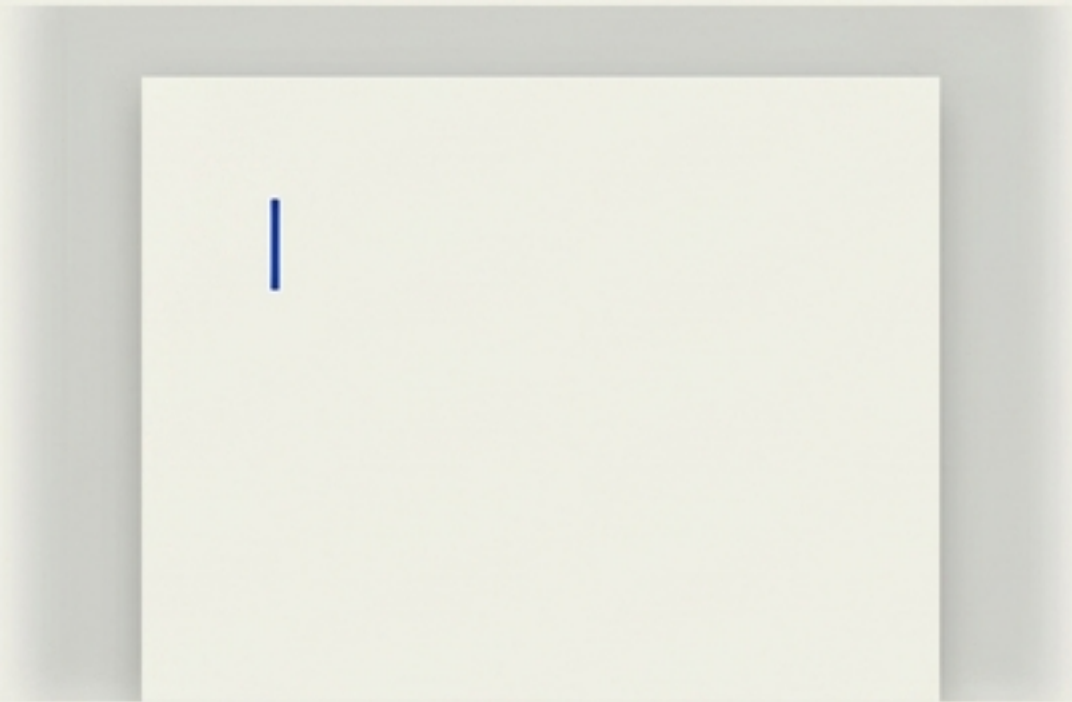
In conferences, fellows introduce newer agents—often monoclonals whose names all seem to end the same. The suffixes blur together. The name hovers just out of reach.

-zumab -nib
-xaban
-mab
-iciclib

In those moments, I feel a flicker of exposure—I should know this—followed by a quiet internal decision: acknowledge the gap inwardly or let it pass.

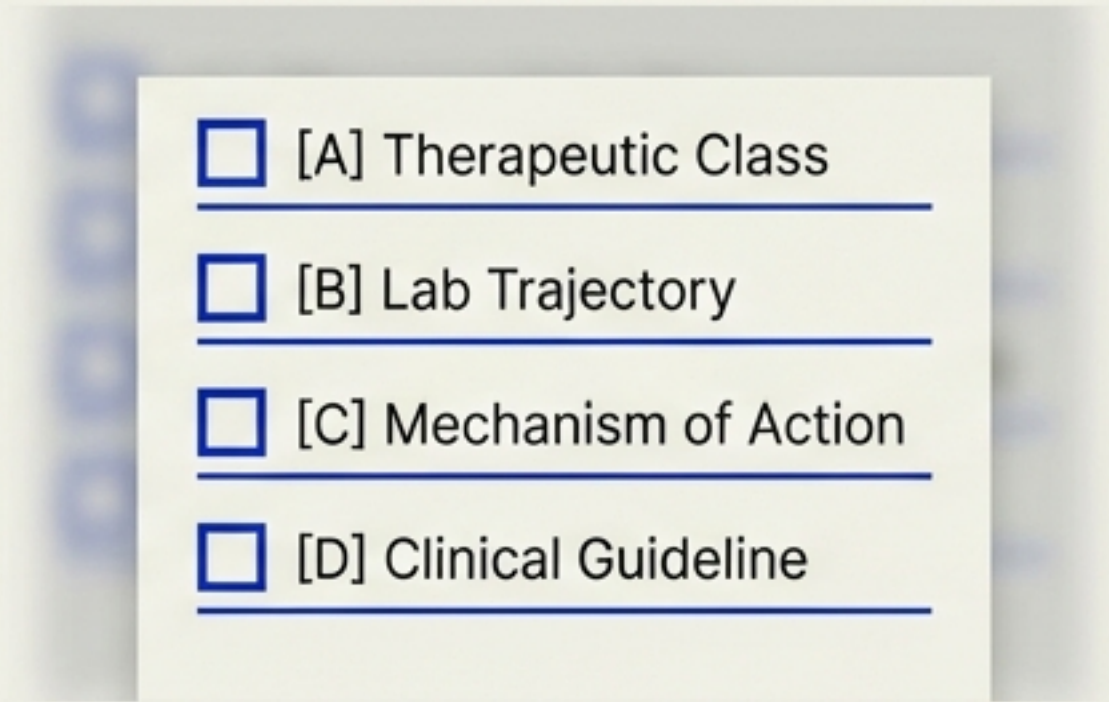
Recognition has always come more easily than free recall.

Free Recall (The Essay)



Ask me for unprompted detail, and I hesitate.

Recognition (The Scaffold)



Present me with a scaffold—a chart, a lab trajectory, a therapeutic class—and discrimination feels natural.

In medical school, the difference was quantifiable. I performed better on multiple-choice examinations than on essay exams.

My mind privileges structure.

Over time, I ceased viewing this as a failure of memory and understood it as a specific architectural style.

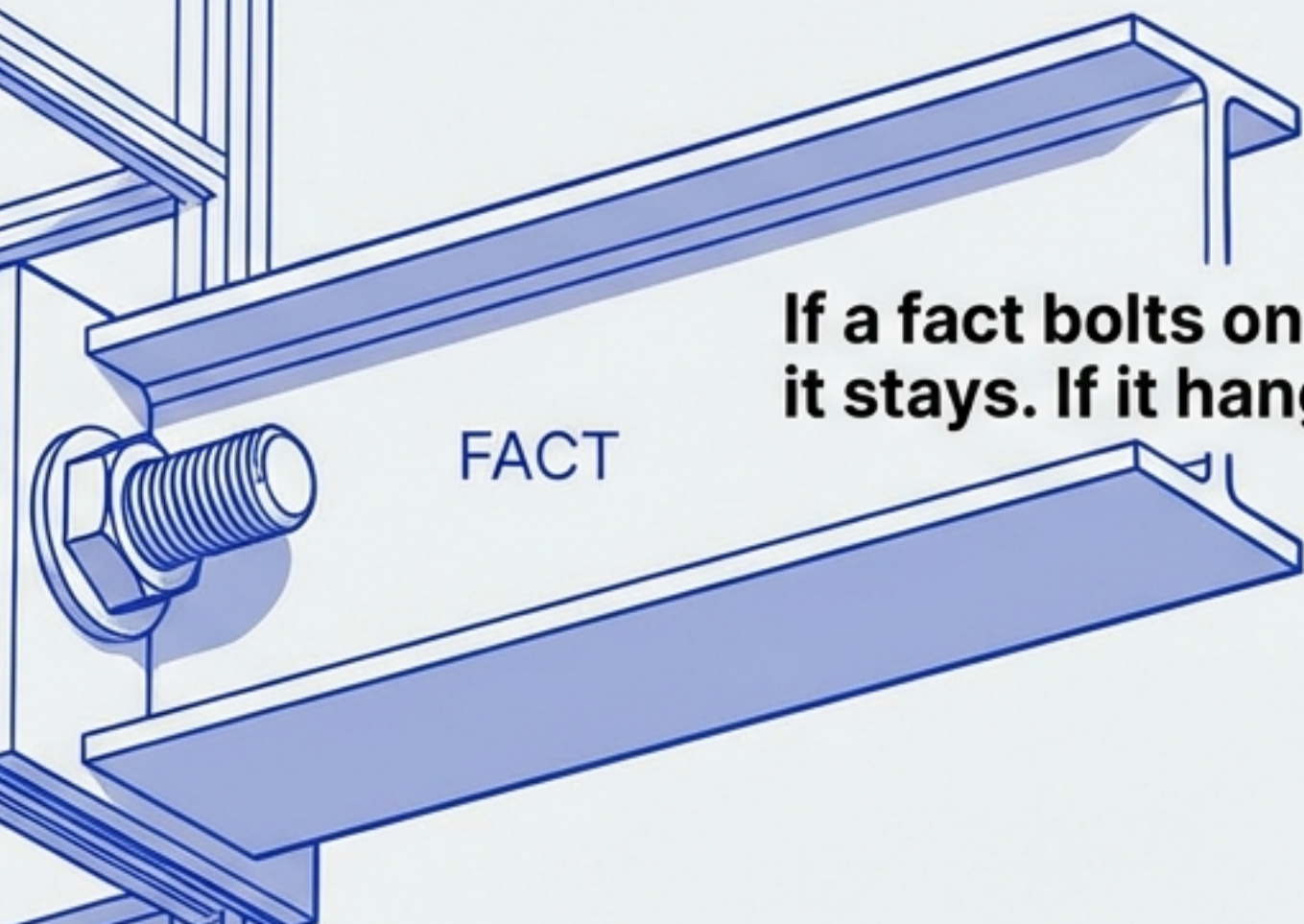
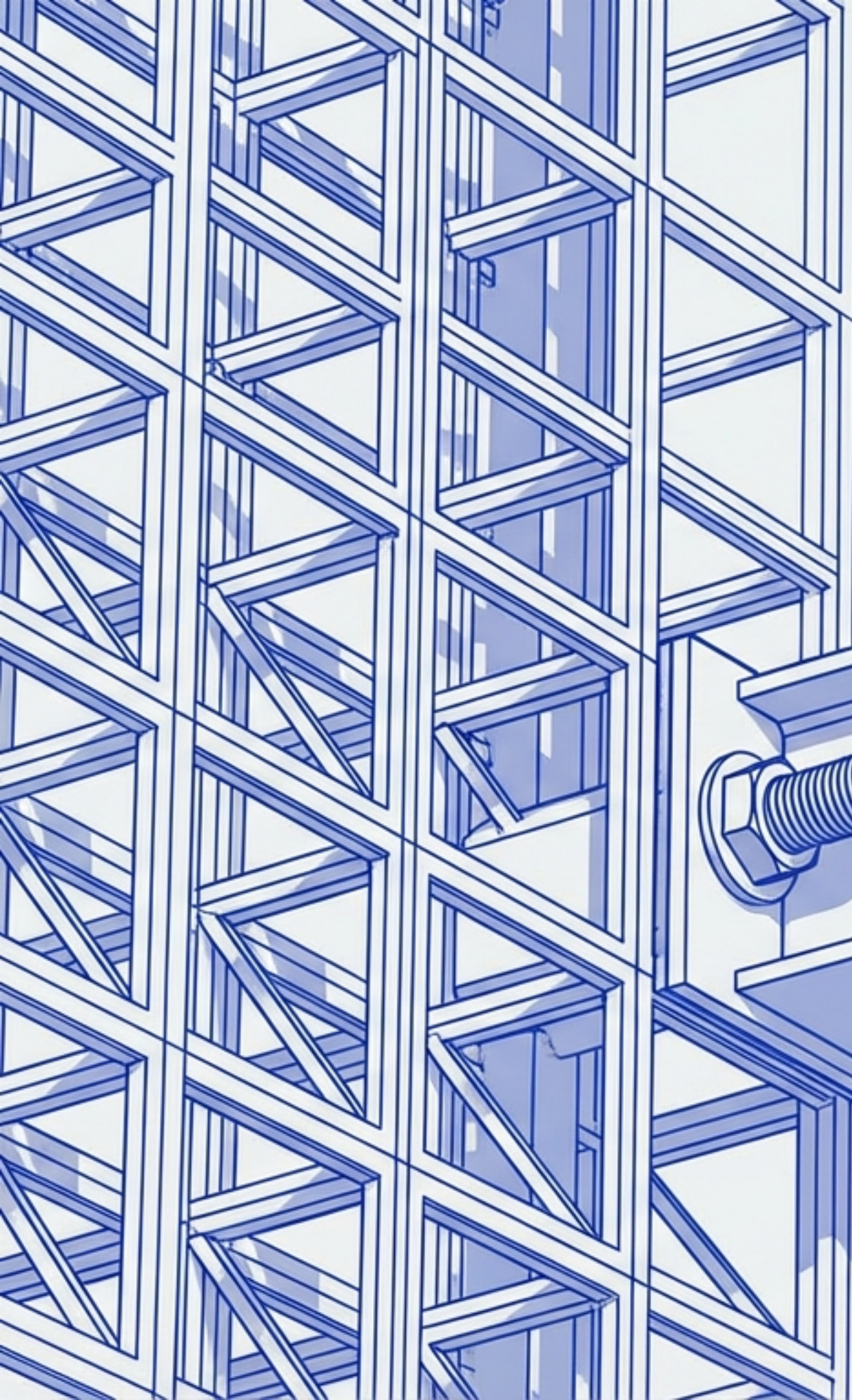
If a fact bolts onto a conceptual scaffold, it stays. If it hangs in midair, it drifts.

FACT

CONCEPTUAL
SCAFFOLD

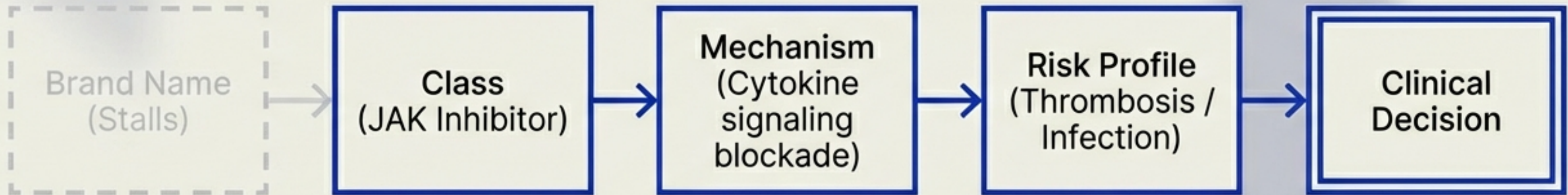
Fog Grey

UNATTACHED DATA



The architecture is intact even when the label hesitates.

Say “JAK inhibitor” or “anti-CD20” and the downstream pathways come into focus, even if the brand name is lost. The class connects to mechanism, the mechanism to risk, the risk to decision.



"The Myth of Instant Recall" in Heldane Display, Charcoal

SPEED
FLUENCY

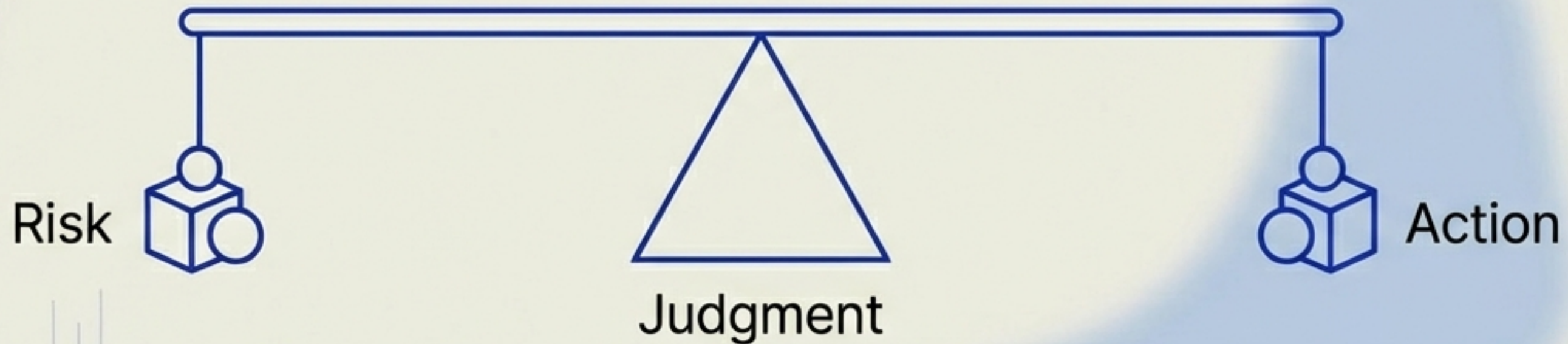
Authority in medicine often signals itself through rapid recall. Speed looks like fluency, and fluency looks like wisdom, even when it is mostly rehearsal.

WISDOM

There is vulnerability in acknowledging that not every entry point is immediately accessible. But competence in clinical practice is not encyclopedic storage.

Competence is Calibrated Judgment.

It is knowing where a therapy fits, when it shifts risk, and when restraint is wiser than action. It is the ability to think clearly even when words arrive a beat late.



Variations in memory style—holding detail vs. holding structure—are differences in emphasis, not measures of worth.

Building Around the Reality.



Encode Immediately

I write notes soon after visits because I understand that the visual details dissolve within hours.



Anchor to Mechanism

I attach new therapies to their biological pathways rather than their suffixes.



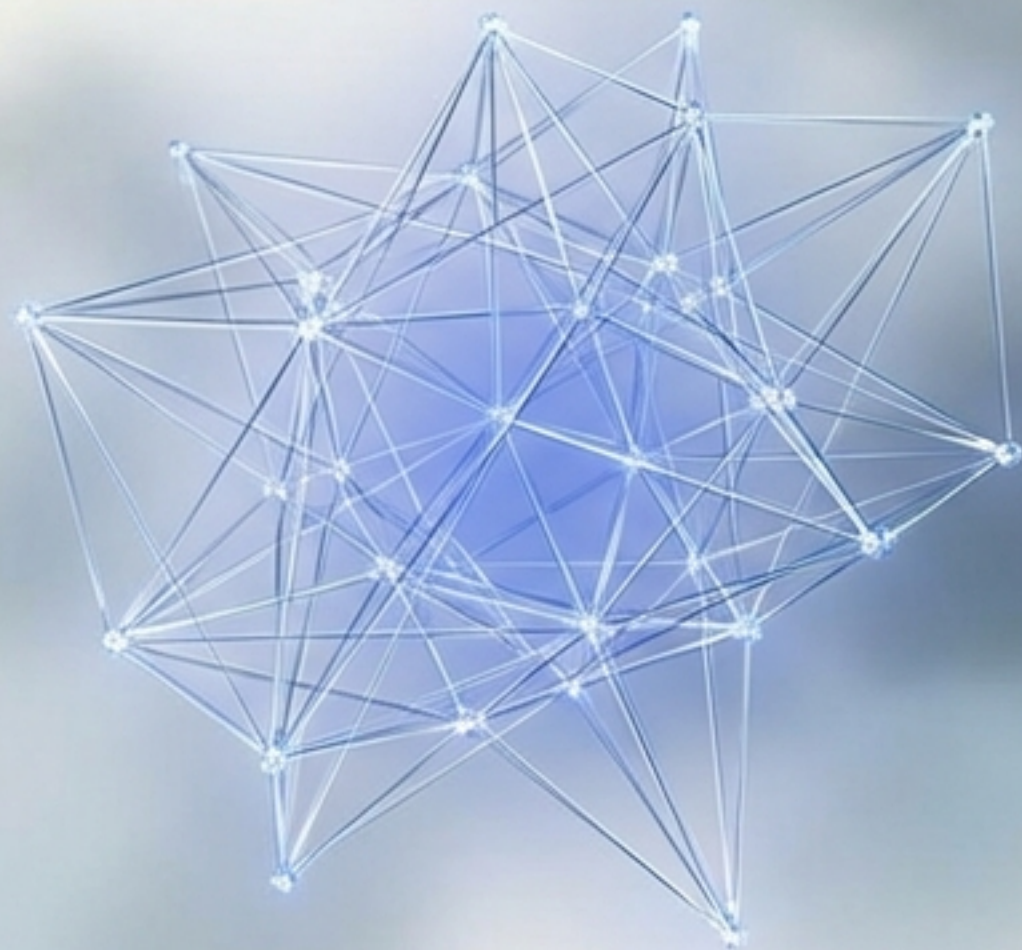
The Prompt

When necessary, I ask, "Remind me which pathway that targets," and think from there.

I stopped trying to reshape my mind into the perfect recall machine it is not.

Heldane Display, Charcoal

What I cannot reliably retrieve
are faces, plot lines, or movie
titles. I am still learning to live
with that.



**What I try not to forget is how to think.
That's what I hang on to.**