

The First Two Pages: *Graveyard Shift*
by Melissa Yi (Windtree Press/Olo Books)

For an opening, I hone in on the:

1. Problem
2. Person
3. Place

I always try to establish the problem in my opening paragraph, if not my first line. In this case: “I just need a refill, doc.”

Whenever I hear this in real life, as an emergency physician, I immediately cut to the crux of the matter. The key issue is, “A refill of what?” Because if it's a controlled substance, like morphine or a benzodiazepine, we have a policy not to refill standing prescriptions in the emergency room. Which means that, at best, we will have a polite disagreement, and at worst—well, you’ll see what happens to Dr. Hope Sze during *Graveyard Shift*.

Dr. Hope Sze is our person of interest. Character is key too, because if you don't care about Hope, an electric octopus could drop on her face, and you might say, “Ehh. Why didn't you use a squid? I like squids better.”

So from the get go, I want you to understand who Hope is and get you on her side. I also try to establish some facts right away: she is a medical doctor doing her post-graduate residency training, in what used to be called an internship year. Her background is Asian. I have to explain how to say her name (Tse, but you can say the letter C or Zee, and she'll answer). All without weighing down the story.

Place. Setting is tougher for me. I live in my head 80 or 90 percent of the time, so the sight, smell, and texture of where my body is located doesn't make as much of an impression. This is an advantage when I work with poop and vomit. It's a disadvantage when I need to convince the reader that this world exists, and

I'm bringing you right alongside me, so you could smell Lori Goody's sweat and notice her nipples poking through her T-shirt. I didn't happen to include those details this time, but I would if I thought it would sweep you into my world. Kristine Kathryn Rusch told me that I had to establish the setting before a fight scene, so the reader can visualize the room before the bodies start bouncing off the walls. That's helpful. So before any takedown, I will lay out the tables and chairs and the size of the room, again without slowing down the story too much.

It pleases me a great deal to lay the groundwork for person, place, and problem AND ratchet it up to 11, all in the first two pages. Take a look and see if you agree!

The First Two Pages of *Graveyard Shift*:

"I just need a refill, doc." The emaciated, over-tanned woman glared at me from the black vinyl bed of St. Joseph's ER exam room number 4. "I ran out over the holidays. My stomach hurts so bad, I want to puke."

"Right, Ms. Goody," I said, eyeing the crumpled bag of chips she'd tossed at the garbage can and missed. Whenever the triage nurse wants to indicate that the patient's 10/10 abdominal pain is B.S., she'll write, Says pain 10/10. Eating chips.

And guess what? Narcotic addicts often complain about stomach pain, nausea, and vomiting.

It was 23:06, Lori Goody was my inaugural patient on my first emergency room night shift back in Montreal, and I was in no mood for bull when I had nine horrid hours to go.

I handed back her empty, yellow pill bottle. "The problem is, you refilled this prescription a week ago. You should have enough Dilaudid to last you until next month. It's only January eleventh."

The patient pushed herself into a sitting position, her brown eyes narrowed behind fake eyelashes. Since she looked like Miss Anorexia, I secretly marvelled that she had enough muscle mass to prop herself up. "What's your problem? You a doctor?"

"Yes. I'm Dr. Sze." I showed her my badge and adjusted the stetho- scope hung around the back of my neck. "We're trying not to prescribe narcotics because over 17,000 Americans died from

prescription opioids in 2017.” It hit Canada, too—about half that number in the past two years—although most of them overdosed on synthetic Fentanyl bought unlabeled on the street. “Ms. Goody, I checked the blood work from your last visit. Your potassium was slightly high—”

She waved her hand at me. “I heard of you. Hope Sze.” She pronounced it like Zee, which is close enough. “You’re the one who’s always running around with murderers.”

Stung, I said, “I don’t run around. I’ve solved a few cases—”

“Get me a real doctor. One who’s not in school anymore, and one who doesn’t think she’s the police.”

I glanced at the door behind me. I could grab the supervising physician. Even though I’m a doctor, I’m what used to be called an intern, and I think patients have the right to refuse trainees.

On the other hand, I’d have to bug Dr. Chia, who was finishing up her evening shift with me on the ambulatory, or walk-in, side. I’d already messed up an intubation with Dr. Chia at the beginning of my medical residency six months ago.

No, I’d battle it out for a few minutes with a narcotic-seeking patient instead of immediately weeping on my staff. I tried to smile. “Ms. Goody, I am an M.D. doing my post-graduate residency training—”

“Right. You’re a resident. That’s useless. Get me the real doctor.”

I sucked in my cheeks and checked the door to my left and then the one behind me again, wishing that Lori Goody would take off.

The white-walled examining room barely felt big enough for the two of us plus the examining room bed, a chair, and the newly-added ledge that squashed me against the right wall as I checked the monitor for St. Joe’s brand new electronic record system, SARKET.

“Got it? Or maybe you no understand Engleesh?” The patient jabbed a pink acrylic nail at me.

Oh, my God. She’d noticed my Asian heritage and was trying to mimic a Chinese accent. My instinct was to face punch her, but as a doctor, you have to act professionally and smile even though patients will report you at the drop of a nun’s cap.

“Maybe because you’re too busy making Fentanyl?”

Ugh. She must have read those headlines like China Is Poisoning America With Fentanyl. I gazed at her, ignoring her T-shirt

slogan, BL©W ME, I'M IRISH. “Actually, China made Fentanyl a controlled substance, Ms. Goody—”

“For fuck's sake. Get me the real doctor. My heart is racing. You're giving me a heart attack.” She placed her palm on her chest and hyperventilated, exaggerating the stringy tendons of her neck as well as minimal boobage.

Lori Goody was 35 years old. She'd only have a heart attack with seriously nasty genes and/or cocaine and speed.

Although, speaking of drugs, she had that look, the one my new boyfriend, Tucker, called “rode hard and put away wet”: bleached brown hair, darker skin than me even though she was white enough to insult my ancestry, uneven teeth, frosted pink lipstick that might have looked good a few decades ago, and grimy running shoes with no socks despite the icy January weather.

I approached her cautiously, reaching for the navy stethoscope draping the back of my neck. “I can listen to your heart—”

She seized both ends of the stethoscope and wrenched them in opposite directions, to strangle me.

#

Melissa Yi wields a stethoscope and a scalpel as an emergency physician. She also pens the Hope Sze medical thrillers, which have been named one of the best Canadian suspense books by the *Globe and Mail*, *CBC Books*, and *The Next Chapter*. Yi was a finalist for the Arthur Ellis Award for best crime story in Canada and shortlisted for the Derringer Award for the best short mystery fiction in the English language. Sometimes, she sleeps.

Connect with her on Facebook (<https://www.facebook.com/MelissaYiYuanInnes/>), Twitter (@dr_sassy), or best of all, www.melissayuaninnes.com.