On the first of July, four years ago, I walked through Mass General and Brigham & Women’s Hospitals with an odd mixture of fear, relief, and excitement. Now, as I approach the end of my residency training, I am filled with a similar hodgepodge of emotions. It seems fitting that for my last column as your AAEM/RSA president, I record my five reflections from residency.

1. “You were terrified of being a doctor!” I mentioned this article to the attending who oversaw my first shift as a newly-minted doctor. That day is forever etched in my mind; did he remember it? Much to my great embarrassment, he chuckled and said, “Of course, I kept telling you not to worry if you didn’t know something, but you were scared of everything!” Though I knew I was there to learn, it took me a while to get over my insecurities about not knowing so that I could focus on learning. And the learning was everywhere. On every single shift I learned from great clinicians, not just about diagnosis and treatment, but also important lessons on how to help people feel better, how to teach, and how to lead. As my mentors say, it is called the practice of medicine for a reason, and we should embrace rather than fear the learning.

2. “Mistakes will happen.” Every doctor has made a mistake sometime in her life. Whether it’s a technical error (inserting a central line into the carotid), a systems error (ordering a medication for the wrong patient), or a communication error (angering a patient or colleague), all of us graduating residents have made some kind of error. I myself made all three of these errors, and more. With the volume of patients we will see throughout our careers, being a source of medical error and interpersonal conflict is a terrifying and humbling thought. A wise EP told me that just as residency is the time to learn how to practice medicine right, it’s also the time to learn things like how to disclose mistakes to patients, and how to deal with conflict. “Don’t shy away from difficult situations,” he told me, “Put yourself in the middle of them to see what others do, and then develop your own style.”

3. “That man has a name, and it’s not ‘the chest pain in room 8.’” As busy residents with long to-do lists, we often resort to dehumanizing our patients and branding them as chief complaints to quickly decide their disposition. On the surface this might appear to save time, but dig a little deeper and such algorithmic, depersonalized medicine results in unnecessary tests, misdiagnosis, and a poorer patient experience.

Practicing cookbook medicine is not why we chose to become doctors. My work became much more meaningful when I made a commitment to connect with each patient, no matter how busy I was. I learned that the “old guy with dementia” was a world-renowned philosopher, and that the “onc patient with fever and neutropenia” had ten children with her preschool sweetheart. As physicians we are privileged to hear so many stories from so many people. Cherish this gift we’re given to share in our patients’ rich lives.

4. “Residency is hard, and you have to take care of yourself.” My best friend from medical school, who had just completed his pediatric residency, warned me of this before I started my internship. How right he was. Work hours may have improved since our forefathers trained, but residents still work a lot and are exposed to high-stress situations with life-and-death consequences. Studies have shown that rates of depression and burnout increase sharply during training, yet the “hidden curriculum” of medical training still favors bravado over openness. Residents are taught to “suck it up” instead of talking about difficult situations and taking care of ourselves.

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This is not the way it has to be! I learned this lesson the hard way during my second year of residency, when my mother died. I suppressed my emotions rather than seeking help, and saw how easy it is to become isolated. Fight this impulse and stay connected. Find peers you can reflect with and openly speak with about your experiences. Nourish the other people in your life and recognize their critical role in helping you through this process. For me, it was my wonderfully supportive husband and my friends who sustained me and kept me grounded. Make time for these people in your life. I cannot think of anyone who regrets the time spent with loved ones and laments, “If only I had spent that day reading Rosen’s!”

5. “Emergency medicine is a phenomenal field.” The first grand rounds lecture I heard as an intern was by Dr. Larry Weiss, then President of AAEM. He spoke about how EM is an ideal specialty for advocacy: on the front line of medical care, interacting with every aspect of the healthcare system, we are in the best position to be advocates for our patients, our communities, and our society. EM also provides a platform for you to follow your passion — whatever it happens to be.

As I finish my training and enter the career I’ve always envisioned, one that combines patient care, narrative writing, and health policy, I can very much attest to EM being a versatile and fantastic specialty. We have the incredible opportunity to use our training to do what we love, while making a difference to transform our health care system and to improve care for our patients.

What else can I say about these last four years? It’s been a roller coaster ride, and now that I’m about to embark on the next stage of my journey, as an attending in the George Washington University EM Residency in D.C., I am filled with exactly the same emotions of fear, relief, and excitement that I came to Boston with. I have learned so much from so many incredible people along the way. Finally, I have been extremely fortunate to be exposed to AAEM and AAEM/RSA early in my training, and to serve the organizations that really fight for our specialty and our patients.

Now, what will the next four years bring?

For more reflections on EM and medical care, please read my new book, When Doctors Don’t Listen: How to Avoid Misdiagnoses and Unnecessary Tests. I welcome your comments, @DrLeanaWen, and www.drleanawen.com.

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