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Commentary



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Cliff Jumping and Other Adventures of Residency

by Kristin Adams Forner, MD

It's April. Some of you will soon be new residents just graduating from medical school or an internship. Some of you are new staff who just graduated from residency or fellowship and will soon be starting out.

I wonder if your fears and insecurities are similar. I wonder if you realize that you are not alone.

I was six months out of residency, still unsure of myself in my new role as an attending anesthesiologist and still attempting to understand the inner workings of my new hospital. It was a Friday evening. Seemingly everyone in my department had gone home for the weekend, and I alone took the call. The emergency room reported that it had a 42-year-old woman with mental retardation and muscular dystrophy who had fallen, dislocated her elbow and needed an emergent closed reduction.

When I arrived in the ER, I discovered that she had eaten a full meal just a few hours ago, and since then had received several doses of narcotics. Upon examining her, I saw that she was overweight, with a short neck, a small thyromental distance, a large tongue and a Mallampati Class 4 airway. Down's facies made me suspicious for atlanto-axial instability. Her father explained that she also had a history of acid reflux and obstructive sleep apnea.

These are the times when I wish I were still a resident, when I'd give anything for someone else to be in charge.

The transition from medical student to resident, and resident to attending is, I imagine for some, relatively smooth. Perhaps they are ready for a new sense of purpose. They feel confident in their own decision making and long for autonomy. For me, and a few of my colleagues, however, it was like stepping off a cliff. During our first year as attendings, we took notes. We discovered that becoming an attending anesthesiologist makes you:

- Embrace the breath-stealing terror that comes with knowing you are it, and there is no turning back: You push the propofol. You push the paralytic. You get the airway. Or you bear the burden if you do not.
- Doubt decisions you never doubted, and invent questions you never had. Was it overkill to draw a type-and-

cross for a laparoscopic cholecystectomy? Should you postpone the case if the patient dipped tobacco on the way to the hospital?

- Go back to the basics: How are you going to secure the airway, optimize oxygenation and ventilation, and assess, monitor and treat the circulation? And then in five minutes, are you ventilating appropriately while you are managing the hypotension?
- Ask for help. Search the literature. Gather resources. It makes you remember you are not a cowboy, and this is not a rodeo. You are a physician, and this is the life you are protecting.
- Understand the value of knowing the people with whom you work. Which surgeons can you trust and which need to be watched more closely? You see firsthand how so much of what we do depends on what they do—and how well they do it. Who of your colleagues do you want beside you when you can't intubate your patient? Leaving the people you knew so well means losing one set of your relied-on resources; it requires that you depend more on yourself and your ability to figure it out.
- Discern, with surprise and uneasiness, that occasionally you actually know more than some of your older, more experienced colleagues. Do you try to teach them a better way? Do you step in and take over? Or do you stand back, out of respect, and watch in silent shock?
- Trust your instincts and listen to them.
- Want to teach. As you go through the rigor of studying for both your written and oral board exams, you start to realize how much you've learned and want to share with those still learning.
- Rediscover the parts of your life that got swallowed up by the long hours, poor nutrition and sleep deprivation of residency: You learn to cook. You compete in triathlons. You travel the world. You breathe again.

Remember, every day, that what we do is a privilege. Into no one else's hands do people give up complete control of their lives. In no other field will you participate in so many of life's greatest and most challenging moments. In no other specialty will you be able to call yourself a comforter, and have so many tools for being so.




This is the season for which you have worked so hard, and so long. Although you may fall, you will learn to pick yourself back up. And next year, when you have conquered your initial fears and insecurities, you will stand back and watch the new recruits do the same.

After asking for help from colleagues, searching the literature, gathering resources and trusting my instincts, I gave my patient an uncomplicated supraclavicular block and avoided her airway altogether. And I went home that night with a new sense of confidence that could only have been gained from realizing I was it and there was no going back, from embracing my terror and refusing to give in to it, and from stepping off that threatening cliff and walking into all that awaited me.

Dr. Forner is staff anesthesiologist and medical director for the Department of Anesthesiology at Wright-Patterson Air Force Base, in Dayton, Ohio. You can read more of her writing at www.docbehindthedrapes.com.

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