

REFLECTIONS

My Life as a Third-year Chief

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I was a third-year chief resident. This meant wearing the hat of chief and maintaining typical third-year resident responsibilities. I maintained personal accountability to the wards, ICU, electives, clinic, conferences, medical records, quality improvement projects, abstracts, poster presentations, research projects, and teaching sessions. Alone, those responsibilities were tremendous, but the addition of chief obligations was astounding. I faced the challenge of being chief to my peers and also the great advantage of understanding what was happening in the “trenches.”

Chief year began soon after attending the Association of Program Directors in Internal Medicine Chief Residents' Meeting in the spring of my PGY2 year. I recall the excitement of having so many ideas and wanting to make changes within the program. I would change education by making conferences and bedside rounds more interactive and fun, change management so the residents felt appreciated, and change scheduling so weekend and backup coverage was equitable. I even wanted to make waffles for my colleagues during morning report. Should be no problem, right?

Soon, my naivety was evident. The year began with three third-year chiefs. Within the first several weeks, one co-chief stepped down. The work planned for three was now divided between two of us. At the same time, an intern resigned, and three pregnancies were announced. In addition, another service obligated to our ICU and ward teams was nearly continuously absent. Seriously? Despite our shortages, pa-

tients still needed care; residents, interns, and medical students needed teaching; and faculty agendas needed implementation.

I was the boss but in the mix as well. As a third year, I was in the coverage pools and on the teams. I could, along with my co-chief, stretch myself to pick up coverage and not call backup, but where was the justice in that? I had to call in my previous co-interns and PGY2 residents. There could not be favoritism, so I had to call in my friends. Each time I called backup, my stomach was in a knot. “Why do you always call me?” was often the response. I understood their frustrations completely as I was on the receiving end of needing to cover extra shifts as well.

Eventually, I was pushed to my limits. I felt like throwing my arms up and walking away. Despite trying to manage as a third-year chief, I had obligations to service and personal education. It was easy to have pity for myself, but this did nothing for anyone or the position I was in. Others were looking to me as chief—students, interns, residents (including my PGY3 peers), and faculty. Not being on the same playing field as the faculty, there was disconnect in what was wanted of me. Still, I needed to try to implement whatever agenda or task faculty wanted. My thoughts often reflected upon how nice it would be to be back where I had been—“just another one of the residents.”

Leadership. My mind-set was 180 degrees from July when I first took the reins. My previous ideas of change had come to a halt after people had left or taken temporary leave. If I were a fourth-year chief, maybe I

could have implemented more of my ideas. I would have covered more of the vacancies myself. I may have been respected more and had more authority with other services obligated to our ward and ICU teams.

Despite the hardships of a third-year chief, there were also benefits. I was able to work in the role without extending my residency. Having chief resident experience likely helped me match into fellowship directly out of residency. I have now had administrative experience and developed management skills very early in my career. It is possible that expectations set upon me were different as a third year, perhaps with more patience and faculty mentoring.

At times, I stumbled, I said or did the wrong thing, and I felt defeated. Ultimately, I gleaned knowledge from each adversity and, eventually, stumbled less often. With time, I realized how I could best fit the program and not the program fit me. Things began to flow with less turbulence and greater *esprit de corps*. Problems became opportunities for personal and professional development.

I was recently asked, “Would you be a third-year chief again?” Had I predicted the question, I would have thought a solid, “No,” would spring from my lips. Now, to my surprise, a “Yes” comes. In the end, what a great year!

I am privileged to have served as a third-year chief. I did not make all the changes originally envisioned but gained so much more than I would have surviving the day-to-day internal medicine residency. These are life experiences that I will take and apply throughout my career.