

NEW PERSPECTIVES

I'm an Attending.... Now What?

Lee Park, MD, MPH; Jocelyn Carter, MD, MPH; Gwen Crevensten, MD; Bradley Monash, MD; and Bradley Sharpe, MD

Drs. Park, Carter, and Crevensten are faculty at Massachusetts General Hospital; Drs. Monash and Sharpe are faculty at the University of San Francisco School of Medicine.

As junior faculty challenged by different aspects of the transition from resident to attending, we were inspired to design a workshop at the 2013 SGIM Annual Meeting, titled "Attending 101." As we constructed the workshop, we each shared our experiences with transitions and the lessons we learned. The following is a sample of what we shared with each other and the attendees of the workshop.

Asking for Help

I felt an unfamiliar uneasiness as I arrived at work that day. This anxiety was driven in whole by my care of a 38-year-old man vacationing from London. His stay was interrupted by severe shortness of breath due to new onset idiopathic non-ischemic heart failure complicated by asymptomatic episodes of ventricular tachycardia (VT). Although the runs of VT continued with increasing frequency and severity, the cardiologists emphasized that there was no role for anti-arrhythmic therapy or device placement and suggested I discharge the patient with a life vest on a commercial transatlantic flight. It was with much remorse and discomfort that I recognized that I would have to ask for help. As my chief's words of encouragement to call or page if I ever had a question echoed in my brain from our conversation on my very first day of work, I still couldn't help but feel a flood of angst associated with the thought of the exchange. What would happen if I called? What would my boss think of me? Thankfully, I did make that call, and the patient was transferred via medical flight to an academic hospital in London for direct admission—a much better plan than I could have put together on my own.

While asking for help was something I thought was reserved for those without confidence, that day I realized something quite different. As medical complexity continues to rise and resources diminish, the authentic invitation for junior faculty to ask and get input is priceless.

Clinical Confidence and Efficiency

The first patient I admitted as an attending was a woman with hemoptysis. I carefully considered whether she had hemoptysis or bleeding from another source, looked up unusual causes I was afraid I would miss, and had in-depth conversations with her outpatient physicians. I then wrote one of the most comprehensive and articulate admission notes I have ever produced. The CT identified a possible malignant lesion as well as a pulmonary embolism; the patient was diagnosed with a primary bronchogenic carcinoma. I proceeded to carefully deliberate the decision to anticoagulate with the pulmonary team, continuously reconsidering if we made the right decision. I looked the patient up every week or so after she was discharged to find out how she was doing. I went to these great lengths because I was very aware of my transition from resident to the attending responsible for final decision making. I was afraid that with no one else to review the patient's care I would make a mistake in a complex case; in retrospect, I clearly over compensated. I've now learned that I can be thoughtful and complete without writing an extensive admission note, spending endless hours on the phone, or researching countless case reports in the literature. I've realized that I can do the work more efficiently and with more

confidence as I gain experience. In addition, I have learned over time to embrace the uncertainty in clinical decision making—often there is not a clear evidence-based "right" answer, but we do our best with the clinical data we have.

Mentorship

Starting as a new attending after residency, I felt very lost and overwhelmed. I knew where the bathrooms were and how to get around, and yet somehow the concept of seeing patients in the role of being an attending was foreign. As time went on, I felt more comfortable with clinical medicine and gradually learned to document and bill, become more efficient at seeing patients, and feel more confident in my clinical skills. However, I still felt lost as to how to find a career path. I spoke with my department chair at my first annual review and was very lucky to have him refer me to a mentor who helped me start my journey. We met regularly for lunch, and I felt comfortable talking to him honestly about my uncertainties. He gave me suggestions as to how to move forward, advised me how to navigate the hospital, told me how to get things done, and introduced me to a variety of people who continue to help my career growth. I went from having a very nebulous notion of what I wanted in my career to forming a much better plan and path. Since then, I have been able to find other mentors and advisors. While I am still finding my way, I have a much better sense of where I want to be and how to get there, and even if I don't know my exact path, I have the skills and support to figure it out.

continued on page 2

NEW PERSPECTIVES

continued from page 1

Clinical Teaching

As I transitioned from the role of resident to attending, I reflected on the clinician-educators who had inspired and molded me. I wanted my learners to feel confident in my ability to lead the team. Not only did my supervision of clinical care prove anxiety provoking, I also worried that I would have nothing to teach and that I wouldn't know the answers to my trainees' questions. Although I had been told as a student, intern, and supervising resident that it is okay to say "I don't know," this hadn't been repeated as I crossed this threshold. However, I realized that my trainees respected and appreciated my honesty. The senior residents were relieved to know that no magic transformation occurred between June 30 and July 1 and that this career was indeed a journey of lifelong learning. I was also pleased to learn that not knowing an answer could cultivate an opportunity to stimulate curiosity and that I could create a positive learning climate by being an enthusiastic learner alongside the trainees. I learned that thinking out loud and communicating

my thought processes could prove more valuable than simply knowing the answers. My confidence increased once I became comfortable with the fact that uncertainty is a given in clinical medicine. Not long after becoming an attending, I discovered that my experiences had prepared me to teach some of the most valuable lessons of patient care, including how to talk with and care for patients.

Work-life Balance

As the first few years progressed, I found myself becoming slowly but surely overwhelmed in the job—coming home at the end of the day a bit later than I thought, turning the e-mail back on after 9 pm on many week nights, and feeling compelled to do work on the weekends even when I wasn't on service. I looked at the academic providers around me for help: How do I make this work? How do I balance work responsibilities and the desire to succeed with a desire to be a great spouse, partner, friend, and to be great (once in a while) to myself? I learned there are a few simple

things I could do to help: Turn off the email pop-ups at my desk and on my cell phone, put the out-of-office message on when things get really busy, and deliberately decide if it is okay to do work on the weekends or at night (i.e. avoid letting work "creep" slowly into my life without actively deciding that it is okay). If I am frustrated by working at night, then I should figure out why and find a way to change that. If getting home after my daughter has gone to bed makes me angry, then I should find a way to avoid that situation. I have learned there is no single right answer to finding the elusive "balance" between work life and personal life. It is a challenge for everyone, but it is important to be thoughtful and deliberate.

Conclusion

Becoming a new faculty member is full of obstacles and opportunities. There certainly are no one-size-fits-all solutions to the challenges faculty face. Recognizing the issues is part of the job and will help new attendings truly succeed in all aspects of their lives.

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