



An Unexpected Push From Resident Toward Attending

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Early in my training, I felt there was a clear divide between residents and attendings, but as I have moved through residency, this divide has become increasingly muddled by close bonds and friendships I have developed with my mentors. As a third-year resident filling the role of chief, I grapple with this issue more and more. I still sometimes feel like I'm uttering an expletive when using an attending's first name, even though that is how they asked to be addressed. Conversely, I visibly recoil when a medical student includes any honorific when asking me a question. I suppose it is just a natural, uncomfortable, and gradual coming-of-age phenomenon. Yet sometimes experiences push this process forward in great leaps of maturation, if we allow them.

As a medical student, I witnessed several incredible residents work through their training while being expectant mothers. Each of those residents delivered at hospitals away from the residency. No one in the department expressed concerns that these residents would choose to have their children elsewhere, and I assumed this was normal. Fast forward, my wife and I were expecting our first child during my intern year. We had just moved and our only friends were my classmates. Given our fragile, budding relationships, my wife and I decided that the

intimacy of childbirth might be too uncomfortable for both us and them. We chose care through the local OB group and created bonds with a marvelous obstetrician, who provided care for us again when we were expecting our second child.

We, however, were not the only ones expecting a new child. One of my core faculty and his wife, a specialty rotation director, were expecting a boy about a month prior to my wife and me. They had chosen our residency practice for the delivery, but had only seen attendings for prenatal care. I happened to be on OB call when they came in for onset of labor in the wee hours of the morning. I had a light bounce in my step and an irrepressible smile on hearing our residency would soon have a new junior member. This mood buoyed me along until I touched base with my attending for the day and discussed delivery plans.

Apparently, the expectant couple anticipated I would be the one to help their baby into the world. My mood instantly became more of an anchor than a buoy as my eyes became wide, palms nearly began dripping with moisture, and all the heat in my body rushed to my face at once. I had run codes with a lower heart rate than that moment. My brain offered nothing but silence as I requested, with no small amount of stammering, that I be able to observe my attending perform the delivery

so I could learn better head control (a bit of a cowardly surrender). Following a fairly skeptical gaze and silent response from my attending, my brain churned back into action, and I began to look at why I had a visceral panic reaction at the thought of performing this delivery. I had few misgivings about being able to deliver the baby safely. I enjoy obstetric care, plan to incorporate this into my practice, and have received excellent training with intrapartum care. I knew that the expectant parents were welcoming and nonjudgmental, but the shell shock ringing in my brain resulted from a sudden and unexpected paradigm shift. My reticence stemmed from the divide in my mind that I was not a peer of my attending. In my mind, I could not fill the role of physician for this family as they would of course want an attending for the delivery, much like the residents I had met as a medical student.

My attending acquiesced to my stated reasoning, and I planned to observe the delivery later. Having a close-knit residency, other faculty heard about the situation, and added enough probing questions about my unusual desire to avoid a delivery that my shoulders began to hunch from trying to shrink away from

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them. Feeling mildly beleaguered, I sought advice from my fellow residents. Their furrowed brows and gently shaking heads told me I was not alone in feeling uneasy with the thought of performing this delivery. My position bolstered, I returned to the OB unit with a more upright posture. There was at least comfort, if not safety, in numbers.

A couple hours later, the nurse reported that the cervical exam had been unchanged at 7 cm for the past several hours. I typically am actively engaged in my patients' labor management, but my uneasiness had driven me to take a hands-off approach with this case. Consequently, I knew that the baby was head down but nothing else about his position, size, or mother's anatomy. At this crossroads, my paradigm of separation of learners and attendings butted heads with the driving frustration from my core that is present when I see substandard care. I realized that I could not make an informed decision on this potential stall of labor. I had no concrete guide whether I should start oxytocin, work with

position changes, or change expectations for delivery. The information available from seeing and examining the patient was not at my disposal. Bottom line: I felt that I was not caring for this family as I should. More than anything, it was the conversion from thinking of them as my attendings and myself as their resident to seeing them as *my* patients with me as *their* physician that spurred me to step out of my comfort zone and perform the care that I knew I was capable of providing.

I approached the expectant couple and asked them if they would allow me to take part in their delivery. They, of course, beamed brightly and offered warm invitations to me. Rarely have I seen two people so truly over the moon to include a learner in their new family member's birthday. The remainder of the day and into the night, I provided the care that every family deserves as I took rapid-fire delivery advice from the most animated mentor and soon-to-be father, eventually delivering an equally energetic, wriggling baby boy to his parents' arms. On

reflection, I both smile and marvel at the blending of teaching, learning, caring, and bonding that came of this experience. My preconceptions were broken down through this whirlwind adrenaline rush, panic, acceptance, and resulting joy, but I almost missed out on this experience because of my own fear and bias. I am not an attending yet, but I feel one step closer to becoming the physician that I want to be because this family shared the birth of their son with me. When it came down to it, I needed to approach this familiar couple not as "just another patient," nor as a resident treating an attending, but as a doctor engaging fully in his patients' lives.

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