



# Love Anyway

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The staff on the eighth floor buzzed around me, moving purposefully through the busy choreography of a morning on the inpatient neurology floor. The nurses politely skirted around my stationary feet, trying to squeeze between me and the sink in front of which I had distractedly planted myself, paralyzed with indecision.

“Dr Watts, how would you like to treat this patient’s gout?” My attending repeated the question patiently, leaning against the counter to gently rest his chin in a cupped hand. Dr Wynn was clearly prepared to wait me out.

My eyes moved slowly across the faces of other team members—two senior residents, another intern, a pharmacist, a medical student—searching for an answer to this first clinical riddle of my residency: How do I treat acute gout in a patient who cannot take NSAIDs? I had no idea. I quietly deliberated, my mind desperately searching the recesses of my memory for allopurinol’s mechanism of action.

“Go ahead and talk it through with the team,” Dr Wynn urged, nudging my thoughts out of their captive brain. The other residents offered guidance as I discussed my rationale for avoiding indomethacin, but their voices were increasingly drowned out by the tidal wave of doubt swelling within me. *Everyone knows the answer except you, it*

roared. *You do not belong here. It’s only August, and they’re already realizing that you’re not as smart as they thought.*

As I studied his calm countenance for reassurance, I recalled how Dr Wynn’s influence had guided my path toward family medicine. He served as a steadfast mentor and role model during my formative clerkship years. After numerous rewarding and wide-ranging patient experiences supervised by the family medicine attendings among Dr Wynn’s faculty cohort, I was quickly sold on this jack-of-all-trades specialty that hadn’t garnered any of my attention during the early years of medical school. With Match Day came a thrilling invitation to join the ranks at Dr Wynn’s rigorous program. Now, during this first month of my residency, my confidence plummeted as I imagined his inevitable disappointment at my glaring knowledge gap.

Dr Wynn calmly asked for my treatment decision. My confidence battered, that doubtful voice rose again: *What if you’re wrong? Imperfect? Vulnerable?*

“Um...” I stalled. “Uh, prednisone?”

“I think that’s a good idea,” he replied, smiling. I shot a grateful glance at the senior resident who suggested that option moments earlier.

The team slowly mobilized, instinctively folding and pocketing

patient lists, stowing pens, and glancing through recent texts and pages as they plodded away from the desk and toward the patient’s doorway. Dr Wynn and I lagged behind.

“May I offer some feedback?” he asked.

I nodded. *Here it comes. He’s figured you out.*

“It seemed like you were hesitating and second-guessing yourself today. In the future, I’d like to see you take more ownership of your plan.”

“I didn’t know what to do,” I admitted. “I thought that whatever I said would be totally wrong.”

He laughed. “If you knew everything, you wouldn’t need to be here!”

I cracked a smile, recognizing the simple logic of his statement—one that I would hear often in the coming years.

“I’m not asking for perfection,” he continued. “But if you don’t put yourself out there, you won’t grow. Right or wrong, just own the plan. We’re gonna love ya anyway.”

And they did. Dr Wynn and his faculty loved my 29 peers and I through big wins and hard losses, misguided plans and distracted presentations. They loved me when I showed up early, but also when—after my kid brother called with a

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cancer diagnosis—I dropped my pager and ran. They loved me in the autumn of intern year, when my husband and I welcomed a newborn foster son into our home. My husband was also my cointern, and as I met with Dr Wynn to discuss our adjusted schedules amid the whirlwind of new parenthood, I anxiously reassured him that we would minimize time off. He paused and leaned toward me, his elbows resting on his knees, hands gently clasped together.

“I’m not thinking about the schedule,” he said, looking up at me. “I’m thinking about you. Come back when you’re ready.”

We took that advice to heart, and over the next 3 years, we balanced training with raising a healthy little boy. As PGY-3s, we flew to China and brought home his big sister: a joyful 3-year-old with a hypoplastic right heart. At every turn, the residency rallied behind us.

Upon graduation, I accepted a faculty position with my program. One of the many gifts of this work in academic family medicine is continuing to witness my colleagues’ love in action, every day, 30 times over. This love doesn’t have to be the touchy-feely, Hallmark card kind, but it does have to be steadfast and sincere. It shouldn’t coddle or inflate egos, but it should offer support while sharing hard truths. It shouldn’t drain us, asking for more emotional reserve than we can provide; instead, it should buoy us amid the ocean of doubt or burnout. The love we offer our residents is the kind that says, “I see you, and I will walk with you.” Even when the work is hard, or life throws a curveball like cancer, parenthood, or COVID-19. And especially when learners make a mistake or simply don’t know what to do. Dr Wynn’s love didn’t weaken me; it shaped a resilient physician who

was allowed to sit with her doubt, empowered to utilize her resources, and welcomed when she offered a solution. A physician who trusted that she could build a family *and* a career in the 3 years to come.

Recently, I sat across from an intern on her first month of inpatient medicine. She nervously chewed her lip as she stared at the patient list in front of her, contemplating a treatment plan. Somehow, I knew just what to say.

“It’s okay. I’m not expecting perfection. Right or wrong, just own it. We’re gonna love ya anyway.”

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