

Memory Sticks: A Humorous Review of Medical Training

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The residents' lounge in the hospital where I began my faculty career seemed an afterthought, as if the architect had tried to squish one last workspace into a room better suited for storing brooms. Viewed from above, the lounge resembled a burnt-out geometry student's attempt at a right triangle, with two sides—each bordering a different critical care service—meeting in a blunt wall rather than an acute angle. Presumably, the force generated by the meeting of these two services had sheared away the corner. Resident proximity to 24-hour intensiveness ensured a lack of sleep.

To compensate, the residents kept the lounge decorated based on holiday or their degree of Muggle blood. Photographs were a staple of wall décor, and pictures changed as residents graduated. Someone would realize, “Hey, only the faculty recognize that guy in the pink moose costume,” and replacement pictures would arrive. In this way, the faculty served as living Pensieves to store not just medical knowledge but also recollections of residents past in their relatively rapid turnover.

Despite seasonal variation, one fixture to the lounge remained. Hanging opposite the door, capturing attention upon entry, was a posterboard Wall of Fame—a testament to the record-breaking highs and lows of patient care. Family members who brought doughnuts and other refined carbohydrates to weary residents would scrutinize the board, faces scrunched as they tried to decipher values as cryptic as pre-Rosetta hieroglyphs. To the initiated, the figures astonished: the TSH of 898, the hemoglobin of 1.1, the glucose of 1895. Stripped of their patient adornments, and the horror of encountering these values in actual practice, the list provided diversion to the otherwise staid routine of running a hospital service.

The wall served other roles as well, not least of which was as a reminder. Back when I was a resident, no matter how crappy my day, I could glance at the wall and think, *Well, at least I'm not having to deal with that.* Entries remained anonymous; the battle scars of residency afflicted all equally. Like an external memory stick for a computer, the board served as an archive for otherwise anamnestic recollections—a visual indication of just how bad it could get. The board thereby also served as an admonition to the faculty about what residents sometimes had to face when alone in the hospital.

Although the Wall of Fame was good for a laugh, it took me years to realize the sentiment behind its creation. Humor, an oft-overlooked part of medical training, allows residents and faculty a more tolerable engagement with the potentially crushing expectations of medical practice. Dark jokes recycled from *The House of God*, the subtle redirection of a pimp-happy attending to the life of his pets, and similar quips are coping mechanisms employed by residents. In a discipline preoccupied with solemnity, laughter offers the gift of levity.

Thus did the wall use humor to perform its best trick—serve as teacher. According to a podcast I heard at some point or perhaps an article I read, humor aids memory, something faculty members should strive to remember. Take, for example, the convoluted, humorous acronyms medical students create to memorize diagnostic algorithms or simple anatomy. But just as some lovers try positions they can't handle, these mnemonics can contort beyond recall.

Such mnemonics never worked for me. Even jokes elude me, like the one I heard from a fellow faculty member's recent Cologuard experience (something about trying to catch an overzealous pour of soft serve into an ice cream cone while blindfolded). I've heard other faculty mention the inability to recall jokes when asked, but some—that is, the residents with whom I work—have suggested that, for me at least, it's not just humor that doesn't stick in my memory. This first became clear at one of our year-end faculty roasts. Hosted by third-year residents, the roast served as a gentle thumb-nose back to the faculty for the pound of flesh ceded during residency and the inevitable requests to see just one more patient, modify one more note, or tolerate yet another humble-brag “back when I was a resident” story.

In this instance, I was awarded the certificate for Best Faculty at Pretending to Listen. I assume the award stemmed from my difficulty with patient ages. Numbers for me are like names for anomic aphasics or cocktail party attendees; they spiral from one cochlea to the other with no purchase along the way. For example, I'll be precepting, completely absorbed in my own world of signing notes or scanning charts or calculating how much meat a dragon in Westeros consumes per day, when a resident enters the precepting room to say, “Hi Dr Walden, I have this *hrmuphlia*-year-old male with memory issues since his car accident.” She continues with the patient presentation, and I strain for clues to the patient's age. Was the accident 30 years or 3 days ago? I can't ask because that would give me away. By the time the resident arrives at a diagnosis and treatment plan, I can delay no longer. “How old did you say the patient was?” I ask, and wait for the knowing look to cross the resident's face.

Looking back with a sense of humor and a healthy dose of retrograde amnesia, it's easier to see the good that occurs during residency, good that might be overlooked during the actual training. Without external reminders like the memory board or playful gibes like the faculty roast, those of us removed from residency can forget just how hard it is to be a resident. No amount of duty-hour shifting, enforced napping, or conscribed video-gaming will change that.

As faculty, we have the gift—perhaps the obligation—to provide perspective during adversity. We can remind learners to laugh, accept our role as a sort of living thumb-drive for the good times in medical training, and provide an example to residents as to why we chose medicine in the first place. In a profession consumed by burnout, we must ensure the good memories stick.

Now, if I could just remember that Cologuard joke.