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Family Medicine

NARRATIVE ESSAY

Admitting My Attending

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On a murky night in the middle of a deep-freeze Midwest winter, I received the secure message from my community attending: "I'm not feeling very well, I have already contacted [the hospitalist]. Please let the team know I am sorry I will not be there for rounding in the morning."

My senior resident and I were staffing the inpatient night shift. Patients battling bilevel positive airway pressure populated our rounding list as the COVID-19 scourge sickled its wide swath through our community hospital. I was a midyear intern in my own struggle for survival. Over the past 6 months my schedule demanded that my spouse become the primary caregiver for our own children, and I missed them. I longed for the warm reassurance I freely dispensed at home to transfer to the medicine service's higher-acuity bedside. Instead, the wee morning hours regularly passed in a stressful melee of pages and admission orders that challenged my nascent skill set.

Dr V., from whom I had received the earlier message, is a beloved primary care physician at a nearby office. He regularly rotates through supervision of our residency hospital service and had himself recovered from COVID-19 a few weeks prior. I had not seen him in a few months, not since he had painstakingly coached me through my first postdelivery laceration repair on the obstetrics floors: "In right here, out right there, at the apex. Tie—that's it, you've got it—bring the knot right down. Just a few more throws, well-anchored. Now let's start the running suture."

My intern self longed for the confidence that comes with proficiency. As a former high school educator, I embrace the development of the resident-learner. Yet every blaring notification of a new page sent a shiver of anticipation up my spine that persisted despite the generous thermostat in the workroom. Would I be sufficient for the next task, the next differential? The phone rang abruptly. "Hello, this the health unit coordinator. We've got an admission for your service, en route from the Southwest Emergency Department. Elevated white count, fever. CT with perinephric stranding." Dr V.'s scheduled week of rounding on service was rapidly refashioned into his new status as patient. Thus began the process of admitting our attending.

We met Dr V. on the floors, where he was ill yet affable as ever. Amidst rigors and pronounced tachycardia, he began the patient history of present illness: "I was so relieved to hear the service wasn't capped. I trust all of you—any resident, any attending—see if you can figure out what's going on. I feel lousy."

A wise high school adviser once told me that through stages of growth every person needs a friend, a mentor, and a disciple. In residency we share our longest-consecutive-working-day stretches with intern peers who become fast friends; we absorb clinical pearls from our seniors and attendings as respected mentors; we hone our tutelage on medical students in whom we invest our burgeoning wisdom. Yet in that poignant moment as my senior resident listened to Dr V.'s heart and lungs and gently percussed his costovertebral angles for tenderness, I witnessed the hierarchy transform.

If, as the Biblical letter to the Hebrews states, "It is a fearful thing to fall into the hands of the living God," then it must be orders of magnitude more terrifying to fall into the medical decision-making of your newest intern. This intertwining of vulnerability with implicit confidence is leadership in its truest, and most courageous, form. Our mettle strengthens as we bear the weight of another's trust.

Dr V. recovered, and we all moved on to new rotations and new patients. I survived the mad intern scramble of boards, the July 1 transition to senior-resident supervision, and the return of my own family's fall schedule of school and kids and sports and "normal." Yet I carried the imprint of that admission on my resident psyche into the following annum.

Amidst a subsequent winter's snowfall, I found myself again rotating through the hospital wards. One evening I folded the still hands of a comfort care patient and then raced to the delivery room six floors above to prepare my own hands to catch a newborn upon his arrival. Down the corridor, one of my fellow residents and her new addition joined my patient list from the postpartum unit. Just as Dr V. had trusted us to care for him, in the interceding year I grew to trust that I belonged as a part of this team.

Later that week, I ran into Dr V. He was back in the hospital in yet another capacity, patrolling the hallways as a visitor accompanying his own family member. He acknowledged with a cheerful greeting, "There's my admitting team!" Through his example, I experienced how good leaders develop the strengths of others from positions of humility, allowing residents like me to actualize their potential as competent physicians.

My hope for myself and my fellow laborers in the health care field is that we integrate our whole selves as professionals and novices into this blessedly imperfect profession. We circulate in a beautifully perfused network as we diffuse freely between our roles of mentors and teachers, of friends and colleagues, and of trainees and disciples. By admitting our interdependence, we can better attend to all seeking care, including our own attendings.