

Everything Old Is New Again

Esther M. Johnston, MD, MPH

AUTHOR AFFILIATION:

Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN

CORRESPONDING AUTHOR:

Esther M. Johnston, Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN, emj@umn.edu

HOW TO CITE: Johnston EM. Everything Old Is New Again. *Fam Med*. 2025;57(8):592–593.

doi: [10.22454/FamMed.2025.312139](https://doi.org/10.22454/FamMed.2025.312139)

PUBLISHED: 17 July 2025

© Society of Teachers of Family Medicine

“Excuse me, do you know how to get to the emergency room?”

I turn to see someone in street clothes and a visitor’s sticker, uncertain and looking for direction. Under my scrubs and badge, I feel the same sense of discombobulation, trying to get my bearings in this underground hospital hallway. Apologizing for my lack of utility, I offer to walk with them back to the visitor’s desk, where I too ask for orientation.

Changing faculty positions mid-career is an enormous undertaking. My journey began in a place of relative confidence, as a founding faculty member in a residency program where I contributed to almost every aspect of the curriculum design and development. I was deeply familiar with and even created many of the protocols of both the outpatient clinic and hospital where we practiced, having spent close to 10 years in those spaces. And then I decided to pursue a new opportunity for growth. Trading physical and professional spaces began with a long 3-day drive from the west coast across the northern plains in a car packed to the brim with humans, dogs, and precious mementos from dear friends and patients. In retrospect, the physical journey was the most straightforward aspect of the transition.

Starting in a new clinical teaching environment, I was surprised how many of my daily activities that previously were effortless suddenly required thoughtful effort: the order of clicks in the electronic health record to respond to a patient refill request for acetaminophen, the process for completing medical equipment orders, the location in the clinic of a box of tissues, the precise number of right and left turns needed to navigate through the corridors from the resident room in the hospital to the observation unit. At times I still feel chagrined with the number of questions I have to ask of my colleagues and the number of times that a senior resident physician looks at me strangely, signaling to me that I have stumbled upon an unexpected difference in practice.

“Isn’t the standard of care the same everywhere?” my mother asks over a long-distance call one evening, as I reflect on the sometimes-jarring experience of discovering these nuances in clinical care. I explain that facts can be interpreted and operationalized differently, as when a learner’s quizzical expression after I asked whether she had ordered a newborn screening test during a clinic visit prompted my discovery that 13 states in our country use a two-step screening model; but the rest, none of which I had practiced in before now, have a single-step screen performed exclusively in the hospital at birth.

In these first few months after arrival, I have become, in many ways, an intern again. Often when precepting and providing patient care, I ask questions and find directions alongside my learners as we seek out protocols and workflows. These many moments of relying on my cofaculty for support are deeply humbling. When they occur, I remember what it feels like when, all at once, everything is new again. And I have a renewed respect for every student and resident carrying the cognitive load of adjusting to new surroundings and systems while trying to bring their best selves into healing interactions.

Transitioning to this place of newness also comes with a unique joy: learning how we interpret and operationalize evidence and guidelines differently—in clinical medicine, but also in clinical education. Before leaving my old position, a dear friend and colleague winked at me and said, “Call me in 3 months so we can learn about all the things we can do better here!” Similarly, new colleagues and friends ask, with the hope of improving processes, how my previous program approached precepting, evaluation, and rounds differently. This is the benefit of changing places—the opportunity brought by a new environment to challenge assumptions, question norms, and discover new approaches.

As I sat with a resident for feedback this week in the hospital, a family stepped off the elevator, looking around in every direction.

“Are you lost?” I asked. They looked relieved as I pointed them to the correct doorway.

My resident smiled at me. “It’s like you’ve always been here.”