



Residents' Page

Teen angst

Susan Campbell, MD

If there is one part of my life I would never want to do over again, it would definitely be my teenage years. Those years were full of uncertainties about who I was, who my friends were, where I was going, and what I was going to do with my life—not to mention the unending struggle to gain independence from my parents and any other authority attempting to tell me what I should or should not do. Thank goodness I emerged from those years alive (sadly, not everyone does) and with experience that meant I could face the next stage of my life with a smattering of confidence.

And so as I leave my residency years behind me (thank goodness there were only 2), I cannot help but think of those teenage years once again. Reflecting back, I can remember times when I thought, “You know, I think I am getting the hang of this doctor thing; I could be a doctor in my own right now.” As you attempt to make your own decision, you quickly find out that it is not quite the same decision your attending staff would have made. Your desperate defense cries, “But... but... what about that article...?” Only to hear, “Well, in my experience...” I am shot down by experience once again. No matter how much you study or how much you know intellectually, that is one thing you cannot draw upon—your own experience. Damn that experience; it gets me every time! So close to being an independent practitioner but still living (working) under someone else’s roof. “When you have your own practice, you can make your own judgment, but until then....” Why does this sound so familiar?

The lack of true independence and responsibility holds true for teenagers living at home and residents bound to contracts with hospitals. Training

is your ticket to the next world, but sometimes it is so hard to take. Consider call: “Yes, you are on call one in three this month.” “But I don’t want to do call.” “But you gotta do call.” “But I don’t wanna...” Hmmmm, sounds familiar once again. So smart residents create a union that prevents call from happening more than seven times a month or more than 1 day in 4. “Great,” we all shout! “Except if it is home call,” they quickly reply. “Oh,” we all mutter!

We take out the garbage, mow the lawn, wash the dishes, sweep the floor, and keep our rooms tidy week after week. Sounds like good old scut work to me. Rounds at 7 in the morning, retractor holding at 8, history taking at 9, hunting down that chest x-ray at 10, begging the radiologist for that report at 11, and cringing at the thought of having to approach the radiology department clerks again for that missing abdominal ultrasound. Cringe as we might, we are on our best behaviour approaching those clerks as we desperately fear (much like the Soup Nazi on our favorite television sitcom) hearing the words, “No more films for you! Come back 1 year!” This would make completing our everyday scut work very difficult.

One thing different from our teenage years is that there is no curfew. We all had curfews growing up. Depending on how “cool” your parents were, you had to be home in bed by 11, midnight, or even 1 in the morning if you were lucky. While working on call in the hospital, unfortunately, there is no curfew. It would be great if we could say to the nurse who has called you for the thousandth time that night, “I’m sorry, it’s curfew time. You can speak to my attending staff about that one.” That would make your staff person for that rotation the coolest parent out there. But in reality, you tell your staff person the morning after call that you were

up all night and did not get any sleep, and he or she says, "Great! Let's hear all about it." And so you are expected to recall the entire night logically and intellectually while your neurons have just run three marathons. As you finish up your review of the night, you know the bed is nowhere in sight because—you have heard it before and you will hear it again—"No sleep until all your chores are done." Sound familiar?

Maybe the one thing in residency that surpasses our teenage years is our allowance. I imagine it varied, but if you received \$20 a week you were doing well. As we graduated from clerkship to residency, the huge jump in our allowance made us feel like we could actually eat something better than Kraft dinner for supper. The only difference is that as a teen, if we asked our parents nicely or if we did something extra around the house, we could maybe get a little higher allowance that week. Does that work in residency? No. Maybe if I see a few more patients in emergency, the hospital will raise my salary for the week. Not likely!

All jokes aside, as I face entering the adulthood of medicine, I imagine I will be making many difficult choices, paying my own bills, being responsible for my own patients, teaching children (ie, medical students) and teenagers (ie, residents), all on my own. As scary as it is, I am looking forward to it. But just as I said for my teenage years, there is a second part of my life I would never want to do over again and that is my residency. Been there, done that. But again, I arrived alive and have the ability to face the next stage of my medical career with enthusiasm and some smattering of confidence. 

Dr Campbell *practises family medicine in London, Ont.*