

The first shift

Jesse Pines, MD, MBA

With trepidation, I swiped my new ID card, opened the door, and entered the emergency department for my first shift as a brand new Emergency Medicine intern. I glanced down at the M.D. label on my ID card and thought to myself “Am I really a doctor?” It was only a month ago that I stood before my medical school faculty, recited the Hippocratic Oath, and walked across the stage to receive my diploma. The transition was easy: I just recited a few words and didn’t trip over my graduation gown. But now that the waiting is over, it’s finally the first day of the rest of my career.

It was only a month ago that I stood before my medical school faculty, recited the Hippocratic Oath, and walked across the stage to receive my diploma. The transition was easy: I just recited a few words and didn’t trip over my graduation gown.

I turned the corner to face the bustling emergency department, which was even more alive and chaotic than I’d anticipated. I walked to the desk and introduced myself. “Hi, I’m one of the new guys.” I felt the nurses and techs studying me, and even though they didn’t say a word, their knowing smiles said it all: “Yep, another baby-doc.” And the worst part is, that’s exactly how I felt. The people staring at me knew 1000% more than I did. The practice of medicine is experience, after all; and while they had a lot of it, I had none — at least not yet. Like most 4th-year

medical students, I had spent the latter half of my year on mostly nonclinical activity, and hadn’t seen patients for months. Yet here I stood in a totally new environment, faced with a new level of responsibility, feeling as clueless as the nurses must have thought I looked.

A resident I knew came over to remind me how to use the computer to pick up patients. Trying to appear confident, I walked to the desk and dragged my name onto a “red” (a patient waiting to be seen). I picked up the chart and realized I didn’t know where the patient was. Feigning confidence, I asked a busy nurse. “Excuse me, where is room 42?”

“New here?” she replied with a smile.

“Yup.”

“Around the corner and down the hall.”

“Thanks.”

For the first few patients, I stuck to the Emergency Medicine basics. If you remember the ABCs, you can’t fail in this field, right? But my presentations to the attendings were scattered and I felt as “green” as I looked. History of present illness, past medical history, family history, social history — so many histories!

“Become a doctor,” I told myself, but the transition was harder than it sounded. At one point, I walked out of an anxious patient’s room, thinking, “I have no idea what’s wrong with that lady!”

The fundamental lesson I learned is that, if you’re unsure about something, ask. There are upper-level residents, attendings and experienced nurses who have the answers. More importantly, there’s no shame in not knowing. As an intern, I’m here to treat patients and provide the best care I can, but I’m also here to learn. And even when I become the attending, if I’m not sure about something, I won’t hesitate to ask a consultant for advice. Being a physician is about asking when you don’t know and acting when you

Department of Emergency Medicine, University of Virginia Health Sciences Center, Charlottesville, Va.

Received: Dec. 1, 2001; accepted: Feb. 28, 2002

This article has been peer reviewed.

do. And no matter how little I know (like now) or how much I'll learn in my career, I understand that being a physician will always be about good communication.

When my first shift ended, I walked down the long hall-

The fundamental lesson I learned is that, if you're unsure about something, ask. . . . There's no shame in not knowing. . . . Being a physician is about asking when you don't know and acting when you do.

way to where my car was parked, reflecting on my first day as a doctor. "Why am I doing this?" I wondered. "Did I choose the right career? Am I fit to be a doctor, or an emergency doctor for that matter?" As I pondered it, I realized that all physicians must make this transition. Now, months later, I've had time to adjust to my new role and would like to offer a few suggestions for the next "intern in transition."

- Everyone is stressed during the first shift. On your first day as an "MD," remember that you're not alone.
- At some point we all doubt our ability as physicians and our decision to go into emergency medicine. Again, remember that you're not alone.
- Clinical diagnosis is a combination of knowledge, experience and pattern recognition. You may feel stupid, but by making it this far you've demonstrated your intelligence. You just don't have the experience, yet.

- There are people all around to learn from: doctors, nurses and even your peers.
- Learning any new system is difficult. If you don't know what you're doing, it doesn't mean you're incompetent, only that you're new.
- Patient care is the bottom line. If you don't know something, just ask. Effective communication with patients and other team members makes the job easier.
- Life as an intern can get pretty stressful. Don't lose your cool. Talk with other interns, residents, family and friends about how you're feeling.

My first shift was stressful, but it was a rite of passage into the world of modern medicine. We become doctors when we walk across the stage, but being a physician is a much greater responsibility. People look to us for life-saving treatment, for comfort, advice and support. Perhaps not in our role as interns, but soon we will be calling the shots. As emergency physicians, there is a daunting amount of information to know, understand and apply in our daily practice. During the first few days of internship, this task seems even more so.

Now that I've been "broken in," the questions I asked myself that first day have been answered. Yes, I made the correct specialty choice. I'm doing this because, to me, it is the most exciting field in medicine and so far, one of the most challenging, rewarding things I've done in my life.

Acknowledgements: A special thanks to Wayne Pines and Lauren Hirshfield for their help in editing this work.

Correspondence to: Dr. Jesse Pines, 2327 Glenn Ct., Charlottesville VA 22901 USA; 434 974-7438, pinesj@hotmail.com