

## Accepting Help as a Resident – The Two are Not Always Mutually Exclusive

By Erin Corsini MD

My husband and I were both on separate nightfloat rotations when we woke up early to head to the hospital for our “anatomy scan” – the full ultrasound done on a fetus between 18-22 weeks gestation. Our ultrasonographer was very bubbly, pointing out the anatomy as she went along. We told her we didn’t want to know the sex, so she had us close our eyes when she checked between the legs. She treated us like patients – not as doctors – which I appreciated. After all, I had never seen an anatomy scan before, and while I was running through my own mental checklist as she acquired images – checking the diaphragms, the brain, the heart – I didn’t mind the confirmation that, yes, there were two kidneys, and that the diaphragms were intact. After about 40 minutes, she had finished and said “I’m going to go get the doctor who will be reading the scan, and we’ll be right back.”

The physician who entered was a very sweet gentleman who introduced himself, and asked me how the pregnancy was going. He started what seemed to be a cursory scan himself. He then asked the ultrasonographer, “So what was it – CPC’s and what else?” – “The septum.” – “Oh, yes, right.” He went on to look at the brain for a while. I didn’t think anything of this. The brain’s importance needs no explaining, so this seemed to be an appropriate amount of attention. He then turned his attention to the heart. After about 5 minutes spent looking at the heart from every possible view, it was evident that something was wrong, or at least there was concern that something may be wrong.

“Is everything okay?” I finally asked. He explained that it was hard for him to tell because the baby wasn’t cooperating and allowing for the perfect views, but that there may be “what we call an AV canal.”

It’s amazing how, despite all of the training and education we endure, the mind can immediately go blank when the tables are turned and you, now, are the patient. *What was an AV canal again? Down’s syndrome? But what does it actually cause? Does it close? Would surgery be required? Is this REALLY bad or not so bad?* How was it, that despite being able to pick the correct answer for an AV canal question on an exam, I possessed none of the practical information to help me understand what this actually was or meant for our child? Would he be able to run and play? Or would he become easily fatigued and never play sports? Would this mean a childhood spent in the hospital through several surgeries and complications? I couldn’t answer any of the questions I suddenly found important.

He also turned his attention back to the brain to point out what apparently were the “CPCs” he had referenced earlier. Choroid plexus cysts. “Did you have your genetic testing? And it all was normal? Then I wouldn’t worry about these,” he explained. “Some people have reported they are associated with Turner’s Syndrome, but with normal genetic test results, they’re nothing to worry about. We actually published a paper a couple years ago about them. The incidence in healthy fetuses is about 1%, and most of the time they regress by the time of delivery, and even if they don’t, they cause no problems.”

“So assuming the genetic testing was correct, this will have no impact?” I repeated.

“That’s right.”

However, now, suddenly, the thought of trusting this test felt an absolute impossibility.

He went on to explain that he was going to set up an appointment with a fetal cardiologist for a fetal echo – two things I didn’t even know existed until that moment. This would be done around 26 weeks “when the heart is a bit bigger.” I was overwhelmed with disappointment at the idea of waiting. The idea that this might be a devastating problem was crushing - yet I felt crippled as the ignorant patient, just trying to follow recommendations, and was unable to speak up to advocate for the three of us.

We left the office and headed home. I called one of my closest friends – one of my general surgery chiefs who had matched into a top CT fellowship with plans to pursue congenital, and had been involved in research with that department at our institution for the last 11 years. Through my tears and verbal diarrhea of unintelligible thoughts, I somehow managed to tell her about the AV canal and the planned 26-week echo. “No, you need answers now.” She understood.

My friend immediately called every person she knew – every person she had ever heard of – in the Congenital and Cardiac departments, just trying to reach someone. Without me knowing, she also called the day resident and told him I had a family emergency and would be a couple hours late – he said he would do whatever he could to help. She eventually did get a hold of someone – a fetal and pediatric cardiologist she had only known by name – who called me, and told us to come into the office first thing in the morning for the echo. My friend insisted on coming over with some food. We ate and talked, she called a friend of hers who is a pediatric cardiology fellow, who helped me attempt to make sense of it all.

Against her insistence, I eventually went into work for my night shift, meeting the covering day resident and my fellow in the ER where they were seeing consults. Despite my best efforts, I apparently hadn’t pulled off a normal look very well, because my fellow pulled me aside to ask if I was okay. I explained everything between a lot of tears, and she repeatedly told me to go home. “We’re about to go to the OR for an exlap for a kid with situs inversus and all sorts of cardiac issues, and no reasonable person could get through that case – thinking about this kid and your own – with everything going on in your head right now. I certainly wouldn’t be able to. I made some mistakes and didn’t prioritize the right things during my pregnancy, and I don’t want you to make that mistake. I want you to go home.”

That thought was unfathomable to me. I knew my fellow had been in the NICU all of the night before, had proceeded to operate all day, and now was going to cover my shift – *a junior resident* – overnight, all the while knowing that she wasn’t going to see her own child at home. “I’m serious. I don’t want you to be here,” she repeated. I think the only reason I eventually agreed was because I couldn’t stop crying and knew I couldn’t reasonably work in that state.

In retrospect, it’s still hard for me to say that was the right thing to do. All of those people who helped me – my friend, the day resident, and the fellow – gave up their own free time, time with

their own children, to help me. I was junior to all of them, and, in my assessment, that fact seemed to carry more weight than the situation itself.

Prioritizing life in medicine at times feels an impossibility. On one hand, we deal with the hierarchy and expectations of training; and on the other, there is the life stuff. And at times, it feels the two don't, or at least shouldn't, overlap. To be a good resident, you keep your head down, expect nothing, ask for nothing. You respect your seniors; after your patients, these are the people you serve.

But in this instance, the priorities flip-flopped. While I wasn't able to see it that way at the time, wanting to do everything I could to avoid being viewed as a difficult or needy resident, others saw that need for me and stepped in to ensure I took care of myself and "the life stuff." I am forever grateful to them, and only wish I could have seen the obvious choice at the time, which they saw so clearly.

Take care of yourself and take care of each other. This is a difficult path we have chosen, and at times, we need each other's support. I look forward to the day when I can be the knowing resident, telling a fellow trainee that, while this residency thing seems to be all-encompassing during this phase of our lives, it isn't the only thing of importance, and there is a time and a place to put it to the side for a brief moment.