
Journey to Authenticity

VOICES OF CHIEF RESIDENTS

Edited by Julie A. Jacob



Accreditation Council for Graduate Medical Education

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PREFACE



There is no steeper learning curve in medicine than residency. The dramatic differences between interns and chief residents can only be described as a journey to authenticity, a journey in which physicians discover both clinical wisdom and themselves. It is a journey that no one can take for them or spare them; it is a journey that is surrounded by external drama, but which actually proceeds from the inside out. It is a journey that calls on the intellect but also the will and the imagination. Residents learn to discern and tell the truth but also to make good clinical judgments in ways that are sometimes creative and even beautiful. It is the reason they went into medicine.

This small volume offers a biopsy of the experience; it captures a few stories about some remarkable people. We can see the process through their eyes and get a glimpse of what is really going on. Educators would tell us that what is going on is a shift from rule-based behavior to context-based behavior. Junior physicians learn the rules of medicine; in residency one applies those rules to different and increasingly complex cases and learns that the particulars of the patient are as important as, and frequently more important than, the rules. Residency calls on art as well as science. The resident not only needs to know about pneumonia, but also when Mary Smith gets pneumonia they need to know about Mary Smith. The rules about pneumonia are generalizable; Mary Smith is unique. Context is important.

Most physicians can describe the first patient they saw as residents and they can describe them in great detail, even though it may have been thirty years ago. The experience is seared into doctors' brains in a very special way. While the science of medicine changes (it is in the nature of science to ever more closely approximate the truth but never actually get there), it is the stories that are remembered. It is the stories that inform the good clinician about next steps. Yet it is common to get lost in the patients' stories – they do not proceed in a logical linear fashion, rather they move in circles and circles within circles. It is easy to get lost – learning to get lost in order to find the real truth is one of the lessons of residency.

Paying attention to patients' stories enables residents to discover their own stories. Their stories are frequently about their competence, their character and their communities. Competence is a habit. It involves more than knowledge and skill; it involves how you

think as well as what you think. Competence requires values as well as rules, fidelity as well as effectiveness. Competence is the demonstrated habit of reflective practice. Chief residents are competent. In becoming competent they develop and discover their characters. Their characters, in turn, both contribute to and are shaped by the character of the community in which they are formed; hence, the ACGME's interest in residency programs.

Residents learn that medicine is a cooperative and not a productive art. They don't provide a pound of healing but rather reduce barriers to healing. They cooperate with the body's natural tendency to heal. The outcome isn't totally dependent on them. The quality of patient care depends on the quality of the relationships, relationships with patients and with colleagues and also the profession's relationship with society as a whole. Patient care is not just about naming the disease; it is about relieving the burden of illness. Sympathy is not enough. Empathy and compassion are needed. Sympathy says: "I'm sorry you feel bad." Suffering humans need more than that; they need to have their subjective feelings recognized, validated and honored. Patients benefit from the resident's objectivity, but they also benefit from their companionship in their subjectivity. Naming the disease is not the same as addressing the hurt. That is another learning chief residents have acquired.

The dictionary defines authenticity as: "... conforming to fact or reality; trustworthy, not imaginary, not false, not an imitation ... bona fide." Chief residents are authentic physicians. Enjoy their stories.

David C. Leach, MD
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