

You Are Not Alone

The Top 10 Things I Wish I Knew When I Was a Resident



By JENNIFER F. TSENG, MD, MPH

For the first two years of medical school, I was sure I was headed for a career as a primary care provider, or maybe I would be an obstetrician-gynecologist or a medical oncologist. Then during my third year, I was thunderstruck by the realization that I really enjoyed surgery! I resisted this for quite some time, and even requested residency program applications for both medicine and surgery. With some trepidation, I picked surgery. It has been a great ride, culminating in my current dream job at Boston Medical Center and Boston University—and largely, I have never looked back.

The 10 years I spent in residency and fellowship were some of the best years of my life. Despite the intensity of training both in the clinical and research years, life kept moving forward! Among other things, I got married and became pregnant with the first of my two children. Of course, looking in the rearview mirror, there are a number of things I wish I had known then. In no particular order, I offer my top 10.

1. You're adequate.

You have to fight hard against impostor syndrome. It is critical to recognize that no one is killing it across the board, because you just cannot do everything simultaneously at an A+ level. None of us is perfect, and everyone has feelings of inadequacy. Imposter syndrome, left unchecked, is a pernicious infection that leads to insecurity, failure and a cementing of the status quo.

I remember worrying that I was out of my league while looking around a room at Memorial Sloan Kettering, where surgical oncology fellowship candidates like myself were nervously waiting after their interviews during the faculty rank meeting. We had some time to kill, and one of the other candidates—a woman who was clearly an outstanding, impressive future surgical oncologist—asked me if I wanted to go for a walk. This simple gesture shifted the dynamic from competition to camaraderie, and off we went walking at a very rapid surgical pace—of course—through Central Park. That person, Sandra Wong, MD, now the chair of the Department of Surgery at Dartmouth-Hitchcock Medical Center in Lebanon, N.H., and I are friends and occasional meeting roommates to this day, and she recently gave a great surgical grand rounds here at my institution on making sure rural patients receive excellent cancer care.

2. Take care of your health.

It is never easy to carve out time for yourself, but it's easier now than it used to be because of workweek restrictions. Take advantage of post-call days. Go to your primary care doctor, go to your OB-GYN, and perhaps most of all, go to the dentist! I remember putting off this last "chore," to my detriment. By the time I finally made it there, what was once a small cavity now required a root canal. Exercise when you can; get your screening tests; and try to eat as healthily as you can, the majority of the time.

3. Take care of your finances.

Pay off your student loans, don't amass credit card



debt, and start saving for retirement "now." I am told that Suze Orman says this, but I received this advice from a junior resident in the ER, and he was right. Yes, you feel poor now. You have loans hanging over your head, and you spend all your money each month. But if you automatically save a little money each month in your institution's 403(b), you won't even notice it. In other words, you will feel just as poor, not more, and you will be making incremental progress toward your goals instead of just putting it off! If you have leftover money after paying the rent and bills, use it to take care of the things listed above.

4. If you wear nice clothes and a white coat, people don't think you're a nurse.

During residency, I was universally assumed to be a nurse during the early years. I want to emphasize that I have the utmost respect for nurses and all the other individuals who provide complete care of our patients. But it's also important for patients to know when they are talking to the doctor. It gives them reassurance, and also teaches everyone that surgeons and doctors are diverse.

During my residency at Massachusetts General Hospital, doctors, including attending surgeons, wore short white coats. I wore scrubs every single day of the first three years of residency, and unlike my similarly attired male peers, I was always taken to be a nurse, or sometimes a respiratory therapist. One day after the lab years, I wore a dress and heels under that short white coat on the day we had an important visiting professor giving grand rounds. Afterward, while doing routine work, for the first time I was spontaneously addressed as "doctor" on the wards.

People have unconscious biases that shouldn't be your job to correct, but nonetheless remain in your own interest to counteract. A black resident friend, wearing scrubs, was invariably assumed to be an orderly in the OR. More alarmingly, a different black male surgical resident (wearing scrubs and a cloth OR hat) was routinely stopped by law enforcement while jogging into the hospital. As unfair as it is, people make rapid judgments based on externals. You have some control over how you're perceived. That said, for your sake, I recommend that you be the best version of yourself.

5. All is forgivable.

We all commit what we perceive as unforgivable medical sins. As an intern, I mistakenly pulled the drain on postoperative day 1 from a patient on whom the future president of the American College of Surgeons, Andrew Warshaw, MD, had just performed a Whipple procedure. After realizing my error, I was mortified and thought I was already an abject failure at the very beginning of my surgical training. After a good deal of agonizing, and with encouragement from the then chief resident Bryan Meyers, MD (now of Washington University in St. Louis), I mustered the courage to apologize. I stood on a stand during an operation and waited for what seemed like an eternity until I was finally called on. Dr. Warshaw went on to have a major influence on my career, and I hope and pray that he does not remember that incident at all, but I certainly do.

6. One thing at a time.

Multitasking isn't real. A person can only truly focus on one major endeavor at a time; the most you can do with the other myriad activities competing for your attention is to keep them organized and potentially make gradual progress in the background. I like to cook, and an analogy I like to use is making Thanksgiving dinner. You have numerous dishes to prepare and get on the table for the feast. You need a game plan for the big tasks that will take multiple hours—say, making stuffing and getting the turkey in the oven and making the pies, because without a careful strategy, no one will be eating until late in the evening. Once the pie crust is made and the turkey is in the oven, these big-ticket items don't require much attention, other than tinkering and listening for the timer. You can then concentrate on the sides and what needs to be prepared on the stove. One burner, say for the mashed potatoes, has a pot that's boiling and has to be watched or it will boil over. That pot is the priority and has your attention, but you've got to keep all the rest at a simmer, the other items roasting or resting in the oven until it's time to concentrate on them in turn—just like life. It may not be absolutely picture-perfect as you envisioned it a priori, but it will be delicious.

7. No one gets rich moonlighting.

This pearl is related to No. 3 (finances) and No. 6 (focus). Most surgical residents moonlight at one time or another.

It's particularly tempting to do a lot of moonlighting if you're working in the lab, but resist the temptation to overdo it. Inevitably, your research or your personal life, or both, will suffer as a result.

Two shifts per month, in my mind, is the most someone can do and still be focused and productive in the laboratory. I have met many residents who used their moonlighting money, and more, and ended up poorer than before because of the desire to splurge, and besides that, they were not academically productive. Use more than half of any money from moonlighting for productive purposes—paying off student loans and supporting your family—and make sure to put some away for your retirement.

8. Don't leave dead mice in the freezer.

Especially in the research years, realize that you need to end projects. It all comes down to aspirations and good intentions. Submit all your projects as papers, or thoroughly sign them out to someone else before you leave a lab to return to clinical work. Surgeons are just naturally

optimistic. You think you will be able to finish all your projects; they just require “a little more” work. That work will grow exponentially as you rapidly forget exactly how you designed the project, how you programmed the statistics, and just where those numbers in the abstract you presented last year came from. You have every intention of coming back in the evenings or on weekends to finish a research project, so you leave the “materials” in the freezer, or on the computer server, or on your bench. In my case, after years of trying to finish basic science research while working as a clinical PGY-4 and PGY-5 across town, finally, someone else got stuck cleaning up the remnants of the various research projects I had started. It's better to be a second author on a paper that gets published instead of first author on a paper that will never exist.

9. Don't over-plan.

Surgeons are doers. I will overgeneralize and say that women, especially, have a tendency to map out their goals and life plan in a very specific way and to worry about “failing” various future tasks. The problem with having strict benchmarks and to-do lists is that it may lead to crossing off viable variations in plan—alternative options that will inevitably come your way. God laughs at people who make plans. My well-thought-out life plan mandated living in the Bay Area, where I was born and raised and my family still resides. But one thing leads to another. One door closes, another one opens. I have made a life near the bay, but this one is in Massachusetts, “the Bay State,” where I have been lucky enough to establish a family and a career over the past 25 years. Be flexible. Life takes twists and turns, and you cannot see all the moves ahead of you. Who could have predicted just last year the

effect of COVID-19 on surgery and residency training? It's an illusion that those who succeed do so thanks to perfect planning and ideal execution. As Emerson so eloquently said, “Life is a journey, not a destination.”

10. You are not alone.

No one has it all figured out. Although it may not seem like it when you look around, everyone is juggling life as fast as they can. Every one of us carries within us a feeling that at some level we don't quite belong. Use that feeling of exclusion to make someone else feel included. Sharing your experiences, including mistakes, and building a sense of community are so important. We have a lot to learn from one another.

Reach out to others, and lend them a hand. If you are feeling troubled, ask for help. This is a wonderful, stressful, crazy life we have chosen. What would I change? A million little things, every day. Big picture? Not much. A surgeon's life is filled with so many challenges and so many rewards. What we do is important and worthwhile, and often really fun. Be kind to yourself along the way.

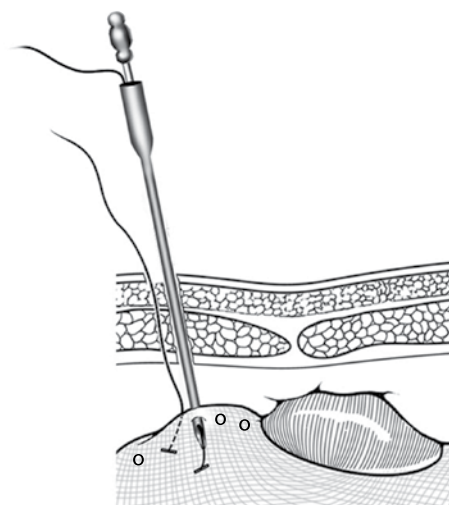
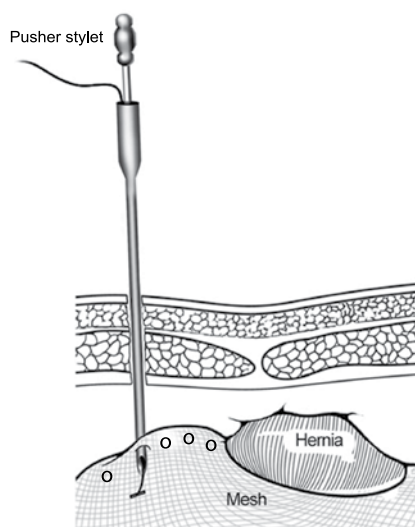
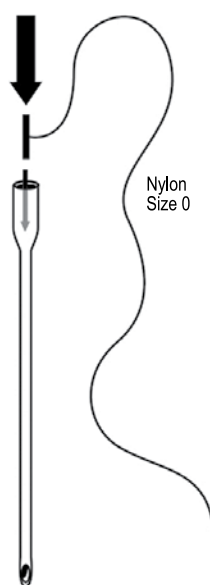
My oldest child, with whom I was pregnant when I was finishing training, will soon be graduating from a very New England middle school. Despite all my planning, his now-virtual “graduation” will look very different than I expected. Nonetheless, I still quite like its motto: “Our best today, better tomorrow.” What more can anyone ask? ■

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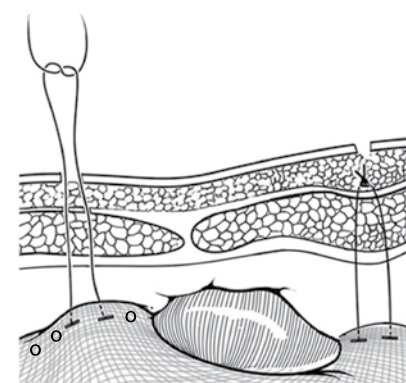
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