Transformation – by Pam Sansoucy

It’s funny how the end of residency makes you so nostalgic when you didn’t expect it. If I think back to the beginning of residency, I may not remember what happened every minute in those first days, weeks, or months, but I absolutely remember the emotions. The first time I walked in to meet those individuals I would be spending the next three years with, my anxiety level was through the roof. I had seen their pictures and read the bios sent out by the residency, but that had no bearing on reality. I sat through orientation to the hospital, the EMR, the health center.

Every month in intern year presented a new environment, a new set of people, sometimes a new hospital or clinic. The few months that we returned to the same rotation were a relief, something that was known. Intern year was marked with uncertainty and insecurity. We all had times when we were unsure of ourselves and our career choice. With the support of colleagues, senior residents, and attendings, we moved on to second year.

Second year presented new challenges, new roles to be assumed. We were now supposed to teach. One week before we were interns, and the next we were their senior. We were now responsible for insuring that the new interns wrote orders correctly and our patients were well-cared for (with attending supervision obviously). A whole new level of this doctoring thing had been reached. Oh, and health center call started. There is a murky part of second year, we all hit it at a different point, during which we no longer had the bright-eyed enthusiasm of an intern, yet could not quite see the light at the end of the tunnel. I distinctly remember a half-joking conversation among several of my classmates which involved stating all of the reasons going to jail would be better than residency. We laughed that we would have distinct meal times, availability of the bathroom whenever we wanted, exercise time, et cetera. It was quite a lively debate.

Before we knew it, we were entering third year. We had transitioned from mostly inpatient to mostly outpatient. The hardest part was now call and being health center chief. But clinic felt like home. I had patients who had identified me as their primary care provider for two years now. I finally understood how the previous third years had been able to run their whole list at the end of the session and how they seemed to know so much. Confidence increased and new unfamiliar rotations seemed few and far between.

The attendings who have been around for a while let us know to expect the creeping in of uncertainty and more questions in clinic as third year progressed. This absolutely happened! There are things which we weren’t warned about as well. I knew as we approached the end of residency, we would send letters to our patients informing them of our inevitable departure. I
anticipated some of the reactions to that letter and had already prepared the patients whom I expected would have a hard time with this transition. I had dual appointments with the intern who would assume care of my panel when I graduated for those patients whom needed this the most. What I didn’t expect was the many patients who called, made appointments, or lamented to my nurse and medical assistant about my impending graduation. I was shocked at who was most bothered by this. Patients who I never would have guessed were upset. “Where are you going?” and “Can I be your patient there?” became commonly heard questions in my exam rooms.

Less than two weeks shy of completing residency, the days are getting tougher. Tougher in the respect that I have experienced many patients crying, not because they have depression or a difficult medical diagnosis, but because I am leaving the practice on completion of my residency. Here are the things that all happened in one day:

I had “George”, a gentleman in his 50’s, come in with acute, new onset ascites secondary to liver failure from alcoholism. It took him two years to be able to work-up the courage to discuss his alcoholism with me. He cried during our visit because I was “his first doctor” in his eyes because I listened to him. He told me he is going to stop coming to the health center when I graduate because there is no point. I’m working on managing his ascites as an outpatient because he has court he can’t miss and working on trying to get him to continue to follow-up once I’m gone.

Later that morning, I had “Cate” come in with her infant son. I talked to her while I look in his little baby blues. I delivered him. Mine were the first hands to touch him in this world (Don’t worry, I was wearing gloves). She has been my patient from the beginning and she’s known that I was leaving. After we talked about the baby, she said to me, “I’ve decided to come to your new practice.” My heart soared, I love this young family and am thrilled to be keeping in touch with them, thrilled they have the faith and confidence in me to leave a practice they have been with for years, which delivered both of their sons. She knows I’m not delivering babies any more when I graduate, but she’s happy with that, “I have two, I’m all set.”

The afternoon consisted of a rapid succession of fifteen minute visits. Several stand out to me. “Mark”, a man in his thirties who is on suboxone and doing quite well. Typically, he comes in with his girlfriend and his son, who is about 4 months old. Today, only his girlfriend was with him. “They took him”, starts the conversation. His son, who I learn is not actually his biological son, but is definitely his son, was taken away by DCF. DCF says this is all in relation to the child’s mother who needs to go through a program, not about Mark. But Mark has no legal rights to the boy as he is not listed on the birth certificate. Tears and agony persisted in that room. Mark gave me a hug when he left and wished me good luck with my new job.

An hour or so later, I saw “Anna.” She’s a 50ish year old woman who has struggled with depression. She told me about her decreased libido and word-finding difficulty associated with menopause. That she has been too busy taking care of her expanding family to come see me about it before. She has two daughters who are my patients. Her eldest daughter has had two children while I have been in residency and I have had the amazing opportunity to deliver both of them. She says to me, “I’m trying to figure out if we can come to your new practice; we used to go there years ago. But right now we don’t have a car and this clinic is ¼ mile from our house.” There is a fine balance between telling someone that you would love to have the
privilege of caring for them, but also won’t fault them for doing what works for them. I love this family and have come to know them extremely well. I assured her that she should make the right decision for her family, and no matter what practice they end up in, I will not forget them.

These individuals are just four patients I saw over the course of one day. All four have had a different impact on me and my career. It is shocking to see how much I have truly become “their doctor” when I look back on those very first days of residency.

Approaching my graduation from residency brings about a significant amount of nostalgia. I’ve thought a lot about the past three years. On a day-by-day basis, I didn’t notice the transition from clueless medical school graduate to family doctor. However, I have noticed this transition in my classmates over time. Becoming a doctor doesn’t happen when you graduate from medical school, yet that’s when you get to start saying doctor before your name. For those of us in family medicine, I think the first time I became a doctor is when a patient, a single person, said “that’s my primary care doctor”. That is what residency transforms you into.