

Here Comes July – Things I Wish I Had Known

July 2, 2021

As July dawns and social media feeds are abuzz with graduations, moves to new homes and cities, and the nervous tension of newly minted doctors, I reflect on the inaugural month of my own intern year (unbelievably) 9 years ago. There were lessons and principles told to me before we started—and then there was everything else the year truly taught me.

Kriti Puri, MBBS, Editorial Fellow, Pediatrics in Review

Content License: FreeView

Article type: [Blog](#)



As July dawns and social media feeds are abuzz with graduations, moves to new homes and cities, and the nervous tension of newly minted doctors, I reflect on the inaugural month of my own intern year (unbelievably) 9 years ago. There were lessons and principles told to me before we started—and then there was everything else the year truly taught me.

“There is no such thing as a stupid question.” Absolutely true—without a doubt. Every trainee (and hence, *everyone* practicing medicine) should ask a question whenever in doubt. What took time to sink in is that this advice is not just for the intern but for everyone they work with. The young trainee’s curiosity and fresh eyes are their secret weapons. Everyone is taught how to follow protocols that will work for 80% of the scenarios; it is the intern’s enthusiasm for learning and lack of prejudice that have the potential to clinch the situation the remaining 20% of the times. As you learn protocols and “the way” to do things at your institution, don’t forget about that secret weapon. For everyone else, we know to keep a copy of the Harriet Lane Handbook close, and an inquisitive intern even closer!

“Learn to be efficient.” Once again—a vital life skill. Efficiency is often described as getting a greater number of things done in a short amount of time. But, and this may be an unpopular opinion, this is an inaccurate definition—and one that may inadvertently lead to hardship. Efficiency is about spending the *right* amount of time on the *right* things. If it takes an entire week to collect the pathology and clinical data of 8 patients with a rare disease, and this case series leads to an informed clinical decision for future patients across the world, this would be an incredibly efficient use of time. Perhaps “effectiveness” and not “efficiency” is the skill we should be promoting.

“Don’t break duty hours; get out of the hospital on time.” Now this is the rule that is no one’s fault and yet everyone’s problem. No one wants to be the team member who leaves when there are four admissions pending. Also, no one wants to be called to the program director’s office for “violating duty hours.” Everyone

gets into medicine to learn and take care of patients, so just remember to be honest—with yourself and with others—and be an adult. If you need to leave to get to daycare duty on time, no reasonable colleague would object regardless of the number of pending admissions. Also remember that the point of residency training is to learn how to take care of children, not how to keep bankers' hours. Starting a countdown at the beginning of every day and making the priority item "leaving at 5 pm" will invariably make the day will seem longer and full of inefficiencies and delays. Enjoy your training, your patients, and your colleagues that become family while also remembering that you are first and foremost a human being. Take care of yourself *and* take care of others—and don't be afraid to ask for help.

"You need to know what you are going to specialize in." This is another popular and controversial one. It is another variant of the sentiment, "You don't need to know this as you are not going to be a XYZ-specialist." Yes, there are certainly residency programs that would love to groom you to be a pediatric interventional cardiologist from the first day of residency, even as you learn to order acetaminophen. But, as I realized later, an incredibly large amount of my practice as a pediatric cardiac intensivist involves dealing with common childhood problems since children with heart disease have rashes and bronchiolitis too. So yes, by all means, seek out electives in the cardiac catheterization laboratory as an intern—but also remember to soak in every minute of that developmental pediatrics elective because that is what the anxious mother of the child with a ventricular septal defect will want to know about. And similarly, for the primary care enthusiast, remember that children with transposition of the great arteries also see pediatricians. While you may not personally diagnose congenital heart disease, it is vitally important to be engaged in their care on your cardiology rotation so that you can be equipped for those patients and their families in primary care clinic and know when to worry about a murmur.

Not all trainees and training programs are the same, of course, and my ponderances from my intern year starting after graduating from medical school in India may not be applicable to everyone. However, I hope these may be a motivation for reflection by readers and, perhaps, yield some discussion between mentors and mentees. At the very least, I hope this serves to calm some nerves and relieve some fears, as the latest set of bright talented doctors burst forth into the very best time of their lives.

- [Alien: The Experience of a Foreign Resident](#)
- [Sharing Stories Through Art: Promoting Resident Connection During and After the COVID-19 Pandemic](#)
- [Physician Well-being](#)
- [Training to Teach, Teaching to Train](#)
- [Facebook](#)