

Things I Learned About Myself on My Surgery Clerkship

By Stephanie Yarnell

As a requirement for our surgery rotation, we are required to do four trauma calls. During these calls you are responsible for attending all trauma alerts and assisting the team in any other ways that may be required. I had completed trauma call before, so this was not a new experience to me, but the events of the night are ones I have not been able to forget.

The night started out as any other had. We checked out from the day team and rounded on the patients on the floor. It wasn't long before the pager started going off; we had a trauma. We went down to the trauma bay for an MVA. The person involved had subcutaneous crepitus, but was deemed to be hemodynamically stable with no acute bleeds at the time. He was transferred to the floor and the trauma team all resumed their usual activities. Another student and myself were asked to assist the attending in a laparoscopic cholecystectomy that was supposed to have been done earlier in the day, but for unknown reasons had been pushed back. It was not an emergency, but needed tube done that night.

While in the OR, the junior resident came in multiple times to notify the attending that our new admission from the trauma bay was continuing to become more and more unstable. The attending did not seem to be concerned with the reports and continued on his surgery. Finally, the senior resident on call came in and informed the attending that the junior resident had called for a consult with cardiothoracic surgery. The attending appeared angered and told the senior to call the junior resident into the room. The attending then proceeded to criticize the junior student, telling him to never break protocol again, that all consults needed to be approved by him first. Less than 10 minutes later, the senior resident again comes running into the room, this time telling the attending (who had never gone to check on the patient despite multiple reports from both the junior and senior resident) that the patient was in critical condition. The attending went running out of the room leaving us with the senior resident to finish the procedure.

The senior kept being paged and so rushed out leaving the other student and I to close the last few incision spots. Upon closure the other student left to go find out where everyone was and what was going on. I was left alone with the patient. Shortly thereafter, the anesthesiologist returned. Being the only one around, he had me extubate the patient and help him transport the patient to recovery. After ensuring the safety of the patient, I returned to find the team. I walked in the room just in time to see a large volume of blood spraying through the air and all over the ground and hearing the surgeons cursing and declaring him dead. I was not in a position to have seen the event, but as the team cleared away from the man, it was clear the patient's heart had exploded. His sternum was wide open, the pericardium ruptured, and his heart muscles were jagged and torn, not the result of a surgical incision, but of rupture. His jagged heart muscles continued to contract, as I was called by the senior resident along with the other student to sew his sternum shut. In discussing the case with the senior, I learned the gentleman had been bleeding into the pericardium and that it had been missed initially. Upon noting his hemodynamic instability, it was the cardiothoracic surgeons

on call who had found it and brought him to the OR. There he had received many (I do not recall the number) packs of blood, and they had attempted to open him up to fix the bleed. However, once on the table, they found their bone saw was not working and had to revert back to using a hammer and chisel to open his rib cage. By the time they got through, it was too late. Relieved of the sternal pressure, his pericardium rapidly expanded and ruptured all over the room, thus explaining the blood flying through the air and massive amount on the ground.

As if this were not enough to think about, what happened next was more shocking. Not surprisingly, the head of trauma had been called. As we were sewing his sternum shut, I heard the attending tell the head of trauma he had wanted the cardiothoracic guys to come and it had been the junior resident not following orders that had resulted in the delay, and inevitably the patient's death.

I then witnessed as the head of trauma yelled at the junior resident for not having placed the orders, when it was he who had been the only one advocating for this all along. The other student and I finished closing the patient, and left the room, both of us shocked at what had just happened before our own eyes.

This situation is troubling to me in many ways. First, there is an innocent man who died because no one would listen to the junior resident's concerns, and moreover, yelled at him for doing what turned out to be the right thing. Second, there is the attending who would not go check on his patient despite multiple reports the patient's status was declining. He could have easily asked the senior resident to scrub in with us to finish while he went to investigate, and indeed, did, albeit too late. Third, was the way the attending placed all blame on the resident. This is even more shocking given he took credit for the resident's decision, the same one he had chastised him for earlier. All together this bothers me on multiple fronts, but first I feel horrified at what I witnessed. Not that I cannot handle death, no, what bothers me is this could have been prevented. This was a nice man I had spoken to in the trauma bay only an hour before. He had been alone and scared, and I had told him he was in good hands. It bothers me he wasn't. I understand accidents and mistakes happen, but this was preventable. He didn't have to die.

Next, I feel deeply hurt for the junior resident. Later that evening he came up to the other student and I and asked if we had heard him talk about consulting cardiothoracic surgery and the attending getting mad at him for this; he then shook his head and said, "I won't put you guys in the middle." It was hard seeing him hurting and being yelled at, when I knew he had done the right thing. What if that were me? I will be a resident soon. What if no one would listen to me when I knew someone needed help? What if I was blamed for the death of someone despite being the only one who did the right thing? What if everyone just abused me that way? It made me very scared to be a resident.

Even now, recounting the event, I feel my heart rate increasing from anxiety. Then, there was returning to work with the attending after what I had just seen. I could not see him the same. He had been so nice, but what I saw was not in keeping with a "nice" person. Attendings are supposed to be honest. They aren't supposed to lie and point blame at others just to keep their own necks off the block. He was supposed to stand up and say what happened, be honest, admit to the mistakes. How could I be comfortable around this man after having seen how quickly he turned when it was in his best interest? I never again felt comfortable around this attending. Maybe it is naive, but attendings were supposed to be my role models in medicine, to show me how to be a good clinician, how to navigate sticky

situations But no, he had shattered my illusion that attendings were good people- the ones who stand up for the patients, who care, and do what's right.

I have never been able to see medicine the same since this night. Now I feel scared, because there are no good guys. There is no one to watch your back. Being a resident seems a lot more scary knowing that the attending won't be there to help you in times of need, and may even put all fault on you. This has a direct effect on my life and future practice for a number of reasons. First, there is the anxiety that comes into play over being a resident. Will my attending listen to me when I am worried? Will I be dumped on like this resident?

But also, it makes me strongly consider where I want to do my residency. Having seen this, I am now concerned about the types of people that a school would recruit into a program. If I were to suspect that they had people like this attending, I might opt not to attend this program. With that said, I also recognize that oftentimes, you cannot tell. Point of fact, this attending seemed like a very nice guy until this entire episode occurred. Perhaps more importantly is what I see from myself. Having seen how much it affected me and the junior resident, I would not want to make anyone feel like this. When I come into a position of power, be it a resident over medical students or as an attending, I do not want to make others feel this way. I do not want to pass blame, even if it hurts my reputation. If I am at fault, I want to be a strong enough person to admit it, no matter how junior my status. I want to listen to the people under me, and if a resident/ medical student has repeated concerns over a matter, I want to at a minimum listen to him and his concerns. More appropriately, I will strive to be the person who goes and sees the patient and to be the person who the residents feel will stand by them should things go south.

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