

# Where Did All My Friends Go?

CORD Academic Assembly 2020

Wellness 345 session

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The transition from training to independent practice, from resident to attending, can present many challenges. We expect and prepare for the clinical challenges, but perhaps underestimate and underprepare for the social challenges that can come with this major transition. In this session, we will highlight some of the social/emotional struggles faced by young faculty and recent graduates. We will present strategies for mitigating the misery and bolstering wellness in the first few years out of residency.

This handout includes an outline of our presentation, as well as a short list of recommended reading.

## OUTLINE

- I. We expect clinical challenges with the new responsibility of being an attending, but perhaps do not expect the social challenges
- II. Objectives for this session:
  - a. Raise awareness of the social/emotional challenges that often complicate the transition from residency to independent practice
  - b. For new grads, suggest ways you can take initiative to seek a social network that can effectively support you through this major period of professional transition
  - c. For existing faculty and leadership, suggest ways you can support your graduating residents and incoming new attendings
- III. The struggle
  - a. As a resident it seems you become friends overnight with your co-residents - you immediately have so much in common, so many stories to share, and so much to commiserate about
  - b. You have a built-in group of peers (co-interns) sharing the exact same challenges and experiences - and near-peers (other residents) who can understand the struggles you face, and offer insight, support and advice
  - c. As a fellow or junior faculty member, however, most of the residents don't see you as their friend. You are evaluating them, you are a supervisor, and you are not part of their "tribe."
  - d. For junior faculty/fellows working with residents at a different program from where they trained, it can be difficult to establish yourself in a new place w residents who don't know/respect you.
  - e. For those who stay on as attendings where they trained, it can be difficult to establish yourself in a role of greater authority, suddenly being the boss to near-peers who used to just be your friends.
  - f. Mid-career and senior faculty are often cordial but you are not yet part of their established social fabric - and they may not be in the market for new friends
  - g. Where does this leave us as fellows and junior faculty? Adjusting to the change of stepping up to a supervisory role as you establish your own clinical merits AND lacking a social support network to cope with these changes
- IV. How to prepare yourself for life as a new attending: tips to thrive, not just survive
  - a. Group chats! Stay in touch w your classmates and recent grad friends

- b. Maintain lines of communication w trusted and beloved colleagues - your co-residents who graduate with you are facing a lot of the same challenges as you, even if they are far away
  - c. Don't expect the residents to be your social network
  - d. Seek out, meet, network with other new faculty/fellows, APPs, nurses, techs
  - e. Learn who among the faculty has similar interests as you, who has kids the same age as yours, or no kids, etc
  - f. Look outside of work for social connections and support (neighbors, hobbies)
  - g. Reach out on social media
    - i. Can be a good ice breaker for conversations w coworkers "I saw you posted a picture of a beautiful hike on IG – was that around here?"
    - ii. Reddit, EM Docs, PMG, Twitter
- V. For existing faculty and leadership
- a. Realize that new hires are likely seeking a social network and could use some help building local support
  - b. How to support your new junior faculty/graduating seniors:
  - c. Thoughtful on-boarding:
    - i. dinner/social gatherings in the first few weeks
    - ii. Pairing with potential mentors for shadow shifts, other required orientation, getting settled tasks/activities
    - iii. Plan group activities (social or professional) for fellows & new faculty across disciplines
  - d. Be open and vulnerable with new hires so they know you are a safe person to talk to
  - e. Faculty Development Day - ongoing onboarding beyond day 1
  - f. Senior resident/junior faculty mentoring night
    - i. We started doing a mentoring hangout at AvR's house for graduating seniors and incoming new fellows/faculty. Over dinner we discussed some of the challenges and lessons learned, and shared a handout with pearls of advice from wise alumni and friends.
  - g. Check in w recent grads, maintain mentoring relationships after graduation
  - h. From "Understanding the Transition From Resident to Attending Physician: A Transdisciplinary, Qualitative Study"
    - 1. Structured coaching groups

Suggested reading:

1. **Understanding the Transition From Resident to Attending Physician: A Transdisciplinary, Qualitative Study**

- a. Westerman, Michiel MD; Teunissen, Pim W. MD, PhD; van der Vleuten, Cees P.M. PhD; Scherpbier, Albert J.J.A. MD, PhD; Siegert, Carl E.H. MD, PhD; van der Lee, Nadine MD; Scheele, Fedde MD, PhD
- b. Academic Medicine 2010
- c. Highlighted excerpts:
  - i. For example, one participant realized "that I have no experience, so yeah ... um ... I am more controlling than others."
  - ii. Perceptions regarding context factors were influenced by the support attendings received from colleagues and social contacts. Feeling supported and being able to consult with colleagues in a safe setting were of crucial importance during the first months. Some hospitals provided structured coaching groups, which offered much appreciated peer

support. Commenting on the importance of this type of support, one participant noted a particularly valuable characteristic: "...space and safety with your colleagues, I would say. Knowing that you can always ask questions without getting nasty comments. Even if you don't do so, it is knowing that you could, if needed. That's the main thing!"

- iii. The transition to attending is the start of a gradual process, which participants reported to last for extended period of time. For example, "I think it took approximately 18 months for me to find my way ... I mean within the organization, with colleagues and in just doing my job."

## 2. Navigating the Transition from Residency to Physician Practice

- a. <https://www.nejmcareercenter.org/article/navigating-the-transition-from-residency-to-physician-practice/>
- b. NEJM Career Center, published: Sep 14, 2016
- c. Highlighted excerpts:
- d. Use professional society resources. To that end, Dr. Lin thinks that physicians' specialty societies, national and state, can be extremely helpful. In many cases, those organizations have a mechanism — whether formal or informal — for connecting trainees to their older, practicing colleagues, for the purposes of exploring both practice opportunities and the different settings. "Your own home specialty society can help put you in touch with colleagues who are practicing in various settings — academic or community, and private practice- versus hospital-based," he said. Dr. Lin also strongly urges residents to attend their society's annual meeting and resident conference, if one is offered, during their final year. Those gatherings are not only informative but sometimes lead, directly or indirectly, to the ideal practice opportunity, he pointed out.

## 3. The wisdom of reddit(!)

- a. [https://www.reddit.com/r/medicine/comments/5m2sz9/transition\\_from\\_resident\\_to\\_attending/](https://www.reddit.com/r/medicine/comments/5m2sz9/transition_from_resident_to_attending/)
- b. "Try to be as independent as you can now, but talk to some co-residents you trust (or are going into fellowships) about running complicated patients by each other. Nothing will make you feel better than feeling like an idiot, talking it over with your colleague, and having them say, 'I don't know either, I guess call [consultant]?'"

## 4. Preparing for the Transition to Practice: A Compilation of Advice from Program Directors to Residency Graduates

- a. By Stephen R. Hayden, MD Erin M. King, MD from wisdom compiled from CORD!
- b. [https://www.jem-journal.com/article/S0736-4679\(15\)00629-0/pdf](https://www.jem-journal.com/article/S0736-4679(15)00629-0/pdf)
- c. Highlighted excerpts:
  - i. Isolation after Graduation (You are not Alone) The pitfall is being afraid to ask questions or ask for help.
  - ii. You can always call "home." If you are out moonlighting or on your own and just want to bounce something off one of your colleagues from where you trained, you can always call. Someone from your department is on 24/7. Stay in communication with the mothership!
  - iii. Never lose your humility or be too afraid/too proud to ask for help. Just because you have graduated does not mean you know/can do it all. Medicine is the most humbling of professions; if you do not know the answer, ask!

- iv. If you are not sure about a patient case, ask your colleague. It is not a sign of weakness. Your colleague has one thing that a new graduate does not: experience.
- v. The first 5 years out of residency represents a steep learning curve; you will see stuff you have not seen before, you may do procedures you have never done before. Better to admit you are not sure than to make something up and potentially cause patient harm. Remember: there are no stupid questions!

**5. A journal club for peer mentorship: helping to navigate the transition to independent practice**

- a. By Thomas E MacMillan, Shail Rawal, Peter Cram, Jessica Liu
- b. [Perspectives on Medical Education](#) volume 5, pages 312–315 (2016)