

It was 11AM on a Thursday afternoon and my patient had just passed away. His death was unexpected, complete with a messy code. In the end, I was left full of questions: What happened? Could we have acted sooner? The scariest question of all: Was this *my* fault? I remember debriefing quickly with my attending afterwards who surmised the patient was most likely having an occult pelvic bleed given the repeat low hemoglobin collected during the patient's downward spiral. And...that was it. Meanwhile, I'm ready to fall apart – how could I have missed something like that? I made it through the rest of my shift that day in a haze. By the time I got to my car, I was too numb to even cry. I looked at my phone needing to hash this out with someone – anyone, but I came up blank. After all, experience had taught me my non-medical friends and family did not handle this information well and usually I was gently redirected to a safer, more neutral territory for discussion. I thought about calling one of my coresidents, but I felt ashamed and was afraid of how that might change my peer's perception of me and I immediately vetoed that option. I didn't speak with anyone that day.

My story is not unique. I've seen this situation play out countless times for my coworkers and even friends from medical school. I eventually brought the case up with a friend on a trip back home and was relieved to find she had similar tales of her own misadventures. Transitioning from a junior to senior resident, I've had the blessing of being able to take on a mentoring role. I have seen the difference it can make just being there for my junior residents as they tackle difficult situations. Sometimes, you have to offer support even when you're presented with that stoic face and weak assurance that, "I'm ok."

When I think about all the variables that play into wellness, from exercise to sleep hygiene to spiritual and relationship health, peer support speaks to me above everything else. Unfortunately, our medical culture is one that generally discourages trainees from seeking help or showing weakness. At least, this has been my experience, initially ingrained into me early in medical school and subliminally reinforced during residency. However, I've found that nothing is more healing than being able to vent and unburden with another person who has shared a similar experience.

This opportunity to pursue a Wellness Fellowship would enable me to ingratiate peer support into my residency program. Peer support is a need, not a want. Initially, I would recruit several residents from each year to act as Wellness representatives and we would then act as peer support for other classes (seniors taking on the role of mentoring more junior classes). This could easily be expanded to other programs within the hospital. However, I anticipate there being some resistance to using this program early on as reaching out for help is where I think we as residents struggle the most. An additional idea I would like to explore is developing a Peer Support training session that all third and fourth year residents would need to complete annually with the goal being to train senior residents to monitor junior residents for signs of burnout and emotional exhaustion. This could also be adapted for attendings.

Wellness is such a broad term, so I like to reframe it as "fortification." We need to be *well* so when harrowing things inevitably happen to us, we have the tools and support needed to cope

with these events. As someone who has struggled personally, I feel compelled to be a wellness champion within my own community and I hope this opportunity will give me the training and resources to make this a reality.