

# Reflections

## Returning to residency

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We are never going to make a surgeon out of you, the way you hold that needle. Stop being so hesitant," he snapped.

The patient looked on nervously as I continued to repair her perineal tear moments after delivering her son. My hands trembled as my preceptor barked orders in my ear. I felt my face flush and an uncontrollable anger building in my throat. I finished my task, walked into the closest bathroom, splashed my burning face with cold water, and looked at myself in the mirror. Looking back at me was the resident without a voice—a voice taken away by exhaustion, feelings of insecurity, and a peppering of incidents of mistreatment disguised as "teaching."

It is almost 14 years since I left the residency program in obstetrics to pursue a career in family medicine. The decision at the time was a difficult one based on my desire to have a career that was mobile, broad-based, and diverse. I also chose to exclude obstetrics from my career, bringing closure to that chapter of my life. For many



**Reopening a closed door:** *Dr Aalamian discovers the forgotten world of obstetrics.*

*Canadian Family Physician* invites you to contribute to *Reflections*. We are looking for personal stories or experiences that illustrate unique or intriguing aspects of life as seen by family physicians. The stories should be personal, have human interest, and be written from the heart. They are not meant to be analytical. Writing style should be direct and in the first person, and articles should be no more than 1000 words long. Consider sharing your story with your colleagues.

years I questioned my decision. Should I have become an obstetrician? Should I have at least continued to do deliveries?

When I joined my current practice 3 years ago, I found myself intrigued by my colleagues who practised obstetrics. The elated energy that surrounded them was catching. With the help of a grant from the College of Family Physicians of Canada, I decided to return to the case room for a month as a junior resident to discover a world I had long forgotten.

### Endless guessing game

I spent the first few days in what appeared to be an initiation to the case room. The transformation to becoming a resident was more difficult than I had imagined. I quickly realized that one of my most important tasks was to guess the habits, likes, and dislikes of the attending staff: when to rupture the membranes, the best time to call the staff in the morning, who walks their dog at what time, who likes to be called with the epidural delayed to the last millisecond, and which medical office

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is at what distance from the case room in all different types of weather patterns and transport modes.

The guessing game seemed to be endless. I found myself trying to plot the progression of labour, not so much for the patient but to please the patient's doctor. The nursing staff had their own preferences and rituals, as did the unit coordinators, the orderlies, and the housekeeping staff. The patients and their families had their personal, cultural, and religious desires. My preferences as a learner or my educational objectives seemed to be of little importance to the cast of characters in what seemed more like a surreal play than real life.

The patients were uncertain about my role in their care. I was not a resident nor an obstetrician. I claimed to be a family physician, but I asked too many questions and was frequently pushed aside if a complicated procedure, such as a vacuum or forceps delivery, was about to be performed. They accepted my presence in the same light as so many of the other medical staff. Initially, some nurses seemed rather suspicious of my presence. I quickly passed their many tests of attitude, knowledge, skills, and overall ability to achieve the fine balance between being a person with some authority and being a subordinate slave.

The residents were also somewhat uneasy with my presence at first, as I was not one of "them." Some of the residents with whom I worked were from the same teaching unit where I am the postgraduate educational coordinator. As I performed all the tasks required, however, the residents quickly offered me a refuge within their camp. My first night on call was a reminder of why the residents' single greatest complaint is fatigue and exhaustion. By the 22nd hour on duty, I felt disoriented and sluggish. I cringed at the thought of being quizzed or—worse yet—being taught. The latter was an unfounded concern, as systematic teaching seemed to be of low priority for everyone. The on-call room was a cruel reminder of the sleep I was never going to get while on call. I felt little compassion for anything but my tired mind and feet.

As the month progressed I became increasingly fatigued, and simple tasks such as paying the bills or cooking a simple supper felt like enormous burdens. I had little time or energy to spend with my family and friends. There seemed to be no time to read about obstetrics or patient care. I am amazed at how many staff physicians, residents, students, and administrators still believe that there is no alternative to this unhealthy approach to learning.

### **Proud to practise obstetrics**

Almost instantly it became clear why I had once enjoyed delivering babies. The trust placed in a physician by parents is astounding. Coaching a mother during delivery, seeing the mixture of anxiety, pain, expectation, and the exhilaration in her eyes is deeper and more complex than any words can capture. To be the first human being to hold a baby as it finds its way into the world is a huge privilege.

The bond between a family physician and the parents is most striking. Our shared history often provides a sense of security for the parents. Family doctors often know with remarkable accuracy their patients' preferences. They are involved beyond the physical skills necessary to assist during delivery. It is a meaningful and rich exchange between healer and patient—a bond rooted in mutual respect and equality.

Today I am back to my practice delivering babies and offering a range of other professional activities. I feel more proud than ever to be a family doctor. I have developed a deeper empathy with the residents and students I teach every day. I make every attempt not to forget how it feels to have little sleep, to work extraordinarily long hours, and to have to study at the end of the day while attending to your family and loved ones. I have a renewed commitment to promoting resident well-being. I have an infinitely deeper appreciation of all my colleagues who assist in labour and delivery. I have faced yet another fear in my life and have been rewarded with a most worthy gift: that of learning and witnessing the miraculous process of life from the first moment to the last. ❖