

## Giant Days

L.M. ASTA, M.D.

**W**hen I was a fledgling Girl Scout, I remember the patrol leader, two years my senior, telling me that at camp I would be cleaning latrines by going down the hole on a rope with a miner's cap, a pail and a shovel. Two years later, I told my patrol the same story, but quickly explained that all you really have to do is wipe the seat with a rag. We all had a good laugh.

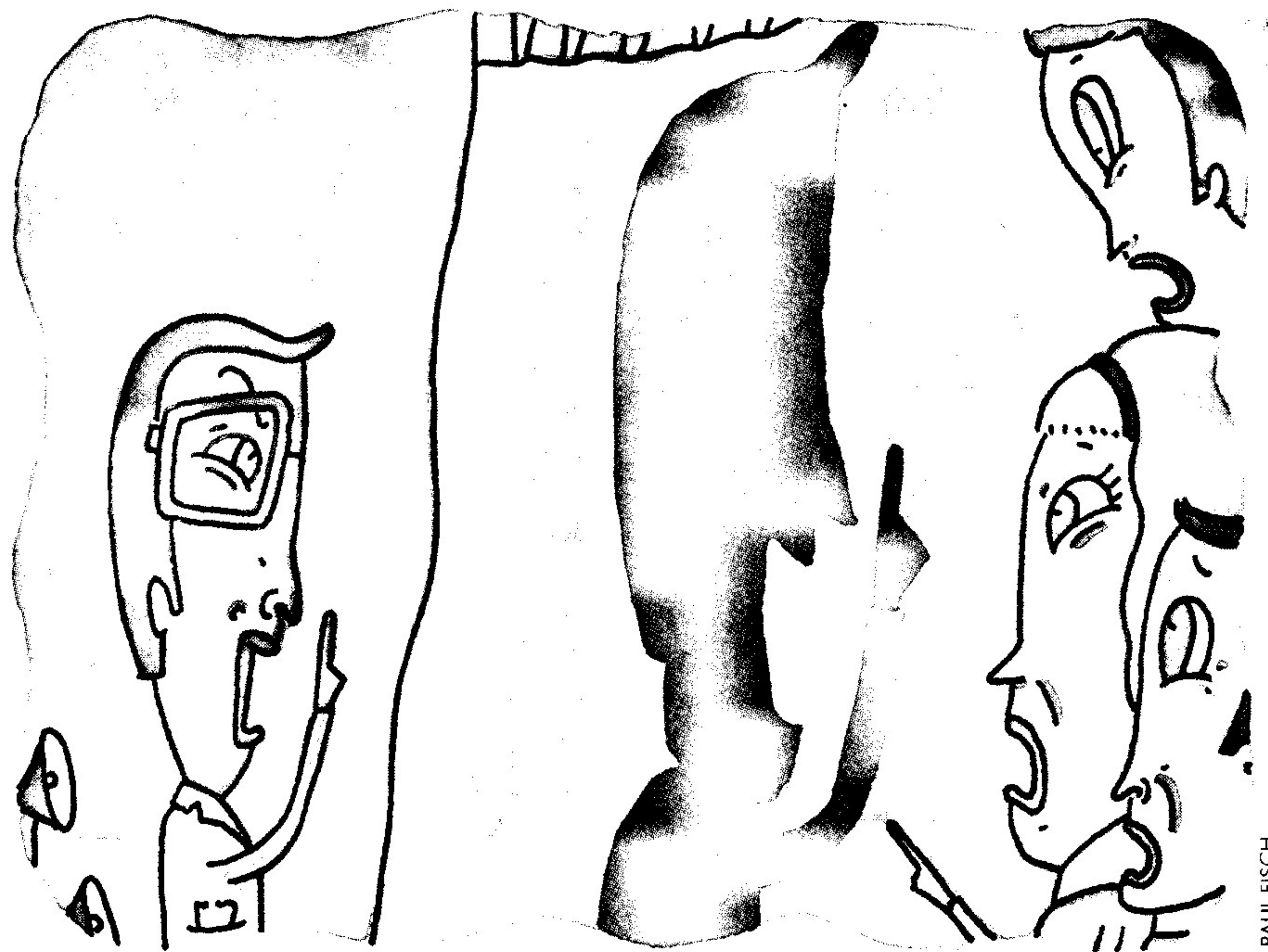
Throughout medical school, I wondered why residents often acted like my patrol leader. Did they remember what it was like to be medical students, and if they did, why did they alternately ignore and abuse students?

Now as I cross over to their side of the fence, remembering what it was like to be a medical student scant months ago, I can see some of the timeless games that students and residents play with each other:

**The Days of the Giants.** In this game, the resident prefaces his criticism with "When I was a medical student. . . ." This segue is intended to make you feel more than inadequate, since things are so much easier for you now than they ever were for him. The reproach is a lot like the hyperbolic Monty Python skit in which a father tells his children that when he was their age, the family lived in a shoe box in the middle of the road and had to get up and lick the road clean every morning.

The only proper response I found to this game of one-upmanship was to nod sincerely and say, "Those were the days of the giants." If said with the right intonation, you can project awe and sarcasm simultaneously. Just because something—be it call schedules, patient load, number of showers—was lousy once, doesn't mean it has to continue to be so. More torture does not a better doctor make.

**The Blowoff.** The student pages his resident and she doesn't call back. There are ways to troubleshoot this. First: You may not have the hang of the hospital paging system. Practice, with your resident and her beeper in front



of you, until you've got it right. Second: The resident may have been intercepted by a patient, a nurse, the opportunity to finally use the bathroom. Try your page again. Third: The resident may simply be ignoring you. However, residents probably do this less often than students imagine, because not answering a page is a risky game for the resident. She can't be sure whether the beeper is her medical student or a coding patient.

The reciprocal of this game is when the fed-up student finds a quiet place to escape to and goes incommunicado. This is also a dangerous game. Let the resident know what you're doing. Most of us won't flay you if you want to read for your exam or run a personal errand. Saddled with a student every hour of the day, we like some time to ourselves, too. Medical students are helpful, but they are also a ball and chain sometimes. Rule No. 11 from Samuel Shem's novel *The House of God* is dead on: "Show me a BMS [student of the Best Medical School] who only triples my work and I will kiss his feet."

**The Presentation.** The resident asks the student to give a brief talk on transudates vs. exudates or maybe Ranson's Criteria. The student pre-

pares, but days go by and there's never time for the talk. The student reviews her notes every night; resentment builds. There's no easy way out of this one. There's usually little time for extras on a crazy day. Dissect out whether this is happening because there's a whirlwind of floor work, or because teaching is not a high priority. Try to understand when the reason is too much to do, too little time. If teaching constantly gets the short stick, you can remind the resident, or you can be content with learning from the floor work.

Residents went to medical school, same as you. Few of us have had any instruction on how to teach medicine. Some of us are more conscientious about paying back the time that was spent on us to the current crop of students. Residents are still learning, and part of our frustration stems from having so much to do and often getting very little instruction from *our* teachers in return for our efforts. We can only teach our students what we've managed to learn.

**The Photocopied Article.** In lieu of teaching, the resident hands his student the Photocopied Article. This article is often too narrowly focused to



find a place in the student's heavy reading load, but the student thanks his resident nevertheless, much as the resident thanked his attending when he received the same Photocopied Article. The student takes the article home and stuffs it in a pile; the resident glances at it and stuffs it in his locker. The Photocopied Article is only educational if there's enough time to read it. If students and residents didn't feel compelled to give a false show of enthusiasm for these missives, maybe they would cease to be the common currency of medical education.

**Martyrdom.** Once, when I was a student and my team had been working since 6 in the morning, the surgical resident asked at 2 in the afternoon if I wanted to go to lunch. "Eating," he added before I had a chance to respond, "will be considered a sign of weakness." I went to lunch, and I passed the rotation. This incident highlights two important points: Always take time for bodily functions, and know who is responsible for your grade and who is just blowing hot air.

**Scut.** Simply defined, scut is any task or activity that does not enhance your education. For the third-year medical student, high scut is making all those photocopies. There is a fine line between teamwork and pure scut. If there's an article that the whole team could benefit from, a little photocopying is not a dangerous thing. For the fourth year, scut is spending the day inserting umpteen IVs and nasogastric tubes. If you would like to practice your phlebotomy and IV placement skills, by all means, do so. But you are not given to a resident as a servant, as much as it may feel that way.

Different hospital settings provide different ancillary services, and sometimes the team needs you to pitch in. When you play orderly, IV tech or phlebotomist, you should be assisting team efficiency with the understanding that when all the work gets done, there will be quality time left for learning. Trouble is, the days are so long to begin with that most everyone wants to leave when the day is done. Even you will want to go home, have dinner, unwind

and only then pick up a medical text.

You will be a resident soon enough, tied to the cruise director-like responsibilities, crushed for time to learn. While you're a medical student, never skip conferences that have been scheduled for your educational benefit just to help out on the floor—unless of course there's a disaster in progress. You are paying good money to learn. That's why there are attendings and residents specially scheduled to teach.

Amidst the gamesmanship, you will find residents who are not adversarial. Believe our good intentions when we don't wake you up to go draw blood with us at 3 in the morning. We don't doubt your enthusiasm, your dedication or your competence.

Let us try to be protective sometimes. Let us keep you from the latrine hole and the long rope. □

*L.M. Asta is a New Physician contributing editor.*

*Submit essays of 1,000 words to "Scope," The New Physician, 1890 Preston White Drive, Reston, VA 22091.*

## Make ArcVentures a part of your preparation for the USMLE



ArcVentures, Inc.®

*"Great Program...It helped me organize my time. I will recommend it to other students."*

— Meharry Medical College Student

**Find out about our structured live-lecture courses for the USMLE Step 1 exam**

Contact any of our regional offices toll-free for more information:

Chicago	1-800-860-4203
Los Angeles	1-800-860-4204
Miami	1-800-860-4205
New Jersey	1-800-860-4206
Washington, D.C.	1-800-860-4207

*ArcVentures, Inc. is a subsidiary of Rush-Presbyterian-St. Luke's Medical Center, Chicago, IL.*