Introduction

The Value of Reflection: The AUA Residents and Fellows Committee Essay Contest

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Specialty training in urology has been continually transformed by evolving standards of care and frameworks of teaching and evaluation. Nonetheless, becoming a urologist can be an intensely personal experience. Reflecting on the triumphs and setbacks that shape our professional growth can have tremendous value, but in the fast-paced routines of medical school and residency, these opportunities are often unrecognized or lost.

Narrative medicine has been proposed as a structured component of surgical education. When students and residents write about their experiences, they engage in introspection and reflection, which in turn can facilitate a critical awareness of compassionate, patient-centered care[1] and a contextualization of individual errors as teaching and learning opportunities.[2] Incorporating narrative writing into surgical training has the potential to measure dimensions of residents' systems-based practice and practice-based learning,[3] which are core competencies articulated by Accreditation Council for Graduate Medical Education.[4] Moreover, formal training in close reading of these narratives may also help teachers better understand trainees' emotional and cognitive responses and provide actionable feedback on communication skills and professionalism.[5]

To encourage narrative medicine and humanistic practice in urology, the AUA Residents and Fellows Committee invited medical students, residents, and fellows to reflect on a personally meaningful or important experience during the past year of their training. Our inaugural essay contest theme, "The Most Important Lesson I've Learned This Year," attracted 50 submissions from trainees at every stage, from the U.S. and abroad. Some essays reminded us of the thrill of becoming a surgeon and the optimism and gratitude that our profession can inspire. We were deeply moved by profound reflections on loss—of patients, of loved ones, of innocence. Several residents shared courageous insights on the burden of burnout and the healing power of mentorship. Other essays highlighted the positive impact that trainees can have in advocating for their patients and changing the status quo. From these outstanding entries, we selected one winner, which follows in this issue of *The Journal of Urology*, and four honorable mentions, which will be published on the AUA website.

The winning essay, written by Unwanaobong Nseyo, MD, offers perspective on an experience to which many readers will relate: the realization of a surgical complication, the accompanying shock, and the anger, disappointment, and even shame that trainees may face. The lessons shared in this essay—that there is humility in mastery, and humanity in the routine—are ones that every urologist-to-be will learn, in ways as diverse and memorable as the patients for whom we care.

What unites all of the essays is a common sense of purpose. No matter where we are on the lifelong journey to becoming a urologist, these stories underscore how our training gives meaning to our work and helps illuminate the path ahead.

References

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The Most Important Lesson I've Learned This Year

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"It is unwise to be too sure on one's own wisdom. It is healthy to be reminded that the strongest might weaken and the wisest might err." —Mahatma Gandhi

I thought it would happen in the context of something bigger—more challenging, more daring, more controversial. I approached each major case with the guarded expectation that this would be the one where I would truly be humbled. Would it be the level IV caval thrombus? Or the post-chemo RPLND? When those cases came, I was ready, and yet each one would pass without the slightest perturbation. That nothing had happened yet didn't make me feel confident, just lucky. I knew I wouldn't pass through training unscathed; I just didn't know how my slice of humble pie would be served. I would learn soon enough, at the beginning of my chief year.

The event occurred in August at the VA. By that time had felt that I was starting to settle into my rhythm. Having been at the VA for four months prior as a senior, I was primed to hit the ground running. And run, I did. I knew there was definitely an unquantifiable amount that I needed to learn but I also gave myself small self-congratulatory pat at the back—I had faced the beast of chief year head on and so far was still standing.

Until I wasn't. My sense of confidence and self-assuredness laid the groundwork for my teachable moment.

In some ways, it was like any other day and yet in the most crucial ways it was not. It was several small changes that all aligned in a synergistically unfavorable way. Discussions of adverse events and system errors revolve around the same phenomenon, the "Swiss cheese model," in which breakdowns at multiple barriers result in a systems failure.

At the time, the holes in my cheese seemed trivial. The busy clinic was standard. However, we were one resident down with a resident on vacation, and we had a brand new intern with limited urology experience. The balance was tipped by the patient that showed up from his nursing facility for his post-op suprapubic tube (SPT) change, although his appointment had been cancelled.

Bolstered by my sense of self-accomplishment, I decided to accommodate the patient on my own. Better yet, I would kill two birds with one stone and teach the intern how to place a SPT. I glanced hurriedly at my growing stack of clinic charts, knowing that I would need to quickly change the SPT to prevent myself from falling behind.

I proceeded in to replace the SPT in the standard fashion. However, in my haste to return to the clinic, I neglected one last step: I did not flush the catheter after repositioning to confirm its placement in the bladder.

Eight hours later, the patient returned to the emergency department with complaints of abdominal pain—and an intraperitoneally-placed SPT.

My first thoughts went to the patient, and once I reassured myself he was going to be okay, those thoughts turned inward. I immediately felt foolish and ashamed. Who doesn't know how to put in a SPT? Or worse yet, who doesn't know how to appropriately assess for whether or not a SPT was replaced correctly? The doubt was slowly but surely creeping in—replacing suprapubic catheters was something that I had checked off my mastery list long ago. And yet here I was with irrefutable evidence to the contrary.

As surgeons, we work in a space firmly book-ended by life and death. Doing so requires the utmost respect for human life. In the setting of the operating room, it is often easier to appreciate the gravity of the work we participate in. But as I reflect on my own complication, I appreciate how important it is that this same degree of reverence is applied to all

patient encounters. There is no detail too small to overlook, if only long enough to fully assess that information. To pre-judge a situation as "routine" is to devalue that experience; and for me, it led me away from my guiding principles—to be thorough, to double-check, to confirm and verify before making a final decision.

Thankfully the patient suffered no more than the inconvenience of having his SPT replaced. I am grateful that my lesson did not come at any greater expense to the patient, and I know that it will serve as a constant reminder to approach the practice of urology with humility.