

## **Walking in the Door**

### **Standing Together: Going Above and Beyond for Own of Our Own**

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I was standing in the operating room, scrubbed in for the second pediatric emergency case within the last four hours. It was a Sunday evening, nearing the conclusion of a weekend call, and I had been awake for a long time. There had been a few hours of sleep since Friday. I could not recall the exact number at that moment. The operating room was bright, but it was probably already dark outside.

Concentrate on the patient in front of you I told myself - this is where your mind should be. However operating while on call challenges that ideal. My responsibilities were wider, more complex. They were overwhelming and unabating, nagging at my focus and pushing my thoughts while my muscle memory was at play. My pager was in one of its wicked moods. The circulator was starting to become annoyed. Despite my call ending in 20 minutes, pages were stacking up. There were consults, inpatient issues and calls from home. Patients, physicians, nurses and pharmacists were waiting.

I did not notice that my co-resident had walked in the room. My back was to the door and I was looking down. I would learn later that she took my pager and got to work. I had not given sign-out or asked for help as it was before the official 5:00 pm cutoff. She was not supposed to be there.

We finished the case and as I was taking down the drapes, I realized she was there. She had already put in post-op orders. She told me that she would take care of the rest and that I should go home. I didn't argue. I gave a safe sign-out and I was done. The heaviness of my impending responsibilities was lifted and gone.

How did she know? She had sent text messages without reply, checked the ED track shell and the OR board. She discovered the absence of consult notes and the two back-to-back cases, with the second case in progress. She did not call in to ask or wait for a request. She drove in, put on the teal scrubs and came to find me; walking in the door of the OR without waiting for an invitation.

As urology residents, we are constantly working in teams with our fellow trainees and colleagues. We can provide aid and assistance in two categories: when it is required and when it is not. As junior residents, we fulfill our call duties during the required time period and contribute to our team by completing daily tasks required for patient care. Chief and senior residents are expected to offer assistance to junior residents in times of technical challenge, complex diagnoses or unexpected inordinate responsibility. Sharing, rescuing, and providing reassurance is a requisite of their leadership position. Being physically present and walking into a resident's first bedside suprapubic tube or complex catheter placement is expected.

The elements of this story are both ordinary and extraordinary. There was nothing special about answering pages or placing orders. There was no life saved, special diagnosis made or advanced skill demonstrated. It differed not in the existence of providing help, but in how help was delivered. The absence of indolence, indifference and desire for recognition was evident. Instead, she had chosen to demonstrate empathy for my situation, an effort to end my isolation and provide excellent patient care

that I was not able to at that time. She was not a senior resident and her assistance was not a requirement or expectation.

This experience exemplifies the culture we should strive for in our residency programs and as urology trainees. Adding empathy and selflessness to our commitment to helping our colleagues is powerful. The potential to positively impact our culture outweighs the immediate effort and sacrifice of comfort in that moment. These acts can prevent burnout, decrease error and improve patient care.

My co-resident will likely never be recognized for her efforts, however, her act of walking in the door is worthy of emulation.