Leaders and the Worst II

Tales of Ineptitude, Incompetence and Disaster

by

Your Esteemed Faculty Colleagues During Their Years of Clinical Training
Acknowledgements:

Cody Schultz, M.D.
Karlie Haug, M3
Megan McLeod, M3
Jeannie Kochkodan, M3.
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“Please refrain from negative tittle. We’re already tired from clinical years and could use something more positive.”
(Before we were your) Leaders (we were the) Worst II (Not you!)

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“...the bulk of the stories seemed to have not very much to do with the "blunders and mishaps" advertised and were mostly just "interesting stories"...
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OK...Let’s re-visit!

Twin goals:

a. Address this perspective

b. Review for folks who missed Leaders/Worst I
Leaders and the Worst I

Mike Englseby, M.D.
Sharlene Day, M.D.
Anthony DeBenedet, M.D.
Michael Jibson, M.D.
James K. Richardson M.D.
My Surgical Evals 3rd year: (Below Poor)

Knowledge
Punctuality
Technical Skill
Accuracy of Documentation
Hygiene
Sweating/Drooling
on Sterile Field
Being Diploid

Superior    Excellent    Good    Fair    Poor
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Being Diploid

Superior  Excellent  Good  Fair  Poor

Horrific or Dreadful or Appalling
Leaders and the Worst I

Mike Englseby, M.D.
Sharlene Day, M.D.
Anthony DeBenedet, M.D.
Michael Jibson, M.D.
James K. Richardson M.D.
Question: Why is med school so hard?

Answer: Heterogeneous Demands. It will find your weakness and it will hurt you.
Why is med school so hard?

Cognitive Demands and Flexible Schedule

You
Why is med school so hard?

Answer: Heterogeneous Demands

Cognitive Demands, Interpersonal Skills and Inflexible Schedule

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Sleep prn to Sleep less and When Allowed
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Sleep prn to Sleep less and When Allowed

Painful Things Happen

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Answer: Heterogeneous Demands

Suddenly I am at the Bottom of the Hierarchy

Cognitive Demands, Interpersonal Skills and Inflexible Schedule

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Painful Things Happen

Sleep prn to Sleep less and When Allowed
The Academic Hierarchy

Governor
Regents
President
VP Med Affairs
Deans
Department Chairs
Full Profs
Associate Profs
Assistant Profs
Lecturers/Instructors
Various Fellows
Chief Residents
Senior Residents
Intermediate Residents
Experienced/Tough Interns
Tough RN’s
Lame RN’s
Lame Interns
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Parking Valets
M4’s
Student Nurses
Taubman Hot Dog Vendor’s Dog
M3’s, then M2’s, then M1’s.
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*Thanks to Rebecca Grossman-Kahn and Lauren Franzblau for inspiring this change...
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Suddenly I am at the Bottom of the Hierarchy

Cognitive Demands, Interpersonal Skills and Inflexible Schedule

Whoa! Someone’s actually paying for this!

Sleep prn to Sleep less and When Allowed

Painful Things Happen

Cognitive Demands and Flexible Schedule

You
Why is med school so hard?

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You Are Being Evaluated Right NOW!!!

Painful Things Happen

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Competition: H supply not unlimited

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Competition: H supply not unlimited

Inherently Poor Preparation
Inherently Poor Preparation?

Resources teach disease processes → symptoms.

Patients give symptoms → disease processes.
Resources are like Criminal Cases: The certainty has been proved "beyond a reasonable doubt".

Patients are like Civil cases: The certainty is much lower: "the preponderance of the evidence" (which essentially means that the clinical hypothesis is more likely than not).
Inherently Poor Preparation?

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This can be very disconcerting...
Resources are like Criminal Cases: The certainty has been proved "beyond a reasonable doubt".

Patients are like Civil cases: The certainty is much lower: "the preponderance of the evidence" (which essentially means that the clinical hypothesis is more likely than not).*

This can be very disconcerting...

*The signal to noise ratio can be absurdly small...and it takes about 10,000 hours of practice to discern the signals, which are often buried in yours and the patient’s anxieties.
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**NEWSFLASH: YOU WILL NOT BE GOOD RIGHT AWAY!**

So you must...
Why is med school so hard?

Answer: Heterogeneous Demands

- Cognitive Demands, Interpersonal Skills, and Inflexible Schedule
- Sleep prn to Sleep less and When Allowed
- Whoa! Someone’s actually paying for this!
- Competition: H supply not unlimited
- Painful Things Happen
- You Are Being Evaluated Right NOW!!!
- Suddenly I am at the Bottom of the Hierarchy
- You Are Being Evaluated Right NOW!!!
- Fake Competence (Exhausting...)

Inherently Poor Preparation
Learning Objective:

At the end of this hour you will, following the inevitable, odious, and obvious moment(s) at which point the Faking Competence ploy implodes and you are horrifyingly humiliatingly exposed for the Fraud that you are...if at that very moment you think the following:
Learning Objective:

“OK, of course it is still very likely that because I (Insert screw-up, such as recall “amygdala” on Neuro rounds/consider sarcoid as possible causes of heart failure on rounds, etc.) I will be a total failure and die unloved beneath the I-94 overpass in a medium- to large-sized refrigerator box.

But there is, maybe, maybe, maybe a 0.1% chance that I’ll turn out OK. The chance is small, but real. After all, apparently all was not smooth sailing for my faculty colleagues.”
Leaders and the Worst II

Katy Harmes, Family Medicine
Shawn Hervey-Jumper, Neurosurgery
Julie Lumeng, Peds Endo
Zach London, Neurology
James K. Richardson, PM&R
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What happened to this guy?
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What happened to this guy?

a. Pursued teaching, with as much kindness as I could, to correct the wrong.

b. Pursued academic work, with as much creativity and energy as I could, to prove them wrong.
Sydney, capital of New South Wales and one of Australia’s largest cities, is best known for its harbourfront Sydney Opera House, with a distinctive sail-like design. Massive Darling Harbour and the smaller Circular Quay port are hubs of waterfront life, with the arched Harbour Bridge and esteemed Royal Botanic Garden nearby. Sydney Tower’s outdoor platform, the Skywalk, offers 360-degree views of the city and surrounding area.
World’s leading balance/falls researcher:
Stephen Lord, Neuroscience Research Australia
Good on ya’
Good on ya’
“Newflash from JAMA: Med Stud depression rates are 25%.”
“Respected faculty discussing their early clinical failings offers an emotional bridge to often-anxious medical students, and further clarified the reality that students and faculty are colleagues separated, solely, by randomness of birth order.”
If all of us remember nothing else, please let us remember this:

We, all of the faculty, are your full-on colleagues...

separated, solely, by randomness of birth order.
“The hardest part of the year has been feeling a bit alone in your feeling of incompetence, and feeling like you're just trying to hide it, so it was really really cool to hear from faculty about how that is a normal part of development...”
“...I too feel incompetent all the time on my rotations and it's comforting to know **i am not alone** and that i might turn out okay...”
“...I too feel incompetent all the time on my rotations and it's comforting to know I am not alone* and that I might turn out okay...”

*No, neither of you are alone. We, your faculty, joined you a long time ago. And if you felt any other way, if you had some delusion of competence at this stage of your training then (and only then), would I worry that you are not OK.

The responsibility we assume is large. If you feel up to the task after 6 months to a year of training...THAT would be a concern.
Leaders and the Worst II

Shawn Hervey-Jumper, Neurosurgery
Julie Lumeng, Cardiology
Zach London, Neurology
Katy Harmes, Family Medicine
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“Dr. ___ is recognized for extraordinary incompetence during their clinical training, and is further lauded for having survived their own ineptitude and progressed onto a successful career whose apex is unquestionably identified by the telling of their sordid clinical training lowlight to the University of Michigan Medical School Classes of 2017 and 2018 who are now and forever grateful.”
Thanks again to:

Cody Schultz, M.D.
Karlie Haug, M3
Megan McLeod, M3
Jeannie Kochkodan, M3
Questions/Thoughts/Comments
Does not H/HP/P and (shudder) Fail =

Undergrad A/B/C and (shudder) other grades?

And I have to get H’s ‘cause I have to get a residency at MGH ‘cause I have to get a fellowship at...

So...How to get good grades in med school?
Attend to and worship the hierarchy!
Keep worshiping grades and it becomes a problem: Some day the grades will go away...you’ll be left with your accountant (private practice) or (academics) your CV.
Keep worshiping grades and it becomes a problem: Some day the grades will go away...you’ll be left with your accountant (private practice) or (academics) your CV.
Bowing to grades is bowing to the Upper Hierarchy, The Game and The Un-Real

To be done as needed...

Honoring the Lower Hierarchy is Real.

To be done *always*. 


Your current academic life.
Satisfaction increases as you perform activities that are increasingly Real.
Your goal as your career progresses: More Real, less Game.
But what if I never do remember “Amygdala” on Doug Gelb Localization Rounds?

It’s OK, for two reasons.
Relax. The race is over. You won.
Relax. The race is over. You won.

Learn some stuff that matters because it matters....not for the Upper Hierarchy.
Now you have the information regarding 3rd year.

The message:

Play the Game as needed...and be aware of that fact.

Relish, cherish, revel in the Real.
My personal stress /performance issues are somewhat different from those usually hypothesized....

- Superior
- Poor

Performance vs. Stress

- Reading comics Sunday morning, eating a cinnamon roll
- Most other things, like clinic
- O.R.
Trying to remember the word “amygdala” during Neuro Loco Rounds