



## *Perspective*

# **The Experience That Changed My Perspective on Everything**

By Kaitlin Kirkpatrick, MD

Four years of medical school, 2.5 years of residency under my belt, I entered spring of my 3<sup>rd</sup> year of residency as a confident and competent senior resident. I knew how to manage my inpatient team: which tests and procedures we needed to order right away, how to triage pages from nurses, and how much time we could allot to each patient we rounded - the essentials that kept us efficient and on top of our workload. Then one day I got sick, and everything changed.

Catching a variety of illnesses in residency seems to just come as part of the job, especially when you spend time in the pediatric emergency room. I remember when norovirus wiped out my team intern year, and I've had so many mild URIs over the years that I've lost count. That's why when I started feeling ill one weekend, I felt guilty calling in the jeopardy resident but figured it would be quick. What I didn't expect was to be barely conscious in the Moorland Reserve emergency room with blood pressures in the 70s/40s and the ER staff arguing about whether to start pressors now or let the ambulance take me straight to Froedtert's surgical ICU.

The following days were a blur of overwhelming exhaustion, confusion, and fear, especially for my husband hearing words like "portal venous gas" and "likely sepsis" with little explanation of what it all meant. My memories come more in flashes. I recall crying when they told me they wanted to get an arterial blood gas. I remembered patients complaining of how much they hurt, but that had never stopped me from ordering them in the past. I've ordered so many nasogastric (NG) tubes during residency, that when they warned me that they were placing one on me, I assumed, "Okay, this can't be that bad." I was wrong. I was so tangled up in wires from my central line, a separate peripheral IV, telemetry wires, and a Foley. All of that was tolerable. The NG tube was not.

I suddenly became the patient that I used to dread. The surgical nurse practitioner came by and told me that we'd probably be able to take the NG tube out that day, but she had to run it past the attending first (a line I've used many times with my patients). Waiting for the attending doesn't feel as easy when you're the patient. Finally after telling the nurse I'd pull it out myself, she helped me remove it. For the first time that admission, I started to feel like things might be

getting better. It was still another couple of days in the ICU consisting of sleep, echocardiograms, CT scans, more sleep, antibiotics/antifungals, the occasional pathetic walk around the unit, and more sleep before I finally got to transfer to the acute care floor. A few days after that I was able to discharge home, but it wasn't until we picked up my 9-month-old son from his grandparents and made it back to the safety of our own home that I finally cried and began to process everything I endured.

I still know the tests and procedures to order on my own patients, but now I've started to ask a little more often, "How badly do I need this test?" When my patient has something like an NG tube, I am much more conscientious about when it can come out. Will poking this patient for a lab really change what I'm doing or am I just ordering these tests out of routine? If the nurse is paging me, I try to be quicker to respond unless I truly am in the middle of an emergency. I understand now more how much they really are trying to advocate for their patients. Even now, I spend just a little more time at a patient's bedside talking to them, to their family, trying to make a little bit of their hospitalization better, because I remember what it was like to be on the other side.

I'm not the same physician I was prior to this experience, but I'd like to think that I am better than I was before. I do more critical thinking about testing and procedures, I try to be a more involved team player with my support staff. And most importantly, I'm more empathetic towards my patients and their families. I also try to make more time to take care of myself. Sometimes the mental healing takes longer than the physical. I'm lucky my husband and my residency program always supported me in finding the psychological support I needed to recover. I can't say I'm thankful for having gone through it all, but I am grateful for the doctor it helped me become - the doctor I will continue to be as I graduate from residency this year and begin the next phase of my career.

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