

Life After Residency: It's Time to Focus on You

BY TRAVIS ULMER, MD

It's that time for senior residents to stop. Just stop. Breathe. Relax (a little). Most of you will have signed a contract for your first job as an attending physician, and now it's time to stop and smell the roses.

I vividly remember when I signed my first contract. It was nearly a decade ago, and I dealt with a mixed bag of emotions. I was excited because my 12 years of training was finally approaching its end, and the light at the end of the tunnel was actually near and bright. I had my first real job and my first real paycheck to look forward to (not to mention a wedding and a relocation to plan).

I was excited but anxious: I would be treating patients as the actual decision-maker for the first time, no longer as just the suggestion-giver. But I knew I had been trained well, and I knew I would be in good shape by keeping patients at the center of those decisions.

This time has senior residents looking forward to graduation to think beyond their education and start contemplating an actual life. (Remember that, residents? It's the



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Graduating residents will actually get to start having a real life outside of work after becoming an emergency physician

thing you've been ignoring for the past 12 years.)

Most who graduate will move to a new city, and for the first time, it's a city in which you have chosen to live rather than a place that you *requested* or were assigned. There won't be a whole class of students or residents moving there at the

same time to attend the same program. There won't be that built-in group of people all going through the same experiences at the same time, and you won't have a group of peers with whom to bond over a shared experience.

But there will be time to think about your relationships, about the family and friendships you may have been neglecting because of a grueling training schedule. Many of you may be looking toward the next step in a romantic relationship. It's no wonder that many residents get married the summer after graduating; there is a whole bottleneck of life experiences that have more or less been on standby, and it's the first time in years you've been able to pause and take a breath.

Devote Time to Yourself

Obviously, there's not a lot of time during medical training to truly spend on yourself as a person. But

one of the (many) great things about going into emergency medicine is that you really will have free time away from the chaos of a busy department. When you're not on a shift, you won't have a pager on you, you won't be on call, and you won't have graduation requirements to fulfill.

You actually get to start having a real life outside of work. Promise yourself that you'll take advantage of that wonderful aspect of emergency medicine by doing what you are passionate about and spending time with the people who mean the most to you. Don't just buy things; capture experiences. Those are the things you've sacrificed to become a physician.

Also take some time to reflect on just how far you've come, what you've gone through, and what you've accomplished. It's easy to downplay what you've achieved when you're constantly surrounded by a bunch of other physicians because everyone around you did it, too. But look back on what it actually took to get here: studying for and scoring well on the MCAT, getting accepted to medical school, excelling to match into the competitive field of emergency medicine, and surviving intern year and then several years of residency. It really is impressive, and graduating residents should be proud of themselves.

Look forward to developing not just as a professional and a physician, but also as a person — relationships, interests, all of it. **EMN**

In Brief

'Hubs' Fill a Gap in Care

Patients with problems too complex for a doctor's office but do not require hospitalization often have no choice but to use an emergency department, said Robert M. Pearl, MD, the CEO of the Permanente Medical Group in an article in *NEJM Catalyst*. (June 22; <http://bit.ly/28Qqjz>.) That gap may be effectively filled by a new "hub" model that provides complex and urgent care around the clock, he said, adding that these specialty care hubs "cost less to build and to operate than a hospital and serve as part of a more traditional, large outpatient multispecialty center during regular business hours."

Kaiser Permanente has experimented with installing five hubs — full-service medical office buildings built adjacent to larger, multispecialty medical facilities. Hubs provide care to patients with all conditions except those that require ambulance support or multiple-day inpatient admission. Hubs provide comprehensive and intensive treatment with emergency and primary care physicians, a wide variety of specialists, and advanced diagnostic testing and imaging capabilities, Dr. Pearl said. Hubs have access to a patient's medical history, and can directly admit patients to an inpatient bed in a partner hospital if their condition requires it.

Hubs require a major capital investment and present hiring challenges, but Dr. Pearl said Kaiser Permanente's hubs have been extremely effective. Thirty-one percent of the patients treated in their hubs over the past six years would have otherwise visited an emergency department, he said. The hubs have also yielded a 20 percent increase in patients reporting an "excellent" care experience.



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