## CAREEREALISM

# Four Strategies for Becoming a Great Attending

#### BY TRAVIS ULMER, MD

y first six months as an attending were frightening. I would drive to my shifts with the radio on, but I couldn't really enjoy it. I was thinking about all the things that could go wrong. The truth was I didn't know if I could handle the unknown. I was hypersensitive to the idea that a lot of the hospital didn't respect emergency physicians. Medical intelligence was "altitude dependent," and we were in the basement.

I took this fear and sensitivity and decided to go upstairs to the floors. It was a way to soothe my fear about the care I had provided to patients, but it was also my small, personal mission to change the rest of the hospital's perception about emergency physicians. It's all too easy to stay within the four walls of the emergency department as a new attending, but that just plays into the perception of emergency docs as just shift workers who only triage people before the "real" physicians take over.

Once a month, I would pick a patient I had admitted the day before, whose disease process I was interested in or concerned about, and I would go check on him. I was ostensibly checking on the patient, but I would also say hi to the nurses and attendings who were rounding, and introduce myself to everyone I could. At first they were visibly shocked to see an EP caring for someone out of his natural zone. But after that shock, my visits were always received in a hugely positive way. It showed the rest of the hospital staff that emergency physicians don't just triage people; we are physicians who care about patients, just like them.

Eventually, after many years of encouraging other new attendings to follow this practice, I gave it a name, and it's one of four strategies I advocate for surviving the first few months at a new job.

#### **Practice Door-to-Floor**

Rotations as a resident led you to work alongside the orthopedist, the OB/GYN, the internist. As an attending, you need to go out of your way to develop those relationships. You don't want staff on the floor to simply say, "Oh,



here's another Ulmer patient." Don't be a faceless name on the H&P.

Once a month, check on a patient you admitted from your last shift, and take it as an opportunity to meet other clinicians. You will build new relationships and learn about interesting cases, and you'll also get the thing that a lot of EPs don't realize they miss: continuity of care.

#### **Chart in the Lounge**

Another strategy I encourage is to walk down the hall to the physician's lounge and finish your charting there, as opposed to doing it in the ED. A stationary EM attending immediately becomes the ECG reader! Rather than being distracted by constant ECGs, go chart somewhere you

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can build a meaningful relationship with someone outside the ED.

#### **Show Up 15 Minutes Early**

Do your socializing, say hi to the charge nurse, make sure your badge is working, and get logged in *before* your shift starts. The minute your shift starts, you should be ready to see a patient, not fiddling with the log-in. This is an important courtesy to the physician you're relieving. If I'm finishing up my shift and you're starting at 3 p.m., I want you to be able to see a patient right at 3, not 3:15. More than being respectful to your colleagues, though, making sure you're ready to go on the minute is also about ensuring there is no gap in patient care.

#### **Thank Everybody**

Finally, make a point to thank absolutely everybody who contributes to the functioning of the ED. This includes the nurses, most obviously, to the x-ray techs to security to the housecleaning staff. Everybody needs to know he is valued. Many times, I'll be caring for a patient and

housekeeping comes in to take out the trash, and they apologize for getting in the way. I always tell them no, don't apologize, and thank them for what they're doing. After all, if rooms don't get clean, we can't put patients in them.

This gratitude will come back to you in spades because everyone ultimately interacts with your patients, and whether it's a housekeeper or a nurse, you want those people to tell your patient, "You've got a great doctor looking after you today." EMN



**Dr. Ulmer** is an emergency physician at Doctors Hospital in Columbus, OH, and is the vice president of marketing and recruiting for U.S. Acute Care Solutions (USACS). He previously served as a regional medical director and currently sits on the company's Diversity and Inclusion

Council. Follow him on Twitter @TravisUlmer and find posts from him on USACS's Facebook page, https://www.facebook.com/USAcuteCareSolutions.

