My Office Is Always Open: Reflections From a Behavioral Medicine Specialist in Graduate Medical Education

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"So, do you notice differences among specialties?" I am often asked this question from inquisitive young physicians. They fix me with an intense gaze and lean forward in their chairs, perhaps hoping that I will tell them that, of course, physicians from *their* specialty are the best and brightest of all. You see, while I am not a physician myself, I am a faculty member in 3 different departments, as well as "Director of Behavioral Medicine" in 4 different residency/fellowship programs (none of which, ironically, happens to be psychiatry or psychology). As such, I have had the great honor of being involved in the education of multitudes of residents and fellows from a large variety of specialties and subspecialties for the past 20 years.

It is before sunrise on a Thursday morning as I make my way across campus. The air is thick and heavy, pungent with the smell of cut grass interspersed with sharp, acrid whiffs of rubbing alcohol, reminding me that the hospital is nearby. As I pass the open door to the emergency department, a blast of cold from the air conditioning, made even cooler by a steady breeze coming in from nearby Biscayne Bay, gives me a momentary respite from the South Florida heat. The moist air causes the letters that spell out "EMERGENCY" to glow and drip and cast fuzzy red halos against the wall of the tall building. I am on my way to meet a surgical attending at a small group we will be co-facilitating to allow residents to share their feelings about complications before they all rush off to the operating room. Later today, I will give a talk on communication skills to the internal medicine interns. Yesterday, I presented lectures on "Physician Well-Being" and "Dealing with Patients with Addiction" to the neurology residents and trauma surgery fellows, respectively. Tomorrow is a talk on loss and grief for the hematology-oncology fellows, in which I will ask them to reflect on their own unresolved losses and how those might affect patient care, as well as their own sense of well-being. Many afternoons are spent conducting "co-counseling" visits for patients with the family medicine residents, shadowing surgical residents, or informally counseling trainees who drop by my office to talk about issues they are currently confronting.

When interns arrive at our hospital, they learn that my office is always open and, if they are in distress, they can come by for an informal confidential chat. Although my appointment in multiple departments might be considered rather novel, it should be noted that there are many faculty at my university, as well as hundreds in academic medical institutions around the world, who also keep their offices open for their learners—each of them passionately devoted to improving the well-being of their charges.

As a non-physician surrounded by physicians, and as part of the fabric of many of the graduate medical education programs at our institution, I have been privileged to attain a rare bird's-eye view of sorts. Times have certainly changed since I became a faculty member in 1999. Physician burnout and suicide are undeniably at all-time highs; however, the issues with which these young physicians struggle have remained relatively consistent over the years. Interns continue to be very anxious about making mistakes, getting through an upcoming rotation they heard was "brutal" from their peers who went before them, seeking to "belong" in what is often a strange town and culture, and striving to be seen as competent by their seniors and attendings. Interns are, and have always been, focused on surviving.

Residents who are the "middle kids" (no longer new but not quite "senior") worry that they may disappoint program leadership and their peers by failing to live up to their added responsibilities and bemoan some of the deficits they perceive in their interns. They sometimes struggle to teach and maintain distance so their junior colleagues can develop independence, all the while feeling as restless as the proverbial cat on a hot tin roof because of their strong desire to do everything themselves "so it will be done right and done fast."

Senior residents who can finally catch a glimpse of that previously elusive graduation day are often filled with excitement but also with feelings of anxiety

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mixed with dread, which puzzles them. Those not going on to fellowships are poised at the edge of the cliff, which is the end of often decades of formal training. Once they jump, they will become independent physicians practicing under their own licenses and will no longer have faculty as a buffer between them and the "real world" of medicine. This uncertainty can surely contribute to feelings of anxiety.

The issues brought up by first-year fellows, interestingly, often mirror some of the same concerns brought forth by interns (medical training is a rollercoaster, after all: a long cycle of rotating from newbie to senior, back to newbie again).

While the issues and worries of young physicians have remained rather constant throughout time, one thing has changed dramatically: increasingly, across the United States, medical learners are experiencing great distress from organizational and systemic factors that are outside their control (less time with patients, increased work intensity, more documentation, negative ratings from patients online). Over the past few years, this type of distress has overshadowed stressors caused by other factors and has taken a central place of angst and sorrow in the stories I hear. More trainees request meetings than ever before. Luckily, my office is always open.

So, *do* I notice differences among specialties? Subtle differences, perhaps. For example, overall, family medicine and general internal medicine residents tend to be warm, empathic, and kind. Trauma surgery fellows tend to be highly organized, brave, and extremely dedicated. Subspecialty fellows who spring from internal medicine residency programs are generally thoughtful, professional, and systematic in their approach to patients. Surgical residents work hard, don't complain much, and expect a great deal from themselves. However, all said, there are far more similarities than differences among these young physicians. Despite their specialty or subspecialty, the learners I have seen throughout the years are highly intelligent, compassionate, empathic, and exquisitely sensitive (even if they try to hide the latter behind puffs of bravado). Perhaps it is the sensitivity of these young physicians, and some of the older physicians who came and suffered before them, which creates a hole into which burnout can creep. Many of them care so fiercely about their patients that it can "hurt."

One solution may be to teach our trainees to develop "semipermeable membranes"; that is, to learn the art of balancing the ability to care deeply without drowning in the thick black sea of suffering and heartache they often witness. However, an even bigger answer to this current burnout epidemic lies in turning our attention, energy, and efforts toward more aggressively transforming dysfunctional health care systems around the country into vehicles that support and empower, rather than frustrate and harm, physicians. But, until we as a medical profession can figure this out, my office will always be open.

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