Candy Rounds

Avraham Z. Cooper, MD

My first morning as an internal medicine intern hadn't gone too badly. I admitted new patients, presented on rounds, and entered orders. Wearing my long white coat for the first time, stethoscope folded like a pretzel in the pocket, and "MD" monogrammed in bright blue letters after my name, I felt, mostly, like a doctor. A baby doctor, perhaps, but still a doctor. Just before 12 PM, my co-intern and I checked our watches and headed downstairs to Noon Conference where free lunch awaited us. I hadn't made any obvious errors or omissions, and I remember thinking to myself in the elevator, "That really could have been a lot worse."

After the conference ended, however, I walked back to the ward and ran into a crowd outside one of the patient rooms, sensing the ominous energy of a crisis unfolding. I saw the open crash cart drawers and heard the charged chatter of resuscitation, and with a flush of fear I realized that I had already gone inside this room earlier that morning—that it was one of *my* patients being resuscitated, someone I had spoken with and examined just hours before. I inched into the room and stood behind a nurse, feeling a jolt of shame upon seeing the patient, one of my morning admissions, a frail woman in her 80s with a urinary tract infection, lying semiconscious with her legs curled up in the bed.

She hadn't seemed severely ill to me. I had treated her with antibiotics and a small amount of IV fluids and repleted her electrolytes, a plan my resident had endorsed after a brief discussion. It was now apparent that, as a brand-new intern, I had failed to recognize the degree of her hypovolemia and gave her liters less fluid than she needed. Thinking about how parched her mouth had looked in retrospect, how her skin lacked turgor, a phrase flashed into my mind that I had once heard an attending from medical school utter: that my patient was obviously "as dry as a potato chip." And, despite my endless hours of work and study to prepare for being an intern, I had missed it. As a result, while I chowed down on a bean burrito with chips, salsa, and sour cream, her heart had gone into an unstable supraventricular tachyarrhythmia. The code team gave her adenosine and more IV fluids, and, as they worked to resuscitate her, I realized that she was no longer my patient.

Once the code team had gotten the patient out of danger, I went back to the hallway and squatted against the wall, my white coat crumpling like a piece of paper. As they wheeled her away to the ICU, I felt smaller than small, that I had no business being a doctor, and wished that I could have dug a large, deep hole in the linoleum floor and climbed inside. In medical school, I spent immense amounts of time and effort suppressing internal voices of doubt in my clinical abilities, and to my mind this mistake exposed me for the fraud that I had always thought myself to be, as those voices now geysered up to the surface. MD might as well have stood for "Major Disappointment."

But then something happened. One of the chief residents, whom I will call Michael, walked over while on his candy rounds (checking in on new interns with bags of candy), to see what was going on. I stood up and told him about the patient's deterioration, and instead of asking first about her, he asked about me, whether I was okay. I said yes, straining to suppress tears. But Michael sensed that I wasn't okay, and simply said, "Come with me," as he walked me over to the ICU.

We stepped through the double doors, and a sense of control saturated the unit, gently lit with early afternoon sunlight. We sat down beside the ICU fellow who said, "She's doing fine," as he looked over her EKGs, "normal sinus rhythm, normotensive, awake, and alert. She just needed a little more fluid." Something so simple and routine for him felt to me like the axis of the Earth had tilted, just ever so slightly, back into place. As Michael and I walked over to her room so I could see for myself that she was all right, it occurred to me that he had implicitly communicated a straightforward but essential message: that perfection on day one of internship, or at any point in a medical career, is impossible.

Now years into my practice as a physician, in hindsight I can acknowledge how commonplace my mistake was. Far worse oversights happen in hospitals all the time, and, as the Institute of Medicine (and Alexander Pope before them) taught us over

DOI: http://dx.doi.org/10.4300/JGME-D-25-00264.1

Editor's Note: Some patient details have been changed to protect their privacy.

2 decades ago, "To err is human."[1] I also feel gratitude for the simple kindness that Michael showed me. He didn't have to take me to the ICU and would have "done his job" by just checking in. But at that emotionally perilous juncture, as a brand-new physician, I needed more: I needed someone senior to care about my state of mind, to not believe me when I said that I was okay, and to step in and help. Michael's presence itself that day was therapeutic, as I immediately felt much less ashamed and alone.

I still feel grateful that Michael sensed my despair and gave me the gift of his time. He used his chief resident candy rounds as a lever of kindness, walking beside me literally and figuratively, as I processed what happened with the decompensating patient. In doing so, he rescued a fresh intern from a place of embarrassment, fear, and defeat on my first day as a doctor.

Reference

1. Institute of Medicine (US) Committee on Quality of Health Care in America. Kohn LT, Corrigan JM, Donaldson MS, eds. *To Err is Human: Building a Safer Health System*. National Academies Press (US); 2000.

Avraham Z. Cooper, MD, is an Associate Professor of Clinical Internal Medicine and Director, Pulmonary and Critical Care Medicine Fellowship Program, Department of Internal Medicine, Division of Pulmonary, Critical Care, and Sleep Medicine, Davis Heart and Lung Institute, College of Medicine, The Ohio State University Wexner Medical Center, Columbus, Ohio, USA, and Associate Editor, *Journal of Graduate Medical Education*, Chicago, Illinois, USA.

The author would like to thank Drs Lilit Sargsyan, Erin Camac, and Hitesh Patel for their thoughtful input on drafts of this manuscript.

Corresponding author: Avraham Z. Cooper, MD, The Ohio State University Wexner Medical Center, Columbus, Ohio, USA, avraham.cooper@osumc.edu