

# RESIDENTS AND FELLOWS

## 10 THINGS THEY DIDN'T TEACH ME IN RESIDENCY

Life is unpredictable!

BY BONNIE AN HENDERSON, MD



*This month's installment of "Residents and Fellows" comes from Dr. Bonnie An Henderson. Dr. Henderson is an incredible clinician, surgeon, and teacher. In this article, she highlights her real-life experiences and what she learned from each situation. These vignettes allow the young reader to gain insight that normally takes a career to figure out. Reading this column will make you laugh but, at the same time, impart some very true anecdotes that you can use in your career to help navigate a variety of situations. A great read!*



—Section Editor Sumit "Sam" Garg, MD



There are many valuable lessons I have learned as an ophthalmologist, many of which were never taught to me during training. Here is a list of the top 10 things that they didn't teach me in residency but that have become very important throughout my career.

### 11. LIFE IS UNPREDICTABLE

As you know, the title of this is "10 Things They Didn't Teach Me in Residency"—but I am presenting 11. So, that is my first point: life is unpredictable, and so are our careers. I immigrated to the United States when I was 4 years old, and I never dreamed that I would be where I am today. Also, when I was deciding to become an ophthalmologist, I thought that I would be taking care of patients and performing surgery. I never thought I would spend the majority of my time on a computer, staring at a screen, clicking

buttons on a template, and typing. Further, as a math and science person, I do not even enjoy writing, yet I find myself writing articles and books all the time. It is important to realize that your life and career will be somewhat unpredictable.

### 10. PEOPLE ARE CRAZY

Did anybody ever tell you in medical school or in residency that patients are crazy? At first, I thought that it was just my patients or that maybe it was me, but honestly, I think more than 50% of my patients have unrealistic expectations or altered perceptions of reality. Some refuse to use drops even when their pressures are above 40 mm Hg, and others will misinterpret what I say. Many patients are also suspicious. I cannot tell you how many times after surgery a patient will look at me and say, "Were you even there? I don't remember seeing you." This would be understandable if I were surrounded by other physicians such as in a

training institution. However, since I operate in a private ambulatory care center, I am the only surgeon on a given day. I try to reassure them that I was the person who performed the surgery, but they accusingly reply that they do not remember seeing me.

## 9. TAKE EVERY OPPORTUNITY

It sounds clichéd, but take every opportunity. Younger ophthalmologists may not be familiar with *Coma*, a best-selling book by an ophthalmologist named Robin Cook, MD. Dr. Cook was a resident at Massachusetts Eye and Ear Infirmary, which is where I did my training. There is a great story about Dr. Cook's fellow residents never being able to find him while on call because he was always off doing other amazing things, like writing best sellers. I am not suggesting that residents shirk their responsibilities. What I am saying is, seize each opportunity, and do not be afraid to take an alternate path. It will likely lead you to interesting projects or interactions with colleagues and industry partners who may have great ideas and experiences to share.

Another point is that, really, anything is possible. My parents always told me that when I was growing up, and, at some point, I began to realize it was true, especially in ophthalmology. If you want to create an instrument, you can do it. If you want to start a company, you can. If you want to switch from academics to clinical practice or vice versa, that's an option. It is possible to change your career path midcareer, and sometimes, that becomes a very important turning point in your life.

## 8. LIFE IS HARD

If you have ever seen the famous Grumpy Cat, that is sometimes how I look at the end of the day. No one ever tells you that, after residency, life is really difficult. From the long hours to the tough cases, practicing ophthalmology can be stressful. After we become competent surgeons, we are pretty comfortable operating, so we typically do not show any visible signs of stress or anxiety in the OR. However, in the occasional case (and sometimes more than "occasionally"), there is that millisecond in which we worry we broke the capsule or worry about a different complication. So, there is always that element of acute stress that can occur anytime. Our jobs are demanding, both mentally and physically, and they can sometimes be tedious. One ophthalmologist once told me that he felt as if he were flipping burgers when going through a busy day in the clinic. It is not easy being a doctor, and this is not often well communicated to ophthalmologists in training.

## 7. MAKE FRIENDS

Ophthalmology is a small community. You will likely see the same people again and again, at every conference (and nowadays, there are meetings basically every weekend somewhere in the world). Make friends, have a good time, and enjoy your colleagues. Shared experiences can lead to strong friendships.

## 6. YOU CAN'T PLEASE EVERYONE

This lesson came as a surprise to me. Starting out, most people think they will be good doctors if they try their hardest, make ethical decisions, and perform good work. However, whether you do these things or not, your patients will sometimes still get angry with you. Even your family will sometimes get angry with you. It is impossible to please everyone. That does not mean you should stop trying, but realize that you will have unhappy patients at some point. Even the best doctor in the world

will have someone who is dissatisfied for one reason or another.

I once operated on an elderly woman with pretty dense cataracts. Her preoperative vision was poor, around 20/200. I operated on her first eye, and the procedure went well. On postoperative day 1, the patient's vision was 20/25 uncorrected. I was happy with her outcome and was expecting her to be thrilled. But, instead, she angrily asked, "What did you do? This is terrible." When I asked why, she said that I had aged her overnight. I laughed, thinking she was joking, and replied, "Oh, that's funny—because your vision is so good now." And she said, "No, really, you aged me overnight. I didn't have all of these wrinkles before surgery." The patient was adamant that I had somehow altered her "beautiful skin," and she stormed out of the office, never to return for her postoperative examination or second eye surgery.

## 5. WE ARE NOT AS SMART OR AS DUMB AS WE THINK WE ARE

By the time we are practicing ophthalmologists, we have already learned so much, and a lot of doctors become resistant to learning new technologies and treatments. People do not like change because it is hard. However, we must never stop learning. In addition, we must try to stay humble. Sometimes, we become content with what we know and how we do things, but we can always improve. Many of us will see patients who are referred by another physician or by the patient seeking a second opinion. It is important to stay factual and avoid criticizing the previous work without knowing the situation.

## 4. NEVER MAKE A DECISION BASED SOLELY ON MONEY

Never make a decision based solely on money; it is often the wrong decision. Many opportunities will come our way. However, we have to make sure that we think about all of the effects our decisions may have, whether on our practice, our patients, or our personal lives.

## 3. BE YOUR OWN ADVOCATE

Early in my career, I was working full time in academics. Although I was working hard and doing everything a junior faculty member should be doing, I was stagnant in my position. I was under the false impression that my superiors would notice what I was doing and acknowledge my efforts. Finally, someone pulled me aside and said, "If you want to get promoted, you have to ask to get promoted. No one actually taps you on the shoulder and says, 'Hey, you're doing a good job. You should be promoted.'" This experience taught me that no matter what it is in your life that you are trying to do—whether in academics, medicine, business, whatever—you have to seek it out.

Advocacy is important for all of us within our individual careers and ophthalmology as a whole. As physicians, we don't advocate for ourselves in the government. Most physicians do not enjoy advocacy work. Most are too busy in clinical work to follow what is happening regarding changes in Medicare or health care policies to call our senators or congressmen. However, it is important that we all participate in one way or another. If not personally, then contribute financially to an organization that supports you and acts on your behalf. Always be an advocate for yourself.

## 2. WORK HARD, PLAY HARD

Something I did not realize until I finished training is that it is important to play hard, too. Find a hobby that you can commit to for the long term. I often hear people say, "I'm so busy; I've got young kids" or "I'm travelling all the time," but it is really important not to wait for a less busy time because there *never* will be a less busy time. When I talk to my parents who are retired, they tell me they are so much busier now than they were when they were working. Life never slows down. It is also important for your mental and emotional health to stay physically active. Choose a physical activity that you enjoy, and continue it throughout your life, even during the "busy" times.

## 1. HELP PEOPLE

The primary reason we all went into medicine is to help people. We became doctors not because we like electronic medical records or because we like to write grant applications but because we actually want to help patients, and this can be done in a variety of ways. For example, Geoffrey Tabin, MD, does fantastic work around the world with his Himalayan Cataract Project; while your efforts do not have to take place in some remote location, it is important to help people in your own way. If you want to find something rewarding in your life, help others. It may sound corny, but if you do something, no matter how small, that actually helps someone else, you will be amazed at how rewarded you feel. It is the same feeling you have when you help people in medicine. ■

### Section Editor Sumit "Sam" Garg, MD

- medical director, vice chair of clinical ophthalmology, and an assistant professor of ophthalmology at the Gavin Herbert Eye Institute at the University of California, Irvine, School of Medicine
- serves on the ASCRS Young Physicians and Residents Clinical Committee and is involved in residents' and fellows' education
- gargs@uci.edu

### Bonnie An Henderson, MD

- partner in Ophthalmic Consultants of Boston and a clinical professor at Tufts University School of Medicine in Boston
- (781) 487-2200, ext. 3321; bahenderson@eyeboston.com