Episode 149: Transitioning From Intern to CA-1 year and Beyond

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In this 149th episode I discuss common challenges to the transition from intern year to CA1 year including some of why it’s difficult, the mistakes commonly made, the causes of those mistakes and some suggested solutions. Although I focus on the intern to CA1 transition, much of this applies to any major transition in life.

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This is NORMAL!

- Scenario: you develop some expertise during intern year, got to know staff, colleagues. Locations of call rooms and restrooms. You’re efficient. More respected. Then arrive in new place where less expertise again
- New staff doesn’t have same respect/ confidence in you.
- Example: Recruited to play soccer, but benched all year. Took on mindset to “be a sponge that year” to soak up all and give back to team. Later came success
- As CA-1, think of self as sponge. Don’t worry about being an expert. Trust in the process and that expertise will come. Thus 3-year residency!
- Logically this makes sense. This may not make you feel better but know that this is NORMAL!

Common mistakes

- Assuming that things are tough at time of transition, of not being happy compared to how you felt towards end of intern year, means there’s something wrong with YOU or this FIELD.
  - This is a NORMAL part of transition. Embrace the feeling of beginner again! Give it time and that it’s where most people are
- Compensating insecurity and frustration by acting like knowing more than they do. Those that react to bristle against questioning our decisions. ‘I’ll have to stick to my guns or I’ll look weak’ – huge mistake!
  - Embrace sponge analogy. Learn from everyone!! Open to that you’re new and can learn from everyone
- Not asking questions or seeking feedback in fear of ‘being revealed in imposter syndrome’. Fear of not knowing answer and being ridiculed within imposter syndrome. Other times it can just be mental exhaustion from learning and not wanting to seek out more.
  - Shift from “I need to be on top of everything or I’m failing” to “I just want to figure out as much as I can, even if I don’t learn it all in a day’. We need to structure training to help trainees in this mindset

Causes of mistakes

- Imposter syndrome – ‘I feel like I’m an imposter, but no one knows it yet’ ‘My boss made a mistake’ ‘If somebody finds out, people will discover that I am in fact an imposter. Then I’ll be rid of.’
- We in medicine have a performance-oriented culture, rather than learning-oriented culture. Recent talk by Keith Baker – Vice Chair of Education at MGH: some people are one or the other thus affects how you approach and take feedback. Medicine culture so geared towards performance that it pushes us to be that way.
  - Learner: find out what they can do better. Want challenge → get feedback → get better.
- Forgetting what it’s like to be a new trainee. ‘med student suppressor gene’, which can be extended to residency. People forget you’re not good at this stuff. Create a culture where any lack of knowledge is not a bad thing. It’s an opportunity for learning! (growth mindset) . This starts with building this mindset with faculty development through practice of approaching learners saying ‘Look, I’m glad you made this mistake because if you didn’t, I
wouldn’t know how to help you! I made the same mistake at your level and now we got something we can talk about how to do better.’

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Solutions
- **Imposter Syndrome**: talk about failures and admit we don’t know something. This is super powerful for our trainees to hear how faculty still don’t know things, how they had failures and still survived. This has been looked at re: burnout and had positive effect when they hear ‘war stories’. trainee should do it too so faculty should model this. Then turn this into working together to who might have an answer/solution.
- Embrace and support mindset of ‘Glad to see mistake. Glad to see this happen. Now there’s something to improve’. Build culture of learning and OK to make mistakes.
- Formative feedback emphasized. Make it known that feedback is to make trainees better, not hurt them. We must believe that trainees will not be punished for mistakes made early on in training. These should be opportunities for learning! This will help trainees comfortable with making mistakes.
- Peer-to-Peer network: system where CA2/3 can talk to CA1s with this transition. Talking to peers who are closer in our place is more comforting

What can learners do?
- Embrace **Shoshin** (初心) or ‘Beginner’s mind’ from Zen Buddhism. Completely open mind, like first day on wards. Embrace idea of not knowing and keeping open mind. Be that **sponge**.
- Ask tons of questions. Advocate for feedback in your own learning. This is key! Advocate for yourself! View this as guidance that faculty want as well, not negative repercussions! Helps faculty focus learning. Feedback helps faculty with idea of hurting feelings or feedback
  - During preop plan discussion, specify what you want feedback on (central line, IV).
  - Ask about specific topics “not confident about fluid management. If you have time can you teach me”
- **Trust that training program appreciates learners that seek learning!**
- **Seek help when you need it!** Don’t let yourself just think ‘this feels terrible and this is how it’s supposed to be’. Peers, family, PD. Look for this as well and reach out if you think your peers might benefit.
- **Consider mindfulness.** Exercise, yoga, meditation. Headspace, calm, etc.
- **Embrace not knowing.**
“You are so young, so before all beginning, and I want to beg you, as much as I can, to be patient toward all that is unsolved in your heart and to try to love the questions themselves—like locked rooms and like books that are written in a very foreign tongue. Do not now seek the answers, which cannot be given to you because you would not be able to live them. The point is, to live everything. Live the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answer.” — Rainer Maria Rilke, *Letters to a Young Poet*