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Now I am the Master: Transitioning from Learner to Teacher

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In the classic Star Wars film “A New Hope,” former apprentice, and now evil villain, Darth Vader, comes across his old teacher Obi-Wan Kenobi for the first time in years and states, “The circle is now complete. When I left you, I was a learner but now I am the master.” Now, let’s hope that none of you use your well-earned residency training to go on and become evil Sith lords bent on ruling the galaxy. Even if galaxy domination isn’t your cup of tea, when the all-important step from resident to attending occurs, we can appreciate the sentiment of becoming a “master” overnight. The attending physician security blanket who increasingly, throughout training, became your “just in case” is now you! Let’s look at some tips to making this big transition as smooth as can be.

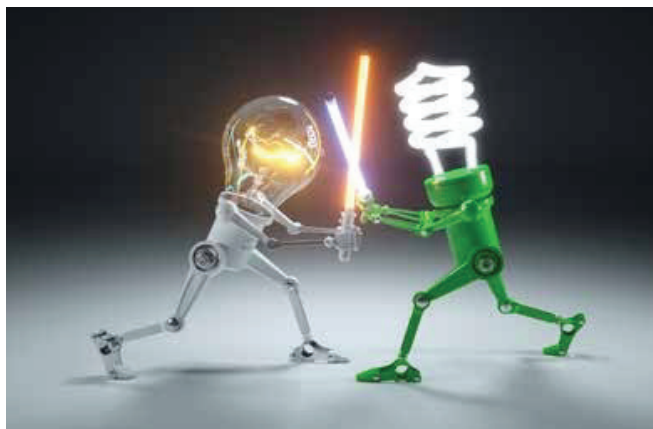
REALIZE MASTER DOES NOT EQUAL PERFECT

While it is true that you are now the go-to person in the unit, you are not expected to, nor will you ever truly be, a perfect master of the craft. Disease, specifically emergent disease, complicates practice by being surprising, unique, and challenging. Sometimes not knowing exactly what to do next is not an indictment of the training you received, but rather an acknowledgement of a craft that is forever challenging no matter the number of years out from training. While you will be sought out by others as a leader for your expertise, know that the teachers you had in residency in the form of nurses, consultants, patient care techs, and social workers will remain some of your best educators. A good “master” will still rely on the team for their insight and wisdom.

TRUST YOUR TRAINING

Graduating from an accredited emergency medicine residency training program gives you a special set of skills that not many possess: trust that gift! The stressful nights cross-covering in the ICU, shifts in the ED where you felt in over your head, and whiffing on an important procedure only to be rescued by a senior resident are all experiences that have crafted you into a “master,” a highly skilled emergency medicine physician. There are still plenty of “what do I do now?” procedures that don’t go as well as you wanted or feelings of just being

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overwhelmed, but know that your senior colleagues with much more experience and time out from residency feel the same thoughts from time to time. Your training has prepared you for this moment, not only to practice high-quality emergency medicine but also to impart your knowledge to residents, medical students, and your staff.

SET THE TONE

One of the more important roles as attending will be setting the tone for your team on shift. As a physician, you will be looked to as the leader of the unit, perhaps in a way that is different than you experienced as a senior resident. Positive energy is contagious. Residents, students, nurses, and even your new colleagues will be watching as you interact with challenging consultants, advocate for admission on your patients, deal with demanding patients, and provide education to your team. Be worth looking up to. Gaining the respect of the entire care team doesn’t have to be something that takes years of practice if done the right way. Think of your training; it’s probably not hard to think of the attending physicians who were “favorites” of staff, consultants, and patients. What characteristics did they have? Did they remain calm amidst the storm that can sometimes be an ED shift? Were they kind to all the staff, from the housekeepers to the chair of surgery? Did they provide effective constructive criticism for improvement without

being condescending? Strive each shift to set a positive tone no matter what an ED shift throws your way.

TAKE THE TIME

Being in community practice myself, this is probably one of the hardest parts of being a teacher that was a bit easier in the academic setting. Teaching takes time to do well. There will be colleagues who are less interested in spending time with medical students, off-service residents, and maybe even ED residents. When you feel the burden of moving patients, doing procedures, and managing full waiting rooms, it sure can be hard to listen to a drawn-out medical student presentation, teach an off-service resident how to do a laceration repair, or explain to a new intern how to talk with a specialty service on the phone. However, taking the time to do these things will pay dividends for their education. Balancing the responsibilities of being an attending physician with being a teacher may get more challenging as time passes and responsibilities accumulate. However, developing good teaching habits early will be important to long-term success.

Transitioning from learner to teacher provides great opportunity for professional growth while presenting challenges. There has been a lot of discussion in our field about the burnout that physicians, even young physicians, are experiencing.

"Educating the next generation of students and residents and seeing things click as they care of emergency patients can be one of the tools in our belt to combat the burnout epidemic."

Educating the next generation of students and residents and seeing things *click* as they take care of emergency patients can be one of the tools in our belt to combat the burnout epidemic. Our job can be frustrating as days fill with bureaucracy, electronic medical records, metrics, and non-clinical responsibilities, leading us to forget some of the wonder we experienced as we intubated for the first time, learned how to work up an abdominal pain patient, or felt pride in seeing a patient who was dying in front of us leave the hospital with their family. We remember being learners - let's use our skills to be quality masters for those who are still learning.

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