

# Children's News

For Children's Hospital Boston employees, staff and volunteers

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## My first day: new residents share their experiences

Decades pass, skill and confidence are cultivated, but every doctor remembers that first shift as a new resident. For **Carmen Monthe-Dreze, MD**, an intern who started in the Boston Combined Residency Program (BCRP) last month, her initial shifts were rife with exhilaration—balanced with a healthy dose of fear.

"I was adjusting to the fact that the lives of so many would be in my hands," says Monthe-Dreze, who grew up in Cameroon and spent a number of years as a researcher before attending medical school in New York. "Would I meet my and every-one else's expectations?"

The first week as a resident can make even the most academically accomplished individual doubt their aptitude. "I felt so unintelligent because I would ask the most benign questions," she says. "How do I retrieve a clinic note? Why are my prescriptions not printing? I frequently got lost in the hallways just trying to find my patients' rooms."

That humbling experience was likely shared by all 47 new members of the competitive BCRP, the joint training program of Children's Hospital Boston and Boston Medical Center. Each year, Children's receives around 1,400 applications from all over the country and world. The pool is then narrowed down to 250 who are invited to an in-person interview. "Our applicants are extremely talented and loaded with other accomplishments," says **Samuel Lux, MD**, director of intern selection for BCRP and chief emeritus of Children's Division of Hematology/Oncology. "They are truly amazing people."

Lux says the labor-intensive process of picking interns—which takes almost a whole year and involves multiple interviews, phone calls, committee meetings and a complex ranking system—is inspiring. "You sort through huge numbers of people and find these gems," he says. "You send thousands of emails back and forth with them, you talk to them on the phone, and they show up as new interns and you get to observe what happens." Lux, who can often be found mentoring residents about their futures, says he watches their careers with



Photo: Patrick Bibbins

CARMEN MONTHE-DREZE, MD, working on 9 East

pride. "I feel a little like a grandparent showing off my grandchildren proudly, or perhaps obnoxiously, to everyone else," he says.

Choosing interns is a big responsibility: Around one-third of those who come to Children's for training end up as long-term faculty. "We're choosing people we want to become academic leaders," says Lux, who did his residency here in the late 1960s. "In essence, we're recruiting the principal faculty for the institution and it's incredibly important for the success of the hospital. The discoveries they make, the leadership they provide, they change the course of medicine and science."

Here, some of BCRP's newest residents reflect on their first week on the job.



MICHAEL FARIAS, MD

**We learn about how the brains of young babies are like sponges.** Everything in the world is new and they literally have to learn everything from scratch—their brains even need to learn how to translate the signals from their eyes into vision so they can see!

This is pretty much how I felt on my first day in the hospital. From putting in orders to calling consults to figuring out how to recharge the phones, everything on day one was a learning experience.

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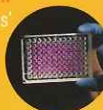
Children's Hospital Boston

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These stories and more at *Children's Today*, the hospital intranet

## GRATITUDES



### Thanks, 8 East!

Dear **Suzanne Reidy, MS, RN, NE-BC**, nurse manager 8 East


Our son Chad was discharged from your floor yesterday. My husband and I would like to share our impressions of the wonderful, expert care our family received while our son was on your floor.

Of all the children I saw on 8 East, our son was the least sick. Your nursing staff, unit coordinator and staff physicians treated him as if he were the only patient there. The professional demeanor of your entire staff was so impressive. Chad's nurses declared themselves to us at every shift change. They were attentive, professional, knowledgeable and kind. Your unit coordinator was helpful and courteous. Even the housekeeping staff were gentle and kind to our son and us. I'm also a registered nurse and I worked for many years in a community hospital. You should be quite proud of the floor you run.

The staff physicians on the floor were fantastic! **Cristiana Russ, MD**, and **Hayden Tyler Schwenk, MD**, were so caring to Chad. They monitored test results from South Shore Hospital, the ED and your floor. Our hospital stay was probably a day shorter and our son's recovery a day sooner than it would have been anywhere else because the physicians and nurses worked so well together.

In the past I have been skeptical of the need to "go to Boston" when a child is sick. Now I understand why people feel compelled to do that. I would never feel totally comfortable anywhere else. Please pass along our sincere gratitude to your staff.

Sincerely,  
Amy and Daniel Morse  
North Easton, MA

 Read more Gratuudes at *Children's Today*, the hospital intranet.

## Residents CONTINUED FROM COVER

No matter how much training you get in medical school, nothing can truly prepare you for the weight of actually being fully responsible for a patient for a first time—of being someone's doctor. No one co-signs my orders anymore. No one addends my notes. Making decisions for patients is a privilege that comes with tremendous responsibility, and I didn't quite realize this until I checked the first order I wrote about a half-a-dozen times to make sure I was writing for the right amount of Tylenol for my patient.

One of the weirdest things to do the first day of internship is to introduce myself as "Dr." It still hasn't quite sunk in that this title, which I have been working so many hard years to obtain, is finally mine—I think what makes it feel so strange is that I realize how very much I still have yet to learn.



STEPHANIE  
CHANDLER,  
MD

**On my first night on call**, as we were signing out in preparation for the evening and simultaneously getting a call from the ED about our third admission, I remember asking myself how I was going to manage the care of all these patients. After seven admissions and an ICU transfer, I remember feeling particularly paralyzed by the amount of work that had to be accomplished in only a few short hours. I began to feel as if I was becoming progressively more behind on the steady list of things I had to get accomplished. But not a few seconds later, one of my fellow interns and his senior resident stopped by our workroom. They took one look at our board, and they both immediately sat down and asked what they could do to help.

The thing that left the greatest impression

on me following that first night on call was not the amount of work that was done overnight, or the fact that I felt like I could still hear my pager going off even when I was home enjoying a post-call nap. It was instead the impression left by the people with whom I'm now working. The nurses, my fellow interns, senior residents and the attendings in-house were happy to take time to help, brainstorm, give a quick teaching point or just take a moment to check in. When they could have been enjoying a quick power nap or getting prepared for the next day, a multitude of people showed up to ask how I was doing and what could they do to help.



JONATHAN  
MESERVE,  
MD

**My first few days as an intern were spent mostly in a state of disbelief.**

We are taught things in medical school that we feel confident doing; we have demonstrated to residents and attendings that we can perform procedures, write notes and consent patients, but you remain in a state of disbelief when you find yourself doing it. Parents ask you for your opinion, waiting in earnest for an answer and to be offered some hope. Now petrified, you misspeak and stumble at your first opportunity in that role. Self-doubt and fear about my ability to care for complicated patients seems constant. But with this new sense of responsibility comes new experiences: patients and families thanking you for your work, and the confidence to make decisions on your own. After only a few days, these fears and feelings have shown me that the next three years will, without a doubt, be the hardest and most formative of my life.

## EMPLOYEE OF THE MONTH

Congratulations to **Susan Fitzgerald, RN, MSN, CPNP**, advanced nurse practitioner in Children's Hospital Boston's Department of Adolescent Medicine, and clinical director of Children's Boston HAPPENS (HIV Adolescent Provider and Peer Education Network for Services) Program, who's been selected as August's Employee of the Month.

Peers describe Fitzgerald as a proud ambassador for adolescents and vulnerable youth. She's passionate about providing world-class medical care to teens, including many who would not otherwise receive services.

Despite a daily schedule packed with some of the clinic's most medically complicated patients, peers say Fitzgerald is constantly thinking about how she can help ease the workload of others. She keeps an eye out to make sure the waiting room isn't getting overly crowded and often volunteers to take an extra patient or two, in order to give the residents and fellows some breathing room. "She's always willing to see one more patient," says one colleague. "It doesn't matter if it's well beyond the end of her day."

Fitzgerald came to Children's with a background in caring for underserved and at-risk pediatric and adolescent populations, which is how she honed her enviable grace-under-pressure skills. Whether she's overseeing HIV counseling and testing efforts or briefing her co-workers on which patients she thinks might need extra attention, she's a pro at handling complicated social situations. Co-workers even praise Fitzgerald for her thorough paperwork. As one colleague puts it: "Frankly, Sue's the glue that holds this clinic together."

 Visit the Human Resources page on *Children's Today*, the hospital intranet, to nominate a fellow employee.