

# our way

A publication for the employees of Children's Health System • April 2009

## A DAY IN THE LIFE OF A RESIDENT

*Editor's note: The patient names in this feature have been changed.*

**6 a.m.** Michael Barnett opens the door to his one-bedroom apartment with wet hair, bare feet, and a wide smile. The Children's Hospital resident is almost ready for another day in his renal service rotation.

Inside, a "Mr. Fantastic" figure greets visitors. *The Fantastic Four* hero was a gift, spoofing Michael's 6' 5" frame. "Mr. Fantastic, you know, is stretchable," he says, smiling. At his desk, he reads a devotional with nearby photos of his family and his girlfriend, a Duke University neurology fellow.

His undergraduate diploma from the University of Virginia and medical degree from the University of Kentucky hang on the wall. Born in Kentucky, Michael, now 28, moved to Virginia as a child.

As he locks his door, he says of his five-minute commute, "Time is precious. Living close is good."

**6:30 a.m.** "I start the day in the residents lounge," he says. Residents switch rotations monthly. In the nephrology service, Michael works with intern Caroline Colvin.

Some call Michael "Newbie," the nickname of the *Scrubs* TV character. "I guess Barnett kind of looks like that guy," resident Ben Toole jokes. "Nerdy in a good way, brown hair . . . with eyes that you can melt into." Michael rolls his crystal blue eyes in response.

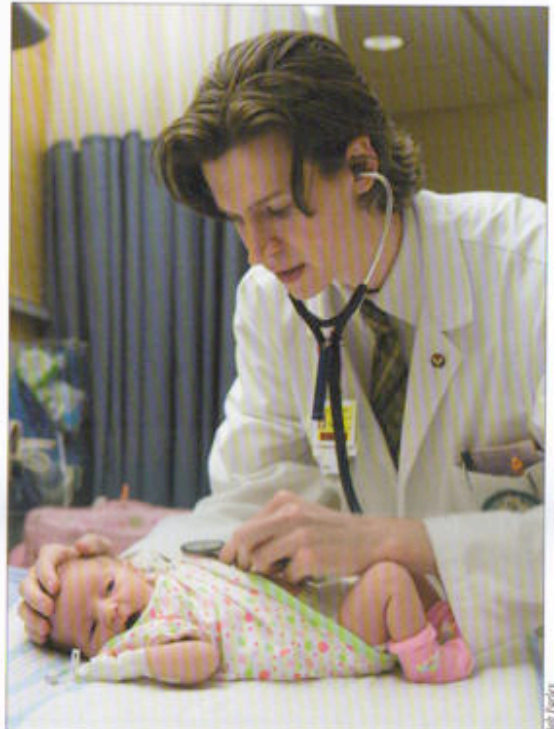
The night shift staff gives a verbal rundown of each patient's status.

**7:10 a.m.** Michael bounds up a stairwell to the renal area. At the nurses' station, he checks charts. "This kid was born with polycystic kidney disease," he says about his first patient, a 4-month-old girl. She went to ICU shortly after her birth when she was 10 days old.

**8 a.m.** Staff gathers to hear "Morning Report," presentations about unusual cases. Michael is the second speaker discussing another case.

One of the residents receives a message. "It's Ben," she says, bolting for the door. Renal patients tend toward chronic illness and repeat visits.

**8:50 a.m.** Michael, Caroline, attending physician Mark Benfield, and a handful of other staff members meet for "pre-round." The resident and interns present their patients.



Children's resident Dr. Michael Barnett examines Katey Jon Jones.

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Next he checks on a teenage girl with developmental delays who has Wegener's disease in remission. "She came in with her kidneys not working. We don't really know why yet," he explains.

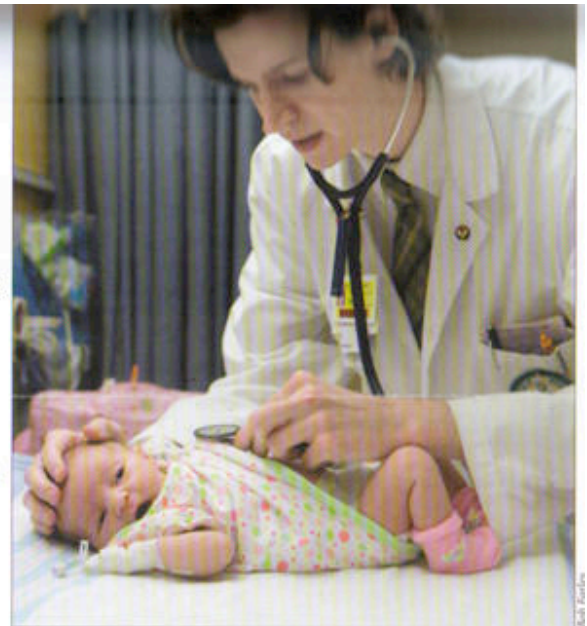
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**9:55 a.m.** Michael, Caroline, and Mark begin "walk rounds," visiting patients. The family faces differ but hold similar mixed expressions: hope, apprehension, and relief upon the physicians' arrival. As they exit, Mark asks each time, "Do you need anything?"

**11:15 a.m.** Michael and Caroline return to the residents' lounge where they



Children's resident Dr. Michael Barnett examines Katey Jon Jones.



## A DAY IN THE LIFE OF A RESIDENT

*continued from the front page*

**12:30 p.m.** Michael says he discovered his passion for medicine on a two-month church mission trip to central Russia. "Seeing poverty like I never imagined opened my eyes to a need for compassionate medical care," he says.



*Dr. Michael Barnett and first year intern Caroline Colvin discuss patients in the residents lounge.*

In medical school, he completed rural training in Appalachia. For his residency, he found Children's "an academic, challenging program, but without pretense," he says. He plans to finish in May 2010 and then enter a fellowship program in adult and pediatric palliative care and hospice.

"I'm not the kind of giggly pediatrician who wants to coo and play patty cake," he says. He thinks of himself as an advocate for kids.

For a time he seesawed between becoming a pastor and a doctor. His minister encouraged him to choose medicine. "Medicine has become pretty calculated and bottom line," Michael says. "For me, faith is a big part of my work. I'm interested in this bridge between faith and medicine, particularly with death and dying."

**1 p.m.** Michael and Caroline attend a meeting about dialysis and transplants.

**2:35 p.m.** Michael confers with the attending about a new consult patient.

**3:15 p.m.** Michael finishes case notes. He heads back to the residents' lounge, now almost empty.

**4:10 p.m.** "Ben died," says the woman who left the meeting earlier this morning.

"He did?" Michael asks. "In the ER?"

"He coded in the ER but they got him up to the floor," she says.

"Are you all right?" he asks.

"Yeah, it's okay," she says, smiling, but her eyes water.

"So it was a good thing? I mean, as good as it can be?" Michael says. "Yeah..." she says then walks into another room.

"The hardest part of residency has been the responsibility of caring for sick, often dying patients," he adds. "Medicine is set up to gradually place more and more responsibility on doctors-in-training. From your first night on-call as an intern, there is a fine line between the excitement of learning medicine and making serious decisions to sheer terror.

"Apart from the 80-hour work weeks, the constant switching of jobs and locations, it is simply caring for the sick and dying that really weighs on us," he continues. "The best part, I think, is the same. We get to make unbelievable decisions every day, take care of people in crisis moments, listen to them and perhaps heal them. I truly believe this is a sacred profession for this reason."

**5:35 p.m.** Michael and Caroline brief the new shift about patient details. Tomorrow morning he will rise early and do it all over again.