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Brave New Clinic

Sunlight streams through the curtains as my alarm blares its cacophonous reveille. My eyes jolt awake – 7:15 AM?! I breathe a sigh of relief. Thanks to the recent 50-hour resident work week restriction, morning rounds now start at 8 AM, allowing patients and providers to feel more well-rested.

I leisurely sip my Arctic Vibe Celsius and call an Uber Black to work (reimbursable thanks to GME resident funding).

After rounds, my intern Nick asks for a personal day. I send him home. He has another 13 personal days left for the year. I realize too late he hasn't finished his notes. My co-resident Anna is on the phone troubleshooting calls from patients regarding our hospital's new AI diagnostic tool. She is exasperatedly providing reassurance to a tearful 26 year-old male with dysuria that he is unlikely to have urethral cancer. Not wanting to be dragged into helping, I finish Nick's notes and head down to the simulation laboratory.

Our Sim Lab is equipped with four Da Vinci robots. I download the updated module for robotic prostatectomy, now internationally standardized and replete with individualized feedback. In the name of patient safety, residents at our institution not only have to complete the model but also score in the national 50th percentile before scrubbing in an actual case. I take a seat at the console to begin my twenty-first attempt at this module.

Six arduous hours later, I get the following score report:

Prostate resection: 85%. Surgical margins: POSITIVE

Leak Test: FAIL

National Percentile: 45%

YOU ARE IMPROVING, KEEP UP THE HARD WORK.

The automated one-liner of encouragement was added based on a recent randomized study demonstrating that positive feedback for surgical trainees significantly improved their performance and well-being. At this rate I should be worried that I won't meet my minimum case requirements before graduation. Truthfully, I'm more upset I gave up my "mandatory" one-hour lunch break toiling away at this Sisyphean exercise.

I chug my other Celsius and go back upstairs. Anna is still on the phone. I pretend not to see her. I stop by Dr. M's office to solicit advice on crafting a personal statement for fellowship applications. She hands me a stack of templates curated by ChatGPT. We make small talk. At one point, she asks, "Are you happy?"

Her question takes me by surprise. Compared to my previous chiefs, I work half as much for twice the pay and with double the vacation time. Menial consults, like catheter placements, are now managed by medical students. Expletives and thrown objects are replaced by compliments and fist-bumps in the OR. Patient safety remains at an all-time high without ostensibly compromising resident education.

I have no right to complain. I should be happy.

I leave her office feeling confused. I cancel my Uber ride home to instead trek the two miles back to my apartment in the crisp winter air, all the while contemplating the notion that perhaps my urologic training still leaves something to be desired.