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THE LEARNER'S VOICE

Code Fear

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I vividly remember my start of psychiatry residency. It was week 1, and I was rotating on an acute adult inpatient psychiatry unit for the first time in 3 years. The senior resident was in clinic. So, it was up to me to manage the unit, although support was within reach if I needed it. I remember feeling my heart sink every time I heard a loud noise, thinking, "What do I do if there is a code gray?" (This code is called to summon security in the case of imminent danger, such as a combative patient or visitor.) It was an emotional callback to my Little League days playing shortstop, when I would worry, "What do I do if the ball is hit to me?" and feel ill-equipped to handle a stressful situation for which I had actually been prepared. There were four code grays that afternoon. I had more code grays involving my patients that month than I had my entire first 2 years of residency. Whenever a code gray is called, it seems like everyone in the building comes running to assist. I remember that with each code, I felt more and more comfortable and confident, and it was comforting to hear my attending say, "He's got it." As it turns out, I came to love the acuity of inpatient psychiatry and want to work with patients with serious mental illness in my future career.

So why was I so afraid? To start, impostor syndrome is real, with a review paper finding that up to 44% of residents experience impostor syndrome [1]. Furthermore, patients with serious mental illness are a vulnerable population who often get stigmatized, particularly when it comes to violence. The vast majority of patients with mental illness are non-violent and are more likely to be victims of violence, with only about 4% of violence being attributable to mental illness [2]. Add in the natural fear that comes with not knowing what to expect in psychiatry training, combined with a cross-country move, and I was primed for distress. But, there was beauty in overcoming that initial fear, succeeding, and realizing I belong. I had passed beyond just figuring out how things work and was now able to focus on learning what I set out to do—how to become the psychiatrist and clinician I want to be. It was important for me to recognize that I am not in this alone. I am lucky to have a fantastic group of co-residents whom I enjoy working with every day. Family and friends are a great support system, but co-residents are the only ones who truly understand the inner workings and daily challenges of residency training. We even have a monthly process group built into our didactics, but the true processing happens in those spontaneous moments and hangouts with my co-residents.

Fast forward 2 years, and I have experienced highs and lows of patient care, from losing a patient to possible suicide to diagnosing psychosis due to a presumed pheochromocytoma, only for the patient to discharge against medical advice before confirming the diagnosis on imaging. I am lucky to have extremely supportive faculty and staff (including co-residents, nurses, faculty, social workers, administrators, and others)—the biggest testament to this being that three different faculty members took the time to sit down with me and help me process after a patient I had evaluated later passed away, possibly by suicide. Losing a patient to suicide can have lasting impacts on mental health professionals, and I cannot imagine navigating such an event without such support [3]. For me, feeling all of this support made me realize that I chose the right residency program, and I would do it all over again.

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Declarations

Disclosures The corresponding author states that there is no conflict of interest.

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