



PRACTICE MANAGEMENT

Being taken seriously

Young MDs often have their judgment questioned by colleagues and patients; here's how some deal with that

BY ABIGAIL CUKIER

While working an emergency room shift during her first year of practice, Dr. Michelle Cohen set up a treatment plan with her patient and confirmed it with a specialist before handing off the patient to the next doctor.

When she went to say goodbye, the patient told her the plan had completely changed. “The doctor who had taken over had said, ‘That other doctor is young and inexperienced, so we are going to change things,’” Dr. Cohen, who is now 40 and nine years into practice, remembered.

“I am still steamed about it. The doctor never said anything to me. It was a patient I had seen for hours. We had a solid plan that was backed by the

specialist. The patient was confused too. I felt embarrassed and humiliated.”

Not being taken seriously—by supervisors, colleagues, preceptors or patients—is a common problem for young doctors. Patients ask their age, how many times they’ve done a procedure or where their supervisor is. Meanwhile, other healthcare providers question their judgment based on nothing but their age.

OPPOSITE REACTIONS

Dr. Sara Accardi, 33, is the lead physician of the Alexandria Region Family Health Organization in North Glengarry, Ont. She said she often experiences one of two opposite reactions to her age. “Many patients who meet me say, ‘Oh good, a

young doctor. That means you know the most up-to-date information.’ On the other hand, some patients say things like, ‘You don’t have the experience to know how to treat me properly.’”

Dr. Accardi said the shift in medicine with campaigns like Choosing Wisely, which aims to reduce unnecessary tests and prescriptions, also has an effect. When patients with upper respiratory tract infection symptoms ask for an antibiotic prescription like they get every year, Dr. Accardi has to explain that antibiotics are often inappropriately used for non-bacterial infections.

“This is when I typically have my age thrown in my face. ‘You’re too young. You must never have seen a serious infection,’ they’ll tell me. Medicine and

research changes over the years, but people don't. The majority of people think that just because something has always been done, it is the right way. It will take several years to convince people that the newer evidence is more appropriate."

But she tries not to take things personally. "With patients, I remind myself that their criticism comes from a place of fear. Most of the time, taking the time to explain my reasoning, hear their fears and come to a mutual understanding is enough."

When that's not enough, Dr. Accardi reminds them that she completed four years of university, four years of medical school and two years of residency training and uses the experience of her mentors to guide her. If they persist, she invites them to find another doctor.

"I'll say, 'It seems that you do not trust my medical abilities. I do not think it's possible for us to carry on with a good doctor-patient relationship if you don't trust me. Would you prefer if I help you find another physician whom you may trust more?' Usually at that point, people realize they were wrong."

Dr. Cohen, who is now a family doctor in Brighton, Ont., understands that for some older patients, it can be jarring to see that everyone in healthcare is their children's or grandchildren's age. "I understand that they may not mean to offend anyone," she said, adding that these problems are quite common for doctors, particularly female physicians.

"Don't let it stop you from feeling confident in your skills and knowledge. You are in the place where you belong."

OLDER COLLEAGUES

Dr. Accardi said that when she tries to transfer a patient from her small rural hospital to a larger institution, she often gets pushback from the accepting physician. "I think this is a problem physicians of all ages face," she said. "However, when I'm speaking to a doctor who does not recognize my name, they often ask me when I graduated. Knowing that I am a new doctor somehow makes my level of concern less reliable."

But Dr. Accardi isn't usually deterred. "When it comes to dealing with other

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doctors, I find it's all about remaining firm. I'll say, 'Yes, I am a new graduate. I am also the only doctor currently on site at this rural hospital. I am telling you there is a patient here who is too sick for what our facility can provide, and asking for your assistance. My age and experience level are completely irrelevant, given that I am the only doctor currently available.'"

Dr. Franco Rizzuti, a third-year resident in public health and preventive medicine at the University of Calgary, said that when he was in his late 20s, doing his clinical service as a clerk in medical school, nurses would be more resistant when he asked them to follow up with an order.

"I found that if I had a beard, I received way less resistance than when I was clean shaven. I looked a bit older and was taken more seriously," he said, adding that he picks his battles. Instead he takes small steps like keeping a beard and wearing a collared shirt if he is on call. "If I fit the mental image of a doctor, it's a little bit easier for them to listen to me," he said.

IT'S OK TO NOT KNOW

Dr. Rizzuti, who is now 31, says that the current generation of students and residents will not tolerate harassment

and are more likely to look out for their own wellness. He says doctors who are having issues can reach out to the director of their residency program, their postgraduate office or their province's residency association.

"Egregious situations or continued microaggressions are harder to deal with than a one-off event. But we will usually talk with our colleagues and friends to do a bit of venting and get some perspective," he said.

For her part, Dr. Accardi emphasized that the most important thing is not to take this kind of feedback to heart.

"Every doctor was young once. Everyone had to gain experience and learn the ropes. Don't be afraid to turn to mentors when you are struggling. Make sure you ask for help when you really don't know something," she said. "And don't be afraid to tell your patients you do not know. I often look up medications and doses in front of patients. For the most part, they appreciate my honesty and know that even with years of experience, one doctor cannot know everything.

"Every generation of doctors has exponentially more to know. Our profession is changing. It is OK to practise differently than older doctors and it is OK not to be able to store all the information in your brain." **MP**