

YOU WHAT?!

Humorous Stories, Cautionary Tales, and Unexpected Insights
About A career in Medicine

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Mentor to me

I went to the University of Florida for my residency in 1980 and I didn't know a soul in Gainesville. But I chose that residency for their emphasis on teaching and not being “a knife and gun club” a term used for so much trauma that you didn't do anything else but operate. I was right. We had a daily conference schedule where we as residents presented cases, lectures and we were grilled with questions designed to make us think and reason, not to (usually) belittle us or to make us look stupid. We did that well enough on our own!

There was one particular faculty member. Dempsey Springfield, who was very laid back, but when he spoke or asked a question we were on high alert because we knew we had to think. And he would pop in little gems, old stories, aphorisms, to make his point. Many of the philosophies I pass along came directly from him, particularly about a conservative approach to surgery.

What I learned from him was that your contribution to the orthopaedic health of your community, state or world is so much more if you teach because there are large numbers of multiple generations of students who learned from you who will use that knowledge to better the health of those communities. As opposed to just pounding out surgeries one at a time. Still good but limited.

One of my fellow residents said “You know, when we are out in practice and deciding what we are going to do for a patient, there will be a little Dempsey Springfield on our shoulders whispering into our ears “Are you sure you want to do that?” I can think of no finer tribute.

Mentor to Others

One of the things I am most proud about in my career was winning the Hugh Hill award at the University of Florida medical school when I was a 4th year resident. The plaque says “The house officer best exemplifying the leader, teacher, clinician and friend for whom this award was named. Presented by the Class of 1984.”

So when in 2005 Florida State University Medical School enrolled its first class, I knew I wanted to be involved. I was one of the several orthopaedic surgeons in Orlando who became clinical faculty for Jr and later Senior medical students as they did their clinical rotations in Orlando. I would have them for usually 2-4 weeks and might share them with another orthopaedist.

It was different as clinical faculty than when I was a resident. I now had responsibility, I was getting paid, and had to fill out evaluations on the students. To do it right, you have to spend some time and effort. The student can't be just expected to observe you and be in awe of your clinical and surgical skills. Especially junior students need to learn the transition between a regular person and being a professional. You have to think differently. So I tried to use that same Socratic teaching method with my students. I put them on the spot when they were presenting patients. I worked with them (sometimes very painfully) to get them to make clear and concise presentations. I made them look up topics and present them to me. I made them look up information on patients that we saw in the clinic. I made them learn about orthopaedic emergencies and the common things their families will call them about.

Some of them didn't appreciate it. One of my evaluations said “Dr. Chase didn't have any understanding about us having a test at the end of this rotation.” Some of them loved it - especially the ones who wanted to do orthopaedics. But my favorite student was an unassuming female who was thinking about OB/GYN. I thought, “this girl will never be a surgeon.” And her name. Princess. She is going to get torn up in a surgical residency because a princess is the last thing a residency wants.

But she was very interested, despite knowing she wouldn't go into orthopaedics. Topics I gave her to research she came back with a presentation with notes and a summary of the important facts about this subject (which were so good I kept and used for my other students). She worked hard at her presentations and couldn't get enough. She actively sought feedback on "How can I improve?" and wanted me to be tough on her "That's how I will learn". I loved this girl. We began to talk throughout the rotation about career goals and I encouraged her to go for it, because, despite my initial impression, I thought she could be a great surgeon!

I gave her this feedback and then, like all students do, she went away. And the next week others come in for their rotations. The difference with her was that a year later I received this text. You almost never hear back from previous students. Maybe ones that went into orthopaedics.

"Good evening Dr. Chase. I wanted to say thank you for being so encouraging during my rotation with you. I decided to pursue a career in OBGyn and am thrilled to share that I matched into my #1 choice at George Washington University in DC. I couldn't have done this without your encouragement and support. Endless thanks."

I can't tell you how much that meant to me! As we never delete anything from our phones anymore, 2 years later I texted her to let her know I had retired and was writing a book and a blog. Her reply warmed my heart again. She said "I've decided to apply to minimally invasive Gyn Surgery fellowships. Please know you have significantly impacted my career and I will always remember you encouraging me to be "twice as good" as those around me."

This is for you Dempsey Springfield. Your heritage continues to be passed down.

Sights and Smells

Some people think it is glamorous to be a doctor. They have nice houses, they drive nice cars, they seem to have some prestige. Let me tell you how glamorous it can be.

I was a junior resident in orthopaedics at the VA (Veterans) hospital and we had just fixed a hip fracture for an older veteran. As the Jr resident, I would get all the calls on our patients on the orthopaedic floor. About 1 AM I got a call from the nurses about this gentleman whose abdomen was getting progressively larger and larger. I asked them to get some tests and x-rays and I would be in shortly (we took call from home).

When I saw him it looked like his belly was going to blow up! He wasn't in a lot of distress, but if it got much larger his bowel could rupture. It turns out he had something called Ogilvie's syndrome where the bowel goes into paralysis without actually getting obstructed. The treatment is a nasogastric tube into the stomach from up top and a rectal tube from below to decompress the bowel while it recovers and they usually get better with some time.

While writing my note the nurses kept coming up to me and telling me the rectal tube kept getting blocked with feces and couldn't decompress all the air in the bowel. So here is my conundrum. I could go home, get calls every half hour when the tube kept getting blocked, the bowel would not decompress and he would get much worse or even die! Or make sure that air got out.

So we rolled him on his side and I put an index finger from each hand in his rectum and opened the anus with the hoped for and expected rush of air (better known as a fart!) coming right at my face! I sat there for about a half an hour while getting a steady fart in my face with the expected smell accompanying it.

His bowel quickly decompressed and I got to go home and sleep without getting further calls about him the rest of the night. Not quite what I was planning on when I went into orthopaedics, but you gotta do what you gotta do!

For more Dr. Chase's stories, please visit:

https://www.amazon.com/You-What-Humorous-Cautionary-Unexpected/dp/1949550451/ref=pd_ybh_a_1?encoding=UTF8&psc=1&refRID=RX1ADVPS3AMW83QZJDEK