Learning to be an Attending
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One of the most difficult years in my professional life was my first year as an attending. While residency was also difficult, there was always a senior resident or attending to turn to for help. When you become an attending, however, you have ultimate responsibility for clinical decisions.

My first day as an attending in a brand-new division of hospital medicine immediately followed my last day as a senior resident on the same team. It took some time to be comfortable with the new responsibility. While attendings can call on peers, consultants, and division directors for help, the type of responsibility is different, greater. The stress is often exacerbated by having to make decisions without sufficient evidence.

This month's Pediatrics Ethics Rounds describes a conflict between an intern and a young attending about discharging a patient (10.1542/peds.2020-049646). Contrary to the intern and mother's preference, the risk adverse attending instructs the intern to only discharge the patient after the patient is afebrile for 24 hours. The commentators generally analyze the situation from the intern's perspective and make helpful suggestions for addressing such conflicts at the individual and the systems levels. Their suggestions include providing conflict resolution training to residents.

It is easier for me to identify with the attending. While in this case, it is relatively easy to criticize the attending's decision, I continue to struggle balancing caring for patients and educating residents. The emphasis on evidence-based medicine may obscure the role that judgment and emotions play in decision making. Young attendings may understandably be risk-adverse especially in the face of uncertainty. It is important for them to learn to defer to family's risk tolerance within reason.

When you read this month's Ethics Rounds, try placing yourself in both the intern's and attending's position. What would you do if you were them?