

*"I want to be brave and work to the point of exhaustion every day. I want to wake each morning with hope for my patients and close my eyes each night proud of the work I do."* Quote from a medical student personal statement, 2014.

When I was a kid, I would stay with my cousin, who lived in the country, for about a week every summer. One summer, when I was about 10 years old, my cousin's older brother told us how cool it was to be so exhausted at the end of the day, that when you jump into bed, you could fall asleep in midair before you hit the mattress. So that year, we would get up extra early, do our chores, play, explore, stay up late, etc. Not once did we fall asleep in midair before we hit the mattress. It was only years later that I figured out he was pulling our leg. I have since fallen asleep at a stop light a few times, but I still haven't fallen asleep in midair.

Fatigue is a dirty little word with the ACGME. It is thought that fatigue may be a source of medical errors. When I was on the ACGME Duty Hours Task Force a few years ago, we reviewed the literature on fatigue and interviewed many sleep experts. At the end of the day, we made only some minor revisions to the 80 hour work week. The Task Force realized that more medical errors in residency training were likely due to inadequate supervision, and made significant changes in resident supervision requirements.

Perhaps there is a fine line between exhaustion and fatigue. In our culture, it seems OK to get to the point of exhaustion doing things you like to do: training for a marathon, skiing all day, working out, participating in adventure sports, reading your favorite book, etc. However, when it comes to your job, be careful not to overdo it.

I would guess that I have read hundreds of personal statements. It seems like there are a handful of themes: memorable patients, inspirational mentors, personal tragedy, feeling of finding a home in the ED, wanting to be part of a team, importance of balance, etc. The personal statement quoted above struck me as unique. I had to read it a few times. How unusual for someone to want to work to the point of exhaustion every day. She explained that to her, working in the ED was not her job, it was her vocation. I think that is the key. When you love what you do in the ED, doing what you were meant to do, you will often be exhausted, but only rarely fatigued. It doesn't surprise me that she chose a career in emergency medicine.

This year, our ED faced some unprecedented clinical challenges. Because of local market changes, our ED visits went up dramatically almost overnight. Our faculty and residents worked harder and longer than anytime I can remember. It would have been easy to become resentful or cynical when faced with these challenges. Yet after much hard work and some adjustments in our clinical processes, we adapted to our new normal. I think the virtues of bravery, hope and pride (and maybe a little strength) well summarize what it takes to thrive in the ED environment.

Although we were challenged to 'focus on the clinical mission' this year, we were still productive in the educational, research and service missions. Our involvement in the medical school education program continued to expand. We had numerous peer reviewed publications, book chapters and presentations at regional and national meetings. We also went back to Thai Binh Medical University in northern Vietnam twice this year to continue our relationship with them in providing information and innovative techniques in clinical medical and nursing education.

Because we will be adding an extra attending shift in the ED next year, we had our recruiting work cut out for us this year. Fortunately, we had several excellent applicants, and were happy to add five new faculty members. Dr. Ross Mathiasen will join our faculty after completing his sports medicine fellowship at the University of Iowa. He will be a key player to help build the sports medicine program at our institution. Dr. Jason Langenfeld, who worked closely with medical student education at Creighton University, will be a welcome addition to our academic faculty. We are excited to have Drs. Andrew Barnett and Erica Carlsson, two of our own residency graduates (welcome to our world!), and Dr. Kelly Hannigan, who also worked at Creighton University, join our clinical faculty. Finally, I'm looking forward to having Dr. Cynthia Hernandez, who has been on our clinical faculty for six years, make the transition to becoming an academic faculty member. She will be pursuing her interest in providing better service to victims of domestic violence and sexual assault.

As we enter our second decade of EM residency training, we again had the luxury of interviewing more qualified applicants than we could match. We are very pleased with the nine new residents who will start their training with us in July. They will be coming from Nebraska, Missouri, South Dakota, North Dakota, Ohio, Tennessee, and Wisconsin. It's always exciting to welcome a new group of residents.

The 'old' residents will be missed. They've done a great job over the past three years. I hope they are all exhausted (but not fatigued). As mentioned, Drs. Barnett and Carlsson will be staying on as clinical faculty members. Dr. Kalin will start an anesthesia critical care fellowship in Omaha, and Dr. Naing will start an ultrasound fellowship in Chicago. Dr. Anaradian will start his clinical practice in Lincoln, Nebraska, Dr. Dunn in Omaha, Dr. Linnaus in Norfolk, Nebraska, and Dr. Travis in North Platte, Nebraska.

*As we approach the new academic year, I'm grateful we have brave faculty and residents who aren't afraid to work hard every day. When I close my eyes at night, I'm very proud of the work they do. I hope I'm never too exhausted to say thanks (before I hit the mattress).*

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