

# Letters to the Sullivans from a Young Anesthesiologist



*After graduating from Bowdoin College and then spending several months with a non-profit health-oriented organization in Africa, Kristin Adams came to Palo Alto to work at Stanford Medical Center and to prepare her application to medical school. Kristin rented our backyard cottage for a year and a half. Over the years, renters in our cottage have become part of our extended family, and Kristin was no exception. While a very private person, we realized that she was a unique young lady of strong moral convictions, unquestioned integrity, and dedication to a career in medicine. Kristin enrolled at the University of Chicago School of Medicine in 2001.*

*Kristin always expressed an interest in surgery, trauma, and disaster medicine. She emphatically stated that she had no interest in anesthesiology. When she began medical school, I introduced her to former ASA President Jeffrey Apfelbaum, chief of the Department of Anesthesiology at that institution. During her first three years of medical school, Kristin reaffirmed her interest in surgically related specialties. Yet, at the beginning of her fourth year, she surprised us by stating that she had decided to become an anesthesiologist!*

*In July of this year, Kristin completed her anesthesia training at the Massachusetts General Hospital. In order to lessen her financial burden in attending medical school, Kristin had accepted a "scholarship" from the United States Air Force, committing her to three years of active duty in the military. In August, she arrived at her first assignment at the Wright-Patterson Air Force Base near Dayton, Ohio, not far from her native home of Indianapolis. The Air Force has a shining star among its ranks!*

*Larry and Vicki Sullivan*

## **Last Day of Residency**

Today was my last day of residency. Three years ago I walked into the biggest hospital upon which I had ever laid my eyes—and got lost in the bathroom. For weeks I couldn't tell the difference between the trachea and the esophagus, an epidural and a spinal. I blew more IV placements than I can willingly admit, and daily was asked to carry in my pocket drugs that I could barely pronounce and couldn't for-the-life-of-me spell.

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This past Monday one of the brand-new surgical interns, a twelve-year-old (I'm sure she was twelve, if not nine), was steering our patient out of the OR, got turned around, took the wrong turn too steeply, broke the OR door, rattled our patient, and subsequently pinned herself between the bed and the scrub sink. I didn't know whether to laugh or cry. Then I remembered getting lost in the bathroom. She was my reminder of what three years at battle can do to one. Soon she, too, will lose her deer-in-headlights appearance, she will discover her first grey hair, and then her second and third and fourth. She will figure out how to survive on caffeine and chocolate chip cookies (i.e., a good multivitamin), to make a decision quickly and stand beside it (even if it isn't always right), to cry until she laughs and laugh until she cries, to begin to reconcile life with death, to live for sleep, to breathe deeply. Soon she, too, will find her way.

Two nights ago was my last call. My team took care of patients so sick I requested every last ICU bed the hospital had open. We lost our 90-year-old whose family had to say goodbye to him at his bedside, we kept alive our dying 89-year-old, we brought back to life our 35-year-old to be reunited with her husband yesterday morning, we transplanted two lungs into a man who is now cured of his cystic fibrosis, and, arguably most miraculous of all, we convinced a paranoid schizophrenic that no one had stolen his head on his way to the OR.

My swan song, however, was either the last patient I took care of on this last call, a 500-pound woman incontinent of stool whom we had to flip onto her belly after she was asleep and intubated, or the last patient I took care of as a resident, the prisoner who arrived outside my operating room this morning in shackles. I had never seen shackles.

It has been quite a ride. Two hours ago, I dropped my prisoner off in the recovery room, and my attending looked at me and said, "Well Adams, I don't think I have anything left to teach you. Go get 'em girl." And with that, I was done. I turned in my pager and my hospital badge, cleaned out my locker, and walked out of the Massachusetts General Hospital—an attending anesthesiologist. I did it. I did it! And again, I don't know whether to laugh or cry. So I'm going for a drink, and a really good dinner.

Thank you for walking alongside me all these years. You are MY life-preservers. I love you.

Kristin Adams, M.D.

### Subject: Life in the Military ...

Greetings from this planet of intrigue. I beg your indulgence, in advance, as I seek to cathart. As always, I cannot thank you enough for your endless faithfulness. On September 11, 2001, as the twin towers were falling, my parents and I moved me and my belongings to medical school. The first thing we unpacked was the television, and dad commented on the irony of his daughter, the longing-to-be disaster-relief-doc, beginning her career in medicine on the very same day as the largest disaster in American history since Pearl Harbor. Exactly eight years to the day, today, I first officially played the part of attending anesthesiologist. We are still at war with the very same people who allegedly planned those attacks, and I now care for the people who fight them. Imagine that.

“Inprocessing,” as they call it here [in Dayton], is quite an ordeal. It has taken a full month. I’m not kidding. I have been “briefed” on seemingly every aspect of military life, I am fully up-to-date on all of my immunizations, I have had every lab draw possible, I have been fitted not just for a tuberculosis mask but also for a gas mask, I have new uniforms, dental records, and dog tags, I am theoretically fluent in three different computer languages, I have been shuffled into a deployment slot (likely to Afghanistan in November), and in typical-Kristin-fashion, I have managed to make an absolute buffoon of myself on multiple occasions.

Glitch Number One: No one here dresses like me. They changed the uniforms from the dark greens and browns of my basic training days to the desert tans of today. I was *not* briefed on the new proper uniform dress. For the first five days, I was politely criticized *incessantly*. For five days I made uneducated purchases at the uniform store. For five days I made educated returns to the uniform store. The uniform store employees *hate* me. On day three, after three separate people stopped me in the hospital, I sent myself home to change and try again. My hair is a strong-willed beast, my earrings dangle, my purse is not black, and mismatching of t-shirts and boots is unacceptable (however good it may look, in my opinion). I am Legally Blond meets M.A.S.H. Leave it to me to figure out a way to stand out while wearing camouflage. My uniforms are enormous, and they rather brazenly swish when I walk. I am neither attractive nor stealth.

Glitch Number Two: No one here speaks my language. Here, in this fascinating universe, it is death-by-acronym, on a massive-casualty scale. Day number one, my first exchange: “Captain Adams, did you arrive TDY or PCS?” My response: “Uhhh.” Blank stare. “Neither?” Second question: “Well, then by CAL or POV?” Dude. I am going to die here. I am an O-3, a member of the 88th MDG, the AFMC, and Band C, an SGOS, an SGCJ, an E-MED, and a

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45A3. I will take part in CASFs and MASFs and CCATs. I will be forced to eat MREs, go through VREDs, and fill out EPRs and OPRs. Over the past few weeks I have met with MPE, ADAPT, SARC, CHCS, and PHA. And then there are the forms. When I arrived, I filled out an endless supply of forms, each with a three- or four-digit title. And people refer to these forms by their number. Are you kidding me? Let's see, there was the 1580 and then the 1540, the 516 and the 519, my movers broke my file cabinet so they filled out an 1880, but then to agree with them I had to fill out an 1880-R. Daily, I want to look these people in the eyes, throw up my arms, and cry out: "I don't know what you are *saying!*"

BUT, everyone here is so *nice*. I mean, going out of their way to be nice. They don't point you in the right direction when you are lost, they *walk* you there. They use their turn signals. They pass me on the street or the sidewalk or in the *grocery aisle* and they say hello, good afternoon, have a great weekend. What?! I froze the first few times it happened to me. I wanted to know what was *wrong* with them. How could they be so *nice*? When I ran in Boston, I used to play a game: Say hello and see how many said hello back, result: 20 percent. Here? Holy Cow! Ninety percent say it before I do! What is wrong with these people? I love it! I love them!

Every evening I sit out on my back porch and watch the fighter jets play. They roar overhead in the hours before the sun sets, practicing their take-offs and landings, and it feels like if I reach high enough, then I might be able to touch them. When I am not watching the fighter jets, I am single-handedly dredging our economy up out of Middle Earth. When one owns nothing, one spends a lot of money simply to exist. One of my first nights here I realized the only utensil I had with which to eat dinner was a spatula. Target list: S-I-L-V-E-R-W-A-R-E. Good grief. However, I am also learning to take advantage of every military deal to be found. For instance, zero percent interest rate on my credit card (could not have come at a better time), cereal at the base grocery—two bucks, trail mix—one buck, walk into the lamp store with your uniform on: 50 percent off. Yeah!

Practicing anesthesia here will be a little different than at the Mothership. The pace is a little slower, the cases a little easier, the patients a little healthier. I likely will lose some of my training over the next three years. I have mixed feelings about all of this. I have more time to run and sit on my porch, re-establish my former addiction to CNN, read novels, and even write. I feel less stressed out, like I can breathe more deeply. But I got really good training, and I am in no hurry to trade it in. Also on the subject of mixed feelings, I am also kind of excited about deployment. Weird, surprising, but true. Obviously I won't like being so far away for so long, but I think I will really enjoy taking care of the

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patients there. I am told only about 25 percent are Americans, and when they arrive they are usually quite sick, and the rest are either Iraqi or Afghani nationals. I could get into that—all of that. So far, my patients are nothing if not gracious, respectful, and so very grateful. They spend their lives—literally their lives—serving me and those I love. And they are the ones acting grateful. Taking care of them feels like the very least I can do. Once again, I find myself falling in love with these people.

So, that's the nutshell version. There are parts of Boston I miss terribly, but there are parts about this place I am quickly coming to adore. I am going to have a life here, in Dayton of all places, and it is a life I have been missing for many, many years. Who knew? So come visit, we'll go for a long bike ride along the rail trail, or hit a bucket of balls at the base driving range, or take a trip up to the great blue yonder in one of the many planes. I'm serious!

Hugs and kisses,

Capt. Kiki

### **ABA Numbers for Reporting CME credits!**

CSA will report CME credits earned to the American Board of Anesthesiology. These credits will be counted as Lifelong Learning and Self-Assessment activities toward your Maintenance of Certification in Anesthesiology (MOCA) requirement. In order to report these credits, doctors need to provide their ABA number. To obtain an ABA number, visit [www.theABA.org](http://www.theABA.org) and create a personal portal account.