Sue daMonas, the “911” Operator, and Boxer Shorts

Interacting with residents, medical students, and other “learners” (the new politically correct, nonperjorative term) affords loads of opportunities. Sure, this responsibility forces providers to maintain a certain level of competency; it reminds us of the fragility of the young ego; it allows us to believe that we are somehow molding the future of medicine. Working with learners also ensures loads of fodder for our story-telling and future comedy routines. Of course, non–health care personnel find none of these tales funny. In fact, most of our nonpediatric hospitalist colleagues find these stories juvenile and immature. But I think it is time we just admit it: pediatric hospitalists appreciate humor, especially humor involving our learners. Sometimes it gets us into trouble. Sometimes the hospital has to change its policies. Sometimes we just shake our heads and think, “Who is going to believe this?”

SUE DAMONAS

The anonymous features inherent in overhead paging systems and beepers have the ability to draw pediatric residents from the darkness of midwinter depression into the light of midwinter dysthymia. Imagine wandering the halls, not sure which button to push on the elevator to get to the sixth floor, because the numbers all look like Asian characters after hours of sleep deprivation. (You will have difficulty with this imagery if your trained after-duty hours were mandated.) Suddenly, you hear a very earnest hospital operator instruct, “Billy Rubin, please report immediately to the Newborn Nursery. Billy Rubin to the nursery.” And you giggle in an elevator full of internists and psychiatrists until coffee is coming out of your nose. By the time you get to the sixth floor, Dr Laracy, the second-year pediatric resident, is at it again. This time, he requests the operator to recite the following, “Sue daMonas to microbiology. Sue daMonas to micro.” Or “Sal Monella to the laboratory.” Or “Sara Bellum to neuroradiology.” When these same individuals were paged on the overhead system on a weekly basis to the same places and all the pediatricians laughed like hyenas, the hospital restricted overhead pages. These days, to page someone on overhead system, you need the nursing supervisor’s permission. But every once in a while, one of the new operators unknowingly neglects the policy, and Billy or Sue or Sal or Sara is beckoned to his or her special location.

THE “911” OPERATOR

In the past, my favorite prank was to page a bright, hard-working, diligent medical student on the final day of his or her inpatient pediatric clerkship to “9911.” “9” gets you an outside line, and “911,” of course, phones “911.” This was how the call typically unfolded.

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911 Operator: “911. What is your emergency?”

Medical Student: “Oh, gosh! I am so sorry. I misdialed. Have a good day.”

At this point, the residents laughed, offered handshakes, and congratulated the student on completing the pediatric rotation.

But the conversation between Jessica and the 911 operator was different, because Jessica was different. She was more hard-working and more diligent and more responsible and took her role more seriously than any other student I have known. Here was the conversation:

911 Operator: “911. What is your emergency?”

Jessica: “Yes. Hello, this is Jessica. I am returning your page.”

911 Operator: “911. What is your emergency?”

Jessica: “I don’t have an emergency. I am returning your page.”

911 Operator: “911. What is your emergency?”

Jessica: “I don’t have an emergency. I am returning your page.”

911 Operator: “What do you mean? Ma’am, are you all right? Are you being threatened right now? Feel free to answer with a simple ‘Yes’ or ‘No.’”

Jessica: “No, I am answering your page.”

911 Operator: “This is ‘911’: we don’t page people to ‘911.’”

Jessica: “Well, someone there paged me. Can you ask around to assure my services are not required? I am a medical student, and I was paged. I am calling from the hospital, so someone there may need me.”

911 Operator: “Yes, I can see you are calling from the hospital since I have access to all the phone numbers when people call ‘911’ with an emergency.”

Jessica: “But I don’t have an emergency; I was paged.”

By this time, the residents and other students were trying desperately to get her attention and let her in on the prank. But Jessica kept insisting she had an important page to answer at “911” and, by the way, she told us, “Apparently, the folks at ‘911’ don’t often page medical students.”

Really, Jessica? I am surprised “911” doesn’t page medical students. Another practical joke relegated to the vaults. It seemed too risky and irresponsible to waste the emergency operators’ time with medical students’ arguments about who at “911” paged. It never occurred to any of us that a student and a 911 operator would argue about a rogue page.

**BOXER SHORTS**

One of my favorite residents (and people) of all time is Dr Michael “Tyson”. He insisted I mask his true identity because he just accepted a new job with a bunch of surgeons who do not understand our sense of humor. I got to know Mike better than most other residents during his training because, on July 2, 2001, I received a page at 0700 from a nurse on the Inpatient Pediatric Unit. She had “concerns about the intern who was on-call last night.”

Half-listening, I sympathetically asked about her “concerns.” She sheepishly replied, “He was walking around the halls in his underwear.” I laughed and told her that was pretty funny and to sleep as well as she could on a warm summer day. “No, really. I’m serious,” she said. Then, I put her to the test. “Tighty whites or boxers?” With no hesitation, she said, “Boxers.” I was impressed that she was well-prepared for my inquiries. Next level of testing, “Plain or patterned?” No hesitation, “Light-blue, vertical stripes.”

Uh-oh! This was no joke. We had committed to training an intern who thought walking the halls of the Children’s Hospital in boxers and a t-shirt was appropriate. I thanked the nurse and let her know that I would look into the behavior as soon as possible. I hung up the phone and called Mike. “Michael, how was call last night?”

With an intern’s enthusiasm, he reported, “Awesome! Just awesome! I admitted 3 patients. I did a spinal tap and a bladder cath. I stopped a seizure . . . blah, blah, blah.”

I asked, “Anything that I should know about? Any trouble overnight?” Mike said, “Well, I don’t think so, unless we aren’t allowed to eat the ice cream in the freezer in Section 1.”

Hum . . . how does one address our hospital’s unique and restrictive “No doctor-wearing underwear-only-during-call (or any other time)” policy without crushing the jovial spirit of an intern on his second day of training? I just went for it, “Mike, here’s the deal. I just got off the phone with a nurse who reported you were wearing boxers.
with blue vertical strips in the hall during call last night. What do you have to say about that?” He responded, “Yep!” Where does one go from here? I tried, “Mike, first of all, what if you were called urgently to see a patient—like a Code Blue or something? We really need your pants on for those occasions. And, Mike, we don’t typically wear our boxers in public around here. The nurses, patients, families, and others don’t really want to see you in your boxers. Am I clear? And, by the way, is there any reason you thought such behaviors would be tolerated?”

Mike’s voice lowered, “Yes, you are clear. And the reason I thought it was okay was because Dan Hale (a third-year resident at the time and an esteemed pediatric hospitalist in Massachuesetts today) mentioned that the nurses don’t mind if you leave the call room in your underwear to put orders since there is no computer in that room.” Yes, it is true a gullible intern believed the ridiculous ramblings of his senior resident. I set up an urgent meeting with the Residency Program Director. After telling her the story and my “proposed opportunity for improvement,” the intern call room had its very own computer installed that same day. Seizing the opportunity to benefit from the generosity and horror of the Residency Program Director, I was asked by Dan Hale to “run topless through the Outpatient Clinic in hopes of getting an air conditioner over there.” I told Dan to ask Mike to do it.

Although I cannot find any evidence-based literature, it seems that anecdotally, “learners” and pediatric hospitalists are perfect partners in humor. I mean, when a resident is the only other person to hear the surgeon say, “I found the patient seizing. I couldn’t remember how the saying goes. Is it feed a seizure or starve a seizure? Anyway, I just hit the code button and walked out”; we might as well relish the fact that at least there was a witness to the sentiment. Sometimes I just shake my head and smile because this will make a funny story to tell my partners tomorrow.