

The Day I Almost Walked Away: Trust, Gratitude, and the Power of Teamwork

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ABSTRACT

Practicing family medicine is really hard; the emotional toll of sharing patients' distress, vulnerability, and trauma can build up and become overwhelming. A family physician experienced such a moment during one particularly complex morning. Feeling nearly ready to walk out of patient care, she reached out to the team nurse, who helped her get through the moment and re-engage with the waiting patients. Sharing vulnerability in the moment, and later reflecting and deciding to write about it shows the power of prioritizing teamwork in practice.

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COLLEEN

Running late in the middle of a busy morning, I found myself at the only window on our clinical suite. I was overwhelmed with the visits I'd just completed and worried about the patients coming next, so I'd scooted into the lunchroom for a quick mental break.

Glancing out the window I noticed my car, not 30 feet away. "What if I simply walk out? I could walk off the suite, right through the reception area, past our team secretary, get in my car, and drive away."

I'd joined this clinical team relatively recently and loved my coworkers. At the same time, I'd never felt this overwhelmed in 26 years of family medicine practice. I also knew that, as department chair, I couldn't just walk away.

I'd just finished a visit with Darla, a 63-year-old woman with sickle cell disease recently discharged from hospital with MRSA bacteremia from an infected joint. Despite her significant disease processes and her pain, her spirits are usually bright. She dresses beautifully with coordinating nail polish. As I reviewed her hospital stay, I'd been impressed with the new 2nd-year resident who had convened a family meeting to discuss her advanced directives. At that meeting, Darla had told us that her ex-husband had ultimately declined to receive blood products for religious reasons, a decision that had led to his death many years before. She seemed paralyzed to decide for herself about blood products, despite having revisited it with her adult children and health teams many times. Though it remained unspoken, blood products or no, all of us knew she didn't have much longer to live. I felt helpless to help her.

I'd also seen Mateo, a 20-year-old man, whom I hadn't seen in a while. I've cared for him since he was ten. When he told me he'd been kicked out of the house by his aunt for not contributing to rent and had ended up in a homeless shelter, I'd felt kicked in the gut. Mateo was a sweet kid, now young man; my kids are his age. Although he'd found an apartment with support from the shelter staff, he hadn't found work. His PHQ9, a short depression screen, was positive, with an alert for suicidality. I left his visit unsettled, worried for his safety, and—again—feeling helpless.

I'd been running about 20 minutes late—one full visit's worth of minutes—for the whole morning. One visit late wasn't too bad, but as I looked at the number of patients checking in, and saw their complexity, my heart began to sink, my mind racing. I'd never experienced an actual panic attack but was feeling close. I took a breath.

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In the lunchroom, once I realized I was strategizing an actual exit plan, I knew I needed help. No one was around, as all the medical assistants were scrambling to keep up with all the patients checking in. It wouldn't do to have the department chair go AWOL during patient care!

"I've got to shake this... get focused and get moving." As I glanced out the break room door, I noticed Beckie, our team nurse, coming down the hall. I motioned her into the lunchroom. "Beckie, I'm overwhelmed. Can you please coach me?"

"What do you need?"

"Can you just look me in the eyes and tell me, 'Fogarty, you've got this.'"

She said, "I can do that and do you one better. On my drive in this morning, I was thinking about you. I was thinking I'm so glad you joined our team; it's going really well. I really value your leadership."

I paused, taking another breath. I felt incredulous at what Beckie shared, and my tears began to well.

Drying my eyes, I could focus. Beckie's support reminded me, "I've got these patients, I'm part of this team, I've got to get back to it." I got through the rest of my visits; grateful they were all patients I already knew. At the end of the session, while reviewing my in-basket, I noticed a message from a complex young woman with Ehlers Danlos syndrome and multiple complications whom I'd just seen earlier. Beckie's note read, "FYI, on her way out today, the patient wanted to thank you for your care for her and said, 'They broke the mold when they made you!'" I smiled inside.

BECKIE

I enjoy going to work. On the commute, I transition from home to work life visualizing the day, the team members, and patients. I wonder, how was Sam's trip, did Sue's daughter run well at her meet, did Sharon's dog let her sleep last night? I'm happy to get updated with warm greetings each morning.

I've practiced outpatient nursing in family medicine for 6 years, after many years working at a rural hospital. I thought I might be a "savior" promoting healthy behaviors, coaching patients in managing chronic conditions, and supporting them through life's challenges.

It's also not unusual for me to wake feeling uneasy, and that something isn't quite right. Automatically I run through my checklist, my husband, the kids, our business, all ok. Then instantly I remember the world is on fire. As a nurse I will see it in patient's eyes and in coworkers marching through the motions of the day.

I could tell the morning session would be busy. As I walked through the full waiting room I noticed our department chair—who was new to our team—had a jammed schedule.

Later, I glanced down the hall and saw her frozen. I could tell she was in distress. As she pulled me into the lunchroom, she asked what I could tell her to keep her from walking away. A sense of calm washed over me. I could carry her in this moment, and she knew it.

Driving in that morning, I had been thinking about Colleen, grateful for her leadership during the COVID-19 pandemic. I valued her level of genuine care for her patients and commitment to our practice and our team. I felt confident she would not walk away and told her so. In an instant she was back in an exam room, there for our patients. Although I don't remember my exact words, I know we felt grateful for each other's willingness to share our true feelings.

Recently when assessing a patient for intent to inflict self-harm I asked him if he thought of harming himself. He responded, "Don't we all think about suicide?"

Don't we all think about walking away?

I remember running away from home as a child. I took a few things, nothing that would sustain me for very long. I headed down the road, not toward town but toward the cul-de-sac that would circle me back home to my family. My family—my team that I would navigate life with—was not worried. They understood what my short journey was expressing.

Just as I knew that I would stay together with my family, I know now how important my clinical team is. I know we will stay together; the vulnerability and support we shared builds our resiliency as a team.

COLLEEN AND BECKIE

On reflection, we knew that the moment we'd experienced was deeply meaningful and not commonly discussed in health care; we wanted to share it with others.

When Colleen approached me (Beckie) about writing our experience I immediately felt validated. It reminded me of the importance of being a strong team member. Having shared both the key moment of support and the process of writing this essay, we've further developed "muscle memory" of our strengths and weaknesses as they ebb and flow. We've got each other's backs.



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