

The physician I shadowed, a family doctor operating in a rural community, occasionally asked me about the patients' cases, and I felt accomplished when responding correctly to the questions she fired. Then, she threw a curve ball. The next patient was a child who cut his leg, and the physician enthusiastically prompted me to suture the wound.

For some, suturing a one-inch cut might be banal. For me, it was daunting. In all my three weeks of medical school, I had not yet learned about suturing. I was clueless, yet refusing seemed unviable. The family physician continued pointing the needle driver toward me, repeating that it was an easy procedure, something that I *should* know how to do.

As I reached for the needle driver, I looked to the boy, finally noticing his terrified expression. I was so preoccupied with my own thoughts that I had neglected the patient. He deserved my honesty. He deserved quality care. My throat unfroze, and the words finally flowed: "I don't feel comfortable doing the sutures. I've never done it before ... but I would appreciate if I could watch how you would do this."

I waited for the physician's reply. *How incompetent are you? Are you really a medical student? You should know this already! You should consider another profession!* I braced myself for the harsh criticism, but it never came. Instead, the physician apologized for assuming that I was comfortable with treating the patient and started explaining what to do.

This was my first instance (of many) of admitting my inability to perform a task. Despite the family physician's understanding words, I felt frustrated and embarrassed. However, it was these emotions that ultimately prompted me to improve my knowledge. Later that week, I began watching YouTube video tutorials on suturing techniques, and I registered for an upcoming surgical skills workshop.

I believe that physicians have an innate desire to seek perfection, but no one is born knowing how to perform a cardiac exam or how take a social history. We all need first experiences to learn and grow, and admitting our limitations is

essential for discovering our starting points.

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## Lessons Learned From Counting Toes: Reflecting on Medical Errors

**To the Editor:** "Did you notice anything out of the ordinary?" The attending questioned me as she entered the patient room where I had just proudly completed my first diabetic foot examination. Confident in my newfound ability to determine if any signs of underlying vascular insufficiency or neuropathy were present in my patient with diabetes, I responded that I noted no abnormalities during the exam.

As a bright-eyed, first-year medical student, the diabetic foot exam was entirely unfamiliar until recently. But the night prior to my first diabetic foot exam, I eagerly studied the "Evaluation of the Diabetic Foot" page on UpToDate. I played a 5-minute YouTube video on repeat, which demonstrated exactly how to complete this exam step-by-step. I printed 3 reviews from PubMed, which described the pathogenic mechanisms underlying ulcerations, paresthesia, and osteoarthropathy. I was just going to have to get my hands on a 10 g monofilament somehow before I stepped into that patient room the next morning sporting my short white coat.

The attending smirked as we now stood in the patient's room, "His exam was completely *normal*?"

I nervously glanced down at my barely legible, scribbled notes, which provided me with just enough confidence to nervously reply, "Um, yes."

"He's missing a toe."

Although this story represents my first, and hopefully last, missed toe, it certainly will not be my last medical error. Errors occur at all stages of a medical career;

some will be innocent and humorous, like my first diabetic foot exam. Others will be more serious. These errors may make me uncomfortable, but I firmly believe that part of becoming an independent, knowledgeable physician requires reflecting on my mistakes to improve the care I provide.

I enjoy sharing the story of my first diabetic foot exam with my peers, friends, and family. It is not only funny and humanizes me as a health care provider, but it reveals something about my approach to practicing medicine. My drive to be excellent at a new skill came at the expense of an obvious, gross oversight. I was so focused on perfection that I neglected to use my common sense and basic reasoning skills in the present moment. This story reminds me to always take a moment to slow down, breathe, and observe the patient in front of me before I begin a patient encounter, physical exam maneuver, or, for that matter, a conversation.

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## The Middle of the Sternum

**To the Editor:** The attending surgeon told me that dividing the bone should not take much force, so just make sure it is straight. I looked at the line I had drawn for myself from the top to the bottom of the sternum as my finger quivered on the trigger of the electric saw. I hesitated. I was only a month into my intern year, and this was my first time performing a sternotomy. Most surgeons consider it the most rudimentary skill in cardiac surgery. We disconnected the lungs from the ventilator so the saw did not cut into the lung.

The saw swerved slightly to the right. The attending signaled disapproval. Then, it swerved a bit too far to the left, passing the midline again. "Do not overcorrect," he said. I held my breath and just prayed for the saw to stay on course. He told me to pull up constantly, so the saw would not tear into the mediastinal tissue. I pulled