# CRITICAL CARE

## CHAPTER 24: NEW ATTENDING

The transition from Acting Chief to official Chief of Emergency Medicine at Manhattan Memorial happened with less ceremony than one might expect for such a significant professional milestone. There was no formal announcement with champagne and congratulatory speeches, no dramatic changing of the guard—just an updated nameplate on my office door, a revised signature line on departmental communications, and the quiet removal of “Acting” from my title in the hospital directory.

The real acknowledgment came in the form of a text message from Eli: *Congrats, Chief. No more “Acting” BS. You’ve officially made it. Drinks tonight to celebrate?*

I smiled at my phone, appreciating his recognition of this milestone that felt simultaneously momentous and ordinary. Diana had built this department over fifteen years, establishing standards and systems that defined quality emergency care beyond merely technical procedures or statistical outcomes. Now that foundation was officially mine to maintain and develop, her legacy continuing through different expressions and relationships that carried forward her essential values beyond her individual lifespan.

*Thanks. Still feels surreal. The Nightcap at 8?* I texted back, already anticipating the evening with our friend group—that chosen family that had sustained me through Diana’s illness, the documentary project, and the standardization battle that had defined my first months in leadership.

My office—no longer Diana’s office that I was temporarily occupying but officially mine—still contained subtle reminders of her presence. The framed photo of the department staff from five years ago showed her standing confidently in the center, her arm around my shoulders. The worn medical textbook on emergency cardiac care that she had annotated extensively throughout her career remained on the shelf where she had left it. The small potted succulent that had somehow survived both her neglect and mine continued its stubborn existence on the windowsill.

I hadn’t deliberately preserved these elements as some kind of shrine, but neither had I felt compelled to erase all evidence of her influence. It seemed appropriate that her presence remained, not as limitation or constraint but as foundation and inspiration for the department’s continued evolution under my leadership.

A knock on the door interrupted my reflection. “Dr. Rodriguez?” Olivia’s voice called from the hallway. “The new residents are here for orientation.”

“Coming,” I replied, taking a deep breath and straightening my lab coat. This was the first cohort of emergency medicine residents who would begin their training under my official leadership rather than Diana’s—a responsibility I felt acutely as I prepared to welcome them to Manhattan Memorial.

The conference room was filled with the particular energy that always accompanied new residents—that mixture of enthusiasm, anxiety, and determination that characterized medical professionals at the beginning of their specialized training. Six faces turned toward me as I entered, their expressions ranging from nervous anticipation to studied nonchalance that barely concealed their underlying uncertainty.

“Good morning,” I began, surveying the group that would become part of our department for the next three years. “I’m Dr. Maya Rodriguez, Chief of Emergency Medicine. Welcome to Manhattan Memorial.”

The title still felt slightly unfamiliar in my mouth, like new shoes that hadn’t quite molded to my feet. But I continued with growing confidence, outlining the department’s approach to emergency medicine that balanced clinical excellence with human compassion, technical expertise with authentic engagement, institutional requirements with individual patient needs.

“You’ll find that our department values both medical knowledge and human connection,” I explained, channeling Diana’s wisdom while expressing it through my own perspective and experience. “We expect technical excellence in procedures and protocols, but we also recognize that quality emergency care involves understanding the person beyond the presenting symptoms or diagnostic categories.”

As I continued the orientation—covering everything from shift schedules to documentation requirements, trauma protocols to departmental traditions—I found myself naturally integrating Diana’s foundational principles with my own evolving approach to emergency medicine leadership. It wasn’t conscious imitation or deliberate differentiation, but authentic continuation that honored her legacy while developing my own distinctive voice and vision for the department’s future.

“Questions so far?” I asked after covering the essential information, genuinely interested in their initial concerns and curiosities rather than merely following the expected format for departmental orientations.

A young woman in the front row—Dr. Chen according to her ID badge—raised her hand with the particular combination of hesitation and determination that I recognized from my own residency days. “I read about the standardization initiative across the hospital system,” she said, her voice gaining confidence as she continued. “How has that affected the emergency department’s autonomy in clinical decision-making?”

I smiled, appreciating both her awareness of institutional dynamics and her courage in asking a potentially sensitive question during her first hour in the department. “Excellent question,” I acknowledged. “The standardization implementation has been an ongoing negotiation between system-level consistency and department-specific adaptations based on our particular patient population and clinical environment.”

I explained our balanced approach that maintained necessary clinical autonomy while satisfying legitimate administrative concerns about consistency and oversight—how we had modified standardized protocols to address our specific demographic profile, specialist availability, and community follow-up options while still providing the documentation and outcomes data that administration required for system-level coordination.

“The quarterly reviews have validated that our context-specific adaptations actually improve both patient care and operational efficiency compared to one-size-fits-all approaches,” I concluded. “It’s been a valuable lesson in effective advocacy—knowing when to resist administrative initiatives and when to shape them through constructive engagement, when to stand firm on essential principles and when to compromise on less critical details.”

Dr. Chen nodded thoughtfully, clearly processing this information beyond merely recording it for future reference. The other residents seemed similarly engaged, perhaps recognizing that these institutional dynamics would affect their daily work and professional development throughout their training at Manhattan Memorial.

“Any other questions?” I asked, scanning the group.

A tall resident with a closely trimmed beard—Dr. Patel according to his badge, though no relation to Diana—raised his hand. “I noticed the documentary about the ER is used in the orientation materials,” he said. “How did that project affect the department’s operations and patient care?”

The question brought an involuntary smile to my face as I thought about how thoroughly that project had transformed both my professional trajectory and personal life beyond anything I could have anticipated when Foster had first announced it in his office.

“The documentary began as an administrative initiative focused primarily on institutional marketing,” I explained, “but evolved into something much more meaningful—an authentic representation of emergency medicine that captured both the clinical expertise and human connections that define quality care beyond merely technical procedures or statistical outcomes.”

I described how the filming process had initially seemed like an unwelcome intrusion but ultimately provided valuable perspective on our work—this opportunity to see our daily practice through different eyes, to articulate the underlying values and approaches that we typically enacted without explicit reflection or deliberate articulation.

“And on a practical level,” I added with the candor that characterized our departmental culture, “it created some unexpected benefits in our negotiations with administration. Having public documentation of both our clinical excellence and resource constraints made it harder for them to implement budget cuts or staffing reductions without considering their visible impact on patient care beyond merely spreadsheet calculations or efficiency metrics.”

This elicited knowing smiles from several residents, suggesting they already understood something about the perpetual tension between clinical priorities and administrative constraints that characterized modern healthcare environments regardless of specific institutions or specialties.

The orientation continued with a tour of the department, introductions to key staff members, and practical information about everything from locker assignments to cafeteria hours. Throughout this process, I found myself naturally embodying the leadership role that had once seemed so daunting when Diana had first suggested I might eventually succeed her—this balance of clinical authority and administrative engagement, departmental advocacy and institutional navigation, professional standards and human connection.

By the time the residents departed for their hospital-wide orientation sessions, I felt a quiet satisfaction with this first official act as permanent rather than acting department chief. It wasn’t dramatic transformation but thoughtful continuation, not revolutionary change but evolutionary development that honored Diana’s legacy while establishing my own distinctive approach to emergency medicine leadership.

“To the new Chief of Emergency Medicine,” Eli declared that evening at The Nightcap, raising his glass in a toast that our friends immediately joined. “No longer just keeping Diana’s seat warm but officially making it her own.”

“Hear, hear,” Jackson agreed, his precise movements as he raised his glass reflecting the surgical discipline that characterized everything he did. “Though I maintain that ‘Acting Chief’ made you sound like you were starring in a medical drama rather than actually running a department.”

I laughed, grateful for both their celebration of this professional milestone and their characteristic teasing that kept it from becoming too solemn or self-important. “I was thinking of having business cards printed that said ‘No Longer Just Acting’ under my name,” I replied, taking a sip of my drink.

“You could put it on your office door,” Zoe suggested with uncharacteristic playfulness. “Or maybe get one of those light-up signs like they have in recording studios—‘Chief In Session’ that you could switch on whenever you’re doing something particularly official.”

“Or a crown,” Olivia added, her eyes sparkling with mischief. “Nothing says ‘I’m in charge here’ like actual headgear.”

The conversation continued in this vein—affectionate teasing mixed with genuine congratulations, professional acknowledgment alongside personal connection that characterized our friendship beyond merely collegial relationships or workplace associations. It was exactly what I needed—this grounding in authentic relationship that prevented professional advancement from becoming either intimidating responsibility or ego-inflating achievement.

Luke arrived slightly late, having come directly from a meeting with his documentary students at Columbia. He slid into the seat beside me, greeting everyone before turning to me with a warm smile. “Congratulations, Chief,” he said, his voice conveying both professional respect and personal affection. “Though I’ve thought of you that way since long before they made it official.”

His comment reflected our shared journey through the documentary project and beyond—how he had witnessed my evolution from reluctant subject to departmental advocate, from Diana’s designated successor to established leader with my own distinctive approach to emergency medicine administration and clinical practice.

“Thanks,” I replied, genuinely appreciating his recognition of this professional milestone alongside our personal connection. “It feels both significant and strangely anticlimactic—like I’ve been doing the job for so long that the title change is just catching up to reality.”

Luke nodded understanding, his expression suggesting both acknowledgment of this perspective and recognition of the milestone’s genuine significance despite my characteristic downplaying of personal achievement or professional advancement. “That’s often how meaningful transitions work,” he observed thoughtfully. “The internal shift happens gradually through daily choices and consistent actions long before the external recognition or formal acknowledgment catches up.”

His insight—balancing practical assessment with deeper reflection in that way that had initially drawn me to him beyond merely professional collaboration—resonated with my own experience of this leadership transition. The actual work had evolved gradually through daily decisions and ongoing development rather than dramatic transformation or revolutionary change, making the official title adjustment seem almost incidental to the real evolution that had already occurred through practice and experience.

The evening continued with the comfortable rhythm that characterized our gatherings at The Nightcap—conversations flowing between professional updates and personal stories, medical discussions and cultural observations, departmental challenges and broader healthcare issues that affected all our specialties despite our different clinical contexts and professional responsibilities.

Eli was particularly animated, describing a challenging case involving a patient with unusual cardiac symptoms that had initially suggested one diagnosis but ultimately revealed something entirely different. “The attending wanted to proceed with the standard protocol,” he explained, his hands gesturing expressively as they always did when he was particularly engaged in a medical discussion. “But something about the presentation just didn’t align with typical manifestations.”

“What tipped you off?” Jackson asked, his surgical precision evident even in his questioning.

“The patient mentioned that music sounded different,” Eli replied, his expression suggesting this detail had particular significance beyond merely interesting clinical observation. “Said their favorite songs suddenly sounded ‘wrong’ somehow—like the rhythm was off even though they knew the recordings hadn’t changed.”

I noticed something shift in Eli’s expression as he described this symptom—a subtle softening around his eyes, a slight change in his voice that suggested personal interest beyond merely professional curiosity or clinical challenge. It was unusual for Eli, who typically maintained emotional distance from his cases despite his genuine commitment to patient care and clinical excellence.

“That’s fascinating,” Zoe commented, her neurologist’s perspective immediately engaging with this unusual symptom. “Auditory processing changes can indicate several neurological conditions that might present with cardiac symptoms through autonomic system involvement. Did you consult neurology?”

“Eventually,” Eli acknowledged. “But first I consulted the new music therapist.”

There was something in the way he said “music therapist” that caught my attention—a slight hesitation, a barely perceptible change in his typically confident tone that suggested something beyond merely professional consultation or clinical collaboration.

“Sophie Winters?” Olivia asked, her expression suggesting she had noticed the same subtle shift in Eli’s demeanor. “I’ve heard great things about her program. Apparently, she’s developing some innovative approaches to pain management and anxiety reduction for cardiac patients.”

“She’s brilliant,” Eli confirmed, his enthusiasm slightly too emphatic for purely professional assessment. “She identified a potential connection between the auditory processing changes and the cardiac symptoms that none of us had considered. Turned out to be exactly right when we ran the additional tests.”

The conversation continued, but I found myself observing Eli with growing curiosity. In the fifteen years I’d known him, I’d rarely seen him express this particular quality of interest in a colleague—this combination of professional respect and personal fascination that suggested something beyond merely clinical collaboration or departmental connection.

Later, as Luke and I were preparing to leave, I pulled Eli aside under the pretense of discussing a shared patient. “So,” I said casually, “this music therapist seems to have made quite an impression.”

Eli immediately adopted the slightly defensive posture that confirmed my suspicions more clearly than any verbal response could have. “She’s good at her job,” he replied with studied nonchalance that didn’t quite mask his underlying interest. “Brings a different perspective that’s actually useful clinically, unlike some of the so-called ‘integrative’ approaches that lack empirical validation.”

I raised an eyebrow, amused by his immediate retreat into clinical assessment and scientific terminology—his characteristic response when trying to maintain professional distance from something that had affected him personally. “Uh-huh,” I said skeptically. “And that’s why you’ve mentioned her three times tonight in completely unrelated conversations?”

“Have I?” he asked with unconvincing surprise. “I’m just impressed with her clinical insights. It’s purely professional appreciation.”

“Of course,” I agreed, not believing him for a second. “Purely professional. That’s why your face does that thing when you talk about her.”

“What thing?” he demanded, his hand unconsciously touching his cheek as if he might feel whatever expression had betrayed him.

“That thing where you look simultaneously annoyed and intrigued,” I explained, enjoying his discomfort perhaps more than I should have. “Like you can’t decide whether you want to argue with her or ask her to dinner.”

Eli’s expression—a mixture of irritation, embarrassment, and reluctant amusement—confirmed that my assessment had hit uncomfortably close to the mark. “She’s infuriating,” he admitted finally. “Challenges everything I say, has an opinion about all my treatment approaches, insists on being included in case discussions as if music therapy were equivalent to cardiology in diagnostic relevance.”

“Sounds terrible,” I commented, struggling to keep my face appropriately solemn. “A colleague who’s intelligent, confident, and advocates for her patients. How do you cope?”

He shot me a look that acknowledged the trap he’d walked into. “She’s also brilliant,” he conceded with obvious reluctance. “And the patients love her. And she might occasionally have insights that I wouldn’t have considered from a purely cardiological perspective.”

“Occasionally?” I pressed, enjoying this rare opportunity to see Eli—usually so confident and self-contained—slightly off-balance.

“Fine,” he admitted with a sigh. “She’s exceptional at what she does. And yes, I find her interesting. In a purely collegial way,” he added hastily.

“Of course,” I agreed, patting his arm sympathetically. “Purely collegial. That’s why you’re blushing right now.”

Eli opened his mouth to protest, then closed it again, apparently recognizing the futility of further denial. “I hate you,” he said without heat.

“No, you don’t,” I replied cheerfully. “You love me enough to be my friend despite my annoying habit of noticing when you’re attracted to someone you’re pretending to merely respect professionally.”

He shook his head, a reluctant smile finally breaking through his attempted indignation. “Just don’t make a thing of it,” he requested. “It’s nothing. Just an interesting new colleague who happens to be irritatingly good at her job.”

“Absolutely nothing,” I agreed solemnly. “Nothing at all. Which is why I won’t mention that she’s going to be at the interdepartmental meeting tomorrow morning. The one you usually try to avoid but texted me earlier saying you’d attend.”

Eli’s expression—a mixture of embarrassment at being so transparent and resignation at being caught—was priceless. “I’m leaving now,” he announced with as much dignity as he could muster. “To go home and reconsider my choice in friends.”

I laughed, genuinely enjoying this glimpse of Eli—usually so composed and self-contained—showing uncharacteristic vulnerability about something as human as attraction to an interesting colleague. “Good night, Eli,” I called after him. “Looking forward to tomorrow’s meeting that you’re attending for entirely professional reasons having nothing to do with a certain music therapist.”

His departing gesture was not entirely professional, but I was still smiling as I rejoined Luke for our walk home. There was something particularly satisfying about seeing my usually self-assured friend slightly off-balance—this reminder that even the most composed among us remained vulnerable to unexpected connections and unanticipated attractions that defied our careful professional boundaries or established patterns of engagement.

“What was that about?” Luke asked as we left the bar, his arm comfortably around my shoulders against the evening chill.

“I think Eli might have met his match,” I replied, still smiling at the memory of his discomfort. “Someone who challenges him intellectually while apparently also making him forget how to maintain his usual clinical detachment.”

Luke nodded understanding, his expression suggesting both amusement at Eli’s situation and recognition of the familiar pattern from our own experience. “The most interesting connections often begin with that particular combination,” he observed thoughtfully. “Professional respect evolving into personal fascination, intellectual challenge creating emotional engagement beyond merely collegial appreciation.”

His assessment—insightful without being presumptuous, observant without overinterpreting limited information—reflected exactly the thoughtful perspective that had initially drawn me to him beyond merely professional collaboration during the documentary project. It wasn’t just his technical expertise or creative vision but this capacity for genuine understanding without excessive analysis, this balance between perception and respect that characterized his approach to both documentary subjects and personal relationships.

“Speaking from experience?” I asked, my tone gently teasing despite the genuine question beneath it.

“Absolutely,” he acknowledged without hesitation, his arm tightening slightly around my shoulders in affectionate emphasis. “Some of us just recognize it more quickly than others, without needing our friends to point out that we keep mentioning someone in unrelated conversations.”

I laughed, appreciating both his self-awareness and his gentle reference to my own initial resistance to acknowledging my interest in him beyond merely professional collaboration. “In my defense,” I replied, “you were literally filming me for a documentary. It seemed reasonable to maintain some professional boundaries under the circumstances.”

“Very reasonable,” he agreed with exaggerated seriousness. “Much more reasonable than, say, developing feelings for someone who’s documenting your professional life for public viewing, or finding yourself thinking about them during completely unrelated activities, or making excuses to continue conversations beyond what the project actually required.”

His description—gently teasing but genuinely affectionate—captured exactly the early evolution of our relationship from professional collaboration to personal connection despite my initial resistance and his careful respect for appropriate boundaries during the documentary filming. It hadn’t been dramatic revelation but gradual recognition, not sudden transformation but evolutionary development that neither of us had anticipated when Foster had first announced the documentary project in his office.

As we walked through the crisp fall evening toward my apartment—now officially our apartment since Luke had moved in the previous month—I found myself reflecting on the parallel journeys of professional and personal development that had characterized the past year. My evolution from Acting Chief to official department head mirrored our relationship’s progression from cautious collaboration to established partnership—both involving gradual recognition rather than sudden transformation, evolutionary development rather than dramatic revelation.

The apartment welcomed us with familiar comfort—Luke’s documentary equipment organized neatly alongside my medical journals, his favorite tea mugs sharing cabinet space with my coffee collection, our books intermingled on shelves that had once held only my medical references and occasional novels. It wasn’t dramatic transformation of the space but thoughtful integration, not complete replacement but meaningful addition that enhanced rather than erased what had been there before.

“So,” Luke said as we settled on the couch, his expression suggesting both casual interest and genuine curiosity, “how does it feel to be officially Chief rather than Acting Chief? Beyond the updated nameplate and revised email signature.”

The question—thoughtful without being intrusive, interested without demanding particular response—reflected his characteristic approach to both documentary subjects and personal conversations. It wasn’t leading or presumptive but genuinely open to whatever perspective or experience I might share beyond conventional expectations or anticipated reactions.

“It feels like confirmation of something that was already real,” I replied after considering the question seriously. “The actual work evolved gradually through daily decisions and ongoing development rather than dramatic transformation or revolutionary change. The title adjustment seems almost incidental to the real evolution that had already occurred through practice and experience.”

Luke nodded understanding, his expression suggesting both appreciation for this perspective and recognition of its alignment with his own experience of meaningful transitions. “That’s often how the most significant changes happen,” he observed. “The internal reality shifts gradually through consistent choices and daily actions long before the external recognition or formal acknowledgment catches up.”

His insight—balancing practical assessment with deeper reflection in that way that had initially drawn me to him beyond merely professional collaboration—resonated with my experience of both the leadership transition and our relationship development. Neither had involved dramatic revelation or sudden transformation but gradual recognition and evolutionary development that became official through external acknowledgment of what was already internally established.

As we continued talking—about my first day as official department chief, his documentary students’ projects, Eli’s apparent interest in the music therapist, and plans for the weekend—I felt a deep appreciation for this integration of professional purpose and personal connection that characterized our relationship beyond conventional separation or compartmentalization. It wasn’t perfect balance or complete resolution but thoughtful continuation, not answers but emerging possibilities about different approaches to life and relationship than either of us had typically practiced despite our shared commitment to meaningful work and authentic engagement.

Later that night, as Luke slept beside me, I found myself thinking about Diana—how she would have appreciated this evolution in both my professional leadership and personal relationship beyond what either of us had anticipated when she had first suggested I might eventually succeed her. It wasn’t imitation or replication but authentic continuation, not conclusion but thoughtful development that honored her legacy while exploring different expressions of purpose and connection beyond her specific patterns or particular approaches.

The transition from Acting Chief to official Chief of Emergency Medicine had happened with less ceremony than one might expect for such a significant professional milestone. But its meaning resided not in external acknowledgment or formal recognition but in this continued evolution of purpose and connection—this integration of professional responsibility and personal relationship, departmental leadership and authentic engagement that Diana had encouraged in those final conversations when she had distilled her wisdom to its essential elements.

Tomorrow would bring new challenges—difficult patients and administrative meetings, departmental decisions and institutional negotiations that would require both clinical expertise and leadership skill. But tonight I allowed myself to simply appreciate this milestone—not as conclusion or achievement but as continuation and evolution, not ending but ongoing development of both professional purpose and personal connection beyond conventional separation or compartmentalization.

The official nameplate on my office door might be new, but the real transition had occurred gradually through daily choices and consistent actions that had established my leadership long before the title caught up with reality. It wasn’t dramatic transformation but thoughtful continuation, not revolutionary change but evolutionary development that honored Diana’s legacy while establishing my own distinctive approach to both emergency medicine leadership and authentic engagement across contexts.

Chief of Emergency Medicine. No longer Acting but officially acknowledged. The title mattered less than the reality it represented—this continued evolution of purpose and connection that Diana had encouraged and that I was now living in both my professional leadership and personal relationship beyond what either of us had anticipated when she had first suggested I might eventually succeed her.