Episode 2 : Emergency Medicine Pathway with Dr. Jenny Castillo #podcast #story #journey Transcript

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Podcast Introduction and Episode Setup

Hello and welcome to the clinical canvas, stories from season doctors. This is a podcast series where we share our physician journeys in health care. And we share today is limited to our own opinions and do not reflect those of our employer or any other institution.

I'm Dr. Seema Pandarkar with internal medicines. I'm Dr. Jenny Castillo with emergency medicine. And today in episode two, we are going to be exploring Dr. Castillo's journey as an emergency medicine physician a little more.

So, yeah, I've been emergency medicine physician for 26 years now. I graduated residency in 2004. So, I started residency in 2000. Yeah, I didn't think I was going to be emergency medicine physician. I thought I was going to be a pediatrician. Um, but I decided to do a rotation at the end of my third year in medical school and it kind of changed my idea. I actually was hard to get an emergency medicine rotation as a third year because nobody wanted a a medical student in the emergency room because things move so fast and you know, it's it's hard.

Choosing Emergency Medicine

So, I kind of had to push for it when I'm and I'm glad I did cuz that's, you know, what I end up doing. Tell us a little bit about sort of the beginning of your career as an emergency doc and what you went through and Yeah, sure. I So, I did residency in New York City, New York City public hospital, which was very very different than where I grew up, which was a South Central Pennsylvania, you know, very quiet. So, it was kind of like a leap into the deep end in the emergency medicine world. I learned a lot. From residency I went to another New York City public hospital for my first job. I was there about 5 years and that was definitely a big learning curve in terms of clinical work, understanding culture of emergency medicine, understanding the culture of the community that I was serving. Um it was a big eye-opening experience both from a perspective of medicine but also perspective of of life, you know. I didn't realize the depth of what the emergency room brings together.

I mean it it you have people who are living in a community that's been marginalized and they don't have a lot, you know, and there's a lot of anger and that translated to the emergency room and I just never really thought that that was the case. I always thought going into emergency room, you're there for even something that's really potentially intense medical problem. We defer to the physician or you would defer to the medical professional. That was not the case in in the emergency room when I first worked.

Early Training in New York City

>> So it sounds like you're saying that on top of the acute medical issue, there were a lot of other social issues maybe that >> Absolutely. >> um you possibly weren't expected to address or how did you >> Oh, you got >> through that? >> Absolutely. You definitely had to address it. It was not um it was not something that it was completely intertwined, completely connected and you know, this was mid-2000s and there was still a lot of people with full-blown AIDS, you know, that were coming to the emergency room not on antiviral medications because they um didn't have access to it. They didn't have the money for it. There was a lot of uh you know, like I can remember they one of the most intense trauma situations I was in was was a homeless guy who was living in the subways and the hospital that I worked at was literally at the the there was a subway stop right in in front of the hospital and EMS brought the patient you know straight up. They had run been run over by a subway train and you know it ran over his arm and his leg and it was you know incredibly intense, you know, and he was it was wintertime so he was completely covered with you know lots of clothes that he was basically probably that was the only clothes that he actually had. So we had to cut off all that clothes. It was it was you know you really get into the real understanding of the community. >> Did that add sort of another layer that made it difficult for you as a physician to sort of go into these shifts every day or how did you work through that? >> Um yeah, I mean it definitely had times cuz you know

it wasn't just the medicine that you had to deal with. Um and you understood that patients can get very angry. They can yell and scream at you and curse at you and unfortunately there was many times I actually had to call my my husband to come get me and meet me outside of the hospital because someone would literally say, you know, I know when you get off I'm going to be out there waiting for you.

>> Oh, that's just >> Um and so just that in addition to learning medicine it was hard. It was very very hard. Incredibly rewarding in many ways but also very very hard.

>> Yeah, so walk us through sort of how your career unfolded. It sounds like in the beginning you were working in some different emergency rooms and then how about after that? What were the next phases?

>> So I went from that hospital to I went to a community hospital which was very different. This was a hospital still in the New York City area but I was the only physician on overnight from 2:00 a.m.

I think it was 2:00 a.m. to 7:00 a.m. or was it 12:00 to 7:00. So for a period of time I was the only emergency medicine physician there. There was no residents, there was, you know, no other providers, no nurse practitioners. So, I was solo and that was a big That would be for about a a 7 hours part. >> Okay, got it.

>> of the shift. So, part of the shift there was second two people and then one part of the shift was one person. That was completely different cuz, you know, you had to rely on yourself. There was no one there >> Yeah. >> to to ask questions, throw, you know, bounce ideas off of um and so that was a very different environment and what I learned from that perspective is unfortunately the it was not terribly supportive for women.

Facing Trauma, Social Issues, and Burnout

And you know, I at that time I was pregnant with my second child and you know, I understood from the perspective of scheduling, you know, like, oh, you know, well, you know, Dr. Casillas going to be off for 3 months or however long, you know, needed for postpartum. And it was not it was I I felt it. I felt the, you know, the pressure to get back even though I I actually had to stay out for 4 months.

And also there wasn't a lot of support from the hospital administration because our emergency department, the physicians of the emergency department were hired >> Mhm. >> um as a group into the hospital and the hospital administration uh there was not a lot of support. So, at that point between those different things I decided to move to a kind of a combination of community hospital and academic setting. >> Okay.

>> So, it was a um a hospital that was loosely affiliated with the university. They had residents but for surgery and internal medicine only. >> Uh-huh. >> But no emergency medicine residents. So, it's quasi-academic. >> I know.

>> So, at that point I actually really hit This was probably about 10 to 12 years into my career. >> Mhm. I hit a real burnout phase. >> That sounds like a real challenge having to go through such a physically strenuous process of pregnancy while you were in a community hospital. It sounds like not a lot of support. And on top of that, just sort of difficulties of being an ER physician. Um and seeing so much trauma and Um >> I mean, it's it's very demanding physically and mentally. Um and I I didn't understand that very well in definitely in the first half, even first three-fourths of my career, because I really thought that, you know, I just had to be strong. I had to, you know, power through, not feel like, you know, the the impact of the patients that we see. And instead, what that did was just it just I just was carrying all that weight around. And it made it every shift even even harder, cuz I was not just going in and being a doctor for that day. I was carrying the five years before >> Right.

>> into that shift. >> Yeah, yeah. Tell us a little more how you sort of got to the point where you were able to think about your own health and how you're feeling and how that related to the trajectory trajectory of your career, cuz I think that's so empowering. I've heard your story before. >> So, yeah, I I actually at this hospital that was the quasi academic community hospital, I found myself walking into my shifts and envying the housekeeping staff. And because all I had All I had to do, you know, in my head was to like mop the floor, clean the bathroom. They didn't have the weight of someone's life potentially on your shoulders. And I was like, oh my gosh, that's such a you know, why is this thought coming into my head? You know, I worked so hard to get to this point. A lot of schooling,

training, you know, I have student loans to pay back, you know, I can't like just walk away from this. >> Right.

>> Um but I knew I wasn't feeling so great. So, going into each shift, it was just I just needed more and more time to recover between those shifts and I didn't have that cuz I was working full-time.

I realized that I like teaching. So, I decided to do a faculty scholars program that lasted for like a whole year. Every other week we would get together um to learn how to teach adult learners. And it was very interesting. I really enjoyed it. Um at the end we had to do a project that I end up using simulation education for which was relatively-ish new at the time. And uh I realized that I really enjoyed simulation education and how they also brought out the creativity in me and that I could create stories and and create cases for people to like experience. So, it's kind of like writing a script, you know, like like a movie script or a TV script and and then having people act it out, you know. So, I really kind of like that create using that creative side of me. And so, that really spurred me on and that actually led to my last position in most recent position in in the hospital medicine. And that was an academic, you know, big academic center, full-on, you know, research, writing papers. Um I at first I went there initially for simulation education for the residents and then transitioned to being the director of well-being for the emergency department because I saw how my colleagues were just so drained and I felt like there was something that needed to be addressed and done about it. So, I I put my name in the hat and I and I created the first well-being program in that institution, not just within the emergency department. Then we we we scaled it out to the rest of the institution. Uh and that was a great very difficult challenge, but it was a great experience. But, given that, like you, it was not just that was that could have been full-time job, right? Running the director of well-being. >> Yes.

Finding Teaching, Wellness, and a New Direction

>> Um instead, that was part of my job cuz I still had to work clinically. I still had to work the shifts, the days, the evenings, the nights, the weekends. I still had you know, then I would have meetings during the week. So, there was many weeks that I didn't have a day off because I wanted to participate in and do this this project that was I felt really passionate about. >> Right.

>> However, there wasn't the space to do it separately, right? So, I had to I had to cram more into a same amount of time. >> Right. I hear you. Right. >> So, it just it just kind of though it it fed my creativity, it fed my passion, it took more of a toll on me because I then I had to do two physician jobs. >> Right. More and more.

>> Right. Exactly. Exactly. >> Interesting, but I guess you were at least acknowledging the importance of wellness. You just weren't applying it to yourself, maybe. >> I tried. I tried, but I I realized that I mean, well then the pandemic hit and so um that took it to another level, especially in emergency medicine cuz being in Manhattan during COVID, we got hit super hard and I mean, I worked every day for 6 months straight. So, at that point, I I realized that all of this years of me carrying the the cases and the stories and the and the heaviness, uh it just became too much. So, I had to sort of pull back.

>> Okay. You know, it seems like there's a lot of physicians I've talked with that sort of hit their rock bottom after the pandemic, you know, because they kept going and going and then the pandemic really put them in a place where they couldn't sustain that. Um >> Absolutely. Yeah. I mean, I worked all through the pandemic. I did take a sabbatical. Not sabbatical. I couldn't call it sabbatical. I took a quote-unquote leave of absence. I basically I got to the point where I was dreaming about patients, you know, as far as the eye could see.

>> After the pandemic? >> This was This was during It was like July 2020. >> Got it. Yeah. >> So, after about 6 months of of working straight, I I just couldn't I couldn't turn it off.

>> Right. >> All right. And my husband recognized He was in the military recognized what I was going through and he said, "You need to have a break." So, I took 2 months off, did a lot of therapy, >> Mhm. >> um got on some medication, and helped to kind of calm my, you know, I just couldn't get out of that cycle of anxiety, you know, and that definitely helped. Then, so I went back to work and worked for 2 more years and then I decided that I needed to have a change.

>> Right. Right. And you had some special circumstances, I think, during the pandemic that maybe influenced you

to think about wellness in a different >> Oh, absolutely. So, I was the director of wellness through the pandemic. So, we would actually help create Well, we set up a situation where every week with a psychiatrist, a psychologist, and me, we would have a virtual session for any provider who wanted to just join and just talk about their experience because people found it very hard to talk to the family about it, talk to their friends, cuz it was At that time, there was so much fear around it. And you know, just being able to talk to another provider that's going through the same thing was very People found very healing. And then, unfortunately, uh friend of mine, uh Lorna Breen, Dr.

Lorna Breen, she committed suicide during that time. And she was, you know, we were working together in the same, you know, emergency room, and and that was really, really impactful in terms of the way I saw how I was working in emergency in emergency medicine and and what it meant to me and my family.

>> Uh-huh. >> And that's, you know, I did not want to get to the point where I was going to be hurting myself or being such in a low, low point. And so, I think in some ways, Lorna's suicide was actually instrumental in in waking me up. >> Right. Right. I'm so sorry, and that must have been really challenging to deal with.

>> It was, but it's, you know, you know, I'm forever grateful for her because, you know, I I was able to see what I needed to do for myself. >> Right. Right. So, then, I think that, um, if you could take us through the next few steps, cuz it sounds like after that, you sort of evolved your, um, kind of way of working and thinking about your wellness in regards to being a doctor. >> So, after, um, I did walk away from that highly, you know, sought-after academic job, you know, like the job that, you know, everybody, you know, wanted to get, and I was I was, you know, thriving at, you know, like I was making my way up the the ladder. And I didn't work clinically for a whole year. I just took time. I really just pulled back, started to like connect with my body again. I learned Qigong, and uh which is a, you know, a kind of a movement meditation, and allowed me to really connect back to a body that I didn't realize I was not connected with. >> Yeah.

>> And a year into it, my husband's like, "Well, you need to start making some money again." So, yeah, um I went back to working urgent care part-time. And so, I'm doing that clinically, have done that for a couple years now.

Pandemic Strain and Taking a Break

And then kind of doing some other odd jobs like writing for journals, doing a little bit of the law work, kind of putting things together, which I actually find works well for me in the sense that, you know, maybe because I I love emergency medicine and I'm that type of person that constantly needs something new to stimulate it and something new to to challenge me. You know, once I work a a clinical shift at the urgent care center, I'm like, "Okay, I'm done with clinical." Next day I get to do writing and sit sit at a desk and and, you know, do something more creative with the other side of my brain. And so, it keeps me engaged, constantly having couple different things put together as opposed to having a one career type of journey. >> Right. It took me I don't remember what 20 some years to figure that out. So. >> Yeah, yeah.

>> I can relate to that. >> Yes, exactly. So. >> Um, and it seems like a lot of people, you know, as they progress in their clinical career, they sort of add on different things, I think, to prevent sort of the burnout and to be a little more balanced. So, that's awesome. I think as well. >> But the the thing is what I I did was I kept adding, but I never subtracting anything.

>> Yeah. Yes. >> And that was the that was the problem. You know, yes, I really did enjoy the education part, but I didn't pull back on other things >> Right. Right.

>> to have that be more prominent in my life. And I really enjoy the well-being thing well-being, you know, environment and the community and and what we were trying to to accomplish there, but again, I wasn't pulling back on what other aspects to allow that to really kind of blossom. And so, if that's anything people I could tell someone who's like, yes, if you find something that you're really interested in, make sure you pull back on something else so that you're not just keep adding up and adding up and not subtracting stuff. >> That's great advice. And then I would say it seems like today the clinical climate in emergency medicine is a lot different. I think especially after the pandemic I I know that certain programs have had a hard time filling those spots. I mean, do

you have any opinions on that? It seems like you still do enjoy that type of practice, but any >> You do. I mean, it it's I don't think it's a concern about like exposure and risk to you and your body. Like I don't get that sense. Anybody going to emergency medicine that's not really a high concern for them. But it it it does take a whole new It's a very demanding job and it's realistically not something that you can just do for your whole career. >> Right. Right.

>> You know, only working clinical. There are people who work, you know, there are nocturnists that work, you know, the three nights overnight for the whole like Overnights were not for me. So I I can't do that. You know, but they have more leverage in the sense that if you are a nocturnist and want to only work nights, then you can kind of set your schedule.

So you have a little bit more control over it. Um that's because they, you know, want people to try to be attracted to working overnight cuz a lot of people don't. So that's one of the ways that they try to attract people to do it.

>> Right.

Returning to Medicine on Her Own Terms

>> However, it is flexible, but you have to kind of understand kind of like what you were saying in the first episode, you have to understand who you are, what your priorities are, what your values are, what you are how it works for your life >> Right. >> and not just kind of go along with the the the pathway that's that you hear other people are doing or what you are expected to do or going down that pathway. It has to be your pathway. It has to be the pathway that works for you within your family, within your life, with your what what you're interested in. >> Yeah, definitely. I think going against the grain, I think sometimes can be a good thing and really following what makes sense for you as as good. >> That never crossed my mind. I always jump through the hoops. Okay, well, this is, you know, I had to do this >> Yeah. >> this hoop, then this hoop, and then this hoop. I knew I was going to be doing this path and I was on that path. I was well on that path. >> Yeah.

>> And then I finally woke up and I was like, oh, this is not the path that works for me. >> Right. Right. >> This is not how I want to live my life. >> Right. Right.

>> And then at first I thought, well, I'm going to have to just quit medicine. >> Mhm. >> But you don't have to quit medicine. >> Yeah. >> You know, my husband has this joke that he always says is that they will pay doctors to do anything.

>> Yeah. >> And in my head I never felt that. Or in in my heart I never felt that. I knew intellectually that yes, they will pay doctors to do a lot of different things.

>> Yeah. >> But I always felt like, wait, I just have to do this one thing. >> Right. >> Yeah, and that's not the case. It's not the case. >> And I think a lot of people just get trained into that mindset and they have the blinders on because we're all sort of told that we should do things in a certain way, right? >> Oh, absolutely. I mean, there's a very narrow path. Medicine is very, very narrow >> Mhm. >> in order to get to a certain level.

>> Right. >> But it doesn't have to be that way. >> Right. >> There can be variations. There can be differences. You just have to be open to realizing >> Yeah. So, thanks so much for sharing all those interesting, you know, pathways that you've been on. Do you have like your top three learning points that you would share based on your experiences so far?

>> I would say do it your own way. >> Mhm. >> Don't just stick to the pathway as do what you think everybody else is doing or what you think is expected of you. >> Right.

>> Do it the way for your own pathway. Understanding emergency medicine is very difficult physically, mentally, and having things to offset that from the beginning.

Key Lessons and Closing Thoughts

Whatever works for you in in terms of distressing or combating stress, have those set from the beginning. And really enjoy the fact that you are being part of someone's really intense moments. You know, medically, emotionally, I mean, you get to see the full gamut of humanity in the emergency room. And it's amazing. It's an amazing experience.

>> All right. Awesome. Well, um any other final concluding thoughts? >> Thank you very much and I hope this was helpful. >> Take care. We'll see you on the next episode.

>> Take care. Bye-bye. >> [music]