Arrogance of an Imposter

Jake D. Warnecke

Please note, this work includes content related to traumatic injury.
Legal disclaimer: some details in the following essay have been changed or omitted to protect patient and personal privacy.

I know many things, some useful, many not. I can recognize a stroke, start an IV, recall medication indications and dosages, and even tell you the airspeed of an unladen European swallow.[1] This is not to say that I am smart; in fact, if I were smart, I likely would say that I know very little about anything at all. Yet sometimes, knowing even a little about these narrow topics makes me feel brilliant. Other times, comparing my knowledge to others in my field makes me feel very small indeed. One must be careful with thoughts like these however, for if you are not, they can turn into the seeds from which both arrogance and imposter syndrome will bloom.

Perhaps a little further context may be in order. Allow me then, dear reader, to expand a bit. I am a paramedic; this means I have a certificate on my wall and a badge on my chest, and I have endured six months of grueling academy followed by six months of clinical internship. Getting in required strong test scores, essays, and letters of recommendation. Acceptance wasn't guaranteed, but I made it.

Academy was intense—lectures, memorization, and high-stakes tests. A single failed test below a C would mean dismissal from the program. Get a C on two tests? Same result. The final exam was brutal: five hours of multiple-choice tests, essays, and EKG interpretation, no retakes, no brakes. Practical skills were tested under pressure. We trained with actors as patients, performed in front of instructors and classmates, and practiced under extreme conditions. Intubation training progressed from a well-lit room to a simulated disaster zone, forcing us to work in darkness, confined spaces, and chaos. We drilled until we could perform procedures in the worst imaginable conditions. As an old EMT instructor once said to me: "You have to know how to do your job well enough to do it in the dark, in a ditch, while wading through the mud, the blood, and the beer."

Time was short, and demands were high. We would spend 10 to 14 hours a day in the classroom, frantically taking notes and desperate to absorb all the information we could. We would spend lunch in the skill rooms, small groups of us around the dummies and skill stations, food forgotten off to the side as we practiced. We critiqued and learned from one another's technique in equal measure. We went home exhausted, yet most of us would struggle to sleep. In addition to new skills and knowledge, I also developed a twitch in the left side of my face. I was not the only one.

Somehow, we made it through this crucible, and suddenly, we were off to our internships. Each of us was assigned to a preceptor and a shift at a local EMS agency or fire department. Gone were the familiar confines of our school walls, the predictability of our scheduled courses, and the warm bonds of our classmates. Instead, it was replaced with stark reality and the unpredictability of working in the field with a group of new strangers who, over the next few months, would be equal

1 About 24 miles per hour.

parts teammate, boss, and ultimate arbiter of our fate. We weren't finished until our preceptors and instructors deemed us ready. This turned every call into a chance to prove myself or to crash and burn spectacularly.

Before I went to paramedic school, I had spent about 6 years working as an EMT,[2] something which is fairly common. Where I differ from many other paramedics, however, is that I spent almost my entire time as an EMT working in a hospital, in the ED.[3] This was a job that I daresay I was superb at, and it meant that I had seen quite a bit more, in terms of patients and conditions, than the average EMT would in the same amount of time. However, it also meant that my internship was my first true exposure to working in the field.

I was assigned to a station at a local fire department that housed a truck unit along with the ambulance and crews for both. Their shifts last forty-eight hours; crews live, eat, and sleep at the station when not on a call. I did this as well for my internship. I trained under two paramedics, Roy and Rebecca; it was their unenviable job to make sure that I did not kill anyone on my internship while also putting the final polish on my education and showing me what it meant to be a paramedic outside of the classroom. Given my lack of experience in the field at that point, they likely had a harder job than most of my classmates' preceptors, and I am incredibly thankful to both of them.

Now, shameful truth be told, I do not remember a ton from my internship, but I do remember my first shift. Not much is expected from you on your first shift. It is your opportunity to meet the crew you are going to be working with and observe how they work on calls[4] and at the station. Every department, company, and crew is a little bit different. On the first couple shifts, it is your job to integrate yourself into the way they do things. On my first shift, however, rather than just observe a couple of calls and watch the way things were done, I apparently brought a black cloud,[5] the likes of which you normally only see on TV. On my first shift, we responded to a possible stroke that did, in fact, need a stroke alert called, one cardiac alert, one cardiac arrest,[6] and two car accidents (one of which was the result of a high-speed police chase), in addition to a few other minor calls whose details I have forgotten.

I need to be clear: anywhere outside of television and the busiest city departments, this is not a normal shift. Even in an incredibly busy city department, this would be outside the norm, and I had just spent the first forty-eight hours of my internship watching Rebecca and Roy handle each one of these increasingly difficult and sometimes ridiculous calls with unshakable confidence and unassailable knowledge. They did this while also taking the time to teach me. I remember thinking that many EMS professionals I know personally would have been absolutely exhausted and irritable even a quarter of the way through a shift like this. Most people, in general, would have run away screaming. Not the crew I was with; both the ambulance crew and the many truck crews we had worked with that day were ecstatic, laughing, and joking. Don't get me wrong, they were exhausted, but they had done their jobs and knew they did them well. I was raised by a man who was incredibly successful in both his personal and professional endeavors. My role models are

2 Emergency Medical Technician, a step below Paramedic, with less training and a smaller scope of practice.
3 Emergency Department: ER or Emergency Room is still more common, especially on TV, but most people who work in one call it an ED.
4 A "call" refers to the situations that emergency responders are, well, responding to.
5 A black cloud is anyone or anything that brings a high volume of calls, or even a small number of high-stress calls, merely by its presence.
6 Cardiac arrest means their heart has stopped. This is what you see on TV when they are doing CPR; there is a lot to do on these calls, and they tend to be rather high-stress.

doctors, scientists, and Navy SEALs. I am a difficult man to impress, and I was in awe.

How could I, who had just barely gotten through the academy, think that I was good enough to become an equal to them? I kept thinking that I was going to get a call from the internship coordinator at my school, telling me not to show up for my next shift—that there had been a mistake and that I actually had not passed. This is a classic sign of imposter syndrome.

I started studying even more fervently. My shifts were spent with my nose in a book or listening to case studies. I became terrified that every time I was asked a question or ran scenarios with any of the crew. I was convinced that they were going to figure out that I was a fraud. I attributed any correct answers I gave to luck or told myself it was an "easy question" that anyone would know the answer to. Eventually, though, to my complete shock, I was deemed good enough to move on from my internship to take the national exam and become a paramedic in full.

Immediately, I began to yearn to stay and answer more of those questions that I had so feared just a couple shifts earlier. My imposter syndrome had a new fear to feed on: that now I wouldn't have anyone there to correct me when I was wrong. It told me I would end up making a mistake big enough to kill a patient, and then, in the ensuing fallout, it would be discovered that I should never have been made a paramedic in the first place. Ironically, it never occurred to me to be worried that I would not pass the national exam, this was perhaps a hint at the arrogance that lurked just below the insecurity.

Within a month of leaving my internship, I took the national test. I passed it on my first attempt, and I got my first job as a paramedic shortly thereafter. The small local agency I got my first job at couldn't have been further from the one where I did my internship. They ran almost exclusively IFT rather than 911 calls.[7] The crews were very young and almost entirely fresh out of school, and it had a revolving door for a hiring and retention department. There were things they had lied to me about when I was hired, and I hated it there. As my anger and resentment built, my imposter syndrome began to fade into the background. When I got hired, there were only two paramedics who had experience, and they were, in theory, supposed to teach and mentor the rest of us. With the clarity of hindsight, I can comfortably tell you that neither was very good, not that it mattered; within a month, they had both gone through the revolving door. I found myself without anyone with more experience than myself that I could learn from or compare myself to. It was then that I began to think myself greater.

I thought, "I am better than this." I had fought through the crucible that is the paramedic academy for this? I knew more than anyone there. I was better than anyone there. I was doing them a favor with every day that I stayed there. In my supreme arrogance, I began to believe that I could do no wrong; I also saw what I was doing as somehow "unworthy" of my skills—both grievous sins in this field. If you have to choose between insecurity and arrogance, then I beg of you, friend, choose to think less of yourself than you are. Imposter syndrome is damaging for certain, but it has a chance, at least, of inspiring you to be better. Arrogance, however, is an ugly, malevolent thing and is far more dangerous to both you and those around you.

At this point, I needed a wake-up call; life, as it so often is, was ready and willing to give me just that. It came in the form of yet another nursing home that wanted to send yet another of its residents to the hospital. I remember pushing the stretcher down those labyrinthine corridors; the walls papered in

7 IFT stands for Interfacility Transfer, taking people, non-emergently, to and from the hospital or various medical institutions. It is generally disliked as it is not as exciting or rewarding as 911 but the patients still need care and can often be quite sick at times.

drab khaki brown. So often we had been there or to homes just like this, and they always smelled like urine and despair.[8] I remember thinking that many nursing homes, this one included, have a reputation for sending people to the hospital who don't really need to go. I was convinced this would be no different. However, I also forgot that many nursing homes are, essentially, Petri dishes that breed some truly nasty viruses and infections and that sepsis[9] is a very real possibility (and threat) to our older members of society. All this is to say I showed up to this call with a very poor attitude.

When we eventually got to her room, it turned out that the patient did not want to go to the hospital; it was the facility staff that wanted her to go. Fun fact: if you are an adult and competent to make your own decisions,[10] you do not have to come with us to the hospital if you don't want to, but most of the time, unless I really don't think you need to go, I will try to talk you into it. That night, in my arrogance and to my shame, I did not even think to check if she really needed to go or not. I had already made my decision before I walked in the door, and therefore, I did nothing to convince this lady one way or another. Here, my friend, I must admit I got incredibly lucky that night. I was working with a good partner, one who was actually doing their job (unlike me) and assessing the patient. He even went so far as to ask me to do an EKG while we waited for staff to come talk to the patient. I acquiesced, figuring we were waiting for the staff anyway, and once they talked to her, we'd get a refusal signed and be on our way home. If you have never seen an EKG before, picture the monitor you get hooked up to at the hospital, with its long green line that beeps and spikes with every heartbeat. Now multiply that by twelve. It showed me twelve different views of the electrical activity of her heart, and most of them were bad. Needless to say, it was alarming enough to jar me out of my fugue state.

I remember feeling like I was falling at that moment. In the span of an eyeblink, I realized what I had been doing, how I had been acting, not just on that call but over the last few months, and I hated myself for it. In the span of the next eyeblink, however, I realized that I had no time for such things. I had a job to do, a patient to care for, and a series of my own mistakes to, frankly, un-fuck. Cobwebs started falling away, and gears that I had not been using for months started turning in the back of my head. I remembered things that had come up in the assessment my partner had done, the assessment that I *should* have done. Now that I was actually awake, they added up to this: "This woman is very ill." In fact, she was so ill that she couldn't tell us what day it was or whether it was morning or evening. This fact alone meant that she couldn't refuse to go to the hospital. We didn't wait for the staff to come talk to her. I somehow managed to convince her that she needed to go.[11] We transported her rapidly while I started treating her for sepsis, called the hospital to inform them of the patient's condition, and actually got around to doing a full assessment and history (like I should have from the beginning).

At the hospital, we were met by a team of 15 people, including a doctor that I knew and respected. They took over her care while I did my best not to collapse under the weight of my guilt. The best part of this? They did another EKG on her and found that the readings I had seen that had distressed me so were a fluke. False results placed there by luck or divine intervention to snap me out of my arrogance-induced apathy long enough to

8 Except on family or "open house" days, on those days it always smells like lavender or fresh baked cookies.

9 Essentially a systemic infection, septic shock, the end stage of sepsis was once described to me as "the patient's entire body turning into a sewer."

10 Drugs, alcohol, and various medical conditions and traumas can affect this, making you temporarily incapable of making these decisions for yourself; medically speaking, these are the cases where implied consent applies.

11 I was lucky that my partner had been wearing her down while I was in the corner having my epiphanies.

realize my attitude was about to lead to an incredibly poor patient outcome.[12]

Looking back on these experiences now, I am reminded of an old fighting dictum: "If you want to be great, you spar with three people: One greater than you, to learn from; one the same as you, to measure yourself and practice with; and one lesser to you, to teach." I think that applies well here, though it is not always as easy as it sounds. First, you must be humble enough to admit you have much to learn and be honest enough to admit what you do and do *not* know. Then, you must seek these people and experiences out. It is a challenge: it's meant to be, but from challenge, we get growth. From growth, we can gain the strength to defeat those twin devils: Insecurity and Arrogance.

12 According to the CDC, nearly 270,000 people die from sepsis every year, and the elderly are most at risk.