

230 of Denver's Best Physicians in **59** Specialties

TOP DOCTORS

5280

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EXCLUSIVE
UNCLE SAM IS SCREWING
COLORADO RESERVISTS
By Maximillian Potter



Dr. Brent Cohen
INTERNAL MEDICINE



Dr. Yuko Kitahama-D'Ambrosia
OB/GYN



Dr. Joy Hawkins
ANESTHESIOLOGY



ARTS

The Hamilton Wing: It's About DAM Time

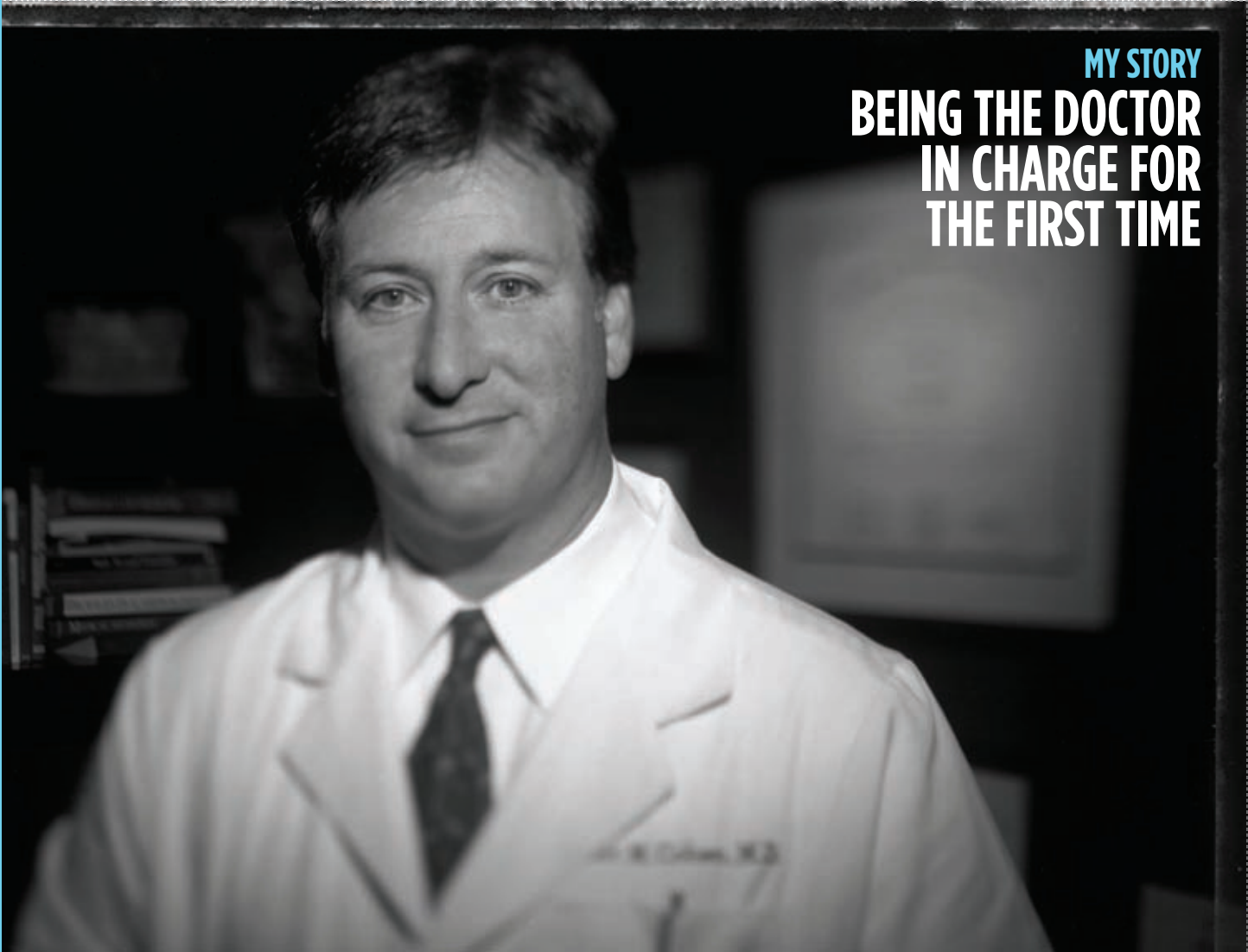
POLITICS

The DA's DNA— Meet the Real Mitch Morrissey

5280's
**TOP
DOCS**
+ 2006 **+**

230 doctors,
59 specialties,
23 hospitals,
and 1 patient...
you.

Edited by Lindsey B. Koehler
Photographs by Todd Langley



MY STORY

BEING THE DOCTOR IN CHARGE FOR THE FIRST TIME

TOP DOC BRENT M. COHEN, INTERNAL MEDICINE As told to Lindsey B. Koehler

There's a common saying in medicine that goes, 'See one, do one, teach one.' You can't learn without doing, and for me that became really clear the first day I was a second-year resident.

As a second-year resident it's your responsibility to run COREs (when a patient in the hospital goes into cardiopulmonary arrest). It was July 3, my first day on call as a second-year resident, I'm 28 years old, and I'm carrying the 'CORE pager.' And I had two interns who were also carrying CORE pagers. The CORE pager has a very different sound than a regular pager. It's a really high-pitched, can't-mistake-it sound. And our whole nervous system is tuned to this sound. I was in the ICU

with my interns taking care of patients and it happened: My CORE pager went off.

I had probably three seconds of thinking, 'This isn't really happening. God wouldn't really do this to me on my first day.' Because as a second-year resident it'd be my responsibility to run this CORE. After a few seconds I realized it really was happening, and I could hear the overhead operator telling me what floor I needed to go to. It was two floors down at the end of a hall on an orthopedic floor filled with patients I knew nothing about. I said to my interns, 'Let's go.'

We were running through the halls, and I'm thinking to myself, I don't know what I'm going to see. I knew that someone was

down, but I'm thinking, am I going to be able to read the heart rhythm, am I going to be able to intubate this person? As you're running through the halls you're just hoping your preparation is such that you can execute the way you want to.

We found the room. We were out of breath and ready to pass out. I ran into the room and saw the patient was unconscious and comatose. But my interns, like trained dogs, stopped at the entrance to the room—they would not cross the line. I think they were just mortified that if they came in they'd actually have to do something. And, of course, they'd only been out of medical school for four weeks and really didn't know what they were doing. But we

got them into the room, one doing chest compressions, the other monitoring vital signs and trying to put the IV in while I was reading the heart rhythm. You always wonder whether you're going to read the rhythm right, if you're going to give the appropriate drugs. Well, in my case, the rhythm was a flat line, called asystole. Even I could read that one. We did chest compressions, used electric shock, got her back, and intubated the patient right there. When we got her up to the ICU, I was dripping in sweat and felt like I'd been through the fire with her. It was my first in-the-heat-of-the-battle interaction. The first time I was responsible. And there's nothing that really prepares you for that."

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FIVE THINGS A GOOD PATIENT SHOULD ALWAYS DO

1. Assume responsibility for managing your health care. Speak up—tell your doctor what it is you want and what you expect. Also, feel free to ask to see your medical records.

2. Build a relationship with your primary-care doctor. A medical emergency isn't the time to begin searching for a doctor. Have a doctor who knows you and your medical history.

3. Have a brief list of questions or concerns to discuss at your visit. Make sure to keep your list focused on the primary reason for your visit.

4. Keep with you a list of medications you take, pharmacies you get your meds from, previous illnesses you've had, doctors and other health care providers you see for care, allergies you have, and your insurance card.

5. Understand what you're supposed to do after you leave the doctor's office—follow-up care, medications, tests. Don't leave the office until you are sure.