



Eastern Association for the Surgery of Trauma  
Advancing Science, Fostering Relationships, and Building Careers

**2023 Oriens Fellow Winning Essay**  
**Julia R. Coleman, MD, MPH**

**“On the Other Side”**

23 missed calls. I woke up to 23 missed calls. I was at a conference and out of town. *Why is my husband's friend calling me, and calling me this early in the morning?* I knew it couldn't be good, in the sense that only worried parent or spouse can understand.

*Jeremy's been in an accident*, he said. Believe it or not, this is not the first time I've heard those words. My husband was an avid cyclist. And as any athlete knows, a sport comes with occasional injuries. There'd been a few dental casualties and femur fracture, but the tone of panic on the phone was different. *He's refusing to go to the hospital*, he said. *Classic*, I thought. After some coaxing, he was on his way to the local trauma center where I trained. If my husband was acting within his typical stubbornness, it couldn't be that bad.

But, it was *that bad* - my attending called me after his pan scan. *I think you should come home*, he said. Within hours, I had boarded a flight and was on my way to the hospital I went to every day for years. But this time it would be different.

Frontal skull fracture, bilateral LeFort III fractures, unstable cervical C spine, lower lip avulsion, bilateral BCVI, intraparenchymal hemorrhage; the list went on. I knew all the words as I heard my fellow rattle off my husband's injuries. I went into work mode. *Did he get a CTA yet? What did his TEG show?* Until I saw him in his room, a room I'd been in so many times. I had put in central lines in that room, done bedside ultrasounds, talked to families, pronounced patients. And here was my husband - battered, bruised, and far from himself. Here I was, “on the other side.” I couldn't use my clinical knowledge as comfort; in fact, it made everything more overwhelming and scary. I knew his stroke risk with BCVI, I knew his long term complications from a TBI. It was totally, utterly disempowering and terrifying. Cue a whirlwind of weeks and surgeries. My world was turned upside down. But something magical was happening around me.

One of my attendings moved out of his office and gave me the key so I could use it as my private space for sleeping, eating, and getting away. Another of my attendings made sure that I had a comfortable bed to sleep on in the unit. I didn't cook a meal for weeks, as a constant stream of comfort foods were delivered to me three times a day from my co-residents. There were hand-knit blankets, gift cards, and countless text messages. All hands were on deck, just in the way that I had seen in the trauma bay where my team of co-residents and attendings work together in beautifully orchestrated coordinations to take care of a patient - the exact same thing was happening to me (and my husband). The trauma community rallied behind us, with care that was thoughtful, thorough, organized, collaborative, compassionate. Little did I know, the whole experience was slowly changing who I would become as a provider and family of a patient.

As the dust settled and I watched my husband make a miraculous recovery, I was left with a feeling of newfound appreciation for the trauma surgeons and team around me. *This is why I wanted to do trauma surgery*. Yes, of course, I'm an adrenaline junkie that loves a good trauma case, the algorithms, the patients, the pathologies. But it's more than that. Trauma surgeons truly care about other people - whether it's their patients, their partners, their neighbors, or someone in distress. Trauma surgery is not a specialty, it's a family. And this is the family that I knew I wanted to be a part of - for forever.