

By Dr Audrey Tan

# Shit, Shower and Shave: The Zen of Housemanship

I started my first day of housemanship with many lofty and far-flung ideals: I wanted to exemplify the perfect doctor: unendingly patient and yet devastatingly efficient. These notions vanished by the end of my second day of work: also my first call day.

Like almost everyone who has gone through housemanship can tell you, the first call is a nightmare of unmitigated proportions. That particular call allocation was by no means supposed to be the worst but for me it was *hell*. I understood quickly that the work phone I had the day before received with such excitement, was far more the stick than the carrot. During the first two months of work, my post-call stupor would be rudely interrupted by hallucinations of that blasted phone ringing. I thought my weak personality was going through some form of stress-induced psychosis until comparing notes with my friends revealed that this was, in fact, not an uncommon phenomenon.

That phone became the bane of my life and I frequently entertained fantasies of flushing it down the toilet. At times like that, I missed having a regular phone with a receiver that I could slam down. I tried slamming it down anyway – on table tops, against walls, but somehow it did not hold quite the same satisfaction. I have done many things to my phone while on call: I have tried strangling it during a particularly frustrating call; I have thrown it across the room

many times. SingHealth must have picked one of the harder phones to give us – despite my best efforts, mine still works perfectly, apart from a few dents.

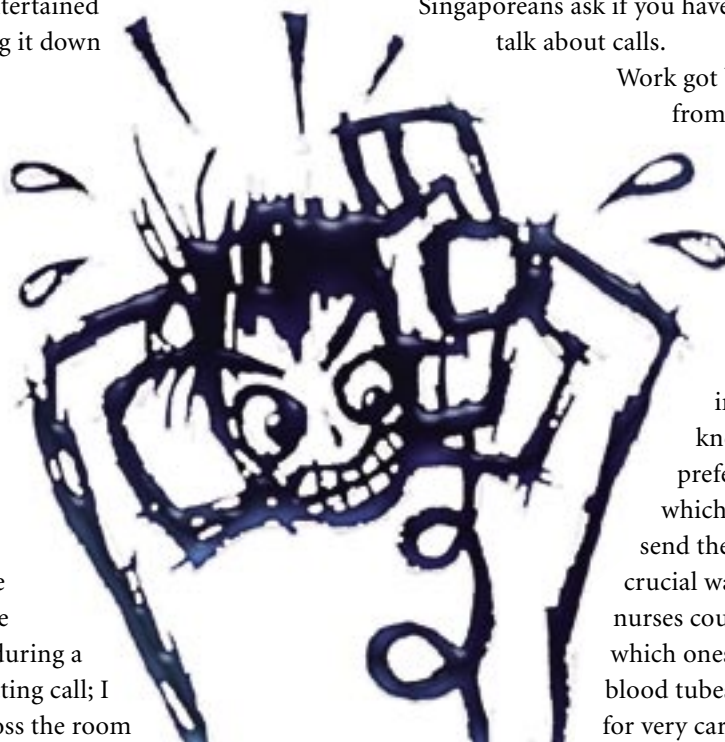
Life revolved around calls and it seemed like I was perpetually either pre, post or on call. There is nothing quite like the pre-call anticipatory depression and most times it seemed as if I was already more tired out before the call started than after the call. My already meager post-MBBS social life took a distinct downturn: my family learnt to expect me home at 9 pm for dinner and communication with non-medical friends became limited to the occasional terse SMS or email.

I saw my medical colleagues all the time though and while we may not always have been at work (stranger things have been known to happen), it would inevitably enter the conversation: what our most recent call was like, the shenanigans of certain notorious patients or nurses, or departmental gossip. Even out of the hospital, we could never really escape.

The English talk about the weather.

Singaporeans ask if you have eaten. House officers talk about calls.

Work got better once I learnt from experience and became more efficient. It helped to be more adept at procedures like setting green plugs for CT scans into impossible veins, or to know which consultants preferred to be called and which ones preferred you send them an SMS. Most crucial was to find out which nurses could be trusted and which ones you needed to check blood tubes, labels and forms for very carefully.



Audrey Tan is a half-baked house officer who finished her first posting in SGH Medicine with her sanity barely intact and her good humour in tatters. She fervently hopes she is tough enough by now to survive the rest of the housemanship year.

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It became a challenge, in a way, how fast my morning bloods could be done in enough time to be traced in the afternoon and how many other things I could do (writing blue letters or summarising old notes) in the time a consultant took to return my call. I am really not very good with multitasking but I certainly tried.

Making HO life bearable, I have realised, is largely a matter of perspective. Once one loses the notion that one is entitled to leave at 5 pm or that lunch is a necessity or that post-call is a right, life becomes so much more bearable. I found myself rejoicing in the little things: the not-as-hecktic day I got to have a proper sit-down lunch, the rare 1 pm post-call or managing to leave the hospital a little past 6. It is all a very strange kind of Zen-like unexpectedness but sadly, I am not a very Zen person and the episodes when I would take things as they came only lasted brief periods of time. Most of the time found me struggling (not very successfully) with my inner Hyde. This shift in attitude is still very much a work in progress.

Fast forward four months and is it not strange how the individual days seemed to plod on while the weeks and months fairly flew past? It was 7 am during the last call and four out of five of us were in the staff lounge, enjoying the hitherto-unheard-of luxury of an order-in Macdonald's breakfast. We were in a decidedly celebratory mood and it was most definitely a 'Happy Meal'. This was the penultimate event in a last week of posting: the climax of which was our 'last day dinner' (completely \*ahem\* self-sponsored).

Looking back at the miserable showing I put up

in my first few days, it is amazing how I survived with most of my sanity intact. The transition from medical student to house officer is a big one and not always an easy one to make. I dare say that none of us were fully prepared for this, armed with only our MBBS degrees and erroneous notions that we knew something about treating patients. It is a big step, from being passive observers of medical science and art, to actually being practitioners of both.

There is a kind of obscure pride in it all, to be the one on the ground and in the trenches. The house officer is peculiar in that we are the only ones

for which ward work is the entirety of our duties, unlike our seniors who are, for the most part, divided between the ward, the clinic and the operating theatre. I would like to believe we are more than just mindless takers of blood and setters of plugs (that is, dengue mosquito); we are the people who make things happen. Also, with luck, we are the ones who know the

most about our patients and the ones who alert our seniors to things they would otherwise have missed. House officers: the hospital equivalent of Norton AntiVirus.

Almost half my HO life is over and yet life as a doctor is only just beginning. I have discovered to my chagrin that I am neither the person who I thought I was, nor am I even remotely close to being the doctor I want to be. It is almost a relief to know that my learning is not limited to this year alone and that it will continue until the end of my career, as I have only just barely begun to grasp how much more I have ahead of me. To quote Churchill, "This is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning." ■

