

By Dr Leow Wei Qiang

Survival Skills

“Kites rise highest against the wind, not with it.”

– Winston Churchill

Facing a task as daunting as starting work in the hospital as a fresh, newly graduated house officer, I needed a statement that would ignite my passion to work hard, and overcome any difficulties with the job.

I worked hard during these first few months, not that I am working less hard now; but I have learnt to work a little smarter after learning some tricks of the trade.

The hospital is a highly complex and structured environment, and I have always likened it to a maze. And us house officers are the lab rats who have been newly set loose in this maze. We have to learn how to navigate this maze. And that takes time, a little bit of instinct and meeting lots of dead ends.

Some of these dead ends that we may come across may not be so pleasant. Having anybody yelling in your face or criticising your ineptitude at work is never pleasant. And during the course of our work, we will experience getting scoldings from all kinds of people. From the consultant radiologist who feels your “urgent” scan is really not urgent to the patient who calls you a “blood sucker”. Under-appreciation is a feeling that I am sure we all have felt at one time or another.

But we need to learn, and learn fast. We have to learn to navigate the mad hospital maze, identify the dead ends and ways to avoid them. If not, we will not be able to get our cheese.

During these first few months, I have gathered some “survival skills” of a house officer. Some I learnt through sudden realisation, some I received as enlightenment from the senior doctors.

One of the most important skills to pick up is surviving the night call. Just listen in to any conversation with a house officer; chances are there will be something to do with the night call.

I started my night call on my second day of my first posting. At that time, I remember I kept running through the ACLS protocol in my head and expecting my first collapse. The feeling of trepidation was so overwhelming, every time I heard my phone rang, I jumped as if it was a fire alarm. Nothing happened that night though and the feeling finally went away with my first collapse.

When the nurse told me the word “collapse”, the first thing that came to my mind was, well, nothing. All the ACLS protocol vanished. The next thought that came to mind was to call my senior doctor. Memories of my first resuscitation were just a flurry of activity, with me doing an awful lot of chest compressions. But from that incident, I learnt that the first thing to do during a resuscitation is to stay calm.

I went through my first few calls not being able to eat dinner, shower or even having a sip of water. There just seemed to be an endless list of things to do, and the phone never stops ringing. One of the most useful pieces of advice I received was that I had to prioritise. I should never expect the phone to stop ringing, there will always be things to do. But the first thing I must do is to keep alive. Having a good dinner before the call is essential, the last thing the patient needs is a hypoglycemic comatose house officer. Take regular toilet and water breaks; that blood culture can wait for a minute.

At my current department and hospital, there is a culture of helping each other out during night calls. I have received help from many friends and likewise have tried to return such favours or rendered help when needed. This feeling of commadarie is useful in ensuring everyone survives the night intact.

A consultant once said to me, “You should know how to be a house officer when you are a medical student. When you are a house officer, you should know how to be a medical officer.”

That is the natural progression of things. During my SIP (Student Internship Programme), I tried hard to pick up all the skills of a house officer. I offered to do everything, with the hope that I would be able to fulfill that mantra; because I knew that people do not change overnight. One does not wake up the next day after MBBS and suddenly know how to be a house officer.

And on the same note, as a house officer, I am trying to take up more responsibility, hoping to learn how to be an able medical officer in the next few months. ■



Dr Leow Wei Qiang is a House Officer who is currently trying to figure out how to juggle work, sports and family while at the same time, being chronically sleep-deprived.