

# Things We Wish House Officers Knew

Text by **Tan Yia Swam**, Editor

Dr Tan is a consultant at the Breast Department of KK Women's and Children's Hospital. She continues to juggle the commitments of being a doctor, a wife, the SMA News Editor and the increased duties of a mother of three. She also tries to keep time aside for herself and friends, both old and new.



At one of the SMA News Editorial Board meetings, someone suggested this topic and I wondered what would make a good approach. If I were to start berating: "Young doctors nowadays! They know nothing!" it would just reveal my age without helping anyone. Thus, I decided: let's pretend that I'm writing a reminder to myself. To my younger self – fresh after examinations, awaiting results, before I knew if I would even get to start housemanship!

## 1. Results and book knowledge are not all that matters

- a. Not knowing the complete list of differential diagnoses or the side effects of all the medications is okay.
- b. Failing the final MBBS (or even future examinations) is not the end of the world.
- c. The top scorer, or the bookworm, does not always make the best doctor.

## 2. But you do need to have some BASIC knowledge

- a. Don't tell your seniors that Dr Tan says it is okay to know nothing. It is never okay to know nothing. Unless you are Jon Snow. But I digress.
- b. Know the normal range of vital signs; know your human anatomy!
- c. Know how our healthcare system works – we are here to guide patients through this complex maze (eg, when to refer, how to refer and how urgently?)
- d. Know where to get accurate information (do not just Google everything! Instead, know how to search PubMed for papers, and refer to hospital resources for forms, information on medications and how to arrange complex procedures).

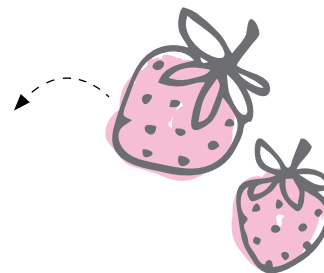
## 3. If I were a houseman in 2024, instead of 2004, what skills would I need?

- a. IT skills: This is now unavoidable. I daresay every hospital has online documentations, charts, referral forms, etc. Try not to be a "one-finger" typist, or someone who writes on paper and asks the clinic assistant or department secretary to scan in later on. Learn how to order investigations in your hospital. Know how to *make the best use of the system to work effectively – fast, efficient, and with minimal errors.*

- b. Social skills: "Patients are at the heart of all we do" – I love this. No matter how tired or stressed you get, take a step back and remember why you are doing what you do. The patients come first and they need us to do our best in every aspect of medical care. Take good histories, examine carefully, order relevant tests, refer/escalate as necessary, and communicate with the patients and their families, so that they understand their healthcare journey.

#### 4. Work hard and keep a positive, never-give-up attitude

- a. "Strawberry": I bet the younger readers here are sick and tired of hearing themselves being called the strawberry generation. **On behalf of older doctors, I apologise for the label and I would like to explain why this term is used.** Training used to be very tough; house officers (HOs) stayed in HO quarters, and may not get to go home for a week or even longer. There were no post calls; it was just one long continuous call, and they had to do hourly hypocount readings, use rubber suckers for ECG leads, handwrite everything, get scolded for everything and just suck it up. Two decades later, it was a mix; pagers transitioned to handphones and online discharge summaries were introduced. Post calls were possible, if your registrar were kind and there were enough junior doctors around. Getting scolded still happened; we either sucked it up or got delayed in promotions, and remembered clearly never to refer to the seniors we don't like when they go into private practice! (*hahahaha*) To my generation, and older vintages, it just seems like the younger doctors have it really good now. Protected training time and time-offs, and even feedback sessions to criticise seniors. I have heard rumours that some parents of young doctors even question Heads of Departments or Ministers why their 24-year-old child cannot take post calls, cannot enter a residency of their choice, or were rostered to go on call on weekends.
- b. "Lazy": In direct comparison, it seems like the millennials are doing very little work. I'm getting round to understanding that **times are different.** Patients are different; the healthcare landscape is also very different. I don't think young doctors are doing less work, but they are doing **very DIFFERENT work.**
- c. Getting scolded: different times call for different modes of discipline and feedback. If child-rearing has changed so much in the past three decades, why wouldn't medical training? Spanking and caning a child is no longer acceptable. However, there is a fine line between nurturing a child and spoiling him/her! In training a doctor, while we respect each other's dignity as adult learners, we must remember that the price of incompetency may be a patient's life.



#### 5. Look after yourself

Having said all that about hard work and being ready to accept scolding, I also advocate **self-care.** Take time out to eat, drink, exercise and rest. Nurture the soul – meditate, pray, read, make music and create art. Maintain relationships with friends and family; spend time on building a family if you are so inclined.

My dear YS, as you embark on a fulfilling lifetime career in medicine, I hope you will remember what I tell you today. ♦

With love,

*Your Loving Older Self*

