

# Staying Alive

DR OH JEN JEN shares lessons learnt from her 6 years as a glorified slave.

## *“How can we care for patients if nobody cares for us?”*

– Frustrated intern in *The House of God* by Samuel Shem

Let's face it. Junior doctors (JDs) are no better than amoeba. We're worker bees located at the bottom of the food chain, at the mercy of the healthcare system and anyone who outranks us. Whether it's a 5-year bond or a competitive training programme, most – if not all – of us endure harsh working conditions for one compelling reason or another – a fact our seniors are very much aware of, and sometimes use to their gleeful advantage.

As a House Officer (HO) back in 1999, being saddled with 9 to 10 night duties a month without guaranteed post-calls was the norm in certain departments, as was forgoing food and water (not to mention toilet breaks) for up to 24 hours at a stretch. Consultants did ward rounds with me daily but didn't even know my name. Medical Officers (MOs) ran off for tea breaks and left their clueless, stressed-out interns in the lurch.

Life as an MO improved slightly, but with added responsibilities and closer interaction with senior doctors, suffering took on a different meaning. A rotation through an Intensive Care Unit (ICU) almost gave me a gastric ulcer, thanks to a Consultant whose reaction to my lack of experience was an exasperated sigh and complete disinterest in teaching me anything. Another department was populated by people who only rewarded those who

knew how to finesse their way through, and awarded mediocre grades to the truly hardworking (but “a little too quiet”) group.

Having (finally) turned Registrar in February, I'm relieved and happy to be part of a department that values its JDs and takes excellent care of them. Allow me to share a few do's and don't's which will not only keep your worker bees contented and make you a popular figure, but also ultimately – and most importantly – improve patient care.

### 1. FEED YOUR JDS.

I have zero affinity for surgical postings, but you just can't beat those gorging sessions. Post-ward-round snacks (also known as 'second breakfast'), late night suppers, mass outings to famous roadside coffeeshops, buffets in posh restaurants serving champagne and chocolate-covered strawberries – and every single meal paid for by the most senior doctor in the group. Food is a marvelous antidote for frazzled nerves and incapacitating fatigue, but the underlying message – that of being appreciated – is what we crave and value most.

### 2. VALIDATION.

The inability or refusal to praise is, to me, an inexcusable trait. I see nothing wrong with dishing out well-deserved compliments to exceptional HOs, and always remember seniors who've done the same to me. A Professor from Gastroenterology was the first to teach me this valuable lesson, and I try my best to follow his example as often as possible.

### 3. HELP THEM OUT. TEACH THEM WELL.

My hellish 4 months as a HO in Internal Medicine was made bearable only because I had terrific MOs who helped me out in the most amazing ways. From speaking to relatives and doing discharge summaries, to venepunctures and even resiting plugs, we interns treasured them all.

As for teaching, it takes a lot of patience and multiple attempts in order to get something right. I will never forget the Cardiology Consultant who supervised my insertion of a central venous pressure (CVP) line at 3am one busy night in the medical ICU, or the Medical Registrar who gave up his Saturday afternoon and stayed back to help me place a dialysis catheter. Those sacrifices proved advantageous once I turned independent soon after. Since then, I've gone on to teach many



*Whodunit: Was it the “no food/fluids for 24 hours” that did it?*



#### **About the author:**

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of my juniors similar procedures, and make it a priority to be as patient and approachable as my mentors.

#### 4. INTERACT WITH YOUR JDS.

Hectic schedules don't always make this an easy task, but that never stopped the surgeons! Once again, no one can quite surpass the depth of their conversations with HOs and MOs alike. One Head of Department once lent me his DVDs, while a Registrar did me a huge favour which I will never be able to repay. Similarly, my current department's seniors love to swap personal stories, and meals in the staff pantry are always my favourite moments, even in the midst of the craziest shifts. Taking an interest in your JDs will make any posting more enjoyable and memorable.

#### 5. BE A GOOD ROLE MODEL.

Seniority renders one susceptible to temper flares, unreasonable demands and misplaced pride. No doubt many JDs have followed suit, be it out of ignorance or hedonism,

but I have no respect for seniors who behave like petulant children, and images like that stick in the mind for all eternity. Is that how anyone wants to be remembered?

JDs may be young, but they're also very impressionable, and like it or not, they're watching your every move. Some may be discerning enough to differentiate right from wrong, but others may choose the easy (albeit wrong) route, and adopt bad attitudes and even worse work habits as their own.

To the many surgeons who taught me how to value my juniors, to the Gastroenterology Professor who showed me the importance of praise, to the many MOs who helped me survive and prompted me to do the same for future generations of JDs, and last but not least, to my current fellow colleagues who never fail to reinforce the belief that I made the right decision in joining them – I thank you.

And to all the JDs in Singapore, I hope you'll get through your rotations in one piece, and eventually cultivate work ethics that will make your own juniors' lives easier. ■