THE IDEAL HOUSE OFFICER: TRAINEE'S PERSPECTIVES

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ABSTRACT

Introduction: **The housemanship period is a peculiar time in a doctor's career, and some have described it as a "Nuisance year" during which the junior doctor assumes many roles at the same time - as a doctor of his patients, a student of his trainers (Resident doctors and Consultants) and a teacher of medical students. He is also at the same time undergoing training and research to practice as a professional in an increasingly competitive society-https://youtu.be/SaaQmMHy_qI.**

Nigerian perspective: **A typical House officer is seen neatly dressed with black circles around the eyes depicting tiredness, ward coat pockets stuffed with enough materials to start up a new ward; ranging from continuation sheets, syringes, water for injection, capillary tubes, hand gloves, investigation forms, commonly used drugs, cannula, torniquet et cetera, smart shoes and feet ready to move on large doses of caffeine, and with carbonated drinks at arm's reach for a quick glucose rush for the day.**

He or she is faced with institutional problems, staff and workplace disharmony ranging from lack of adequate residential apartment for interns, early daily resumption and retires much later than the team to effectively carry out the work plan among acute shortage of staff. Majority of interns also try to adapt to the internship workings because they are new to the system, and some health workers typically try to take advantage of them which sometimes interfere with their work and the intern struggles to give the patients his best. Despite all these, the house officer interacts with the patient and relatives more often than the rest of the team. He builds the trust, respect, and confidence the patient has for the team as he represents not only himself but also the team.

Conclusion: **As once said by Sir William Osler - the great physician whose name is still being invoked in modern day medicine - that "his time was ripe for him, and he was ripe for his time". Trainees must always make themselves "ripe for their time", and the relevant authorities must also make time "ripe for trainees". The ideal scenario will then be a nexus of an ideal trainee and an ideal work environment.**

Keywords: House officer, Housemanship, Intern, Nigerian, Trainee

INTRODUCTION

'A house officer is a doctor who is the most junior member of the medical staff of a hospital, usually resident in the hospital, United States and Canadian equivalent; Intern'.[1]

The house officer, as the most junior doctor of the team, supposedly fresh out of medical school, is mandated to undergo one year of practical training called internship (houseman ship) under the supervision of a senior doctor referred to as a consultant. This doctor is faced head on with an abrupt change in relationship with fellow colleagues, other health workers and patients (Figure 1).

The physician's pledge is the oath to which all doctors-including intending house officer, swear prior to the beginning of their respective medical careers and gives one an insight as to what is required of a doctor as regards his duty to his patients, his teachers, medical students and his or herself. This pledge, previously known as the Hippocratic oath, is an ethical code that serves as a guide for medical practitioners and embodies principles that dictates the obligations of the physicians to students of medicine and the duties of interns and trainees to teacher. It also pledges physicians to prescribe only beneficial treatments, to refrain from causing harm, and to live an exemplary personal and professional life. Using this code as a

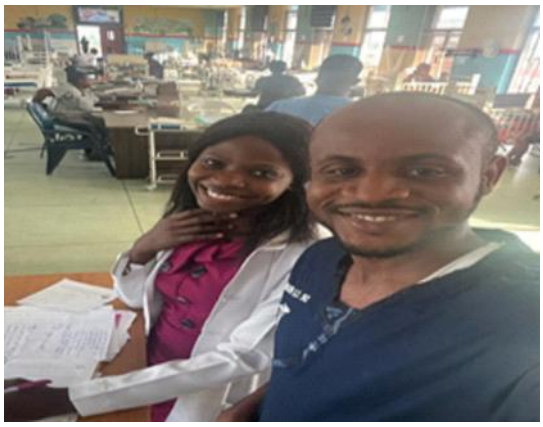


Fig. 1: Dr. Alozie and colleague, excited at the commencement of internship rotation.

basis for discussion, one can see how the houseman ship year serves as an introduction to the medical practice and now becomes the perfect opportunity to imbibe these attributes.[2,3] The houseman ship period is a peculiar time in a doctor's career, and also described as the "Nuisance year" during which he or she assumes many roles at the same time - as a doctor of his patients, a student of his trainers (Resident doctors and Consultants) and a teacher of medical students. He is also at the same time undergoing training to practice as a professional in an increasingly competitive society which continues to get even smaller by the unavoidable consequences of brain drain.

In examining who an ideal house surgeon or physician is, it is imperative to consider the kind of person he should be and what he should know or know how to do. It is however also pertinent to consider the totality of the environment in which the ideal house officer must work. This is even more so considering the radical change in healthcare delivery that promotes the role of the physician as clinical and economic manager rather than professional decision-maker and patient advocate in this era of unhealthy interprofessional rivalry.

The Physician's pledge suggests that the house officer should treat his trainers as his local parents. The scope of the trainee-trainer relationship can only then be imagined. The same document enjoins a house officer indeed like any other doctor "to apply, for the benefit of the sick, all measures which are required" and to "keep them from harm and injustice". [2]

The scope of what must be done to fulfill the two responsibilities will depend on the peculiarities and the vagaries of the doctor's conditions and his environment. Indeed, requirements like these lend themselves to personal and cultural interpretations.

One can summarize that the attributes of an ideal house officer should be as suggested by the Physician Oath? Can one say that a house officer, who enjoys a near-patriarchal relationship with his trainer, one who does all that is needed for the good of his patient, learns all that is required of him and is himself a great teacher, fits the bill of an ideal house officer? I think that will be a rather simplistic approach. Indeed, a growing number of physicians have come to feel that the Physician Oath is inadequate to address the realities of a medical world that has witnessed huge scientific, economic, political, and social changes. Traditionally, most training programs reinforce the primacy of what a medical intern should know over subjective experience underlining the expectation that an ideal medical intern is one who knows the much that is required of him in terms of clinical skills and knowledge.[4] Indeed, over the years, a lot of emphasis has been placed on the need for house officers to acquire adequate knowledge required for intra and post National Youth Service Corp practice. The structured unit program wherein the house officer rotates should afford him the opportunity to acquire cutting edge information and naturally calls for a robust interaction with other colleagues under peer-controlled learning program and regular institutional academic meetings. As important as the need for a thorough scientific background is for a house officer, the atmosphere in most training program tends to make the acquisition of such knowledge by the medical intern a near impossible task. This need for the acquisition of sound knowledge is often overridden by the service needs of the training institutions. A typical example is in the theatre where it is expected of the house surgeon to participate and observe keenly but rather may be assigned to visit the blood bank, retrieve some blood products, or even man the logistics in ensuring the next patient for surgery gets to the operating table in time. While the provision of high-quality care and service is an unavoidable and indeed integral part of the training of a medical intern, a critical balance must be struck such that the intern still has adequate time for more didactic academic pursuit. As interest in a particular specialty sprout up the House officer needs to be able to immerse him or herself into each rotation and get the full experience and hands-on that will ultimately help in finding their strengths or weaknesses and decide which residency to pursue.[5]

Recently, there has been an increasing clamor for the practice of evidence-based medicine. Evidence based medicine is "the process of systematically finding, appraising, and using contemporaneous research findings as the basis for the clinical decisions".[6] An ideal house officer's clinical options should not be limited to age long institutional practices and dogma,

some of which are based on anecdotal evidence of past authorities in the specialty. In managing patients, he or she needs to demonstrate a good grasp of "alternative options of management or approach to care" of proven efficacy. All of this also calls for a regular sharing of ideas and experiences with colleagues from other centres in conferences, symposia, workshops et cetera especially now that social media is at the beck and call of everyone. It can always be argued that a medical intern ideally is training to acquire enough skills to positively impact on his or her own immediate environment and thus the scope of what he should know, and know how to do, should be driven by the needs of his or her environment and the facilities available for him to work with.

However, in a world faced with increasing demand for globalization and a relatively fluidly transcontinental migration of professionals, this line of argument is then fraught with a few fallacies. The ideal seems to be that irrespective of where a medical student trains and eventually have the mandatory one-year internship training, he needs to acquire a prerequisite level of expertise that affords him the opportunity of a good standing in the international arena. When training centres are lacking in the needed expertise and technological back up, her efforts must be made to complement the intern's training through a well-planned re-certification and accreditation with better state of the art equipment. It is intriguing that some centres in the high-income countries with state-of-the-art equipment still realize the need for their trainees to acquire some "third world relevant" experience and have recommended that their trainees spend some time in third world countries. Centres in the third world ought to take a cue from this and establish an exchange program.

Today's intern is not only a clinician but also a researcher (Figure 2). Every medical intern must have the opportunity to engage in research work in which he or she seeks to unravel the medical puzzles of his time. Such work need not be left to scientists dedicated to research work alone. The discipline and rigor acquired can of course complement the intern's approach to clinical practice. Not to mention how cultivating research practices and having early research experience is strongly associated with future career achievements in academia and postgraduate research initiatives,[7] starting early as a House officer leads to a sustainable momentum in research practice as medical doctors in training.[8]

A doctor is generally regarded as the leader of the medical team even though there are people who may contest this. Moreso, the status of a house surgeon or

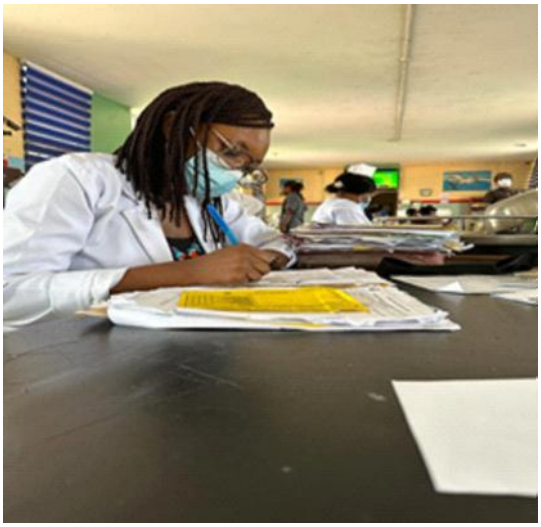


Fig. 2: Dr. Okor, carrying out a clinical audit.

house physician does not preclude this when the care of the patient is at that level. The transition from an intern to resident, then subsequently a consultant with its attending responsibilities is often abrupt and the challenges may thus be daunting. It is imperative that the intern inculcates the needed managerial and leadership traits while still training.

Beyond what an ideal intern should know, we need to take a critical look at the kind of person he should be as a trainee, a doctor, and a trainer of medical students himself. The basic requirement of a trainee to his boss is traditionally regarded as loyalty - to do his boss's bidding and as Hippocrates said "treat he who taught me this art as a parent".[2] Indeed, internship period is an apprenticeship of some sort and the scope of this type of trainer-trainee relationship is too broad and culture related for one to start itemizing the various desirable traits in such a relationship.

What must be stressed, though, is that beyond having a trainer, the trainee needs to see a "mentor figure" in his teacher - one who as it were shows him the way through the training program with genuine interest. Today's medical interns must not be under a "master-servant" relationship. Naturally, it is expected that a trainee should then give his own trainees (medical students) as much mentoring as he would desire of his boss.

The ideal medical intern is the kind of doctor that does all that is needed for the good of his patient. It is however important to note that he does not carry out his duty perfunctorily. The junior doctor or intern indeed like any other doctor needs to show compassion in all his dealings with the patient. Some have argued that this may not always be possible, [9] but he must always try. Moreover, simple gestures of

kindness sometimes make a greater impact on patients than any display of exceptional brilliance.[10] Most patients want to know how much we care and not how much we know. A doctor must be humble enough to admit his limitations and avoid that ever-tempting air of "I know it all syndrome" that majority of doctors unconsciously demonstrate in treating patients which is tantamount to jack of all trade and master of none. He should be able to forgive himself and others. These humanistic attributes though agreed by most to be vital are often lacking in the doctor-patient relationship. Though we can further itemize several of the desirable traits of the ideal medical and dental intern for example his dressing code, comportment and perhaps how much he should earn, most of it will be summed up in the need for humanism and professionalism.

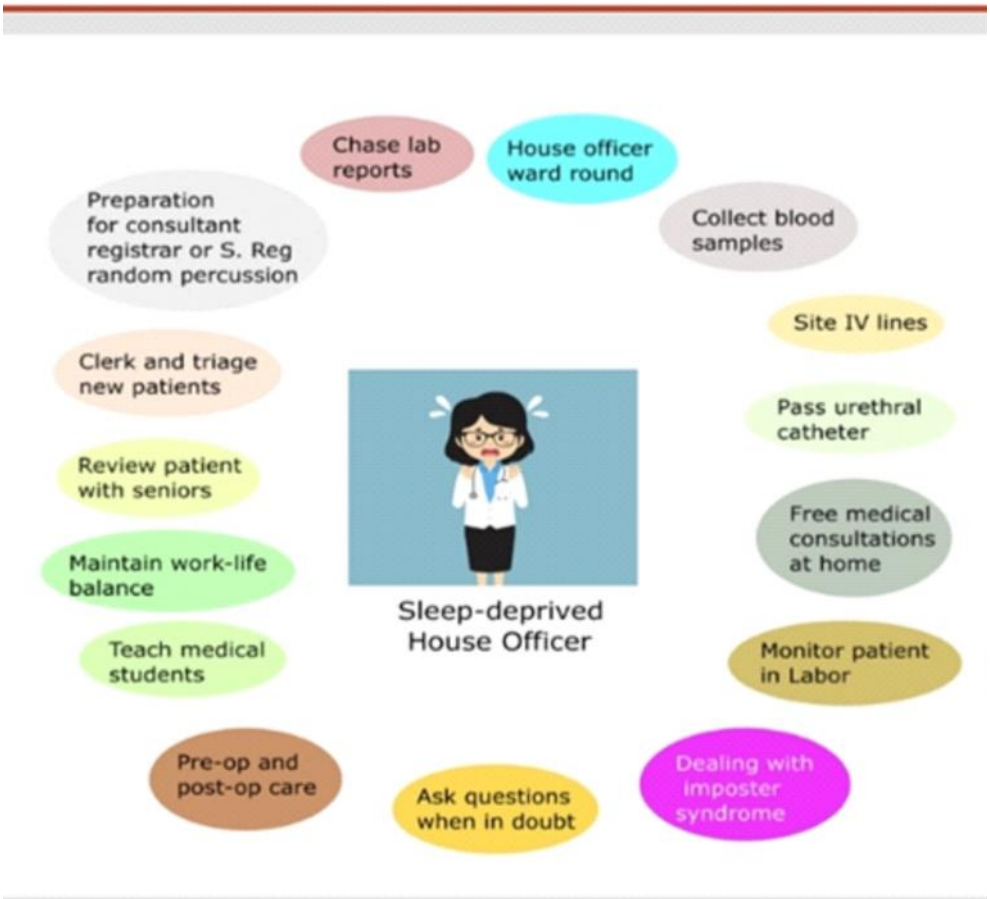
"While traditional medical undergraduate training approaches may not preclude trainees' development of humanistic and professional values, the lack of explicit attention to these aspects of training often results in these values being neglected or subtly devalued".[4.]

Beyond whatever may be the prerequisite skills of an intern doctor in terms of his role as a trainer of medical students and interns of other professionals, a care giver, and a teacher himself by virtue of a teaching allowance incorporated into salary and emoluments, it is also important that the intern doctor has humanistic and professional values. 'The Doctor'- a painting by Fildes [11]which was widely reproduced by the American Medical Association (AMA) during the middle years of the twentieth century reveals several important themes about the desirable humanistic traits of an ideal physician which include Humility, compassion, forgiveness, integrity, and respect.

The aim therefore of this commentary, is to highlight the peculiarities and challenges of houseman ship in Nigeria while attempts are made at proffering a guide.

Case Presentation: The Bains and Gains of houseman ship in Nigeria.

A typical house officer, in our setting, is seen neatly dressed in black circles around the eyes, ward coat pockets stuffed with enough materials to start up a new ward ranging from (continuation sheets, syringes, water for injection, capillary tubes, hand gloves, investigation forms, commonly used drugs, cannula, torniquet et cetera), smart shoes and feet ready to move on large doses of caffeine with carbonated drinks at arm's reach for a quick glucose rush for the day (Figure 3a & b). The interactions are variegated, with the institution and work environment, the staff and then the patients.



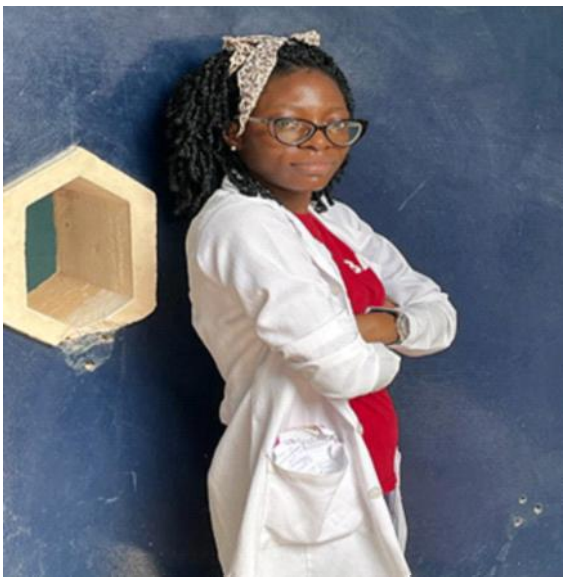


Fig. 3b: A very tired and sleep deprived Dr. Floxy.

1. Institutional Problems
Because these materials listed above are not readily available when needed on the wards, it becomes a burden to the intern to be carrying them about which adds to the burn out rate.

The House officer typically should be offered a residence within the hospital to enable him to efficiently discharge his duties, but this is not so in all institutions.

2. To Fellow Colleagues.
As the most junior doctor in the team, the house officer follows the decisions made by the team. This includes giving medications, relaying decisions on nursing care to the nurses, ensuring investigations are carried out and he or she is current on the latest developments on each patient under the team's care. In carrying out these, it is also expected that the House officer applies the knowledge acquired in medical school to contribute to decision making and most importantly understand the basic science behind these decisions. This may require asking senior colleagues lots of questions and going back to read on the topic in question.

To effectively do these, the House officer daily resumes earlier than the team and retires much later than the team. He is reprimanded for delays in administering medications, retrieving investigation results or poor nursing care, most times shouldering the blame without words in defense.

There are also social errands not related to the care of patients that the House officers are mandated to perform by their senior colleagues which is directly not related to training.

The declaration of Geneva- 1948 states "My colleagues will be my brothers and sisters"[12] as well as the physician pledge- 2017 which states that "I will give to my teacher, colleague and students the respect and gratitude that is their due",[13] both declarations give an expectation of what our relationship as physicians should be regardless of the hierarchy. The medical elders mostly justify the young doctor predicament with the phrase "We also had a tough time; you should go through that as well".

3. Other Health Workers.
The House officer interacts with other members of the health team to ensure the best patient care is given. This includes the nursing staff, the pharmacists, the health attendants et cetera. These workers contribute a great deal in enabling the work of the House officer and can serve as a source of acquiring knowledge, some skills and easing the workload of the intern when there is unity and convivial working environment. It is imperative that the House officer tries to ensure there is mutual respect and coordination to maximize these benefits.

In some teams, in addition to the tasks, the House officer follows through to the laboratories to obtain results. This should be discouraged as it is time consuming, strength depleting, and it does not help the House officer in acquiring knowledge except in the case of emergencies.

Also, because interns are new to the system and majority are trying to adapt to the workings, some health workers typically try to take advantage of the new graduates, from making up new rules to rudely refusing directives from the most junior doctor which in this case is the house officer, this sometimes interfere with work and the intern struggles to give the patients his best. In scenarios such as this, the intern relies on the assurance given by the senior colleagues in the team to maintain a stance and ensure it is followed through. It is important that any intern found in this situation should report to the team immediately there is a chaos between the intern and other members of the health force.

4. Patient and Relatives.[14]
The House officer interacts with the patient and relatives more often than the rest of the team. He is to build the trust, respect, and confidence the patient has for the team as he represents not only himself but also the team. He handles complaints and he reassures, makes changes or relays complains to the team. He also plays the crucial role of ensuring patient care, relays urgencies in investigations, or interventions sought.

It is also very important to note that as the House officer is the face and name commonly met by the patient he is also very commonly mentioned in litigations, and as such the intern should rely on scientific knowledge and on the shoulders of seniors in any action to be carried out or already carried out.

WAY FORWARD

In the past, five decades ago, the Nigerian House officer on resumption of internship, immediately receives a key to a furnished residence, a Saloon car and is treated with respect, dignity, and honour. What we have observed is the reduction in renumeration based on prevailing economic indices and poor dignity associated with the internship year, referred to as the "nuisance period" can mostly be corrected systematically and by the medical elders if turn around and reversal of brain drain is hoped.

In Michigan,[15] the mental health program has been in existence since 1996 to provide mental health care unique to the stressful one-year experience. Effective systems like this can help in the welfare and improvement of the internship experience.

What makes a medical intern an Ideal Professional?

According to the American Board of Internal Medicine, professionalism "comprises those attitudes and behaviors that sustain the interests of the patient above one's own self-interest. Professionalism entails altruism, accountability, commitment to excellence, commitment to duty and service, honour, and respect for others".[4] Humanism and professionalism are however inextricably woven into the art and practice of medicine. Beyond the universally accepted characteristics of honesty, integrity, dignity, altruism, honour, and duty, physicians must acquire other attributes if they are to be effective, caring, and satisfied professionals in a progressively more complicated health care system with its competing demands on time, resources, advancing technology and increasing challenges to the physician-patient relationship. These other attributes include a commitment to lifelong and self-directed learning, a willingness to work collaboratively with patients and colleagues the so called "Doctor - patient and Doctor - doctor relationship", and an interest in and respect for the subjective experiences of others.[4]

While it is important for medical interns to demonstrate these traits or at least strive to acquire them, it is important to note that this will only be possible in a learner-centered environment that supports the acquisition of professional and humanistic values desirable for an ideal medical intern. Many clinical training programs for to be doctors tend to brutalize them with awful statements and exclamations and seem to assume that medical students and interns can rise above their own physiology. Yet there is no objective basis to suggest that doctors are in any way different from other professionals in terms of their coping mechanism with stress.[16, 17]

Indeed "recent evidence suggests that this period of internship which can be likened to a nuisance year is associated with significant depression, anger, cynicism and emotional withdrawal, and there are concerns about its effect on the attitudes and future of physicians".[16] Indeed "sleep deprivation and fatigue among interns jeopardize patient safety and place these early career doctors at risk for motor vehicle accidents".[18] Physical exhaustion, irresponsible behaviour and sleep disorders consequent on stress have previously been documented amongst doctors especially those rotating through surgical posting in a Nigerian teaching hospital.[19]

Work related stress and burnout is a common experience for medical doctors and House officers are not exempted, as they bear the brunt of heavy workload in the hospital, the hierarchies of the profession, as well as transitioning from students to doctors. This could diminish the House officer's ability to carry out his/ her work efficiently, negatively affecting productivity, the quality of patient care and the even personal health of the intern.[20] It becomes paramount for the medical intern to device safe and practical methods to handle stress in the workplace. As stated in the physician pledge- 2017, I will attend to my own health, well-being, and abilities to provide care of the highest standard.[13] The young doctor should reflect on self with these words in mind and devices ways to be a professional.

The importance of having a good or ideal work environment cannot be over emphasized as it breeds happiness and improves productivity among interns as against what is seen in many of our hospitals with dehumanizing policies as extremely long working hours because of fewer hands and traditional hierarchical work environments in which junior members are openly humiliated or shown disrespect".[4] Ndom and Makanjoula have also noted that a poor work environment was a stressor among postgraduate trainees too in a tertiary health care centre in Nigeria which means the rot affects everyone regardless of the level of training.[21]

Meanwhile the belief of Markakis *et al* is that trainees when treated with respect, caring and acknowledgement of their individual needs and

strengths, will in turn communicate with and treat their patients in a respectful and caring manner.[4]

The above is not meant to excuse an intern from his obligation to inculcate the desirable traits of an idea medical intern. After all one cannot say "you could put a white coat on Hitler, and if you could only get him to follow the ethical rules and make his environment conducive, he would be an all-right doctor!" as credited to Smith and Newton in "Physician and Patient: respect for mutuality"[22] but the converse is also not true because a supposed ideal intern with all the aforementioned positive traits working in a dehumanizing environment is unlikely to turn out well. Indeed, "for many trainees, fatigue cultivates anger, resentment, and bitterness rather than kindness, compassion, or empathy".[23] Such is the strength of the interplay between the trainee's work environment and his or her own manifested characteristics.

All housemen and women must strive to be the ideal professional, but so also must genuine attempts be made by the relevant authorities and training institutions to ensure that the working conditions are optimal if not ideal.

Some articles published in Nigeria on different aspects of professional medical training have suggested that stakeholders in postgraduate medical education should do more in making a lot of trainees better. [18, 24, 25]

CONCLUSION

The intern doctor plays an important crucial role in the care of patients and in the training of young medical professionals and students. The ideal House officer seeks to establish a balance in effectively discharging duties while acquiring knowledge under supervision and guidance of superiors. It was once said of Sir William Osler - the great physician whose name is still being invoked in modern day discussions in medicine - that "his time was ripe for him, and he was ripe for his time".[26] Trainees must always make themselves "ripe for their time" whatever it takes the lock and key hypothesis must be tested. Equally important is that the relevant authorities must also make time "ripe for trainees". While the ideal is oftentimes unattainable, we must all at least be seen to have done our part in our local institution. The ideal scenario will then be that of a medical intern with the desirable traits working "in a healthy and convivial environment where honesty, respect, collaboration, and accountability are seen as core values and are practiced institutionally. In other words, a consistent culture in which the same values and behaviours are woven throughout the program and at all institutional levels can more effectively nurture humanism and professionalism in its trainees".[4]

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