Ann Ibd. Pg. Med 2023. Vol.21, No.2 106-133

ABC's OF HOUSE JOB IN UCH, IBADAN

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Submission Date: 7th Aug., 2023
Date of Acceptance: 30th Oct., 2023
Publication Date: 1st Nov., 2023

INTRODUCTION

General Roles of a House Officer: Rtation Pattern

Surgery => Medicine => Obstetrics & Gynaecology => Paediatrics =>
Usually on medical rotation then a surgical rotation and vice versa.

Ward Rounds

You are often required to document in the case notes during ward rounds. It is helpful if you have continuation sheets in your pocket along with some investigation forms.

The documentation usually follows the following sequence. (SOAP):
Subjective: The patient's complaint(s)
Objective: Vital signs and relevant physical examination
Assessment: Diagnosis
Plan: What to do next

Consultant Ward Round (CWR):

Every Unit has a day(s) assigned for CWR. On this day(s), the consultant(s) would be on the ward to physically see in- patients. You are expected to write a CWR Summary the night before the CWR. This summary would detail the patient's history from admission to care given so far and current medications as well as most recent plan. Some units assign the HO to present the patients during the CWR. Therefore, it is advised to do your CWR summary judiciously and effectively. Since it is a weekly summary, the care given so far from the last CWR to the present one (i.e., what has changed in the patients' status or care since the consultant saw them last week) should be carefully detailed.

Post Rounds

The "Plan" column will guide you in your post-round work. This is where you are to write out forms for investigations, what sample needs to be taken and what medication dosage needs to be updated or added to the TREATMENT SHEET (more on this below).

Some details of the post round work below.
Filling investigation forms: You are to ensure the requested investigation forms are filled and given to patients' relatives. If these investigations require you to take a blood sample, then always check back on the status of the form you have given, whether it is yet to be paid for or pending at the laboratory. This feedback will be required from you by your superiors at any time about any investigations, so it is important to be in the know. You can kindly ask the nurses to call you on the HO call phone to inform you when a sample bottle or test result has arrived.

Creating and Updating treatment sheets: You are also responsible for writing up and updating a TREATMENT SHEET. This contains the medications (Tablets, IV, IM, SC, NG Tube feeding) the patient is on, their dosage and duration so that the nurses can

administer accordingly. This needs to be written for any new admission on the ward as well as to be updated at regular intervals for patients that have been on admission on the ward for some time.

Drug Chart: Draw up a table for all IV drugs with the hours to be administered for each patient. This makes it easier for you to keep up with patients' drug administration. You can chart it in a way that some drugs are given together and others far apart (a staggered system) for effective time management. The nurses also have their own drug charts showing the times all other medications prescribed (apart from IV) were given or if they are not available. Ensure the patient is taking ALL medications from both drug charts regularly as it is something you will be asked during ward rounds or even after work hours. The nurses also keep a VITAL SIGNS and INPUT/OUTPUT chart. It is important to go over these as they help you to have a holistic knowledge of the multidisciplinary care given to the patient and enable you to update your superiors if they call after work hours without trudging back to the wards.

Prescribing Drugs

All drugs for the patient need to be prescribed by you or your senior colleagues. Again, you are to be in the know of the status of the prescription (has the patient's relative gotten it? Is there delay due to financial constraints? Is the prescribed brand not available in pharmacies? etc.). Regular perusal of the drug chart also helps you know what drugs are not available so you can prescribe it during work hours to avoid getting pulled in late at night for a needed prescription. You can inquire from the nurses if oral medications are about to run out and check that the patient has enough IV drugs for the next 24-hour period so you can plan to write a prescription ahead of time. In addition to medications, you are to write up consumables for the patients to buy. These include but are not limited to syringes, cotton wool, plaster, IV cannula, urinary catheter, NG Tube, dressing packs etc. Always inquire from the patient if they have enough supply of consumables so that you can give them slips to buy ahead.

Pharmacy Copy: This is only for patients admitted on the ward who opt for their drugs to be gotten for them by the hospital staff instead of buying their medications by themselves. The patient usually pays a certain amount of money which is used to settle whatever drugs the patient needs during admission. There would be a separate sheet where you are to write the same drugs the patient is on apart from the above explained.

Treatment Sheet: The Ward attendants would then use this new form to get the drugs from pharmacies in the hospitals. So, it is your responsibility to be in the know of what drugs need refilling so that the patient can pay more money if needed and the Ward attendants can get it from the pharmacy on time.

Out-Patient Clinics (OPC)

Every unit has a day(s) for OPC. This is one of the routes that a patient can be admitted into the hospital; the other one being the Accident & Emergency Department. During clinics, as a House Officer you shadow either the Consultant or Senior Registrar, helping to perform physical examinations, fill investigation forms, prescribe drugs and generally get involved in out-patient care. In case of a patient being admitted from clinic, you are to follow up on the patient's movement from clinic to settling in on the ward including opening a Treatment Sheet for the nurses and ensuring the patient has consumables ready for admission care.

Letter Writing

As a House Officer, you would be required to write a letter for the following purposes:
1. Release/screening of Blood
2. Special investigations in O&G
3. Opening or retrieving a case note from Records
4. Consults/Referrals to other units (under supervision by the unit registrar)

=Prototype of a letter for release / screening of blood
1. Sender's Address & date (based on the unit, written in the top right-hand corner).
For example:
The Neurology unit,
Internal Medicine department,
UCH, Ibadan.
21st July 2030.

2. Receiver's address (the left-hand corner under, the Sender's address).
For example:
The Medical lab scientist, Blood Bank, UCH, Ibadan.

3. Greetings. Dear Sir/Ma
4. Patient's details as the Heading (should be underlined) Name/Hospital No/Age/Gender
For example: Jane Doe/11111/19 years old/Female

5. Body of the Letter
For example:
Please kindly perform rapid screening for the blood gotten for the above-named patient. Thank you.

6. Conclusion.
"Yours Faithfully", your Signature and then your Name, each one written below the other.

NB: To return unused blood for re use within 24 hours. Do not de reserve is usually added to the body of the letter to achieve this.

DEPARTMENT OF SURGERY

Introduction

Many a house surgeon have described surgical rotations as an insurmountable journey they have to obey the clarion call of Houseman ship under the sun and in the rain with dedication and selflessness to be able to pull through just like the NYSC Anthem admonishes. But alas they leave the posting with great joy and fulfillment of haven come, seen, and conquered. There are nine units/departments in surgery. You would rotate through three of them, one unit/department for one month totaling three months in the department.

The pattern would follow one of these three combinations:

1. Cardiovascular & Thoracic Surgery -> GastrointestinaI Surgery -> Plastic, Reconstructive & Aesthetic Surgery
2. Urological Surgery -> Oncological Surgery -> Paediatric Surgery
3. Orthopaedics & Trauma Surgery -> Neurological Surgery -> Hepatobiliary & Endocrine Surgery

Pre-Resumption Requirements

Before resuming in any of the units/departments, you are required to:

1. Introduce yourself to the consultants in the unit/department a few days before resumption. This can be done in person (preferably) or by writing letters of introduction.
2. Write in-service summaries for the primary patients in the unit/department. An in-service summary is a summary of the presentation and management of each of the patients written in the case note.

Departmental Activities

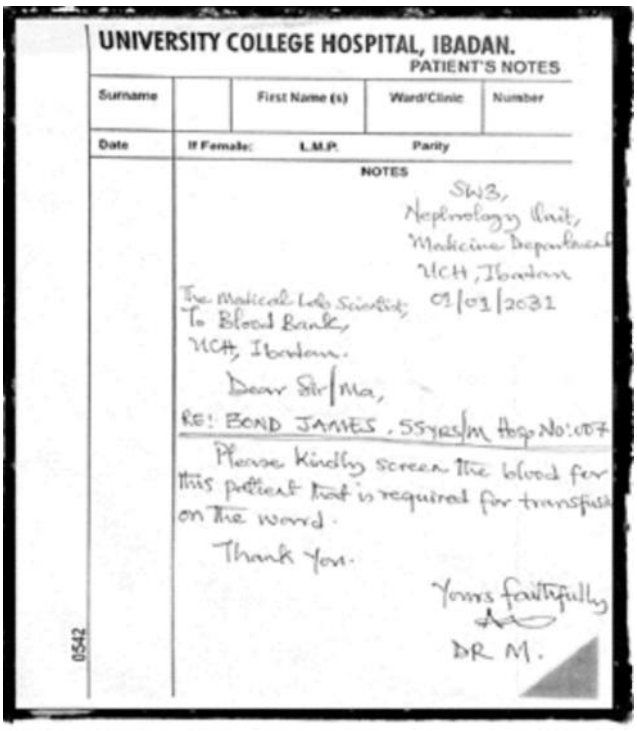
- Monday, 4pm – Journal Club meeting
- Tuesday, 4pm – Grand round meeting
- Wednesday, 4pm – Morbidity and Mortality (M&M) meeting
- Thursday, 3pm – Surgery/Radiology clinical meeting

House surgeons are expected to attend these meetings and participate actively. The different units/departments under Surgery may have additional activities.

Duties of a House Surgeon

Pre-operative: There would be a team ward round the evening of the day before the surgery day. This is to assess the patient's fitness for surgery and ensure they have intravenous access, up to date investigation results, pre- operative medications, obtain informed consent and ensure there is blood ready for the operation. You are responsible for making sure all these are sorted out.

Intra-operative: You are responsible for writing a letter to the blood bank for the release of the required units of blood for surgery when the patient is at the theatre reception area. In addition, you are to assist in surgeries


UNIVERSITY COLLEGE HOSPITAL, IBADAN.
PATIENT'S NOTES

Surname | First Name (s) | Ward/Clinic | Number

Date | If Female: | L.M.P. | Parity

NOTES

SWB,
Nephrology Unit,
Medicine Department
UCH, Ibadan

The Medical Lab Scientist
To Blood Bank,
UCH, Ibadan.

01/01/2031

Dear Sir/Ma,

RE: BOND JAMES, 55yrs/M Hosp No: 007

Please kindly screen the blood for this patient that is required for transfusion on the ward.

Thank You.

Yours faithfully

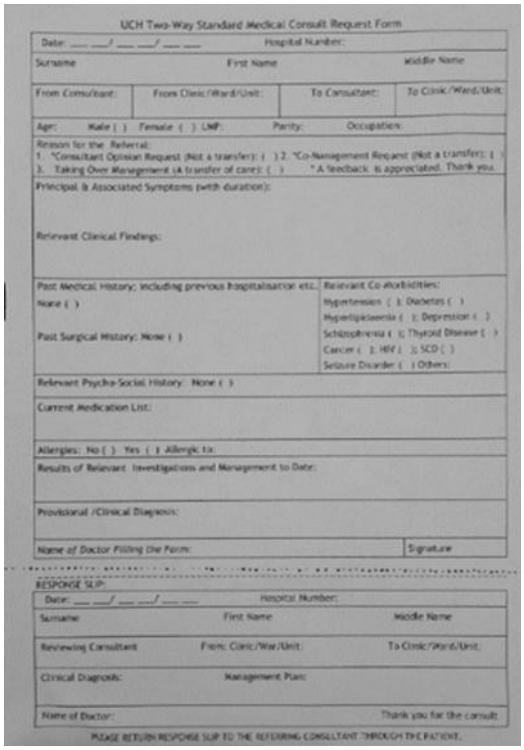
DR M.

0542

and may be allowed to perform minor procedures under supervision.

Post-operative: A post-operative order would be written, and an immediate post-operative review done and documented by the operating team. The House Surgeon is expected to ensure the post-operative order is carried out and to monitor the patient's vital signs frequently, with the duration given by each specific unit. Some units opt for 2 hourly monitoring, others opt for 4hourly monitoring till the morning after the operation. Make sure you know the specific duration so you can give updates to your seniors on time.

Being on Call =ØÞÜ: This means that the House Surgeon will be responsible for after work hours care of the patient, that is, 4 pm of the previous day till 8 am the next day. For example, if you are on call on Tuesday, you are expected to come for usual morning duties


UCH Two-Way Standard Medical Consult Request Form

Date: ___ ___/ ___ ___/ ___ ___ Hospital Number:

Surname First Name Middle Name

From Consultant: From Clinic/Ward/Unit: To Consultant: To Clinic/Ward/Unit:

Age: Male ( ) Female ( ) LMP: Parity: Occupation:

Reason for the Referral:
1. "Consultant Opinion Request (Not a transfer): ( ) 2. "Co-Management Request (Not a transfer): ( )
3. Taking Over Management (A transfer of care): ( ) " A feedback is appreciated. Thank you.

Principal & Associated Symptoms (with duration):

Relevant Clinical Findings:

Past Medical History: including previous hospitalisation etc.: Relevant Co-morbidities:
None ( )
Hypertension ( ); Diabetes ( )
Hyperlipidaemia ( ); Depression ( )
Past Surgical History: None ( )
Schizophrenia ( ); Thyroid Disease ( )
Cancer ( ); HIV ( ); SCD ( )
Seizure Disorder ( ); Others:

Relevant Psycho-Social History: None ( )

Current Medication List:

Allergies: No ( ) Yes ( ) Allergic to:

Results of Relevant Investigations and Management to Date:

Provisional /Clinical Diagnosis:

Name of Doctor Filling the Form: Signature

RESPONSE SLIP:

Date: ___ ___/ ___ ___/ ___ ___ Hospital Number:

Surname First Name Middle Name

Reviewing Consultant From: Clinic/Ward/Unit: To Clinic/Ward/Unit:

Clinical Diagnosis: Management Plan:

Name of Doctor: Thank you for the consult

PLEASE RETURN RESPONSE SLIP TO THE REFERRING CONSULTANT THROUGH THE PATIENT.

like ward round or clinic etc. that day, and still oversee investigations, sample taking, post-operative monitoring for the unit till 8 am on Wednesday morning. Then you are expected to hand over the call phone to the next House Surgeon on call and to resume Wednesday's usual duties. You can only be off duty when that day's duties are over. So, you end up working for about 33 hours before you can be considered off duty. (i.e., 8am Tues - 8am Wednesday + 8am Wednesday - 4/5pm Wednesday). The call roster will be made by the House Surgeons themselves in each

unit and you can decide among yourself how you want the frequency of your calls to be.

Call rooms: Every surgery unit has a particular ward for their patients. These wards have call rooms assigned for doctors. Here, you can rest during calls and catch a breather or nap if need be.

Assessment Forms: You are required to give this to two Consultants in each unit you rotate through. This means at the end of your Surgery posting, you would have given out 6 assessment forms to 6 Consultants to assess you and sign. Some units require you to go through the Chief Senior Registrar first, then they would be the ones to give the Consultant. Be sure to inquire the due process for signing the form in each unit you pass through.

Subspecialty Peculiarities

1. Cardiovascular & Thoracic Surgery

The division has 4 consultants and its primary ward is NW1 (shared with the Neurosurgery and Haematology departments).

Unit Activities

• Every day – Residents' ward round 7:30am

The ward round usually starts at the ICU/Main theatre recovery room (if there are CTSU patients there) or NW1 (if not critically ill or post op patients in ICU/ recovery room). The round proceeds in a floor 1 to 4 and west to east fashion, concluding at the OTCHEW, SEG and A&E in that order.

• Monday – Clinic, 9am

Clinic starts with a census presentation before patients are seen. Unit in-house clinic record books are to be taken to the clinic. Operation lists are also prepared and sent for distribution.

Pre-operative round holds after clinic.
• Tuesday – Theatre, 8 am
• Wednesday – Consultant ward round, 9 am; Pre- op rounds
• Thursday – Theatre, 8 am
• Friday – unit academic presentations

General rules

• You are expected to be early and on time for the daily ward rounds. On Saturdays/public holidays, ward round will be done by all team members; after which those not on call will take their leave. On Sundays, the team on call the previous day joins the ward round to ensure a proper handover before taking their leave.
• All team members are expected to be in the theatre for all surgeries, elective or emergencies, except otherwise stated by the consultant or SR.
• You are expected to have a functional WhatsApp to aid communication within the unit. You will be added to the team's WhatsApp group on resumption. You are expected to make a daily work list of all ward round decisions and post same on the page for follow up.

Census

This is a meeting where all patients seen during the previous one week (new and old) are discussed fully. Academic discussions are held on each patient and management plans are reviewed. There will be a document (called the census) prepared to have all details of both new and old patients in the service of the unit to aid the reviews.

Learning points

You are expected to learn the following during your posting:
• Skills – suturing and chest tube insertion (must-know skills)
• Academic knowledge
- interpretation of chest x-rays
- Management of chest trauma
- Pleural diseases (e.g., empyema thoracis) and their management
- General classification of congenital heart diseases and understanding of PDA and TOF
- Presentation and management of Oesophageal diseases especially Achalasia and Oesophageal carcinoma.

2. General Surgery

A & E Take (Call): Each General Surgery unit would be assigned a couple of days (usually 10 days) in a month to be in-charge of any surgical emergency that comes into the Emergency department. You would be the team performing emergency operations and stabilizing the patient before patients are referred to the appropriate unit for their specific condition. Being on A&E Take means you are expected to be involved in the pre- operative and post-operative care, giving drugs, filling investigations, updating case notes etc. of the patient like you would normally do on the wards but instead for emergency patients in this case.

3. Neurological Surgery

Tips for the House surgeon rotating through Neurological surgery department.
• Endeavour to make a good first impression.
• Have a positive work attitude.
• Good time management skills.
• You are expected to be stable mentally and physically because of the workload and mental pressure that comes with it.
• You should let the Chief Resident know from the onset if you have peculiar health issues which may affect your work so that appropriate arrangement is made for you where possible
• Be always available. The house officer's phone must not be off the grid for any reason unless there is a back-up plan.
• It is advisable to live or squat with a friend within the hospital during the posting to ease the stress of shuttling between the hospital and home.
• Always follow hierarchy. Let the registrar know about decisions concerning patient care, no matter how irrelevant it may seem and when in dilemma, always ask questions and never assume.
• Get a tendon hammer and a pen in touch as well as other medical tools.
• It is expected that at the end of the posting, you should be able to:
- confidently interpret a brain or spine CT and MRI scans.
- obtain history, examine, make a diagnosis, and develop plan of care.
- provide basic care for patients with head injury and traumatic spine injury and refer early.
- identify symptoms and signs of a vascular brain injury and refer early.

4. Orthopaedics and Trauma

The department has three (3) units: Unit One (4 consultants), Unit two (3 consultants) and Unit three (5 consultants). You are expected to work in each unit depending on the number of house surgeons in the department during the posting.

Departmental Activities

Mondays: Fracture Forum, 8:30 am
Team on call during the previous week has theatre sessions immediately after the fracture forum

Tuesdays: Fracture 9:00 am at the SOP.

The House surgeon is expected to attend and be with a consultant. The booking diaries are taken from the call room to the SOP and returned at the end of clinic.

There is also trauma theatre session for the team on call.

Wednesdays: Journal Review, 8:30am
There is also a theatre session for elective cases.
booked from clinic (the three units take turns on this). Senior Registrar's Round also holds on the same day. Everyone is expected to attend the journal club and the Senior Registrars Round while the other activity(theatre) is unit specific.

Thursdays: This day is for the Consultants Round. The other activity on Thursday is the Trauma theatre session for the team in call.

Fridays: Orthopaedic Clinic which holds from 8:30 am. Same instructions as the Fracture Clinic. There is also trauma theatre Session alternate Fridays for team on call.

The house Surgeon is expected to present to the HOD and the Chief Resident when posted to the department. Calls are divided into Emergency or Ward call as indicated by the call roster. Do apply yourself to learning from the numerous activities as you pass through the department.

We hope you have a memorable stay with us.

5. Paediatric Surgery

We cannot claim to be successful in life without producing successors. Our giants in the field of academia must have reached the shores of their careers at a great personal cost. Like the cost of an illness, the cost of attaining the zenith of a successful clinical career goes beyond the financial input into the journey.

Paediatric Surgery is a super subspecialty of surgery involved in the management of surgical conditions in neonates, infants, and other children. Children are peculiar, they are not small adults, and this makes paediatric surgery a critical care specialty. The response to treatment is best assessed by physiological indicators like the vital signs, hence the need for frequent monitoring and quick response.

PAEDIATRIC SURGERY IN GENERAL (PSIG) TRAINING GUIDE FOR TRAINEES ROTATING HOUSE SURGEONS IN UCH, IBADAN ON COMMENCEMENT OF INTERNSHIP

Familiarize yourself with the location of the surgery department and the ward/ your unit/division uses e.g Pediatric surgery ward (C1ST) and all paediatric medicine wards. Also know where the supporting departments/units are e.g., theatre suites, ICU, blood bank, accidents and emergency, endoscopy suites, ECG and echocardiography suites and the relevant laboratories (morbid pathology, chemical pathology, haematology and microbiology) are located. This is important for those who did not train in the institutions where they are starting their internship training.

Know the location of the CMD, CMAC and DAs offices. You may be required to see any of these officers occasionally.

Knowledge of departmental activities which are slated for 4pm and other programmed department activities require l00% attendance except in life saving situations that require your presence.

Monday: Journal club. Residents are allocated a journal article usually in line with their current posting. You are expected to read and analyse the paper, critiquing its strong and weak points within a concise 10-minute presentation.

Tuesday: Surgical grand rounds. A unit or division chooses and presents an academic theme of interest. It could be a rare case, an innovative operation technique or a particular pattern or problem of specific disease states. Presentations will involve the house officer, registrar, and senior registrar. The unit consultant in charge may say a few words afterwards or clarify a few grey areas. The grand rounds are intended to groom residents in the art of public presentations (e.g., at international conferences) and the ability to research topics, find useful references which will aid them in writing their own research papers for future publication in learned journals.

Wednesday: Morbidity and mortality (M&M) meetings. Complications of surgery and deaths of patients are discussed as an in-house audit. Usually, case summaries are presented by a registrar. Questions are then asked by the audience consisting of medical students, other residents, and consultants. M&Ms are positioned to ensure that mismanagement and negligence by surgical caregivers are confirmed or excluded. This self-audit ensures that the standard of surgical care is continually

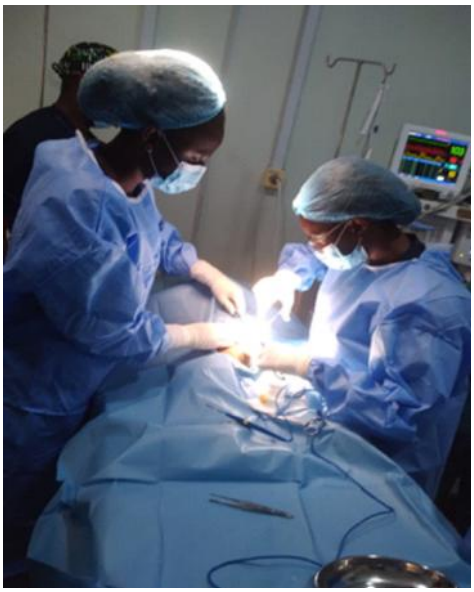
being evaluated and improved upon and consistent substandard practice is sanctioned or modified quickly. Occasionally, surgical radiology meetings and surgical pathology meetings are organized for 3pm on Wednesdays. These are done in conjunction with the respective supporting departments to discuss contentious X-ray reports or interesting postmortem findings. Time usually 3pm before morbidity meeting at 4pm.

Thursday: once a month there is a consultant / residents meeting starting at 3pm. This is a good forum for residents to air their experiences, grievances, and requests for improvement in their training. Consultants usually meet every Thursday in the senior staff room at the department from 4pm.

Fridays are usually free of departmental activities except otherwise stated.

Programmed Unit Activities (Paediatric Surgery Division)

Monday: This is an operation day. A quick resident's ward round (business round) is done between 7 and 8 am so that all involved can be at the operations theatre by 8am (latest 8.05am). The first patient ideally should be in theatre before the consultant gets there. A house officer will usually stay back on the ward to



look after the admitted patients (if there are at least 2 HOS). Indeed, there may be instances that a registrar may also miss one theatre day to look after critically ill or delicate patients on the ward. It is unacceptable for the consultant to get to theatre before the residents. This may attract severe sanctions. Therefore, try to avoid this scenario.

Tuesday: Residents ward round between 8 and 9am. Consultants ward round starts at 9am. Residents are supposed to have seen and evaluated all the patients on the ward and satellite wards before the consultants come in at 9am. If the patient load is much e.g., having full bed occupancy and many satellite patients, then the residents ward round should start earlier, may be at 7.30am, to accommodate this situation.

Wednesday: Statutory out-patient clinic day. Ensure the residents ward round is accomplished before 9am so that residents are present in SOP by 9am. A registrar and a senior registrar will take alternate turns to carry out circumcision on babies by 8 am every clinic day at the mini theatre in SOP. Feedback on the ward patients can be given to the consultants in the SOP before the clinic starts.

Indeed, some consultants may choose to be present for the 8-9am round with the residents especially if there's a critical/delicate/political/unusual case, but usually news on the patients is delivered by the residents at SOP. Again, it is not acceptable for the consultant to get to the SOPD before the residents.

Thursday: A Research/Academic day for residents and house surgeons. It applies when we have two or more members of the group above. The groups will observe their Academic day in alternate week. This is to facilitate research which is one of the tripods of residency training in university college hospital, Ibadan. Weekly presentations will also be held on this day by both house surgeons and residents. On the non-theatre day like Thursday, normal residents ward round will take place.

Friday: This is another statutory operation day. Ditto' Monday. A quick resident's ward round (business round) is done between 7 and 8am so that all involved can be at the operations theatre by 8am (latest 8.05am). The first patient ideally should be in theatre before the consultant gets there. A house officer will usually stay back on the ward to look after the admitted patients (if there are at least 2 HOS). Indeed, there may be instances that a registrar may also miss one theatre day to look after critically ill or delicate patients on the ward. It is unacceptable for the consultant to get to theatre before the residents. This may attract severe sanctions. So, try to avoid this scenario.

Saturday: Residents ward round at 9am. Usually every member of the division takes this activity unless an in-house arrangement has been made by the SR or the consultants.

Sunday: Residents ward round at 9am. Usually those on in patient call take this activity unless an in-house arrangement has been made by the SR or the consultants.

Maximising Ward Rounds

Have a little notebook and write down the diagnoses of all the admitted patients. Adjust/edit as newer patients are admitted or discharged. The notebook is also to remind you about tasks you need to do or about selected patients after the round is completed you need to review further. All residents involved must clerk admitted patients including house officers; from the HO, SHO/Reg. to the SR. These entries must be visible in the case file of the patients. Please after signing, write your name legibly at the end of your entry into the case notes. Do this every time. These documents (case files) are legal tender thus all dramatis personae should be identifiable either for reward or sanction.

Read about these cases before every ward round, whether residents or consultants' rounds. It will give you a better understanding and you may be able to contribute better to the management of these patients. Prof. Johnson Lawani in one of his famous quotes said we should make the ward and clinic our library and the patients our textbook.

Ask questions when you do not understand a particular line your consultant is toeing. The questions may seem silly and pedantic at the time, but it is better to look silly early to learn than to have that occurring later during your fellowship exams.

Your appearance is important as the wards and the clinics are your offices. The impression you create on your patients is just as important as the amount of stuff in your head. So, look neat with clean shirts whose collars button are comfortably around the neck. Avoid loud multicolored ties, knot the ties properly and wear crisp well-ironed white coats. Have a minimum of three white coats and change as soon as they get dirty or stained.

Practice presenting cases to your consultant on the ward rounds. This will help you in the long run with your future clinical examination and OSCE. PRACTICE MAKES PERFECT!!!

It is a good practice to see the patients late at night before going to bed so that you avoid unpleasant surprises in the morning. A patient who is poor clinically may have a chance of being salvaged if the vital signs charts are studied at l0pm. It is on this premise we advocate for twice a daily round on Paediatric patients who in the first place may not be able to give complaints.

Booking of Patients for Elective Surgery

The division has a dedicated diary for this task and most of the bookings are done in the SOP.

Patients are booked with the approval of the Consultant on dates that the consultant is available to operate. To explain, in some units/divisions where there may be more than one consultant, each consultant may cover various periods of the month e.g, one half, while the other takes the 2nd half of the month. Some divisions do one month on and the other month off. In Paediatric surgery it comes two weeklies. Thus, it is essential for the residents to find out which period is allocated to each consultant and book their patients accordingly.

It is also advisable not to book too many cases for one operating session as there may be difficulty in completing the list before 4pm when statutory academic departmental activities commence. Seek advice from your consultants about the proportion of major and minor cases to book for each list. To maximize teaching sessions in theatre (after all, your main aim is to learn how to operate properly), I would suggest not more than 2 major or and 3 minor cases so that your consultant may have time to teach patiently and may allow you to operate and be your 1st assistant.

Appropriate Theatre Behaviour.

Read up the cases you are going to operate upon before the theatre sessions. You already have prior knowledge because you have access to the booking diary and the printed operation list (which ideally should be on the departmental notice board, ward, and theatre a day before your operation day. If not, please ensure!).

Ensure the patient has been adequately prepared for the operation. It is unacceptable for the case to be cancelled by the anesthetists for an omission that is patently yours. There is no point asking to be the operator or even 1st assistant without your having basic knowledge of the operative technique, alternative techniques, special instruments or maneuvers and complications of the proposed operation.

Keep the noise level down. No idle chatter and keep your eyes always on the operation field. Remember that a good assistant makes a good surgeon (eventually).

All operated cases must be entered immediately and neatly in the operations register for the unit / division. A registrar must be put in charge of this duty. All the necessary data required for the columns and rows must be accurately filled. Name, hospital number, age, sex, pre-op diagnosis, operation performed, post-op diagnosis, mode of anesthesia etc should not be missing.

It is not in your best interests to pick quarrels with theatre nurses and / or anesthetists. Be friendly and courteous to these groups of workers to make theatre sessions rewarding for all concerned. There will always be differences of opinion, but a little tact and diplomacy may help resolve things. If that fails remember there is hierarchy, so let your Senior registrar or consultant help resolve things where your efforts have not yielded much. Again, your consultant should not get to theatre before you.

For in-depth appraisal of this segment please read Chapter 8; Assisting in surgery as a surgical skill, pages 83-93, in; a handbook of basic surgical skills for West Africa.

COMMUNICATION

No system can work efficiently without effective communication between its workers. Always ensure the communication avenues are open.

As members of the health TEAM – Together Everyone Achieves More, a bi-directional and trans professional communication skills are very important to avoid inter and intra professional disharmony.

All new patients seen and / or admitted during emergencies or after hours must be relayed to all consultants in the division either by email, SMS, or voice call, usually the most senior doctor in the team. Especially if they are doctor colleagues, members of hospital staff members of the university academic community and elected members of government. Common sense must be applied to this because it will be unwise to call around 2 am just to inform that you admitted someone for observation when an SMS may be better.

The senior registrar is the lieutenant of the consultant (his right-hand man, his man Friday et cetera) thus he should be given that respect. He (the SR) is the link between the consultant and the junior residents including the house officers. SRs should on their own part earn this respect and not be despotic. Thus, insubordination by junior residents towards the SR will not be tolerated. You don't need to like or be friends with someone before you can work effectively with the person. Note that part of your end of posting assessment, Annual progress form for residents includes the ability to maintain a cordial working environment.

When a patient under your care requires special investigations like flexible fiberoptic endoscopy, ECG, echocardiography, or indirect laryngoscopy that may probably be performed by non-surgical specialists, it is proper that a representative of the division chosen by the SR is present to assist the non-surgical specialist in giving relevant history or observing first-hand the outcome of such investigation for later communication to the division. This is especially important for post-mortem examinations of patients previously under your care.

All patient deaths must be reported to the consultants immediately and death report form, death summary written and same submitted to the managing consultant. Do not wait for morning or an opportune time because the particular consultant in charge may run into a relation of the patient the morning after and embarrass himself by saying things are under control while in fact the patient had died eight hours before!

Similarly discharge summaries are sine qua none for all discharged patients.

Know your limitations! lf you are stuck or have difficulty during a particular operation do not hesitate to send for your consultant or any consultant available. There is no need losing a patient because of pride and as you know in medicine there is no heroism in medicine. This also goes for work on the ward. Sometimes setting a new line in a sick pediatric patient may be difficult if not impossible. Swallow your pride and ask for help! If you are not experienced in performing a venous cut-down, your colleague, SR or consultant may need to be called in to help. If a patient also has post-operative complications and requires a re-do operation, inform your consultant. Do not do it alone unless your consultant has great faith and confidence in your skills and gives you the go ahead. That way, you are covered in the unfortunate event the patient dies and enquiries are made.

GUIDELINES FOR PAEDIATRIC SURGERY TRAINING IN THE DEPARMENT OF SURGERY IBADAN

For house officers, medical students who have fallen in love with paediatric surgery during their rotation, the specialist training involves a three-year rotation in

all sub specialties of surgery to earn a Part 1 or membership certificate.

However, the Part Two Paediatric Surgery rotation is for a minimum of three years. NPMCN requires a compulsory one year in General surgery, Plastic Surgery, Neonatology and Urology.

For the rotating house surgeon, you will be expected to spend three uninterrupted months in surgery and one month in Paediatric surgery depending on your sequence of rotation.

Rotating through pediatric surgery affords the house surgeons to learn and perfect the art of clerking and caring for the pediatric patients in our service. At the end of posting a competency based assessment will be made and same forwarded to MDCN through the Hospital. Please apply yourself.

PASSING BOARD EXAMS, PLABS, PRIMARIES IS ACHIEVABLE DURING OR JUST AFTER INTERNSHIP.

While reading about a surgical disease, use the pentapod (5-legged) reading system i.e. read about the disease in a surgical textbook, read and review relevant journals, read about the organ involved in a textbook of applied anatomy, read about the pathology of the organ in a general pathology textbook and lastly read the relevant chapter in an operative surgery textbook. Some useful textbooks are Sabistons textbook of surgery, Clinical anatomy by Ellis, Walter and Israels general pathology and Farquharsons operative surgery. For Paediatric surgery: Ascraft Textbook, Paediatric Surgery: A Comprehensive Text for Africa by Ameh *et al.*; Operative paediatric surgery by Lewis Spitz e.t.c.

Always revise your demonstrations of physical signs in clinical surgery at moments of leisure. Hamilton Baileys and Norman Browse are standard texts.

Try to have a collection of review articles on common surgical diseases and their current managements. With the internet it is fairly easy to download full-length review articles which you can ether save on your computer, a memory stick or print immediately. Develop a filing system which can be either disease-based or organ system based. This can be also on your laptop, I-pad, tablet or, like some of us who trained before the IT explosion, have hard copy files or folders with different titles e.g. HEAD AND NECK for diseases like parotid tumors, goiters, thyroglossal cysts e.t.c while CHEST may be for breast cancer, esophageal cancer, gynecomastia e.t.c and ABDOMEN for liver, stomach, colorectal, small intestinal and anal diseases.

This makes it easy to lay your hands on material germane to whatever revision you are doing at the time and also to strengthen your knowledge. Any snippet of information you did not have before (may be from a teaching ward round, grand round or seminar/workshop attendance) can readily be added to your folder. Even information leaflets from new or prevailing drugs and/or surgical equipment can be added to your file.

Before setting out for the exams, you must evaluate yourself to know how prepared you are for the exams, you must have gone through the guidelines for qualification of both colleges to avoid disqualification, you must have gone through the training hand book of your institution of choice which has been extrapolated into the Residency Training Programme (RTP) Act of 2018 in Nigeria. Part one examination affords you 3 exams while part 2 affords you 4 exams from the date of first examination. You must know the rules and abide by it.

HOW TO ANSWER WRITTEN PAPER AND QUESTIONS

Always mention common things first.

Use well-spaced, underlined and numbered headings to display your answers which will save excess writing and ease the work of your examiner.

It is very necessary to answer all the questions and you must attempt all for you to pass the examination.

SPECIAL TERMS RE: ESSAY WRITING

Describe. Means: give a comprehensive account of that particular condition including incidence, pathology, aetiology, symptoms, signs, treatment and prognosis.
Discuss. Means: select the most important, relevant and controversial aspects of the subject and compare and contrast them.

Diagnosis. Means: how would you arrive at the diagnosis of a particular condition i.e. anatomically - what structure is involved? Pathologically – what is wrong with it? This is best considered under history, physical examination, and special investigations.

Discuss management of a condition. Means: discuss the treatment of that condition that would be both sensible and safe. This includes any problem that may arise taking into consideration the patient's age, sex and whether the condition is mild, moderate or severe. Mention the likely complications of such a treatment.

Schema for Essay Writing
Inroduction/Epidemiology

Definition
Types/Classification Aetiopathogenesis, risk factors Macroscopic findings Microscopic finding
Spread
Pathophysiology
History and Clinical features Physical Examination findings Investigation
Differential diagnosis
Treatment
Operative
Non operative
Complication

Prognosis
Nigerian/West African Perspective
Future Trend
Conclusion

- The Surgical Pathological Sieve
- This will help in disease description and organization of thoughts when discussing the pathology of a disease.
- Ian Aird Said Good Pathologists Make Mighty
- Surgeons Proud
- I ncidence
- A ge of onset
- S ex predilection
- G eographic predilection
- P redisposing factors
- M acroscopic appearance
- M icroscopic appearance
- S pread and clinical features
- P rognosis

SUMMARY

1. Communication! Communication!! Communication!!! Learn to document eligibly, document your communication and communicate your documentation
2. Never be afraid to say I don't know. It is far better than intellectual dribbling.

Like Professor Akute would usually say - you commit two errors by not knowing what you were asked and also providing a wrong answer which further exposes your ignorance.

3. Never be afraid to ask for help. Some of the worst disasters I have ever seen were because a resident didnt want to bother a more senior resident or an attending and blundered badly. Learn to pass the bulk. Whatever is unclear, ask your superiors.
4. Respect your colleagues and your patients. The physician oath is succinct about this.
5. Until you gain a great deal of confidence, do not manage things over the telephone.
6. A patient who is restless or anxious may be hypoxic. Make liberal use of the pulse oximeter. Do not sedate a restless patient without personally seeing him.
7. Trust but verify. [Or better yet, at first trust no one.] For example, if someone tells you a laboratory result, say thanks and look at all the laboratory results in the computer or result sheet yourself. Many a time a colleague may say, the labs are normal and later you will find that the serum CO_2 was 14.
8. Listen to the nurses (if they seem to know their stuff). They can really help you if you let them. Invite them for your rounds and make it participatory as relates to patients' care.
9. Be a team player and form a good working relationship with everyone. Be good to the nurses. If you are a jerk, they can make your life miserable.
10. If a nurse you trust calls and says a patient doesn't look good, get to the floor as fast as you can.
11. You will get busy. Learn to prioritize. Learn what can wait and what needs to be done immediately.
12. Look at all your patients imaging studies yourself. Don't just rely on reports. One, you will learn how to read them. Two, radiologists are not infallible. A House surgeon once picked up abdominal free air that was missed by a radiologist. When in doubt, review the studies with a radiologist in person.
13. Read, Read, Read. This isn't like school. You can't cram for your board, primaries or clinical exams. You can't learn 2 or 3 years' worth of material in a one-week review course.

You have to learn it as you go along and so you must be consistent.

14. Don't embarrass your peers on attending rounds or at a conference. If you are asked a question and you know the answer fine. But if your chief resident is presenting a case to the chief Surgeon and says the patient's haemoglobin was 7.2 gm/dL, don't raise your hand and say, oh no. it was 7.6. That may be mistaken for rudeness.
15. As a house surgeon, always remember: Don't ignore the vital signs, be quick to respond, medications including fluids, blood and blood products are calculated based on weight. One size does not fit all.
16. Be gentle with the patients. Do not burst out on them, they may not be able to communicate their emotions to you. The gratification is in the reward of the care given as you see them get well.
17. Assist and perform as many cases as you can. Never stop learning.

6. Plastic, Reconstructive & Aesthetic Surgery

♦ There are two teams in the department (You will spend two weeks in each team):

- Team A: Head and neck, upper limb and breast
- Team B: Trunk (excluding breast), lower limb, and burns

♦ You are expected to be actively involved in the management of all patients in the department; however, it is important to pay attention to the following areas:

• Management of burn patients. Ensure you read (within first 3 days of resumption) a guidebook on burn care available in the Burn Intensive Care unit (BICU) – 'Manual of the 1st five days of burn'. House surgeons in team B are expected to review and write summary for each burn patient in the BICU every morning before the residents' ward round.
• Wound management. Learn about the different wound care products, their indications and methods of application.
• Procedures. In addition to assisting in surgeries while in theatre, you should aim to perform the following procedures under supervision: split thickness skin graft harvests using Humby knife and dermatome; wound debridement; obtaining wound biopsy specimens; escharotomy; venous cut-down and excision of minor skin lesions.

7. Urological Surgery

Pre-resumption requirements

The general pre-resumption requirements for surgery department applies here but the peculiarities of Urology include:
• In-person introduction to consultants will be done by the Chief resident in Urology (ensure you write letters of introduction to all the consultants before resuming)
• The Chief resident will give you a copy of a guide document – Standard Operating Procedure

Unit activities
• Every day (including weekends)
- House surgeons' ward round – 6 to 7am
- Registrars' ward round – 7 to 8am
- Senior Registrars' ward round – 8 to 9am

Note: there is a PM round everyday.
• Mondays – Clinic + Departmental meeting + Preoperative round
• Tuesdays – Theatre + Departmental meeting + Preoperative round
• Wednesdays – Theatre/Consultant ward round + Departmental meeting
• Thursdays – Procedure clinic
• Fridays – Consultant ward round/tutorials resident doctors are usually divided into two teams: Advance and ward round teams. The advance team goes to clinic/theatre to start those activities at 8am while the ward round team does the ward round and joins the clinic/theatre afterwards.

You are expected to write pre-CWR summary before CWR days and to clerk any patient admitted on the ward during your posting. In addition, an in- service summary is to be written for all patients met on admission at resumption.

At the end of your posting, it is expected that you will know how to:
• Perform urethral and suprapubic catheterization
• Manage patients with acute and chronic urinary retention
• Manage urological emergencies such as priapism, Fournier's gangrene, testicular torsion, patients with haematuria
• Interpret urological imaging such as RUG, MCUG, IV Urogram, CT and MRI scans

You are welcome to the division. Kindly apply yourself.

DEPARTMENT OF MEDICINE

INTRODUCTION

The Department of Medicine operates based on three core principles – clinical services, academic activities and research.

There are nine units (seven main units with two others - Infectious diseases and Rheumatology) in the department. The Rheumatology and Infectious diseases units are currently with the Dermatology unit. House physicians would rotate through any three of the main units - 1 unit/month as part of the statutory 3-month-long posting in the department.

The pattern of rotation is determined by the Head of Department and the Chief Resident.

WEEKLY DEPARTMENTAL ACTIVITIES

Tuesdays: Clinico-pathology (Chart Review)/ Morbidity and Mortality meetings 8:00am - 9:30am.
Wednesdays: Clinico-radiology meeting.
Thursdays: Postgraduate Seminar presentations 8:30am - 9:30am. Grand Round/Proposal/Dissertation presentations 4pm-5:30pm.
Fridays: Monthly postgraduate teaching round 3pm-5pm.

Kindly note that these departmental activities do not preclude other specific unit activities.

PRE-RESUMPTION REQUIREMENTS

Before resuming in each of the units, House physicians are expected to:
1. Introduce themselves to the unit consultants preferably in person or by writing a letter of introduction and submitting such to their secretaries.
2. Meet the resident doctors in the unit and in turn acquaint themselves with the unit activities.
3. Be familiar with patients' history and examination findings as well as the investigation results and drug charts.

4. Write in-service summaries for the unit's primary patients. In- service is the summary of the patient details as stated in 3 above.

DUTIES OF A HOUSE PHYSICIAN

1. Every House Officer is expected to have the following items with them when they are at work: Stethoscope, tape measure, pen torch with functional batteries, a copy of the British National Formulary/ other appropriate formularies, a wrist watch with a second's hand & a notebook.
2. House officers are expected to resume work not later than 7.30am and they are expected to have seen and examined all their patients before the Residents ward round. All findings, procedures performed, results of investigations should be documented.
3. Blood pressure measurement should be done for all patients when examined, along with other relevant vital signs (pulse rate, respiratory rate).
4. Patient's chart is to be reviewed and findings documented at every ward round or bedside review (TPR, input/output, Medication, Insulin/blood sugar charts etc.).
5. Patient's treatment sheets should be updated per ward round in cases of adjustment of the content of the treatment sheet.
6. Old treatment sheets which are no longer in use should be neatly cancelled and inserted in the case note.
7. A regular work day ends at 4pm and house officers should make sure they are available in the hospital premises up till then.
8. Very ill/unstable patients should be reviewed again before the close of work with appropriate plans/steps instituted after informing the unit registrar.

A work list for the person(s) on call should be made and personally handed over to the house officer who is on call for that day.

9. The house officers' call phone must be kept charged and on/available at all times. The person on call must be reachable at all times by the nursing staff on all the wards where the patients under the unit's care are admitted.
10. The call duty roster for the house officers, and roster for other duties assigned to house officers in the unit, should be drawn up on a monthly basis and made available for distribution by the 31st of the preceding month.
11. House Officers are also expected to attend the Medical Out-patient clinic. They are to be there by 8.45am unless there are crucial duties/responsibilities on the wards – such should be communicated to the Senior Registrars.
12. During clinic hours, there should be a house officer assigned to sort out issues on the wards that may arise during the clinic hours. He/she would also be responsible for taking blood samples for investigations for patients on the ward that could not be undertaken by his/her colleagues before coming down to the clinic.

All the house officers are expected to perform their regular duties and take as many samples as they can before the clinic commences, and not deliberately abandon their duties for the House Officer on ward coverage during clinic hours.

13. House officers should communicate promptly with/inform the unit registrar on the condition of their respective patients and do the same when problems occur in the course of their work. If there is any difficulty in contacting the Registrar, the Senior Registrar can be contacted.
14. Documentation in case notes and treatment sheets is crucial at all times and should be done meticulously.
15. House officers should be appropriately dressed for work and their conduct towards colleagues, senior colleagues, other health care personnel, patients and patients' relatives should be with decorum.
16. Case notes should be handled properly. The investigations flow charts should be filled as appropriate & kept up to date, investigation results should be properly arranged and arranged in the appropriate place in the case notes.
17. A record of all patients under the care of the unit should be compiled and updated regularly. This should include patients directly under the unit's care and satellite patients. A roster for this can be drawn up on a monthly basis amongst the other house physicians in the unit.
18.A house physician is part of the team presenting the chart review each Tuesday and thus should thoroughly study and understand the case chart.
19.Every discharged patient must have a well written discharge summary and discharge medications. The discharge summary should be ratified by the unit registrar, then duplicated with a copy for the patient and another properly filed in the case note.
20. During college examinations (West African College of Physicians' OSCE), which typically starts very early, house physicians are expected to have seen and sorted their patients early enough before commencement of such exams. Challenges should be channeled as appropriate.

Call Rooms

There are house physician call rooms located on the NW3, W3 and SE3 wings of the hospital.

Here you can relax and have a refreshing sleep especially when on call.

ASSESSMENT FORMS/MDCN FORM:

You are required to give a copy of the assessment form to a Senior Registrar in the unit, who will assess

you before you submit it to the consultant for signature. The MDCN form will also be assessed by the unit consultant. The 3 assessment forms for each of the 3 units the house physician rotated through together with an assessed MDCN form will then be submitted to the Head of Department's office for signature after which you get your signed MDCN form back.

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY (O&G)

Whether you're coming from a different department or starting house job, welcome to the Department of Obstetrics and Gynaecology. Your general duties as a HO in each unit are outlined in the "General Duties of a house officer" in this book. You will be spending 3 months in O&G and will rotate through a new unit every month.
Let's get into it…

1. INTRODUCING YOURSELF

On your first day of resumption, you should introduce yourself to the chief resident, whose office is located on SW4 ward. It is the first door on your right, you can't miss it because it is directly opposite the House officer's call room, which is the first door on the left in that same ward.

2. POSTINGS

After doing this, familiarize yourself with the names of the consultants in your unit and respective Registrars and Senior Registrars. This is important because many units in O&G are known by the names of the consultants. You will understand more of this as time goes on. Here is a list of consultants in different units: Also, the normal progression of monthly posting goes like this- ACU-FMM-FREU-GOU-GUU.

If you start from any of them, you proceed in the right direction. So, if you begin with FREU, your next postings will be GOU and GUU respectively. You will know more about the units as you read on.

Assisted Conception Unit (ACU)
Feto-Maternal Medicine Unit (FMM)
Fertility Research Endocrinology Unit (FREU)
Gynaecology Oncology Unit (GOU)
Genitourinary Unit (GUU).

3. WARDS

O&G uses 5 major wards located on the 3rd and 4th floors, from Right to Left- Southeast 4, C14th, Southwest 4, West 4 and West West 3.
Obstetric wards: SE4, W4; and WW3 (Usually for septic Obstetrics cases)
Gynaecology wards: SW4, C14th

Sometimes, things may not necessarily follow this pattern but most times, it will.

We also use Labour ward, High Dependency Unit (in Labour ward complex) or the Intensive Care Unit on the first floor.

4. CALLS

Calls in O&G are divided as follows: Labour ward, Gynaecology Emergency and Ward calls. Call hours start at 5pm on weekdays (apart from Wednesday when calls start at 12pm) and 8am on weekends. Wednesdays are considered 'half days' because there is usually a departmental seminar at 2pm. Presently, it is held online (in this COVID era, possible to return to physical meeting in due course) and you are expected to be a part of it. Lateness is seriously frowned upon and can attract punishment.

Labour ward (LW): If you are on Labour ward call, you should resume at least 5 minutes before the resumption time because you will have to attend the handover round. This is where the previous team on call informs the incoming team about the patients on ground, what has been done so far and what needs to be done.

You are likely going to be involved in procedures such as Induction/augmentation of labour, Caesarean section, management of cases with preeclampsia / eclampsia and so on. You are expected to know how

ACU	FREU	GOU	FMM	GUU
Prof. Ilesanmi	Prof. Arowojolu	Prof. Omigbodun	Prof. Olayemi	Dr I.O. Morhason- Bello
Prof. Oladokun	Prof. Okunlola	Prof. Adewole	Prof. Aimakhu	Dr O.O. Bello
Prof F.A. Bello	Dr Roberts	Prof. Odukogbe	Dr. Adesina	Dr O.O. Lawal
Dr. Ogunbode		Dr Awolude	Dr Oni	Dr Abdus-Salam
Dr Obajimi		Dr. Oluwasola		
Dr Saanu				

to administer magnesium sulphate, oxytocin, secure IV access fast and write materials for CS and other relevant procedures.

Gynaecology Emergency (GE): Also known as Gynae Emergency. This is similar to labour ward call in terms of the early resumption for the handover round. Here, you are expected to be up- and-doing. This means that you should know how to secure IV access, identify emergencies, and manage them, perform bedside tests like urinalysis, bedside clotting time, random blood glucose test, pregnancy tests and so on.

There is a bag given to the team on call which contains basic materials needed to handle most emergencies- cannulas, syringes, fluid giving set, etc. Every time something from the bag is used for a patient, it should be replaced once they buy their own materials- if they ever do.

Ward calls: If you're on ward call, it just means you're the first point of contact should any medical attention be needed on the ward. At the beginning of the call hours, you're expected to give your phone number to the nurses on the ward. Those on Gynae emergency calls will most likely admit patients to the wards but they're in charge of those patients until they finally hand over to their respective units. Sometimes though, your help may be needed in managing such patients. If you need to inform a senior colleague of a problem on the ward, check the roster for the resident doctor on ward call (Usually, we have a soft copy on our general WhatsApp page) for that ward and check their phone number so you can give them a call.

Call food: The nutrition of everyone on call from the hospital is dependent on those on LW call. This is because upon resumption at 5pm, you're supposed to make a list of everyone on call (all the calls for that day, GE, LW and Ward) in all positions (consultant-HO) and give to the ward maid in LW who will then take it to the kitchen staff. He/she will bring the food back to the LW HO call room and then the HO on call in LW will inform everyone on call to come get their food from there. It is always good to have everyone write their names and sign when they have collected their meals.

Call roster: You can see the call schedules for house officers, residents, Chief residents and consultants in all the wards in a document that the Senior house officer (SHO)/Chief resident will send to you/the official group chat.

Call rooms: The house officer call rooms are located in South West 4 and in Labour ward. The rooms are well-maintained and comfortable as much as possible. If you have any needs/problems related to the call rooms, you can relay such to your senior house officer who in turn will inform the chief resident for necessary repairs or replacements.

5. MORNING REVIEWS

As at the time this is being written, morning reviews run in a virtual and physical fashion on different days. Mondays and Tuesdays are done online (the link to the zoom meeting is usually sent by the senior house officer to the group chat), Wednesdays to Fridays are done physically in the LW seminar room.

The program starts at 8am sharp and lateness attracts a penalty.

6. HOUSE OFFICER ROUNDS

You are expected to go to the wards and see your patients (hopefully, there has been a distribution of patients among the house officers in your unit). This is what is known as 'HO rounds'. You should see them, note any new complaints or challenges, and write all of these down as your 'house officer ward round'. This should be done before 8am and therefore, before morning review.

7. UNIT ACTIVITIES

Although your senior colleagues or other house officers are likely going to let you in on the unit's activities, it is important to know that different units have different activities every day. However, in general, Wednesdays are for booking clinic which starts at 10am and Fridays are for postnatal clinic which starts at the same time. In booking clinic, women are registered into the antenatal care of the hospital and will subsequently be cared for by the various units in the department. Postnatal clinic is to discharge women (if they qualify) from the care of department if their puerperal period has gone well and so have their infants. You can find a table of unit activities below:

There are 5 units in the department and they all do the same thing with regard to normal Gynaecology and Obstetrics care. However, some activities/cases may be peculiar to some units. For instance, the Gynaecological Oncology Unit (GOU) deals with the oncology cases, the Assisted Conception Unit (ACU) deals with assisted reproductive techniques and runs the hospital's IVF clinic (house officers do not attend), Genitourinary Unit (GUU) deals with cases like vesico-vaginal fistula and so on.

On weekends, you can decide as a team how you want to share duties. Some house officers can come on some days and some on the other days to avoid burnout of

the whole team. For example, if you are 4 house officers in a unit, 2 people can come on alternate weekends so that everyone gets at least a weekend off.

8. HOUSE OFFICERS' PRESENTATIONS

Every house officer will have to present a topic. This is usually done using PowerPoint presentations and you should have a maximum of 10 slides to be presented in 5 minutes. The presentations usually take place after the teams for morning review have presented their cases.

You should review your presentation with your unit Senior Registrar to make necessary adjustments and then send it to the chief resident the day before the presentation or whenever he sets as a deadline. The allocation of topics will be handled by a select Senior Registrar in the department and then information will be passed to your SHO. Ask the SHO for your topic so that you can prepare for it ahead of time. You may be asked questions or told to clarify some things, so you want to prepare adequately.

9. ASSESSMENT FORMS

These forms are necessary and should be gotten from the SHO as early as possible. The form is quite straightforward to fill. The first page is for consultants in the unit to sign you in and out of their units, for the chief resident to grade your presentation and for signing any procedure you have assisted in or observed.

The next page is for the consultants to grade you (you should give them when you are leaving their unit) and the subsequent pages are for the Senior Registrars in LW, GE and in your units to sign/grade you. Remember to always sign your assessment forms as you go on in the department. They do not appreciate late signing long after leaving the unit.

Usually, you will have an orientation session with Dr. Adesina, the HO coordinator after which she will sign the slot that says 'orientation' on the form.

10. OUTSIDE POSTINGS

Apart from spending a month in each unit for the three months you will spend in O&G, you will spend 2 weeks in total out of the units. These weeks may be sequential or may be in different months. 1 week will be spent in Gynae Emergency and the other will be spent in Labour ward. You should maximise these two postings and learn all you can. You will resume at 8 am everyday (Monday - Friday) and close at 5pm (except on Wednesdays when you close at 12pm) when the team on call comes to takeover. At the end of the postings, remember to sign your forms.

11. DRESSING

You are expected to dress formally to work. Male HO's should wear ties and covered shoes and female HO's should also look as formal as possible. No jeans, crocs or slippers are allowed on the wards. Scrubs and crocs are necessary to work in Labour ward and on theatre days.

12. LEAVE

You are entitled to a week off as leave from the department. Although, a few things may affect the ability to go on leave such as a satisfactory level of comportment, and having presented your topic before going on leave, but generally, you should be able to get one. Ask your senior house officer for further details.

13. WORKLISTS AND WARD TRANSFERS

At the close of work, you should put everything that needs to be done for your patients on each ward on the house officer's group chat and also hand over directly to the house officer on ward call. For instance, 'WW3, Mrs Example, IV Augmentin 1.2g stat at 9pm'.

This helps the house officer on call know what should be done. If you fail to do this and do not hand over patients properly, it will be seen as your fault if the patient doesn't get the required care.

Also, if you're on LW or GE posting or calls, you MUST notify the group chat whenever you transfer a patient to the ward. Transfers should be written like this...

'LW transfer/GE transfer
Mrs Example
Emergency CS on account of cord prolapse
Transfer to SE4 under Dr XX (patient's consultant)'

It is important to always include the patient's consultant as that helps identification of the respective unit the patient belongs.

14. BOOKING FOR PROCEDURES

Mondays, Wednesdays and Fridays are for induction of labour while Tuesdays and Thursdays are for Elective Caesarean sections.

What this means is that patients for these procedures usually arrive from home a day before to prepare for their respective procedures. You will have to check the wards at different times during the day (usually before 5/6pm) to ensure no patient has come. It will be a disaster to get to the wards one morning with the whole team only to find out that there is a patient who was supposed to have a CS and wasn't attended to.

So, what do you do if you have a patient?

• Caesarean section preparation:
  - Write materials for the patient to buy/ensure they have materials.
  - Ensure they have donated blood in the blood bank, fill a grouping and cross-matching form and take a blood sample after they have paid for cross matching.
  - Book their names, procedures and other details on the board in LW. Make sure this is done. Every unit should have a marker. If not, ask your SHO.
  - Secure IV access.
  - Take an informed consent using the informed consent form. Ensure a nurse is in attendance.
  - Inform your senior colleagues.
  - Call blood bank after about two hours to confirm the patient's blood is ready.
• Induction of Labour
  - The procedure is the same as above.

15. COMMON HOUSE OFFICER PROTOCOLS IN O&G

IV Magnesium sulphate administration: The zuspan regimen is what is commonly used here (unless otherwise indicated) MgSO4 comes in a vial containing 10ml of 5g magnesium sulphate.

So, 2ml=1g

We give 4g as a loading dose. 8mls= 4g. To give a loading dose, you split the 8mls into two; withdraw 4mls and dilute to 10ml with water for injection in a 10ml syringe and give over 15 minutes. Repeat this to complete the 8mg. After the loading dose, you give a maintenance dose; 5g (10ml -the whole vial) into 500mls normal saline and let it run at 33 drops per minute over about 5 hours. You give 5 doses of the maintenance dose.

ALWAYS LABEL THE FLUID WITH WHAT YOU ADDED AND WHEN YOU STARTED THEN DOCUMENT IN THE CASE NOTE.

Augmentation of Labour: This is done with IV Oxytocin. For primigravidae, you give 4IU of oxytocin into 500ml of N/S, for multigravidae, you give 2IU in the same volume of fluid.

Most oxytocin vials come as 10IU in 1ml or 2mls. You dilute that into 10ml with a 10ml syringe such that 1ml=1IU. The fluid starts to run at 15dpm and you are expected to review the contractions every 30 minutes.

You are expected to write a post op order for all patients who have undergone elective or emergency surgeries in the Labour ward and Gynaecology theatres.

PLEASE ALWAYS SHOW A SENIOR COLLEAGUE AFTER WRITING THESE ORDERS FOR CROSS CHECKING.

Finally, always DOCUMENT! Write everything you do and did not do for a patient. Never assume that people saw you do something or even the patient remembers. Always cover yourself by documenting whatever happens inside the case note. Also, always inform a senior colleague when you're not sure of something, never assume. It's better to be corrected than to let your ignorance claim a life!

With all this information, I hope you will have a smooth transition into your O&G posting.

Welcome, once again.

DEPARTMENT OF PAEDIATRICS

The Paediatrics Department rotation is quite unique because every house officer goes through 2 similar compulsory postings plus 1 Ward posting within the 3- month posting duration.

The rotations include:
1. Children Emergency (OTCHEW)
2. Ward
3. Neonatology

On resumption to paediatrics, HOs often start with either OTCHEW or Ward for one month each. Your last month's posting will then be Neonatology during which you are eligible for your one week leave. You can start from any of the 3 rotations, but your one-week leave is taken only during Neonatology posting. It is important to note that this doesn't always apply.

OTCHEW

Like any emergency facility, OTCHEW is a fast-paced, all–hands-on-deck environment. Rotating through OTCHEW means you have to be very thorough and level- headed, yet quick in handling the necessary interventions to resuscitate your patients. It will be helpful for the HO to have capillary tubes, urinalysis strips and a glucometer handy to ensure quick execution of these tests. This gives the team a quick overview of the patient's clinical state (i.e. in addition to other parameters in the primary assessment) for effective management OTCHEW can get overwhelming on some days but working together with your Registrar and Senior Registrar can ensure the team works together to effectively triage patient intervention. OTCHEW works in Shifts, divided into Morning, Afternoon and Night shifts. The work-force is divided into 4 groups, A-D. Each group comprises 2 or 3 HOs with the supervision of a Registrar. A

Senior Registrar on OTCHEW rotation supervises all activities during working hour, while the Senior Registrar on call takes over for call period. Each group is assigned a shift and is expected to hand over to the next group for the next shift. The handover commences 30mins before a shift ends/another begins.
The Night Shift group works until 8am the next morning. Each Group works the same shift for 2 days before changing to another shift and working there for 2 days as well and changing. The cycle continues. However, after your 2 consecutive days of Night Shifts, you are off duty for the next two days and then to resume the Morning Shift after the off days. This continues until the end of your one month in OTCHEW. You are to resume your shift 30 minutes early. This is to ensure enough time for the previous shift group to hand over progress report, up to date investigations and pending medications of the patients to the next shift group. It also gives the resuming group time to prepare themselves for the upcoming work.

For every new admission, there are routine investigations that must be carried out. These include: Packed Cell Volume (PCV), Urinalysis, Random Blood Sugar (RBG) check and Malaria Parasite screening (MP).

Ward Rounds: CWRs are held twice a week, Mondays and Thursdays, during which patients that are stable are transferred to the appropriate ward for continuous care and management by the Ward team. The Senior Registrar Ward Round (SRWR) takes place every day except on consultant ward round days.

PAEDIATRIC INTENSIVE CARE UNIT (PICU)
This is located within the ICU, manned by a PICU consultant. 1 Senior Registrar and HO ± a registrar rotates through the unit. The HO in PICU is drafted from OTCHEW (as per current plan, from the morning OTCHEW team) or weekly rotation as planned by the PICU consultant.

WARD
There are 8 units in Paediatrics where HOs can be posted: Haematology-Oncology, Nephrology, Neurology, Cardiology, Infectious Diseases, Gastrointestinal, Endocrinology, and Pulmonology. Adolescent paediatrics currently operates as day cases or clinical cases. You would only go through one of these units for one month.

There are 3 active Paediatrics wards:
SW2: Haematology-Oncology, Infectious Disease Unit (IDU) and Pulmonology.
SE2: Nephrology, Cardiology and Gastroenterology.
NW2: Neurology and Endocrinology.

For all new admissions, HO's are expected to check the baseline PCV and RBG of the patients. This is in addition to other required investigations as planned by the registrar or Senior Registrar on seat.

NEONATOLOGY
Neonatology is divided into 2 wards: SCBU and C1-2nd. Special Care Baby Unit (SCBU) admits neonates that are less than 48hrs of life. It is located on the 4th floor. C1- 2nd admits babies that are more than 48 hours of life till 28 days of age. It also runs as a Neonatology Emergency Unit. You are expected to take the PCV, RBG and microESR of every patient. CWR are on Mondays and Fridays. Clinics are on Thursdays.

Ground rules for Neonatology
1. No wearing of socks, shoes, wristwatches, bracelets, rings, ties, ward coats or sleeve length cloths and jeans in the ward. You can have a sling purse or waist purse for your phones and small accessories/valuables.
2. Always wash your hands with soap and water immediately you enter the ward as well as before and after every interaction with a patient.
3. Drugs should be given at the appropriate time and with a tray.

CALLS
There is a HO call roster done by the SHO of the department, ensuring that calls are shared equally. Call starts by 6pm till 8am the next morning. On public holidays and Saturdays, work ends by 1pm then Call starts immediately. On Sunday, it is 24 hours call till Monday morning i.e. 8am Sunday to 8am Monday. Routine work continues immediately post-call, except on Saturday to Sunday calls or OTCHEW/PICU postings, so the HO should prepare with this in mind.

DUTIES OF A DENTAL HOUSE OFFICER
The Dental department has 4 sub-departments:
- Oral and Maxillofacial Surgery/Oral Diagnosis
- Child Oral Health
- Restorative Dentistry
- Periodontology/Community Dentistry.

ORAL AND MAXILLOFACIAL SURGERY (OMS)/ORAL DIAGNOSIS (3 months)
This is sub divided into:
1. OMS (8 weeks)
2. Oral Diagnosis (4 weeks)

1. Oral and Maxillofacial Surgery (OMS)
As a House officer in Oral and Maxillofacial Surgery, the general roles of the house officer stated under "General duties of a House Officer" applies to you. The peculiarities of the department, however, include:

Ward round
1. Consultant Ward Round (CWR): Holds on Tuesdays and Fridays by 8am.
2. Pre- Consultant Ward round: This is led by the Senior Registrars and holds earlier before the CWR.
3. Senior Registrar's Ward Round: Holds on Saturdays by 8am. It is an avenue for teaching and learning with clinical cases. It involves the HO in OMS and the HO on call, as well as the OMS team and the Team on Call.
4. Registrar's Ward Round: Holds on Sunday by 4pm.
5. Pre-Operative Ward Rounds: This is done at the close of work on Tuesday and Wednesday prior to the scheduled surgeries the following day. This is to evaluate the readiness of patients for surgery and to obtain informed consent from the patients.

Clinic
Clinic runs every working day.
Monday: Firm A Consultants' clinic for clinical cases.
Tuesday: Extraction clinic
Wednesday: Firm B Consultants' clinic for clinical cases.
Thursday: Clinical cases' clinic.
Friday: Extraction Clinic

Theatre
Theatre session holds every Wednesday and Thursday at the Main Theatre, First Floor at main UCH complex.
Wednesday: for Firm A Thursday: for Firm B.
A roster will be made weekly by the Chief Resident on which HO attends theatre on Wednesday or Thursday.

Chart Review
This is done by the Registrars. However, the HO is expected to set up the projector for the presentation. It takes place on Tuesdays, immediately after CWR at the OMS office, 2nd floor Main UCH complex and on Fridays by 2pm at the Oral Pathology classroom, Dental Centre.

Pre-operative work up
On Monday morning, you are expected to check the diary book for patients booked for surgery on Wednesday and Thursday. With the permission of the SR, the patients are called to come over for admission and pre-operative work up.
• You are to fill Investigation forms for the patient, done on the same week of surgery (check the document for the investigations required for the different cases; trauma, tumour, cleft etc.), write out the shopping list (pharmacy and medical store), ensure it is given to the patient or his / her relatives and follow up on the process of acquisition of the materials.
• You are to send a letter to the Anaesthesiologist to review the patient when admitted. (Kindly check the main theatre for the Anaesthesiology roster, weekly) and a letter to the blood bank given to the patient for screening of blood for surgery.
• How to write this will be under the "Letter Writing" section in this book.
• The operation list is sent to the OMS department.
• You are to write the procedure and duration on a paper for the patient to cost the surgery at the Main Theatre. Most OMS surgeries are extended GA (>5hours).
• Please, always crosscheck with the registrar you are working with and the SR in charge of the surgery.

Calls in OMS
Calls in OMS are not done by just the House officer in OMS but the HO's in dental, generally. A roster is drawn up by the Chief Resident of OMS. A Call lasts for a week and includes both A&E and the ward. There's a Call phone to this effect and a call room at the Call house.
The House officer on Call should communicate with the HO in OMS for swift management of patients. A gap in information may cost any of the parties an extra call.

There is also a Call bag containing a note for writing down details of the Call and materials (investigation forms, continuation sheets, left over drugs from discharged patients etc.), to help make the Calls easy. Find ways to restock the bag.

2. Oral Diagnosis
This comprises:
1. Oral Pathology
2. Oral Medicine.

Clinics
Clinic runs every working day. Consultants are assigned to each day.
Main work done is to clerk new patients and refer to other clinics. Occasionally, you might help with taking radiographs if the Radiographers are not available.

Presentations
This is done every Tuesday and Friday (8am). It could either be a BLACK STAR or an assigned Seminar topic to present on.

Regardless of who is presenting, everyone is expected to read the topic ahead of the presentation and questions will be asked from everyone.

CHILD ORAL HEALTH (3 months)
The Units under this are:
1. Orthodontics (6 weeks)
2. Paediatric Dentistry (6 weeks)

These units are run as clinics, from Monday to Friday. Each clinic day is run by specific consultants.
1. Orthodontics
- Tuesdays and Wednesdays are clerking clinic days, and there are consultants assigned to that day to take presentations of new patients from the Dental HO.
- House officers must ensure that all patients seen are documented in the day book.
2. Paediatric dentistry
- Every clinic day is both a clerking and treatment day.
- There are consultants assigned to each day.
- Seminar presentation is done as decided by the unit.
- House officers must ensure that all patients seen are documented in the day book.

RESTORATIVE DENTISTRY(3months)
This is sub-divided into
1. Conservative dentistry (6weeks)
2. Prosthodontics (6weeks)
- Clinic runs every working day with consultants assigned to each day.
- Presentation for both clinics holds every Tuesday 8am, venue is prosthetic lab.
- House officers are expected to clerk new cases and treat patients under the supervision of the registrar or SR.
- Details of all the patients seen should be collated in a notebook, as this is a requirement for signing out of the department.
- Two presentations would be made for each department during the course of the rotations.

PERIODONTOLOGY/COMMUNITY DENTISTRY (3 months)
Periodontology (6 weeks)
- Clinic is run every day.
- The HO must clerk patients in detail and refer to the dental therapist for scaling and polishing if indicated or managed by the Residents if there are weightier matters.
- Seminar presentation is done regularly.

Community dentistry (6 weeks)
- This posting is done outside of the Dental centre. There are currently two centres for Community posting.
• Idikan community clinic (3weeks)
• Igboora community clinic (3weeks)
- House officers must pick up the requirement form from the departmental office on the first day of the posting. The form contains all requirements, including the required number of outreaches.
- Details of all the patients seen and outreach pictures should be collated in a notebook, as this is a requirement for signing out of the department.
- Seminar presentation is done as decided by the unit.

LEAVE
- Leave is taken at the end of one posting, before the commencement of another.
- No letter of permission is necessarily needed, except one wants to take the leave within a posting.
- Accumulation of leave cannot be recovered; any missed leave cannot be recovered.

OTHERS
There is a general ARD dental presentation which holds every Monday and Wednesday, 8-9am via Zoom, due to Covid-19 pandemic adjustment. This is sometimes held at the new lecture theatre.

SOCIAL ASPECT OF HOUSEMANSHIP
Social Areas in UCH
Food and Provisions
UCH contains many provisions stores ranging from kiosks to superstores, the most popular being Hamine Supermarket. Opposite Hamine Supermarket is a popular Suya spot and a conglomerate of shops ranging from canteens and a frozen foods store to tailoring shops, a laundromat and clothing stores.

Also notable is the NASU canteen which is a hub of foodsellers, printing shops and provisions stores. Another popular canteen is Prestige canteen, located at Alexander Brown Hall cafeteria and open from 8am till 10.30pm. Inside Alexander Brown Hall (ABH) also are Suya spots, canteens and kiosks selling food items and provisions.

Sports
The field is located behind HOR 1. ARD organizes football games often and training days are Tuesdays and Thursdays, 5pm. Games take place on Saturday mornings. Circular road is also a good place to take power walks and prayer walks if you need to clear your head after all the stress of house job.

Banks
Lodged inside UCH are: • First Bank • Access Bank • UBA • Union Bank • FCMB.

In addition to these banks are 24hour ATMs. There is an ATM machine located in front of the Accident & Emergency.

Others
There are laundromat services, Barbershops, various Printing shops and Passport photo studios, Appliance stores, Computer technicians, electricians and shoemakers. Don't shy away from asking questions about services you need because chances are they are located right inside UCH which works for your convenience!

PHARMACIES AND LABORATORIES

Apart from knowing the labs and pharmacies inside UCH, it would be helpful to your patients to know alternative places to get medications or tests done outside.

Pharmacies in UCH
1. Cash and Carry (Opposite NASU)
2. Inside A & E Department

Laboratories in UCH
1. Private Partnership Lab/PPLab (now Universal Laboratory)
2. ClinaLancet Lab
3. Medical Research Lab (3rd Floor)
4. Bilirubin Lab (2nd Floor)
5. Afriglobal Medicare (inside Nuclear Medicine Building)

Popular pharmacies in Ibadan
1. KUNLE ARA (Queen Elizabeth Road, Opp UCH main gate)
2. ASLAN (Queen Elizabeth Road, Opp UCH main gate)
3. TONIK (Queen Elizabeth Road, Opp UCH main gate)
4. A-MARTINS (Ade-Oyo, Yemetu Street)
5. DANAX (Adamasingba, Fajuyi Road)

Medical Diagnostic Centres in Ibadan
1. FUNBELL (opposite UCH East gate and Ring Road)
2. CLINA LANCET (Mokola)
3. ACELAB (Yemetu)
4. SYNLAB, formerly called PATHCARE (Ladoke Akintola Street, New Bodija)
5. RAINBOW SCAN (beside BOVAS filling station, Total Garden)
6. ST GREGORY'S ULTRASOUND DIAGNOSTIC CENTRE (opp Yemetu police station, near total garden)
7. ABC diagnostic centre (Ring road)
8. Mecure diagnostic centre (Bodija)
9. TOTAL HEALTHCARE (Awosika Avenue, Bodija)
10.D-AL-AMEEN (Yemetu, near Total Garden)
11. BOLAB (54 Bashorun Road, Agodi)

Blood Banks outside UCH
1. NATIONAL BLOOD TRANSFUSION SERVICE (39 Queen Elizabeth Road)
2. BOLAB (54 Bashorun Road, Agodi)

SOCIAL LIFE IN IBADAN

All work and no relaxation makes the young doctor a workaholic doctor. You must create time out of your busy schedule to have fun because that makes you a perfect young doctor.

Transport
Different modes of transportation exist and they include:
1. Use of motorcycle. This is highly discouraged due to rate of road traffic accidents from these.
2. Use of Keke (maruwa) and Cabs
3. Personal rides such as Bolts and Taxify

Popular Bars and Lounges
A. For music, drinks and food.
At Bodija
• Platinum • Coco bean • Oliver cafe • Cafe 24 • GQ • Sluggers • Otis • Frostyz • Davis hotel • House 25 • Golden Tulip

UI/Samonda
• Hexagon • Vegas • Bamboo towers

Ringroad
• Olympus • Palms Shopping mall • Ibadan chinese kitchen • Stone café

Bashorun Area
• Movida • Watershed

Iwo road/Monathan
• House 5

Elebu/Akala express
• 360 • Bond lounge

Mokola
• Cultural centre (uptown)

Jericho
• Cruizers lounge
Adamasingba
• Race course (Amphitheater)

B. Food only
- Tamberma (Iyaganku)
- Ultima (Bodija, Oluyole, The Palms mall)
- Kilimanjaro (Samonda, Bodija, Challenge)
- Biobak (Bodija)
- Wimpy (Jericho)
- Martha's Kitchen (Jericho)
- Cafe Chrysalis (Bodija)
- Ibachi Chinese (Bodija)
- Jade Cuisine (Mokola)
- Country Kitchen (Bodija)
- Bite More (Mokola)
- Ofada Kitchen (Bodija)
- AMALA JOINT

- Thuraya (Yemetu)
- Iya Ope (onireke)
- Iya Soji (jericho)
- Ola Mummy (bodija)
- Amala Skye (bodija)

C. Ice Cream and Bakeries
- Chinese bakery (bodija)
- Paris Bakery (Ring road)
- Cold stone (bodija,ring road)
- Frostyz (bodija)

D. Clubs
- Mauve 21(ring road)
- Sluggers (bodija)
- Celebrity club (bodija)
- The Rock (Ring road)
- Olympus (Apata)
- Vegas (samonda)
- Movida (Bashorun)

Sight-seeing/Games
- Agodi gardens (swimming pools, horse riding, sight-seeing)
- UI zoo and gardens
- Trans Amusement park

Clubs/teams
- ARD football team
- ARD chess and scrabble club
- Ibadan scrabble club

Malls
- The Palms Shopping Mall (Ring road)
- Heritage Mall (Shoprite Dugbe)
- Ventura Mall (Sango)
- Ace Mall (Bodija)
- Jericho Mall (Jericho)

- Supermarkets
- Foodco (bodija,ring road,bashorun,jericho)
- Wimpy (jericho)
- Feedwell (bodija)
- Grandex (bodija)
- Bazaar (jericho)
- Shoprite (The Palms and Heritage malls)

Markets
i. Food stuffs, fruits etc; >Bodija >Sasa >Oje >Bere

ii. Clothes and shoes >Dugbe >Gbagi >Aleshinloye >Sango

Hair Salons
- Cloud 7 (Bodija)
- Frollicles (Bodija)
- Cruiser lounge
- Preboyes (UI)

SOCIAL RESPONSIBILITY

There is such a thing called a "UCH culture" and it is deeply rooted in the Yoruba cultural values of respect and hierarchy in medicine. To avoid trouble with senior colleagues, it is advised that you speak politely at all times, remain calm but do not tolerate bullying.

It is also important to maintain good relationships with other house officers because it is a community and we all look out for each other, speak respectfully and nicely to each other, support each other and share valuable information with each other. You never know when you would meet someone whom you have been nice to. Ask questions about next steps and future plans, who knows? You might find a partner for life from interacting with one another.

In addition, it is important to note that you are just passing by and the institution would remain as it is after you, so be very patient, a lot of wisdom is required to navigate this phase of your career and it is too early to stir hostility. Above all, greet everyone with a smile, it goes a long way in improving your working environment.

With love from the team.

STEPS OF HOUSEMANSHIP CLEARANCE IN UCH

Hello Doctors!
You would think that after the stress of house job, the process of signing out would not be cumbersome right? Well let's just say we are hoping that this guide would make it a bit easier for you.

No matter how stressful, just remember you have finished/will finish the house job soon and no amount of forms to sign will take that away. You deserve your flowers!

Let's get into it, shall we?

1. THE DIFFERENT MDCN FORMS

You can get these forms for free at the ARD Lounge. There are 3 (three) MDCN forms namely: FORM F, FORM E and FORM B.

Forms F & E each have a Council, Hospital and Doctor's copy while Form B is only a 2-leaved form that is a single copy.

Form F has 3 parts:
A- The First page is biodata and specific posting dates (3 Months duration).

You are to fill this part. Use capital letters and blue pen. Put a passport photo at the top too.

Please make sure you are careful when filling these forms especially the council copy to avoid cancellations, shading and using Tipp-Ex pen.

B. The second page is the Assessment Page. It is to be filled by The Consultant in the department of your choosing.

C. The third page is for the Consultant who assessed you on the previous page to sign as well as the HOD signature. Medicine and O&G include a departmental stamp next to the HOD's signature. Ensure this is on your form as the secretaries sometimes forget.
So Form F has 3 pages.

Next is Form E.
This is a single page form.

You are to fill this form up until "Full Names of head of institution".

The period of employment is one-year duration. The CMAC office fills the remaining parts of this page with stamps and signatures.

You should put a passport photo on your Council copies of Form E as this will be sent to Abuja (don't worry you would understand later).
NO CONSULTANT signs this form! It is strictly for CMAC.

Next is Form B. YOU fill this form.
Attach 2 passport photos, Biodata, previous schools as well as the names and qualifications of the consultants that signed each MDCN form, names of referees and YOUR SIGNATURE at the back.

CMAC office will sign and stamp.
Again NO CONSULTANT signs this form. Consultants are limited to Form F.

2A. ACCOMMODATION CLEARANCE
This is needed because CMAC office will not acknowledge your forms without this.

A - Pay the accommodation Fee via Remita.
- Open Remita on your browser.
- Go to "Pay TSA & States"
- Click on "FGN: Federal Government of Nigeria"
- Who do you want to pay: UCH
- Name of Service: Internal Generated Revenue
- Purpose: Accommodation.
- Amount: 15,850 x Number of months you stayed.
- Fill the other details and proceed to pay.
- The Remita receipt will be sent to your email.

B - Print out the Remita receipt.

C - Take the Remita receipt to account office on the ground floor to be converted to an official UCH receipt. (Ask for the office that converts receipts to teller).
They would ask that you come back in 3/4 days to get the Official receipt.

D - When you do get the receipt, make 2 (two) photocopies of it and take it to The Head of Accommodation on 3rd floor, Human Resources Department block. He is to sign one of the photocopies with "Cleared", his signature and date and give to you.

The second photocopy will be given to a clerk to put inside your file.

E - So you are to leave this whole process with your Original UCH receipt of accommodation and a photocopy that has "Cleared" signed by the Accommodation Head.

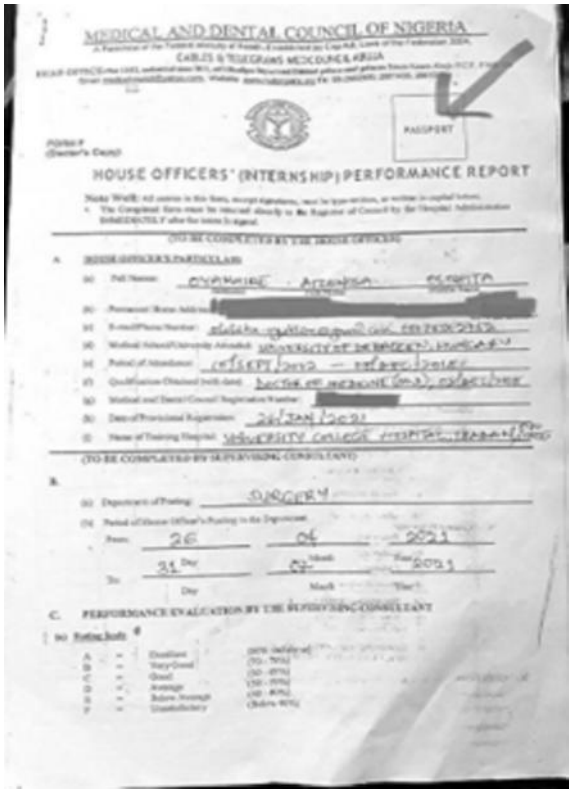
F- Make a photocopy of the one with "Cleared" on it as you would be submitting to CMAC. This helps you have a copy of the "Cleared" one just in case.

NOTE: The original receipt is not collected from you at any point! It is yours to keep.

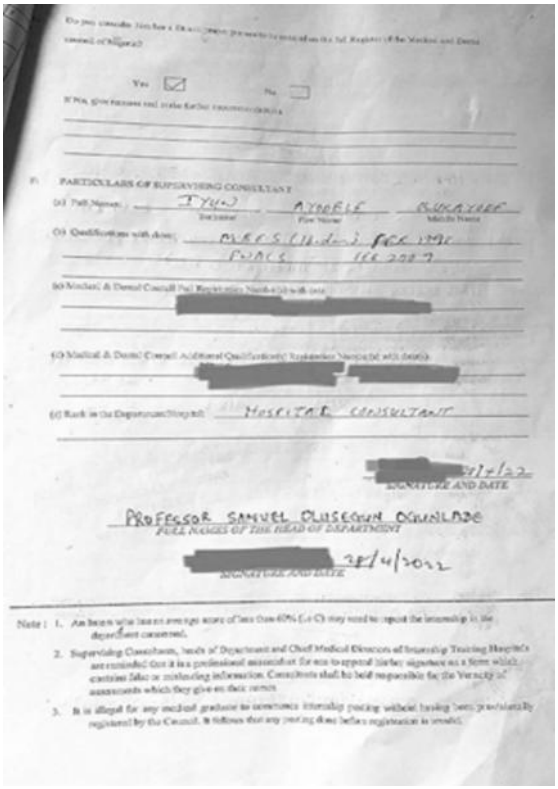
2B: CERTIFICATE OF COMPLETION
This is not needed for CMAC or MDCN. It is your personal certificate given by UCH after this struggle. It takes about 2 weeks after payment for it to be ready and you don't have to have finished House Job before you start the process.
It doesn't hurt to get it and so far doesn't hurt if it is not gotten.

It involves the same process of Remita payment as outlined in the Accommodation process except for these changes:

- Name of Service: Hospital Miscellaneous
- Purpose: Certificate of Completion
- Amount: 1,500 naira

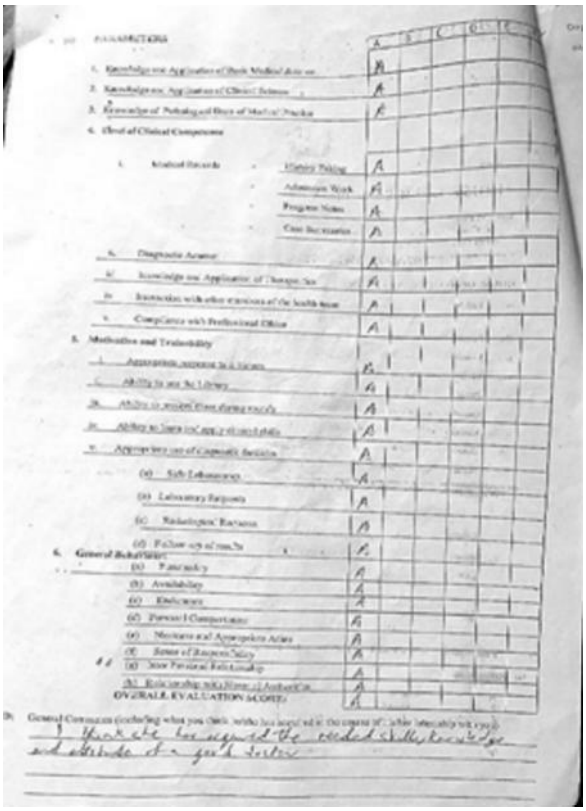

MEDICAL AND DENTAL COUNCIL OF NIGERIA

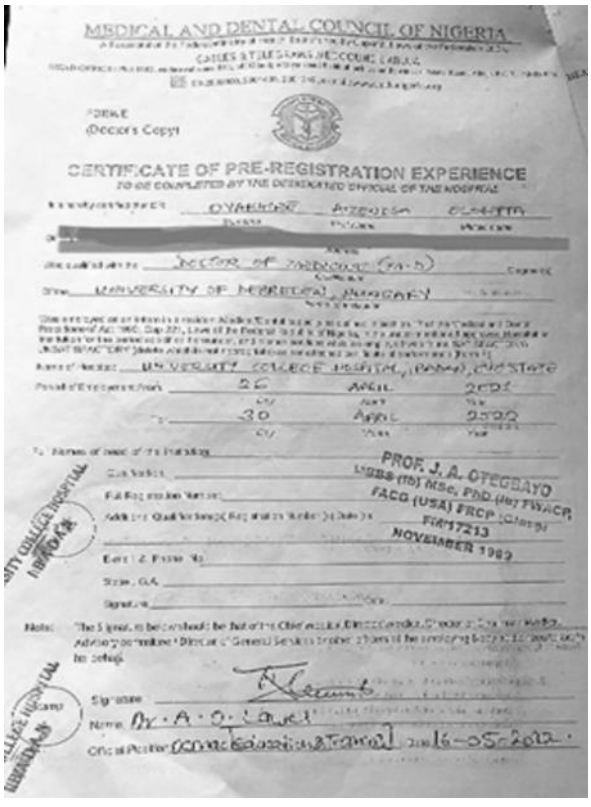
HOUSE OFFICERS' (INTERNSHIP) PERFORMANCE REPORT


PROFESSOR SAMUEL OLUSEGUN OGUNLADE

• After payment as in 2A, print out the remita receipt and take it to Accounts office to be converted to UCH receipt.
• Make photocopies of the original receipt and go back to Human Resources, 3rd floor and ask for the office to submit the receipt.

There, they would ask you to write how you want your name to appear on the Certificate and for your House job duration. They would let you know when it would be ready.




MEDICAL AND DENTAL COUNCIL OF NIGERIA

CERTIFICATE OF PRE-REGISTRATION EXPERIENCE

PROF. J. A. OYEGBAYO

3. REQUEST FOR LETTER OF INTRODUCTION (LOI)

When submitting documents to Abuja for the full registration, you would need a Letter of Introduction (LOI) from the hospital you did your House job in, where the hospital is basically saying "Yes, he/she did House job here so please introduce Dr. Bond *et al.* into the Medical Council". It is an official letter that the hospital will address directly to MDCN.

To obtain LOI, you have to write a letter to the hospital asking them to prepare it for you. Below is a prototype of the letter of request for LOI. Just follow the format below, put your details where necessary, put the date of the day you're submitting it, print it out and ready it for submission to CMAC.

4. SUBMISSION TO THE CMAC'S OFFICE

Below are the documents that you would be submitting to the CMAC's Office:

A. All Form F (that is the Council, Doctor and Hospital copy per department) that have been signed by Consultants and Head of the 4 departments.

B. All Form E that have been filled by you up till "period of employment". See the picture of Form E under "The Different MDCN Forms" for reference".

C. Filled Form B making sure you have signed at the back.

D. The copy of accommodation clearance that the Head signed "Cleared" with his signature and date.

E. The Letter asking for the Letter of Introduction.

They should tell you to come back in 48 hours. Please when you collect your forms, check EVERY page and make sure they are stamped and signed. This will save you the stress of having to go back for signing and stamping of missed pages.

So do crosscheck. See the pictures in "The Different MDCN Forms" to see how the stamps for Form F and E should be. For Form B, the back page is the

only page that receives stamps and signatures from the CMAC.

5. HOSPITAL SERVICES FOR THE LOI

Once you submit your forms to the CMAC's office, your name will be sent to the Hospital Services for them to prepare the LOI.

Hospital Services is under A&E, with a big sign on the doorpost, you can't miss it.

Ask for the room where they process the Letters. It usually takes 24-48hrs after CMAC's office has sent your names for the letter to be ready. The letter contains the names of every doctor that submitted to the CMAC's office at the same time.

Each one of you will receive a personal copy of the letter which you will submit to Abuja.

6. BACK TO HR

And now for the final step for clearance out of UCH. Whoop!!

Now detach all Hospital Copies of the Form Fs and Es from every department and take it back to HR third floor to be submitted. Your Doctor Copies are for you.

The Council copies are to be sent to Abuja.

7. CLEARANCE OF GADGETS AND BELONGINGS

So quite a number of people were bounced back at the exit gates because of their belongings (whether you have the receipts or not).

Here are the simple steps to follow:
Go to ARD secretariat (inside the ARD lounge on 3rd floor), get a clearance letter (this is like a permission letter stating that you've finished your housemanship and you should be permitted to leave with your personal belongings) alongside a blank stamped sheet of paper where you will list the things you are going out with (mattress, fan, AC, refrigerator) ... if you have any reason to go out with them.

Then you take this to the building department (where you got the key to your room, along East gate road, after ABH), where it will be stamped. But before the stamp, the officials there will follow you to inspect the room and confirm what is on your list, then it will be signed and stamped.

Quite a long journey for clearing out right?

Moving on, then you take this stamped clearance to the CSO's office, on the ground floor beside the CMD's office for stamp as well.
Make one photocopy or two (if you'd like to have a copy), then take a copy to the building department again for submission.

The original copy will be collected from you at either of the gates when you are exiting with your belongings.

Congratulations Latest MO!
You have been cleared from UCH!

House Officers MDCN User's Manual

Here is an Algorithm for post internship registration with the board (MDCN).

House Officers are expected to log into the portal via https://housemanship.mdcn.gov.ng/ using any web browser.

Each user enters his/her username, password, and click on the SIGN IN button.

Upon successful log in, the user is redirected to the Dashboard, which shows all the components of the application such as manage posting, manage payment and manage profile e.t.c.

1. House Officer that wants to be posted to a training center based on the available vacancy registers on the Centralized Housemanship Posting Application by clicking on "REGISTER" button on the Login/ Landing Page.

The system validates the folio number and date of issue provided by house officers before they can be registered on the portal.

There are three (3) highlighted scenarios to be checked before house officers proceed with the registration.

Scenarios:

1. Doctors that are fully registered as a member and whose provisional registration has expired will not be eligible for posting (Housemanship Job) because they must have completed their houseman ship job.
2. Doctors that are fully registered as a member even if their provisional registration has not expired yet will not be eligible for posting (Houseman ship Job).
3. Doctors that have not registered fully as a member and whose provisional registration has not yet expired are eligible for posting (Houseman ship Job).

Scenario 1:
Doctors that have fully registered as a member and whose provisional registration has expired are not eligible for posting (Housemanship Job) because they must have completed their houseman ship job.

House Officer provides his/her folio number and provisional registration date in the space provided and click "proceed".

The error message shows that the folio number and provisional registration date entered is not eligible for the houseman ship job. Hence, House Officer cannot proceed with the registration.

To return to login page, user clicks "Back to Login".

Scenario 2:
Doctors that are fully registered as a member and whose provisional registration has not expired are also not eligible for posting (Houseman ship Job).
If such House Officer provides his/her folio number and provisional registration date in the space as shown below and clicks "proceed", a pop-up message appears on the screen "House Officer not eligible for house job".

The error message shows that the folio number and provisional registration date entered is not eligible for the houseman ship job. Hence, House Officer cannot proceed with the registration.

To return to login page, user clicks "Back to Login"

UNIVERSITY COLLEGE HOSPITAL, IBADAN

The pioneer Teaching Hospital in Nigeria.

Ref. No. HSD/MDCN/049/VOL.II 17th May, 2022

The Registrar,
25 Ahmed Onibudo Street,
Off Adeola Hopewell Street,
Victoria Island,
Lagos.

Dear Sir,

Application for Full Registration

I forward herewith application forms for full registration in respect of the undermentioned Doctors who have just completed their housemanship in this Hospital.

Dr. AMAHALU ANTHONY CHINOBEM
Dr. OJIKE THADDEUS IKECHUKWU
DR. OYAKHIRE AIZENOSA OLOHITA
DR. JIMOH OLUWATOSIN OMOWUNMI
DR. ARIYO TEMITOPE ISRAEL
DR. OGBINAKA OGHENEOTHUKE
DR. OLOYEDE PRAISE OPEYEMI
DR. OORE - OFE OJEYEMI
DR. EMESOBUM MUNACHIMSO ANTHONY

Thank you.

Yours faithfully,

O. R. Eze [Mrs.]
For: Chairman, Medical Advisory Committee
For: Chief Medical Director

Upon click, the system redirect user back to the Login page

Scenario 3:
Doctors that has not registered fully as a member and whose provisional registration has not expired yet are eligible for posting (Houseman ship Job).

If such House Officer provides his/her folio number and provisional registration date in the space as shown below and click "proceed", The system validates house officer's information which allows officer to proceed with the registration. By default, the system populates house officer's information like first name, last name, other name, folio number, registration date, practice type, email, phone number.

House officer provides the remaining information in the space provided like username, password, confirm password, account details and passport photograph. House officers clicks "Submit" button to save record. A confirmation page appears on the screen.

INTERNS AND ARD.UCH BY-LAW

A By-law exist that binds all Resident doctors.
Article II, Section 4, Sub section 4.1 talks about statutory membership and Section 7, the benefits and privileges of being a statutory member as a house officer. Article III, Subsection 10.9 describes the functions of the House officers' representative and Article IV section 11 conveys the structure and functions of the House of representatives of which house officers are part of its membership.

POSTFACE

After rain comes sun shine; after darkness comes the glorious dawn. There is no sorrow without its alloy of joy; there is no joy without its admixture of sorrow. Behind the ugly terrible mask of misfortune lies the beautiful soothing countenance of prosperity. So, test the mask - Late sage, Chief Obafemi Awolowo.

This is truely reassuring for as many young doctor whose road to success is still under construction.

ACKNOWLEDGEMENT

It is not possible to include everything that might in totality represent the do's and don'ts of Housemanship in a flagship institution of 55 years and counting in the existence of the Association of Resident Doctors, University College Hospital, Ibadan. However, this is aimed at providing a path as the road to success is always under construction. I could only try to understand the genesis of this foundation book; ABC's of Housemanship in UCH, Ibadan, the courage, steadfastness and the sacrifices of all contributors and

editors in trying to pave way for the future practitioners.

It is a matter for great rejoicing, even in the blink of brain drain as this piece will give the succeeding generations an opportunity of learning and mastering the art and science of medicine through the line of least resistance. The University College Hospital, Ibadan was neither a child of circumstance nor an accidental conception, it was well thought of as a flagship centre of excellence in research, training to include Housemanship and service to mankind.
To my younger colleagues, the period of Housemanship is a "Nuisance year" and this book comes handy to guide us from these nuances of clinical practice as it pertains to early career doctors.

This book has attempted to put together, expert opinions, documents, policy statements, gazette, oral testimonies and supplemented by our imperfect memory. To examine every part or bit of evidence and squeeze out possible explanation and innovation for hidden perceptions and idiosyncrasies among trainers in the four departments will be in the remit of archeologians.

I thank ARD.UCH, the President for giving me the opportunity to be part of this historic moment. We do hope this book will be read critically but with generosity of understanding by both intending house officers and final year medical students hoping to get internship space in UCH, Ibadan that it has been a labour of love and sacrifices from our senior colleagues as taught by our teachers.

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