

Tips on Housemanship You Wish You Knew Before

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Abstract: Understanding what it feels like to go through the hard, challenging life as a young house officer equipped with knowledge but with zero experience, we strive to come up with the best tips and important highlights to ensure your journey through housemanship is less painful. Chapters covers all the major postings as well as providing useful insights into radiology, anaesthesiology and pathology-related matters.

We have also incorporated a chapter on how to cope with housemanship. Knowing how stressful it can be - fear of the unknown, unexpected, unfamiliar working conditions in the hospital may be detrimental to those who do not possess good survival skills.

This book is specially dedicated to our students who are just about to venture out into the thrilling and challenging world of housemanship.

Keywords: Housemanship, posting, I.D.E.A.L



Tips on

HOUSEMANSHIP

you wish you knew before

ZARIDA HAMBALI
FARIDAH IDRIS
RAFIDAH HOD



Penerbit
UTM

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**ZARIDA HAMBALI
FARIDAH IDRIS
RAFIDAH HOD**



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FOREWORD

Every medical graduate goes through compulsory housemanship training to obtain a practicing certificate in order to practice medicine in Malaysia. It is no secret that housemanship remains as one of the toughest and demanding times in a doctor's life. Therefore, any kind of support available - be it emotional, technical or otherwise is often of great value to smoothen the journey of a house officer's life.

For local graduates who already have a series of exposure to the local hospital atmosphere, their first day at work as a house officer may not be as shocking as they are already familiar with most of the local hospital setting. However, this may not be the case for graduates from overseas – the local hospitals conditions may well be a shock to them as it will be a stark difference from the place where they obtained their medical training – be it in UK, Ireland, Australia, India, Egypt and others. The experience of being exposed to the constant changes where one has to adapt to the various postings in housemanship, to learn as much as possible in a few months before getting on to the next posting with new sets of patients, new colleagues, ward staff and specialists may be too overwhelming to some. In a very busy hospital, a house officer does not have the luxury of having a personal coach to guide them by the hand for each and everything that they do. Hence, the ability to learn new things quickly and performing tasks accurately is imperative. For that, this book is a must have.

Authors for this book who are medical lecturers come from various background of specialties such as medicine, surgery, psychiatry, radiology to name a few. These lecturers have joined forces to become a strong and dedicated team, putting in a lot of effort, attending countless meetings which involve endless brainstorming, repeated writing and editing to finally produce this book. Each

PREFACE

The idea to come up with this book came when we first started our SMIM program in 2013. SMIM stands for Structured Medical Internship Module which is conducted yearly for UPM medical graduates. SMIM was brought up with the intention to help our medical graduates in adapting to the working life as a doctor. While retaining a practical focus, our point has been to present clearly some key standards that support the practical advice given.

An understanding of how and why we do things is essential if a house officer is capable to adapt to a variety of the situation at work and to the demands over time. Understanding what it feels like to go through the hard, challenging life as a young house officer equipped with enough knowledge but with zero experience, we strive to come up with the best tips and important highlights to ensure your journey through housemanship is less painful. Chapters cover all the major postings as well as providing useful insights into radiology, anaesthesiology and pathology-related matters. Last but not least we have also incorporated a chapter on how to cope with housemanship. Knowing how stressful it can be - fear of the unknown, unexpected, unfamiliar working conditions in the hospital may be detrimental to those who do not possess good survival skills. We have also incorporated several cartoon illustrations proudly created by our own medical students – Shafik Jahari and Ahmad Faiz. This book is especially dedicated to our students who are just about to venture out into the thrilling and challenging world of housemanship. We do not claim that the book is comprehensive. However, we do try to cover as many vital aspects as possible. It is our fervent hope that you gain a lot from this book and sail smoothly through your housemanship.

-Editors-

ACKNOWLEDGEMENT

This guide is from the collective hard work of medical lecturers in Faculty of Medicine and Health Sciences, UPM.

We would like to thank Prof. Dato' Dr. Abdul Jalil Nordin our Dean of FHMS and Prof Dr. Norlijah Othman, our former Dean and Prof. Dr Hamidon Basri, our Deputy Dean (Academic) for their continuous support and motivation. We would like to include our special note of thanks to our friend Mr Latfy for an illustration in this guide.

Special dedication and gratitude to our family members – our parents, spouses and children for their constant understanding, encouragement and affection. All of them kept us going and made this journey a meaningful one.

Disclaimer:

The information and explanation presented in this guide cannot cover every medical condition and possibility. You are advised to discuss with your colleagues, consult your superiors, refer to medical literatures and use your clinical discretion whenever necessary.

ABBREVIATIONS AND SYMBOLS

ABG	Arterial Blood Gas
ABSI	Ankle Brachial Systolic Index
ACD	Anticoagulant Citrate Dextrose
ACLS	Advanced Cardiac Life Support
ACS	Acute Coronary Syndrome
AFB	Acid Fast Bacilli
AIDS	Acquired Immunodeficiency Disease Syndrome
AKI	Acute Kidney Injury
ANC	Antenatal Check
APTT	Activated Prothrombin Time
ARDS	Acute Respiratory Distress Syndrome
ASAP	As Soon As Possible
ATLS	Advance Trauma Life Support
AVF	Arterio-Venous Fistula
Bd/Bid	<i>Bis In Die (Latin)</i> / Twice daily
BSO	Bilateral Salphingo-Ophherectomy
C&S	Culture & Sensitivity.
CAPD	Continous Ambulatory Peritoneal Dialysis
CBD stone	Common Bile Duct stone
CBD	Continous Bladder Drainage
CCU	Coronary Care Unit

INTRODUCTION

“The key to life is accepting challenges. Once someone stops doing this, he’s dead”. – Bette Davis

Medicine is a lifelong journey. At present, there are too many house-officers compared to limited availability of postings. Your future may be uncertain. Therefore, you have to make use of your true potential, to prove that you have the right qualities to be a SAFE and COMPETENT doctor. You have been taught and guided throughout the 5 years of medical school with the right knowledge, skills and attitude. Now, it is time for you to survive on your own, within a challenging environment full of responsibilities.

This new life you will face has been reputed to be taxing, stressful, unfair, confusing, and will “suck” the life out of you. You have to adapt to various settings, superiors, departmental rules, temperaments of patients and many other possibilities. Learn to develop a professional connection with patients. See them as human beings rather than just interesting cases. Be mentally prepared to deal with daily challenges. There will be good days, simply awesome days and days you would rather forget.

This guidebook will cover tips and tricks to survive your house officer postings. Keep your spirit up and support each other. Your experience during your housemanship will elevate you to the next phase of your training. You can survive and able to face any challenges. All the best of luck!

CONGRATULATIONS, YOU ARE NOW A DOCTOR!

Rafidah Hod

“I hated every minute of training, but I said, ‘Don’t Quit. Suffer now and live the rest of your life as a champion’ – Muhammad Ali

Obtaining a medical degree does not stop at that. Armed with as much knowledge, skills and values in you, you are now preparing yourself to join the entire health workforce. Knowing how great challenges may come your way, getting practical tips and wise quotes might just help you from getting into a mess. This is the time where you put your knowledge into practice. Be sincere in doing your job. Stay humble and always be eager to learn. Yes, you have learned a lot during your medical school and still it is not enough. The medical field is constantly advancing and there will never come a period where learning stops at any particular time. This is a life-long learning career.

The biggest do will be: **DO be good doctors.** Should you one day become a patient, what kind of a doctor would you want to treat you? A good doctor, yes. So, be that kind of doctor. Treat others as you would want to be treated. If you want to be treated superbly, then likewise you should also treat your patients and people around you just as greatly. Surely you do not want an indifferent, rude and fierce doctor to treat you when you are in pain or when you are experiencing health problems that you don’t even understand. You will of course find yourself looking for a doctor who is empathetic, takes time to listen to your problems

SURVIVING THE MEDICAL POSTING

Anim Md Shah & Nor Fadhlina Zakaria

“Whenever a doctor cannot do good, he must be kept from doing harm” - Hippocrates

When starting in any speciality, there are always key elements that will define you as either a superb or a substandard house officer. From any housemanship rotation, the first impression of your performance usually gives one a general idea on how you may perform or be perceived for the duration of your residency. So it is of paramount importance that you start your posting fully prepared.

Medical posting has always been viewed as one of the more difficult departments to work in as a house officer. A myriad of patient presentations, social challenges that often accompany certain patients or even the daily workload often overwhelm the underprepared, so it is important to be ready and to accept the fact that in the coming 4 months your social life will be virtually non-existent. It is also important to note that medical departments vary from hospital to hospital. The bigger teaching hospitals will usually have dedicated subspeciality wards, whereas the smaller ones will have a diverse patient profile in their wards.

- remember that a 12 hours car drive is as good a risk factor as a 12 hour flight).
- iv. Medications such as hormonal therapy.
 - v. Family history.
 - vi. Previous venous thromboembolic events.
 - vii. Known malignancy (if no malignancy is known previously, ask if there are any constitutional symptoms).
 - viii. In young females, ask regarding connective tissue disease symptoms and episodes of previous abortions.
 - ix. Pregnancy.
- b. Make sure you measure both limbs for a quantitative comparison by marking the swelling area and measure the diameters of the limbs.
 - c. A venogram is the gold standard investigation, but most centres make do with an ultrasound doppler of the affected limb.
 - d. Anticoagulation (type/duration) will depend on the cause.

Bibliography

- Kumar P., & Michael Clark, M. k. 2012. *Kumar & Clark's Clinical Medicine*. 8th Edition., Saunders Elsevier.
- Huat Soo, Hua et al. . 2011. *Sarawak Handbook Of Medical Emergencies*.3rd Edition. Malaysia. CF Publishing.
- Murray, Longmore et al. 2014. *Oxford Handbook Of Clinical Medicine*. 9th ed. Oxford Oxford University Press.

SURVIVING THE PAEDIATRIC POSTING

Johan Aref Jamaluddin

*“If you cannot do great things, do small things in a great way” –
Napoleon Hill*

Welcome to paediatric posting, one of the six major postings that is compulsory for house officer's training. Some HOs are not comfortable with this posting as they are not used to working with children. However, children are not as scary as you think!

As a house officer in paediatric posting, you will have the opportunity to undergo training in three major areas; **General Paediatrics, Neonatology and Subspeciality postings**. However, this depends on your hospital of attachment as there may only be General Paediatrics and Neonatology postings available. As the posting lasts for four months, at least 50% of the time must be completed within General Paediatrics and the remaining 50% will be in the Neonatology and Sub-speciality postings, if available.

You should already have a basic knowledge on paediatric illnesses acquired from medical school. It also helps if you are comfortable dealing with children although this is not essential. However, you must at all times be aware that children may not be able to express their symptoms to you via verbal communication. So, it is imperative that you are able to pick-up subtle clues when you examine the child that will help you to decide whether you are dealing with an emergency situation or not.

Neurology	<ul style="list-style-type: none"> • Cerebral palsy • CNS emergencies: management of status epilepticus • CNS infections • Seizure disorders
Haematological/ Oncology	<ul style="list-style-type: none"> • Anaemia in children • Children with bleeding disorders • Acute leukaemias
Infective Diseases	<ul style="list-style-type: none"> • Human Immunodeficiency Virus (HIV) infection • Tuberculosis • Dengue • Others : Malaria, Typhoid, Leptospirosis
Others	<ul style="list-style-type: none"> • Common skin conditions in children • Child abuse • Surgical conditions : intussusception, hernias, appendicitis • Interpretation of basic radiological investigations • Medications: indication, calculation of dosages and side effects

Bibliography

Kliegman et al 2011. *Nelson'S Textbook Of Paediatric*. 19th ed. Philadelphia: Elsevier Saunders.

Hussin Imam Muhammad Ismail et al. 2012. *Paediatric Protocol For Malaysian Hospital*. Kuala Lumpur: Kementerian Kesihatan Malaysia.

SURVIVING THE SURGICAL POSTING

Mohamad Salleh Abdul Aziz

“Great spirits have always encountered violent opposition from mediocre minds” - Einstein

Surgery is one of the compulsory postings for a house-officer/intern to learn and experience surgical diseases and management. A qualified doctor is considered incompetent if he/she ignored the posting. Surgical posting requires an advanced level of critical thinking and problem solving especially in decision making. Apart from routine ward rounds, mental and physical stamina are very important to survive the posting. Assisting long hour operations and endoscopic procedures, resuscitating ill surgical patients in the emergency department are where you will spend the majority of your time during your surgical posting.

As a house officer you are required to have a basic knowledge in surgical diseases and management; and basic principle of surgery. You are responsible for every action taken and show concern in the respective surgical ward. Understanding the work flow within surgery is very important from the first day when you report for duty.

Surgery has been subdivided into several subspecialties;

1. Breast and Endocrine unit.
2. Vascular Unit.

- g. Patient with sepsis may require insertion of central venous line to assess the hydration status. If the coagulation profile is prolonged you cannot insert a CV line via the internal jugular or subclavian route.
- h. Insert Foley's catheter for CBD to monitor the urine output.
- i. Arrange an urgent hepatobiliary ultrasound to find the cause of the obstructed jaundice.
- j. Patients may be allowed some fluid intake unless they are scheduled for an ultrasound, in which case the patient may not consume anything by mouth.
- k. If the cause of the obstructed jaundice is due to a CBD stone (choledocholithiasis), you may need to arrange an urgent ERCP.

Bibliography

A Guide Book For House Officers. 2008. Malaysia: Malaysian Medical Council,

Adnan, Azreen. 2007. *Kerjaya Sebagai Doktor Perubatan*. Malaysia: PTS Professional,

SURVIVING THE OBSTETRICS & GYNAECOLOGY POSTING

Anizah Ali

“I do the very best I know how, the very best I can, and I mean to keep doing so until the end” -Abraham Lincoln

Welcome to the Department of Obstetrics & Gynaecology (O&G). O&G is a compulsory posting you have to complete during your housemanship training. It is an important posting whereby you need to master certain skills, which will help you to function as a competent medical doctor in the future. Regardless where you will be posted, it is highly likely you will encounter patients with O&G-based problems i.e. pregnant mothers, girls with menstrual problems; post-menopausal ladies with climacteric symptoms, just to mention a few, at every level of health care facilities. Therefore, pay attention and focus on acquiring the much needed knowledge and skills during your O&G posting as it will prepare you for your future endeavours wherever you may be posted to.

Generally, most HOs will be posted to hospitals all over Malaysia accredited for housemanship training. The O&G department in different hospitals may differ in terms of the sub-specialty services that are being offered. However, this chapter mainly concentrates on the general layout of the O&G department, applicable to most hospitals in the country.

Basically, the O&G department is divided into the Obstetrics unit which handles pregnancy-related problems while the Gynaecology

5. In the **SUB-SPECIALITY** clinic you will be needed to assist the specialist in charge and the attending MO. Grab this opportunity to get **EXPOSED** to these sub-specialized cases and to learn from your Specialist/Consultants who are trained in each sub-specialty.

Bibliography

A Guide Book For House Officers. 2008. Malaysia: Malaysian Medical Council

SURVIVING THE ORTHOPAEDIC POSTING

Mohd Khairuddin Kandar

“Be miserable or motivate yourself. Whatever has to be done, it’s always your choice” - Wayne Dyer

Orthopaedic Ward Duties

1. Ward Rounds

Ward round is crucial and the most important thing for inpatient care. This is your **CORE BUSINESS**. Note that, functionally the ward rounds are led by the HOs.

- a. You must know the ins and outs of every patient that you are in charge of.
- b. Fluently present the updated clinical progress, latest blood or radiological investigations. Ward rounds must be performed systematically so that management is optimum.

Summary during ward round:

- i. Name, age, sex
- ii. Mechanism of injury
- iii. Diagnosis
- iv. Immediate care
- v. Progress
- vi. Definitive care plan

Cauda Equina Syndrome

- a. Cauda Equina syndrome results from compression of Cauda Equina which presents with saddle anaesthesia, bowel and bladder dysfunction. Initially, it will cause low back pain, and then eventually the patient is unable to control urine or even has urinary retention.
- b. History of red flag of back pain must be elicited.
- c. Clinical examination reveals reduce or loss sensation around the perineum and lax of anal tone. Insert CBD immediately.
- d. Order an urgent MRI to look for external compression of nerve root such as huge disc prolapse, pathological fracture with debris or intraspinal lesion.
- e. Emergency decompression is performed once diagnosis is established from MRI. Alternatively referral to neurosurgery is advisable.

Bibliography

- Norris, B., & Kellam, J. 1997. Soft-Tissue Injuries Associated With High-Energy Extremity Trauma: Principles of Management. *The Journal of the American Academy of Orthopaedic Surgeons*, 5(1), 37–46.
- Denis, F. 1984. Spinal instability as defined by the three-column spine concept in acute spinal trauma. *Clinical Orthopaedics and Related Research*, 65–76.
- Solomon, Louis et al. 2010. *Apley And Sol Apley's System of Orthopaedic and Fractures*, 9th En. Hodder Arnold.
- McRae.R. 2008. *Practical Fracture Treatment*. 5th Edition, Churchill Livingstone.

EXPLORING ANAESTHESIOLOGY

Imran Osman

“The time to learn CPR is not when you need it” – Ancient proverb

This chapter is designed to help you deal with patient care related to anaesthesiology. The first section is on how to handle resuscitation when a patient collapses in the ward or during code blue. The second section is on how to deliver oxygen safely to patient and the third section includes vital aspects in the management of acute pain.

RESUSCITATION

As a house officer, you will almost certainly be the first person to be called or to arrive on the scene in the ward if a patient collapses. It can be stressful and overwhelming but try not to panic. The absolute priority is to ensure adequate ventilation and perfusion. By now you should already have the steps of the Basic Life Support (BLS) at your fingertips.

1. Do not rush into trying to get a diagnosis. If you are alone, call the nurses for help, or tell them to get assistance from your colleagues or seniors.
2. If you are the only doctor around then you have to take charge. Maintain a patent airway and perform effective bag-mask ventilation. An oropharyngeal airway and suction apparatus will be useful. Ask your helper to start chest compression if there is no pulse.

other causes of hypotension such as bleeding, hypovolaemia and myocardial infarction.

7. Never give local anaesthetic (LA) drugs intravenously. All LA drugs have maximum doses that need to be adhered with every time they are administered e.g. Bupivacaine – 2mg/kg/Lignocaine - 5mg/kg.
8. Always remember that pain can be due to other diseases or surgical complications. Alleviating the patient's pain will not treat the causes of pain. Inform your senior if in doubt.
9. Pain causes a lot of distress to the patient and their care givers (including ward nurses). They will be thankful to you if you can help lessen patients suffering effectively.

Bibliography

Acute Pain Management Training Manual. 2001. (4th ed) . Kuala Lumpur: Hospital Kuala Lumpur.

EXPLORING PATHOLOGY

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Syafinaz Amin Nordin & Rukman Awang Hamat.**

“Eyes do not see what the mind does not know” - Anon

Generally most hospitals are equipped with a Pathology Laboratory that comprises 4 main laboratories namely;

1. Haematology & Blood Transfusion.
2. Histopathology & Cytopathology.
3. Microbiology & Immunology.
4. Chemical pathology.

The Pathology Department is the heart of every hospital as most of the patients' management rely on the pathology results. Accurate and prompt diagnoses of diseases are crucial to improve patients' management. However, accuracy of results start from the time the samples are taken from the patients.

The followings are guides to be followed when you are dealing with the Pathology Laboratory. However, bear in mind that this is only a general guide and it is important to be familiar with the Laboratory Policy in the hospital where you are posted.

Bibliography

- Department of Haematology and Blood Transfusion. 2013. *Departmental Handbook*. University Hospital of North Staffordshire, United Kingdom.
- National Blood Centre. 2008. *Transfusion Practice Guidelines for Clinical and Laboratory Personnel*. Ministry of Health Malaysia,
- Barbara J Bain, Imelda Bates, Micheal A. Laffan et al 2012, *Dacie and Lewis Practical Haematology*. 11th edition. Churchill Livingstone.
- Susan C.Lester. 2010. *Manual of Surgical Pathology*. 3rd Edition. Elsevier Saunders.
- John D. Bancroft, Alan Steven. 2012. *Theory and Practice of Histological Techniques*. 6th edition. Churchill Livingstone.
- Cheesbrough M. 2005. *District Laboratory Practices in Tropical Countries. Part 1*. Second Edition. Tropical Health Technology. Cambridge, United Kingdom. Cambridge University Press.
- Cheesbrough M. 2006. *District Laboratory Practices in Tropical Countries. Part 2*. Second Edition. Tropical Health Technology. Cambridge, United Kingdom. Cambridge University Press.

EXPLORING RADIOLOGY

Afkar Fakhrizzaki

“Attitude is a little thing that make a big difference” – Winston Churchill

‘Radiologists, like any other medical specialists, can be quite intimidating to junior doctors. I recall as a house officer, how I dreaded each time I had to go down to the radiology department to get urgent imaging investigations. Many anecdotes, some even being published in high profile journals, on the ‘abuse’ experienced by the junior doctors at the hands of radiologists. Ironic, isn’t it, coming from the mouth of a radiologist myself. I do not mean to turn against my own alma mater but I think most radiologists now are a lot more mellow than what we used to be. Still, I am pretty sure that some of the ‘malignant’ ones are still around. If you are unfortunate enough to be working with these specialists, your encounter with them is almost inevitable. However, there are certain things that you can do to make your tasks less stressful.

I do not intend to make this guide a comprehensive check list on the various investigations in radiology. Rather, I would like to share my experience as a radiologist, of what is expected from house officers when requesting for imaging investigations.’

Medical imaging departments in Malaysia are usually made up of diagnostic and interventional radiology sections. Some tertiary hospitals and institutions of higher education may even have their own nuclear medicine department. Another branch of radiology is therapeutic radiology where radiotherapy service is provided for oncology patients. While radiologists run the imaging department,

What to do after the examination or procedure is done?

1. For diagnostic imaging examinations, trace the reports and inform your team of the findings and manage your patients accordingly. The report for urgent cases should be traced as soon as the radiologist finished reporting the cases. If the patient needs immediate intervention, discuss the examination findings with the radiologist. If this is too intimidating for you, get your senior to discuss with the radiologist. The report for the routine or non-urgent cases should be traced within the specified turn-around-time of the procedure. This may vary in different hospitals.
2. For interventional procedures, the interventional radiologist may have specific instructions for post procedural care. Do follow these instructions.

Bibliography

- Alan V.Parbhoo . 2007. *What They Didn't Teach You at Medical School*. Springer-Verlag London Limited. . Pg 49-52
- Jonathan Mamo, Kurstein Sant, Glenn Garzia, Elton Pllaha & Jonathan Cutajar. 2009. *The Perfect House Officer Guide v 2.0*. Foundation Programme Office Malta.

‘SURVIVAL OF THE FITTEST’: COPING WITH HOUSEMANSHIP

Normala Ibrahim

**“Sometimes the darkest challenges, the most difficult lessons,
hold the greatest gems of light.” – Barbara Marciniak**

Being a house officer is one of the most crucial moments in your life as a doctor. The responsibility and workload of house officers alone, have contributed greatly to the development of psychological distress among doctors. This psychological distress if not dealt adaptively would be hazardous to you in term of your work productivity and quality of life.

Stress is:

1. Normal physical, emotional and mental state of arousal.
2. In response to events that are challenging or perceived as threats.

GOOD STRESS

Helps in alerting, focusing and rising to meet challenges & keeps a person on his toes

BAD STRESS

Dangerous because it affects health, mood, productivity and quality of life

15.	<i>Keyakinan pada diri sendiri yang berlebihan</i>				
16.	<i>Buah fikiran yang pantas, seolah berlumba-lumba</i>				
17.	<i>Kurang yakin pada diri sendiri</i>				
18.	<i>Rasa tiada jalan keluar</i>				
19.	<i>Perasaan terlalu seronok</i>				
20.	<i>Susah hendak menyesuaikan diri dengan keadaan</i>				

(Hospital Bahagia Ulu Kinta, Ministry of Health, Malaysia 2011)

The threshold score is 14 and above. Further evaluation should be performed if a person scores 14 or above on the scale.

Bibliography

- Paice E, et al. 2002. Stressful incidents, stress and coping strategies in the pre-registration house officer year. *Medical Education* 36:56-65.
- Ministry of Health Malaysia. 2011. *Saringan Status Kesihatan Mental (SSKM 20)*. Hospital Bahagia Ulu Kinta.