



# Learning & Growing in your HO year

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# It is easy to enter minion mode...



- Scribe during rounds
- Spend so much time on paperwork.
- Changes are dull – blood cultures, IDCs, calling people & getting scolded.
- Can't actually make decisions... just errand boy/girl
- Just copy/paste – no need to re-clerk admits.
- So busy and tired... aim to survive and go home

**You are much more than that.**

But it takes deliberate effort

# Where do you want to be at the end of HOship?

- Independently manage primary care and general medical issues.
- Independently manage on-call emergencies.
- Be able to work within the healthcare system
- Recognize your limits, know when and how to refer for additional input.
- Personal life: Relationship? Spiritual? Other aspects?



# #1 – First get past ‘survival mode’

- It’s hard to learn if you are struggling to survive.
- This will get better with time. Speed it up by
  - Learn to manage workload – know what is important.
  - Have a system to organize your work.
  - It’s okay to work a bit harder.
  - To become good, you first have to do a lot of ‘scut work’.
  - Take initiative to learn – do not wait to be taught
- Be comfortable being uncomfortable
  - Know what you do not know
  - Know what are the safety pitfalls
  - Uncertainty is part of medicine – learn to deal with it.



# Example: Philosophy of CTSP

	Critical	Important	Low priority
<b>Examples</b>	Collapse Low BP Desaturation	Fever (normal BP) Chest pain NPU x 8 hours Abnormal lab result	Hypocount = 18 Patient didn't BO Patient wants panadol Family wants update
<b>Goal</b>	Resuscitate	Appropriate management	Save time
<b>Strategy</b>	Check resus status Support physiology Call MO early Escalate to HD/ICU Inform family	Assess patient Think of ddx Initial inx (and trace) Appropriate management Monitor for deterioration	Ensure no emergency Handle remotely if possible Leave to primary team next day.
<b>Pitfall</b>	Know when <i>not</i> to resuscitate and DNR instead!	Missing the sick patient.	Traps – e.g. if patient wants panadol, assess first if unusual or severe pain

# #2 – Take charge of your patients.

## BAD HABITS

- Minion-mode
- Copy A&E notes
- 'Pre-clerk' & let MO clerk.
- Do not see new cases
- Don't think about patient.
- No diagnosis in mind.
- Wait for boss to give plan.
- Only settle immediate issue.



## LEARN TO...

- Move from 'Reporter' to 'Interpreter' and 'Manager'
- Always have ddx & volunteer your plans, even if eventually wrong or your boss just feeds you plans.
- Take ownership of your patients - don't just do the minimum.
- Think 2 steps ahead – apart from the immediate issue (e.g. fluid overload), what else needs to be done? (e.g. plan for dialysis, optimise CVRF, stop smoking, social issues)

# Example

Details: Think I already tried to give most of my feedback to this particular HO directly but I wanted to raise an issue about the general HOs I have worked with for the HOPE team to note.

1. Most HOs still copy and paste the A&E history and issues list which more or list tend to be lacking (or worse inaccurate) as I'm sure you would agree.
  - need to be able to come up with an issues list and a plan of management for every patient within a reasonable amount of time
  - still need to be able to approach usual events like nosocomial fever or being called for hyperglycemia or hypertension without having to escalate every other case to the on call MO
2. Escalation of cases to the MO
  - threshold for escalation of care seems to be very low and the expectation is once escalated the case is no longer their responsibility which I feel is a general attitude among the HOs that should be changed
3. Documentation/"Discussed with"
  - i feel that in order to document that you have discussed a case with a senior, HOs really do have to properly go through these cases with said senior and come to an agreed plan after reviewing the primary team notes, etc together rather than an informal consultation in the corridor where there is a fairly one sided (and often inadequate) documentation (from the juniors) regarding instructions, impressions and plans given because this does have medicolegal implications especially if instructions are misinterpreted

I think that once every 3 months or so in addition to all the OSCEs and the workshop which are fine but I don't think its addressing personal confidence issues or attitude issues from the DIM HOs adequately.

Proposed goal for your next call: Present cases in proper SBAR format with an impression and plan rather than just purely handing over cases to seniors to allow them to make the medical decision.

Be more proactive in executing changes for the new cases, following-up on blood results and acting on them; as opposed to leaving them completely to the MOs to trace and act on them.

To avoid unfair documentation about discussions with seniors regarding management.

1. "HOs still copy and paste the A&E history"
2. "Expectation.. once escalated the case is no longer [the HO's] responsibility"
3. "Unfair documentation about discussions with seniors"

# #3 – Reflect on your patients



- We learn the most from our patients
- Follow up on your patients – e.g. on call, taken over  
> see whether your diagnosis & management was right!
- Be inquisitive, ask ‘why’. Don’t follow plans blindly.
- You can learn a lot from blue letters.
- Read up & around your patients.
- Things will go badly from time to time – learn from them!
- Always consider: how can I do better next time?

# #4 – Get feedback

- Feedback may not be volunteered – ask for it.
- General comments e.g. “you are a good HO” or “you suck” aren’t helpful for learning.
- Get specific feedback (e.g. discuss one case you saw & were not sure about the diagnosis, an unexpected deterioration).
- Differences in opinion are a part of life – listen to the different viewpoints, read, and decide on your own.



# Be more than a minion...

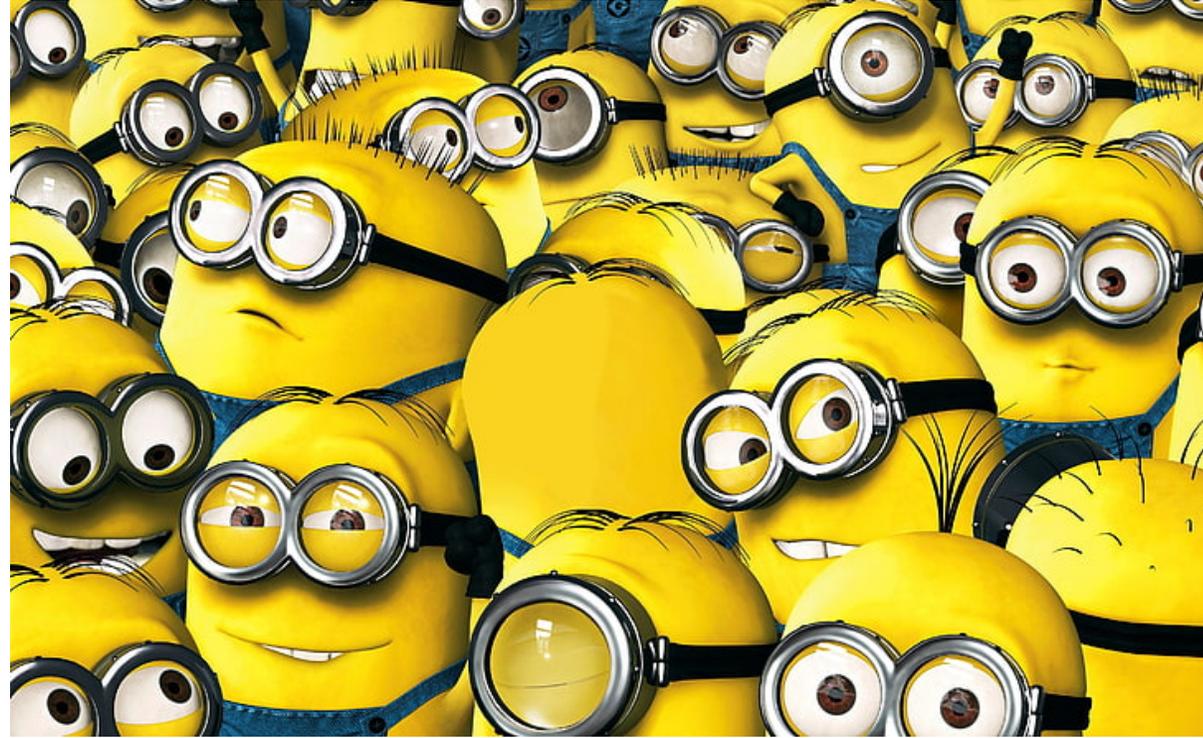
1. Get past survival mode
2. Take charge of your patients
3. Reflect on your patients
4. Get feedback



## But also remember...

- Do not forget the softer aspects e.g. comms.
- HO is a phase of life – things get better.
- Being a doctor is a privilege – you touch people & change lives.
- Take care of yourself (& look out for one another).





**Thank you**

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