

Before and after

By DiTC member Reuben Bennett



From the
frontline:
an RMO
perspective



How my view of the hospital has changed since graduation:

- new interest in patients
- feeling unprepared
- being overwhelmed
- money.

BEFORE	AFTER
<ul style="list-style-type: none"> • Feeling disconnected • Not part of the team, no responsibility • Unable to engage in a meaningful way on ward rounds • Knowing other students 	<ul style="list-style-type: none"> • Totally unprepared, • With responsibility – learning for patient care, not for the next exam • Knowing the full team

It's not just my title that's changed recently. Since graduating from medical school last December, I feel like a whole different person. Without being dramatic, it feels that my view of medicine could be cleanly cleaved in two. Before graduating I thought nothing of leaving the hospital three hours early, these days I think nothing of leaving three hours late. Before graduation I slept through lectures, now I listen to them before I go to sleep. Before graduation I got nervous about seeing patients, now I relish it.

It wasn't, of course, graduation day that changed anything. Waiting hours in a stuffy Dunedin hall listening to old men talk felt all too close to lecture theatre days, and not at all inspiring. Nor was it the content of the work I'd just started. The drudgery of discharge summaries, lab requests and IV cannulas were already familiar territory by the time it was my signature on the bottom of all that endless paperwork. No, like all meaningful change, it grew in a subtle way.



My life as a medical student was comparable to the life of an appendix. Most of the time I felt like a useless attachment to an otherwise essential organ, dragged from patient to patient by the rest of the ward round, perhaps being 'useful' by finding the patient's notes.

Occasionally things went wrong. I remember with terror missing venepunctures or breaking the sterile field. The one time I held a scalpel I couldn't stop my hands shaking—I still feel sorry for the patient in Palmerston North with a sawtooth scar. I even know of one student who got caught trying on the surg reg's crocs. Like a faulty appendix, medical students who add to a team's already heavy workload quickly find themselves bearing the brunt of a tired junior registrar's wrath. Excluded even more than before.

After graduation that yawning divide evaporated. Overnight I became an essential part of the team and with that responsibility, however small, came a little respect. Because the team depended on me, and I them, there was a reason to take interest in each other, and those relationships became richer.

Most importantly, because my ability to do my job was based on an intimate knowledge of both medicine and my patients I suddenly took a renewed interest in both. The ward round was no longer a conveyor belt of anonymous faces but people who I could legitimately help, the consultants' lengthy monologues were suddenly full of essential information and, because of all of this, the job became much, much more enjoyable.

Now, finishing off my second run as a house officer, I have medical students of my own. On the other side of the fence, I'm appreciating how hard it can be to include medical students—especially when the team gets busy. However the memories of being a student, good and bad, are still fresh and I strive to give our students the responsibility, respect and reward that I think I needed as a student... Because before graduation I was sure I would leave medicine, now I think I've got a career for life.

