Orthopaedic Residency and Mentorship

Jain S

Medical training, specially the post graduate is stressful, exhaustive and overburdened. Orthopaedic residents are among one of the most affected subjects. Due to obvious reasons and lacunas in our system, residents join post-graduation at a later stage of life and have increased expectations and responsibilities both clinically, academically and familial. They are expected to fulfil multiple roles in addition to their family responsibilities during the training – clinical and surgical, self-educating and teaching, research and thesis writing and administrative.

Our Orthopaedic residents are commonly seen residing in hospitals itself, dressed very shabbily with all plastered shoes and clothes, who must not have attended any family function for years, must not have met family members for months; he must be unshaven for weeks, not taken a proper bath for days, may empty stomach for hours and may be on continuous work for days with many sleepless nights. Forget about the balanced diet, they are deprived of meals or even water for sessions.

A regular typical week of work includes running OPD services, OT duty and grand ward rounds, done each twice a week, making a resident busy all 6 days a week. Further he has to attend regularly teaching classes, make his own seminars and journal, do thesis work, and daily evening rounds routinely including dressing, plasters, clinical notes and other work etc. Residents have weekly or twice a week "duty day" means 24 straight hours of emergency/casualty posting and OT services blended with next "regular" work day without a break, which is sleep-deprived duty.

Clinically, our residents are overburdened due to abnormally high patient load in few performing government medical colleges and acute shortage of postgraduate medical seats. Further, there is lack of basic infrastructure in these government set-ups and at times even unavailability of basic essential materials likes gloves, dressing material, sutures or plaster material, which make them prone to risk. We all have seen residents getting pricked, exposed to radiation due to lack of lead aprons.

In a highly infected zone of government hospitals, poor conditions of duty rooms and inability to take self-care, balanced diet and proper sleep, our residents, are susceptible for diseases. Some of our residents are already on anti-tubercular treatment.

With very long working hours, heavy workload and relatively low control over the job contributes not only to physical, but also mental illness. Our residents are stressed and depressed, reasons may be many. Hierarchical structure, staffing pattern, overburden, and fear of failure in examinations are few of them. Juniors are not allowed to express opinions in treatment related decisions. This can lead to poor academic performance and research work. The work order also follows a hierarchical system from senior most to immediate successor and finally to junior most, who does the work, but is not credited for it. Female rarely opt for orthopaedics, hence the politeness and softness of talk is absent, orders are often with abuse and foul language. Unlike faculty and paramedical, residents are temporary staff and have fear to perform in exam which is being judged by faculty. Further in most of these set-ups, the paramedics are non-functioning, due to which our residents are forced to do the routine work of these paraclincial worker also like nurses, plaster, lab and x-rays technicians, dressers, ward boys and sometimes sweepers too, in addition to their own clinical and teaching work. The lack of basic common sense and ignorance in kind of illiterate patients these hospital deals further add to repetition of work and increased workload. This high workload leads to poor performance and tendency to make mistakes resulting in depression, anxiety, fatigue, irritability, substance abuse

and sleep deprivation which can be fatal in medical environment. There are countless cases of medical negligence being regularly reported. Some of our residents are already hypertensive or on anti-depressive treatment. Some of the resident's parents have already migrated to medical college cities. There are reported incidences of even suicides in medical residents. To reduce work load, some residents "unofficially" indulge in unethical practices like LAMA, instigate the patient to go somewhere else for treatment, expressing doubt at the ability of consultants and scare away the patients.

They are the future of the next generation of Orthopaedics and they will operate on us when we will need surgery. It's good to improve the degrading health care system by improving the medical facilities and infrastructure, but we should also look to improve the working conditions our residents as well.

The solutions are relatively simple. It doesn't take a movement to do; it only needs a will to improve as each level - government, administration and faculty level.

At hospital administration level, we should provide all basic infrastructure and protective measures, minimally required. Why can't be these small things like bandages, cotton, gloves, medicines, which are the cheapest be available in the hospital. The medical hospitals should specifically work as tertiary referral centre as in abroad. Why should a simple tibia fracture be referred from a district hospital to medical hospital?

As senior and faculty members, we should not support or justify excessive work as tradition of good training process. It's good to do more clinical and surgical work, but the work needs to be properly distributed, with each one responsible to shoulder his work. Paramedical should be made responsible. Teaching and learning activities, with novel treatment methods should take a front seat. Proper research and thesis work should not be just a formality.

At government level, overburden should be decreased by increase in postgraduate seats and making proper referral systems of the health care system. THE residents who work so hard should be paid sufficiently and regularly. Further, if residents can't cope up the burden of the subject he should be made free to leave or change the branch freely without any contracts, bonds or payback penalty.

Orthopaedics is a different subject than others, newer sub – specialities are developed. Government should understand the importance of Orthopaedics as a separate subject and need of super-speciality courses in orthopaedics. There are only hand full of fellowships which are irregularly distributed with no authenticities and proper entrance criteria. Our curriculum needs to be more structured and updated. Old method should go and new ways should find a place. Our teaching, evaluation, the exam pattern, operative skill, knowledge and ethics all needs to be checked and improved. We need mentoring rather than just teachers, who could share their personal and professional problems.

References

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