Seasonal fare

Well the grand finale to this fearful episode was that finally I was sectioned and there came out a baby girl who was living on one strand of placental tissue, with the rest of the placenta dead. If the LSCS had been postponed the worst would have happened, but today we have her, and my second born has a lovable aakī. An emotional moment was months later when I saw my baby and the twins playing together while waiting for their immunisation. Few years later we left Zambia, the beautiful copper rich country with these unforgettable memories.

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The doctor on the train

One Sunday morning last December, I met this strange guy in the intercity train from Kandy to Colombo. I was returning to Colombo after attending a funeral in Kandy. In the train I happened to sit next to this neatly dressed quiet man who was deep in thought. He was looking out of window watching the passing scene of Kadugannawa hills. All of a sudden he looked straight into my eyes and said, "It is after 20 years that I'm going in this track. I've returned to Sri Lanka after 20 years for a short vacation and I'm to go back home next week. The trip this time brought to my mind the past student years in Sri Lanka". By that time I was attracted by his personality and curious to find out more about him. Thereafter I encouraged him to talk. Here is what he told me.

"During my final year at medical school all the students were terrified of going through the surgery appointment. It was a tough appointment, with hard labour by day and by night, and being alert not only about the patients but also of possible punishments by the professors. My first patient was a child with a Hirschsprung's disease. I took the history, examined the patient and prepared him for surgery. After a sleepless night spent fighting the ferocious mosquitoes in the hospital I went to the theatre early next morning. My intention was to get scrubbed and dressed before professor's arrival. Unfortunately, I had to scrub 10 times since my professor who was smarter than me waited hiding in a corner of the theatre watching me doing it. He started the operation and I had to assist him. The entire encounter was speechless. The professor's sharp looks fell on me over his mask. I was on pins wondering what would happen next. Suddenly, he asked me whether I have ever tasted meconium. I said "No". Then he told me that without tasting meconium how could I ever recognise meconium. Looking sharply, he asked me whether if he tasted it himself, I will do the same. I said "Yes". Suddenly, I saw him putting his finger in his mouth and he asked me to do likewise. I refused. Then he looked hard at me for some time. I was horrified for not being able to fathom the consequences of my action. If the normal course of events followed what this means is repeating the surgery appointment by two weeks, and eating into the study leave period just before the final examination. However, the professor continued his operation as though nothing had happened between us. I was thrilled thinking that I at last had managed to play his game better. Later I realised that he had only been pretending to taste meconium, for he continued his work even without changing the gloves".

"The following day we had tutorials with another senior surgeon. I was seated in the front row. He saw me having a well-known textbook of surgery with me. He opened it and saw that I had read the section on Hirschsprung's disease. Then he said that I have read the most irrelevant section in the book, and added that since I am interested only in rare things, I should read on indigenous medicine, meet all the Vedas Mahattayas in the area, and present in class what I had found next week".

"Whole of the next week I was preparing for this strange presentation. On the day of my presentation, seated in the tutorial room, I found that one paper of my presentation was missing. When I told it to the surgeon he wanted me to run to the hostel and bring the missing page. It took me 30 minutes to return. The surgeon said that I had taken 30 minutes for the errand, and was hence not fit enough to do medicine. I was, therefore, to do daily practices to improve my physical fitness, for one hour a day, 5 to 6 p.m., on the university grounds. He further said that he would pay random visits to check whether I was doing so. So during next two months I did hard physical exercise daily on the university grounds!"

"This same surgeon was once found walking up and down inside the theatre in his underpants as the theatre sister had forgotten to keep his gown ready in the dressing room. He was about to remove even the underpants and everyone wondered what would happen next. Fortunately, by that time the theatre sister had managed to find his gown".

"The professor concerned never relied on textbooks, but wanted us to learn from clinical observations. If a student was found reading a textbook in the ward, he used to take it away from the student and take it home. He wanted the student to come there to collect it. He also had the most peculiar way of doing ward rounds with medical students in a class-room without patients. Students were supposed to know all the details of each and every patient in the ward. He sat in front of the students in the class-room, mention a bed number, and seek details of that patient such as the presenting complaint, x-ray findings etc. Any
one failing to answer had to repeat the appointment. During one such “ward round” a student had to admit that he had forgotten to do a rectal examination of a patient with a history of acute appendicitis. The punishment for this “crime” was either to allow all his group mates to do rectal examinations on the medical student concerned or to repeat the appointment for 3 weeks. Professor then unilaterally declared that he would go by the second option. The medical student was later asked to repeat the appointment in a hospital in his home area up to the time of the final examination.

He then talked of another senior lecturer who considered himself as a tough person. This lecturer was doing the post-casualty round and had stopped at a patient admitted a few hours ago with a history of renal colic. The intern house officer had asked for a plain x-ray abdomen and planned for an x-ray KUB the next day. The lecturer was very unhappy about this repetition of investigations and had wanted the medical student clerking the patient to bear the cost. He charged 200 rupees for the wasted x-ray from the student, and gave it to the ward sister to buy necessary items for the ward and to provide him with the receipts.

This strange man on the train was relating story after story. He added that though he had a very stressful and terrifying time as a medical student two decades ago, thinking back, he has pleasant memories in spite of all those experiences. He then narrated to me in confidence how much he hated those teachers then, but how much he is enjoying thinking about their behaviours now.

The train had reached Colombo and he got down at the Maradana railway station, bidding me goodbye. During his long narration, he never even asked me who I was. He just kept on talking, talking and talking. At times I could see blood gushing into his face with anger and on other occasions uncontrolled delight.

While walking through the exit gate at Fort station I found myself thinking about the strange man with whom I spent a few memorable hours of my life. Suddenly, I thought that he had read my mind and related his past experiences. My experiences of being a medical student, even 20 years later, were quite the same. Nothing seems to have changed. Will things ever change? I do not know. I kept on asking myself why on earth medical education has to be so stressful and boring.

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What audit is

Audit has been defined as the ‘systematic, critical analysis of the quality of medical care’. Its aim is simple – to improve patient care. However, it is only one of many possible approaches to achieving this aim. Risk management, total quality initiatives, education and training can all play a role. When we talk about clinical governance in healthcare we need to look beyond the outward markers. Implementation of clinical governance must spring from the basic desire to do a good job and look after patients to the best of our ability. A questioning and thoughtful approach to practice will stand us in good stead now, just as it always has done. So we should not forget that what we most commonly think of as audit is only one technique and others may also be revealing.