FEATURE : ARTICLE

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FIRST PLACE

Hutt Valley DHB Summer Studentship:
Revisiting the experience and the valuable lessons learnt

Natasha Perinpanayagam
Medical Student
University of Otago

Dave Grant
Medical Student
RMIP
University of Otago

Libby Dai
Medical Student
Wellington School of Medicine
University of Otago

Victoria Dol
Medical Student
Dunedin School of Medicine
University of Otago

Clarence Kerrison
Medical Student
Dunedin School of Medicine
University of Otago

Studentship BBQ: Back (L-R) Clarence, Libby, Karina, David, Joanne Doherty, (Primary Care Project manager) and Liz Fitzmaurice (Primary Care Liaison). Front (L-R) is Victoria, Natasha and Iwona Stolareck (Deputy Chief Medical Advisor).

Natasha completed third year medicine in Dunedin last year and is taking 2010 off to travel and work in Europe. She hopes to re-enter medicine in Wellington next year, en route to achieving her dream job of working as a GP in the north of Sri Lanka.

Dave is a fifth year medical student, this year on the Rural Medical Immersion Programme (RMIP) through Otago University. He is spending the year getting himself immersed in the mighty Wairarapa - the proud hosts of the Golden Shears competition and the home to many prize-winning wineries. He values the opportunity to explore the different settings in which health-care is delivered, from the Hutt Valley studentship, fourth year in Wellington, and now the rural setting. Wherever he ends up, he believes these experiences will help him to more easily understand and contextualise the complex background and culture from which a patient, who voluntarily or involuntarily presents to health services, is coming from.

Libby is currently a fourth year medical student in Wellington. She is very interested in the health of migrant and refugee populations and in the way that healthcare is delivered to minority groups. After having been involved in the HVDHB Summer Studentship and Fiji Village Project, she hopes to have continued opportunities to explore the way health inequalities can be minimised with strategies of improved access and education, both in New Zealand and around the world.

Victoria is currently a fourth year student at the Dunedin School of Medicine. She was first inspired to study medicine at age eight. She has passion for people, their health and their wellbeing, which has motivated and driven her to where she is now. She hopes to gain as much knowledge and experience from the different facets of medicine as possible, that she may become an asset in whatever area of health she becomes involved in. At this point she is hoping to be involved in the community health sector and also the area of missionary doctoring overseas.

Clarence is from the kiwifruit capital of the world Te Puke, and currently living in Dunedin. He's fourth year at the Dunedin School of Medicine. Clarence enjoys all aspects of medicine and is always keen to add his Maori cultural experience throughout his medical training. He has just completed a summer research project on Maori mental illness and is looking forward to further learning experiences over the coming years.

NARRATIVE ONE

In January 2009 the Hutt Valley Hospital and the HVDHB became New Zealand pioneers when they welcomed six second and third year medical students to take part in a four week studentship programme. These students had the opportunity to spend time with, and observe health professionals all around the region. It was really a medical student's dream; to be able to learn so much without the looming awareness of impending assessment, and to see what life is really like on the front lines of medical practice.

As one of the lucky six, I speak for all of us when I say we feel so privileged to have been given such an amazing opportunity and our gratitude to all those we were lucky enough to work with is immense.

From racing around with the paramedics to standing in theatre watching the first incision being made, the experiences of the Hutt Valley Studentship are unrivalled in medical undergraduate training. As there were only six of us, every experience we had was one-on-one. We had the opportunity to observe the doctor-patient relationship without crowding it; we were never made to feel that we were in the way of the clinicians we were observing. To be able to look through a window into the world we will walk into when we graduate was the greatest feature of the studentship for me. I feel that I now have a better perspective on what my role will be in the future and I feel I have renewed motivation to work towards this goal at the end of medical school.

It would be so easy to slog your way through your textbooks on a caffeine-fuelled mission for the first three years of our medical training and miss the essence of what it is to be a doctor. Being a doctor, when it comes down to it, is not about anatomy and physiology, pharmacology and pathology, though these are all important areas of understanding. It is about the patient, and about the way you interact with them to facilitate the very best outcome possible. While the new curriculum of the Otago School of Medicine is striving to make up for the deficits in medical education past, there is still a long way to go. Professor Des Gorman was right in saying that medical education has lost its culture of apprenticeship, the concept of an experienced physician teaching alongside a student.

I'm sure that for the most part this culture has been lost because of restrictions on resources, on time and on funding. Perhaps the greatest asset a programme like the Hutt Valley Studentship has is its size. The Hutt Valley Summer Studentship is, at the moment, one-of-a-kind in New Zealand, but I hope once other DHBs see the success of the programme it need not continue to be this way. I feel so fortunate to have had this chance and I only wish that it was part of every medical student's early experience. Several of my fellow studentship students and I decided we wanted to share a little bit of what the experience has meant to us in the hope that more DHBs will pick up on this little gem of an idea, and that we will see similar programmes all over the country in future.

The pieces that follow are a compilation of the experiences and ideas we found that changed or touched us most in our time at the Hutt. While we were discussing the writing of this article we observed that more of the stories were sad than happy. After mulling this over, I have decided that this is not because our experiences at Hutt were more negative than positive, instead it reflects that the events we found the most life-changing as young doctors-in-training, are those that were the most life-changing for the patients. As such, I would like to conclude by thanking all the patients who let us participate in their experience for the sake of our learning. We are so grateful to have had this chance.

Libby Dai

NARRATIVE TWO:

The second patient I saw in the respiratory clinic was Mr X. He had a chest x-ray taken due to his mild respiratory symptoms (not uncommon for a gentleman of his age). He arrived with his daughter, clearly uncomfortable at being squished into a corner of the sterile doctor's office.

I am fairly sure that Mr X never left the hospital again. Unfortunately they haven't yet taught us how to maintain our composure while delivering a death sentence. The doctor was optimistic – he assured the pair that the irregularities on Mr X's lungs could be almost anything. However when we had looked over the x-ray prior to the arrival of the patient and read the radiologists report, the doctor had confided to me that due to the positioning and the patient's history it was most likely terminal cancer. Now, as he painted a more optimistic picture to the patient, I too tried to keep our bit of medical knowledge secret with a blank look on my face. Mr X was admitted for tests.

After pestering the busy house surgeon I was with the following day, and smiling sweetly at the registrar we managed to track down, I was able to earn a place to watch the lung biopsy and the insertion of a chest tube. The opportunity was a mixed bag of highs and lows, from getting to hold the tube in place and actually seeing segments of real lung tissue being removed before my eyes, to witnessing the pain and distress of the patient and spending almost an hour listening to his life story and his plans for the future. After I thanked him for the privilege of being able to watch such a rare procedure, I never saw him again.

Perhaps the doctor was wrong and Mr X had the opportunity to do all the things he still hoped to do. But the reality is I will never know. They try their best to teach us that medicine is not a profession with all the answers. Patients do not fit neatly into diagnostic criteria. But no one explained to me that I would have to walk away from patients who had shared the intimate details of their lives and bodies and never know what happened to them. Already the many faces and names of the patients from whom I learnt so much are starting to fade and I feel I am almost doing an injustice to the people who have taught me so much about medicine. But maybe Mr X was teaching me how to cope with the loose ends.

Natasha Perinpanayagam

NARRATIVE THREE:

What they don't teach you in med school

I was extremely nervous, as it was my first official day of the amazing summer studentship. Who knew what the next four weeks would bring: what we would learn, what we would see; I was filled with enthusiasm and excitement. I couldn't wait to get straight into it. Meet real patients, learn some sweet doctoring skills, get hands on, and bring it on in Hutt Valley! I was determined to squeeze every last drop out of this golden opportunity.

So I admit it, I was one of those nerdy hard out students, I loved studying and learning and doing well. I liked doing some over-and-above reading and I liked actually knowing stuff in tutes. I took pride in knowing my medicine well, especially cardio. I knew all the cardiovascular diseases and treatments we had studied, and the cases. I was massively passionate; MI's, AF, stroke, thrombosis, the thought of actually seeing these diseases in real live people, just filled me with excitement. I felt prepared. I was convinced I would handle it well. So, as you can probably now imagine, finding out I was able to be with cardio specialist nurses and a cardiologist just sent me over the moon!

I remember eagerly jumping in the awesome little hospital car with the cardio nurse to join her to do some home visits. We were off to visit a heart failure patient. Patient one. I knew all about heart failure, the drugs prescribed, the physiology; I could not wait to see this in real life. However, I had no idea what I was in for and was not at all prepared for how I would feel and how the reality would affect me. We knocked on his door; the nurse said it would take him about five minutes to make it to the door as his dyspnoea made it so difficult to walk around. He struggled to breathe which made it difficult for him to speak to us. We walked into his little cold one bedroom flat. He started telling us how he was doing. He talked about how difficult it was for him to sleep because of the fluid in his lungs. We heard the crackles in his chest, then looked at his ankles and saw he had pitting oedema. The nurse suggested an increase in his frusemide dose be taken up with his GP. As it was, he found it so difficult just to walk to the door, let alone to a taxi by the road. No task was easy. On top of all this he was very lonely, had lost his wife some years before and now found life so unbearably hard. He just wanted to go.

Patient two was a middle-aged man, who lived in a beautiful suburban area with his wife. He was recovering from heart valve surgery to correct a small murmur. He had the procedure done privately. I listened to his family: they were an awesome support. Especially his wife, who was getting him to walk, change his diet, take him to his appointments and so on. Right after seeing him, we went on to visit another man, patient three. He lived with his family in a tiny 2 bedroom flat in quite a deprived area. He was recovering from heart bypass surgery. He had no form of transport, and was not financially stable. The contrast really struck me; two men, around the same age, both with heart conditions, and yet what two totally different contexts.

A 29-year-old mother of two, patient four, came in diagnosed with acute endocarditis. I heard the cardiologist was going to perform a trans-oesophageal-echocardiogram (TOE). A TOE! I was so excited. However when I was in the room watching everyone crowd around this woman, talking medical jargon, I could see the discomfort she was in from this procedure. The fear and the loneliness of being away from her family, made me anything but excited.

The last case I want to share was that of a man in his thirties. Patient five. I was with the paramedics for a day. We received an urgent call out about a stroke. Stroke. I started thinking about everything I knew about it., wondering if maybe it was embolism. The excitement and love for the science of medicine started coming alive in me again. I was actually going to see a stroke with the paramedics, how cool! We arrived; the firemen were already there. They went straight in to this man; I stood back, looked around at all his colleagues. They were in a state of shock and fear. I looked over at the man, completely limp on one side, barely coherent. He could not smile, half his face paralysed. My tears started streaming. We rushed him into the ambulance and straight to ED. I kept trying to stop myself from crying. There was nothing exciting about the pathology of this disease, about what type of stroke, what treatment, what the CT would show and if I could name that artery. This man came to work like any other day, said goodbye to his family that morning, like any other morning. He had no idea that this was what today held for him. The paramedics tried to advise and comfort me. I was only with them for that one day. I asked if they could update me on the status of this man. They found out it was a haemorrhagic stroke. He passed away two days later. I will never, ever forget that experience and what it taught me.

These are but five stories of the many wonderful people that I had the immense privilege of meeting. I wish I could say more. To summarise, I learnt that heart failure and all its 'exciting' symptoms as I saw it, were not at all exciting in reality. The sad inequality of healthcare between those who can afford it, and those that can't really does exist. That the disease might be the same, but the context of that disease in the lives of people is so different. I learnt that an awesome procedure that we see as 'cool' is awesome in terms of the information we can gather, but that the procedure itself is not always pleasant for the patient. And finally, like with heart failure or stroke, these diseases are not exciting when they are happening to these people. There is a balance that we must learn as doctors. We need to be passionate about our medicine, we should get excited about learning, and we need to be to maintain the drive to keep learning through our lives. But this passion should be born out of the basic fact of why we do what we do. To alleviate human suffering, for behind every disease and test result sits a person that needs us to be good at what we do, to love our work, for them, but also for ourselves. If we don't, if it becomes just a drag, just a job, not only will we become unhappy and dissatisfied but it will be reflected in the work of our hands and, for us, that is just too high a price to pay. For in our hands, are the precious lives of precious people. Medicine is a beautiful career. Embrace it and never stop learning.

Victoria Dol

NARRATIVE FOUR:

One of Clarence's life lessons from Hutt Valley Hospital

Eagerly awaiting the chance to watch some surgeries, I arrive ten minutes early to the operating reception, at 6.50am. "Hi, I'm the 2nd yr med student with you guys today," I said to the receptionist. I was hoping for an enlightened response, but she groaned, "OK, just put your scrubs on and come wait out here." Great. First mission: find the toilets, second: work out where everything is to put on, and third: do it without looking like a fool. With my ego as big as Queensgate Mall I strode out looking like some guy off Grey's Anatomy. "Oh yeah, I've got scrubs on", I thought to myself. After 20 minutes of waiting (with my ego going into remission), five doctors walked in. This gave me time to tell myself, "don't do anything stupid today, don't get in the way and definitely say at least three smart things to impress the doctors." I met two anaesthetists, with whom I would be working till late that evening. They were great, so relaxed, not fussed about too much of anything. "What year are you?" asked a trainee anaesthetist. I answered, and with unexpected shock in his eyes he said, "They are letting you guys in here early huh?" I explained the Hutt Valley Summer Studentship program.

The first surgery was a blast; the surgeons let me put the gas mask onto a woman undergoing a breast reconstruction. They explained all the tables, knobs and drugs used to keep the patient steadily sedated. Having watched breast implants on some cosmetic show years ago, I wasn't too fazed by the blood and incisions being made into her body. But I did acknowledge how life changing it must be for her: she previously had a cancerous breast removed, leaving a lopsided appearance.

An hour later, in came patient number two. This time I thought I'd try doing a bit more than stand around looking awkward. We started talking about worst surgical cases that they had been involved in I was given the chance to put in my very first IV line. This happened after the head anaesthetist asked if I had ever done one before, and me being brave enough to say "yup". My heart rate from then on, like my student loan, went through the roof. It was successful though, , but I should have mentioned plastic arms were the only volunteers I had prior to this. Their attitude seemed to be 'you have to start somewhere,' which was great. The team were really helping each other out by teaching skills to younger staff. I was there to watch a doctor put his first intubation tube down the trachea: a feat for him, being as distressed as he was. He gave a big sigh of relief when the fourth attempt opened the airway.

Finally I moved in with another team for my final surgery, an amputation. It was already halfway through when I arrived. I thought the room smelt like burning tissue, and I was right. Every vessel had to be electrically burnt to close it off, with every nerve being struck giving an almost epileptic muscle jerk. Being a keen med student I quickly tried to name the nerves and which muscle would contract as a consequence. I moved closer, interested to see the axilla. "Do not touch the surgeon!" yelled the nurse. I felt like I had been pushed off a really big hill. "He is sterilized. Stand back." I was put in my place, back around to where the anaesthetists were. From then on, we decided to talk about the parasympathetic nervous system and which ganglion fibre was longest in a chain of nerves. This was mostly for the anaesthetist's benefit, as they had forgotten some of those fundamental facts about the autonomic system. Probably the most talking I had done for a while, as in surgery I found everyone is quiet, except for the opera playing out of the old school tape deck sitting on a shelf.

Later that night, after excitedly telling Tash, Vic and David about this guy's arm being torn off, I realised that I sounded really insincere. I was gloating and happy that I saw an amputation. This wasn't the right attitude to have: while on a high after witnessing such a surgery, a person was getting their arm taken off, AN ARM! Feeling like I was going to hell, I kept thinking about what the house surgeon said to me in theatre after I said (stupidly), "Wow! An amputation!"
"No... This man is losing his arm. It's not wow."
And that's the truth, I learnt that some surgeries are wow and some aren't wow, and the ones that you think are the most amazing are the ones that have the greatest impact in changing a person's life. Patients are not just tissue.

Clarence Kerrison

NARRATIVE FIVE;

I still wonder what the catch was. At the end of our time at the Hutt Hospital, all they asked us to do was say a few words to thank all those volunteers involved in organising certain parts of our time. In a society where there's no such thing as a free lunch, it's a breath of fresh air to have someone look out for you and genuinely try to gift you a good experience, while expecting nothing in return.

Great leadership stems from having a vision, and inspiring people to get alongside you and help achieve it.

The team at the Hutt had a vision whereby they invested effort, skills, knowledge, time and money into students, knowing it would impact us and play an integral part in developing our experiences and skills as medical students.

Sure, they know by exposing their 'brand', and their area, it will likely eventually pay off as more graduates show interest in working in the atmosphere experienced as a summer student. However, their investment isn't conditional. In no way do I feel obliged to 'repay' them.

The team at the Hutt have shown leadership in introducing what I think is an important experience that should be promoted further to those in the second and third years. I remember enjoying walking from the lecture theatre to a tutorial room of the eighth floor, if that meant walking through the Dunedin hospital. Time spent in the hospital setting is gold. It readjusts or confirms expectations about how it is to be involved with people's health and lives, and exactly how a hospital works – where everyone fits in. It motivates, excites and inspires you, as much as it can, through those days of five or six lectures. It wakes you up to how little you know, and how much you don't know. It encourages you to identify and practice the attributes of staff you meet, that you recognise as effective, and as 'good medicine'.

The Hutt Valley DHB is leading the way amongst DHB's.

We humans inherently care about what we invest our time, effort and money into.

By investing their resources into a bunch of eager and willing second and third year students, they can't help but care about the quality of their future trainee interns, house surgeons and senior medical staff.

Why don't other District Health Boards take responsibility for the outcome of future employees? If they expect experienced and passionate clinicians when they employ new graduates, they should think about creating opportunities for students to get experienced and passionate about their area at that early stage.

David Grant