

# Echoes from Timaru

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Dr Victor Kong completed his MBChB at the University of Otago and internship in Timaru Hospital. He continued surgical training in Ireland and South Africa. Currently Victor is a registrar in trauma surgery in South Africa.

Many of you reading this will know that starting out as a junior doctor is arguably the most stressful rite of passage taken by every new intern in the first stages of their medical career. Every doctor's memories of this time are unique and everyone has their own special story to tell. My own story is no exception and, for me, starting work at Timaru Hospital in South Canterbury, New Zealand, was an incomparable, valuable, and exhilarating experience. When you train as an intern, there are two types of hospital setting you can choose from as your new place of work, either a large urban hospital or a smaller rural hospital. Traditionally, the latter option is less popular due to a perceived lack of senior support. I chose the latter option.

Timaru Hospital is a 150-bed rural general hospital and has all the major specialties on site, including general surgery, medicine, paediatrics, obstetrics, gynaecology, and psychiatry. However, what is different at Timaru is that there are no practising registrars in any specialty. All clinical services are directed and administered under the leadership of a group of highly dedicated consultants; no middle-grade doctors work at Timaru at all.

Of course, you will think this is a very out of the ordinary arrangement, but I feel I can speak for all medical staff who have worked at Timaru, to say that we never regretted our decision to train there. Other practitioners may have pondered our choice with scepticism and questioned how we would manage to survive this unusual structure. However, many generations of doctors have undertaken the same learning curve at Timaru, and one characteristic that we now all possess is the confidence to meet challenges head on, because we were taught the right attitude required to be able to venture in at the deep end. At the time, what seemed to us like a baptism of fire developed a resilient and competitive spirit, and taught us how to think on our feet. I decided to choose a different route of training from those chosen by my fellow graduates, many of whom decided to settle for the security of working at urban centres, but I trusted my judgement. At Timaru every call was a challenge, every decision I made ignited my passion for surgery further, and every battle I fought in the theatre taught me invaluable skills. It was in this way I felt I became a true doctor.

One day, about twelve months into my time at Timaru and just after I had undertaken a series of major resuscitations, a new intern asked me, "What is the worst night shift you've ever had to cope with here?" This was a difficult question to answer and one that remains fixed in my mind, not only because every night at Timaru brought new challenges, but the intern's question reminded me of how I had felt when I first joined the hospital. The question made me realise just how far I had come in the short time I had been working there.

Working the 'night shift' at Timaru meant that you were the only doctor on site to cover the entire hospital and the only casualty officer working in the Emergency Department. You were in charge of all the medical and surgical wards, as well as every speciality provided at the hospital. On-call consultant support was always available, but at night the consultants were based off site, so it was easy to feel as if you were alone. Routinely you were the first doctor patients would see after 11 pm, therefore it was not hard to understand why many of my graduate colleagues had been reluctant to take on this kind of responsibility at such an early stage in their careers. Instead they preferred the comfort zone of the 'my registrar will handle this' mentality.

My twelve months as a junior doctor at Timaru went by very quickly, mainly because there was never an uninteresting moment. Typically the types of situations pushed forward were such things as: thrombolysing patients with acute myocardial infarctions, resuscitating patients with massive upper GI haemorrhage, dealing with a ruptured aortic aneurysm in front of your eyes, the swift decompression of a tension pneumothorax, and of course, the cardiac arrest calls. The adrenaline surge never failed to return every night I walked through the main hospital door, as I wondered what challenge I would face next. However, what I gained from my experience at Timaru went far beyond the expectations of my imagination. I emerged as a confident doctor with a broad general experience, and a practitioner comfortable with a high level of responsibility. I became proficient in a wide range of practical procedures and matured as a competent doctor with a focused mind, sound clinical acumen, and a clear awareness of when to seek help. When I completed my internship at Timaru it was with a sense of immense pride, pride in knowing that the training I had received distinguished me from other doctors.

Internship is undoubtedly an exciting but stressful phase in every junior doctor's career. Sometimes it feels like a lifetime since my internship at Timaru Hospital. I now work as surgical registrar over ten thousand miles across the ocean, but whenever I find myself with my hands deep in a patient's chest in the middle of an emergency thoracotomy, my thoughts are often transported right back to the time I spent at Timaru. I feel as if I can still hear the distant echo of the voice of the young intern innocently inquiring, "What exactly is the worst night shift you've ever had to cope with here?"