A REGISTRAR'S THOUGHTS ON REGISTRAR TRAINING

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Registrarship is a critical period in the career of a doctor, when he decides to apply himself vigorously in a particular branch of medicine. Some knowledge of the requirements and responsibilities of a registrar may serve a useful purpose in guiding him along the right channels. This is not only desirable, but perhaps necessary not only for good medical practice but also for the benefit of the registrar and his unit. In order to highlight the academic aspects of medicine, the setting must necessarily be in a teaching hospital. The standards for teaching hospitals have been admirably set out by Pickering.[1] Nevertheless, registrars in non-teaching units may also benefit; if a registrar is aware of what is expected of him, and appreciates the shortcomings in facilities, then he is in a position to make the best use of what is available. This implies full experience in a teaching unit, if available, or the best use of facilities in a non-teaching unit. When all is said and done, how a registrar trains himself depends on what he thinks and what he wants in medicine. In this regard it is desirable to train under different chiefs and in different institutions,[2] for 'human intellect can be trained only by continuous close contact with well-developed minds'.[3]

The qualifications and experience necessary for promotion to registrarship are variable and often dependent on local demands and standards. In general, though, most institutions offer promotion when a candidate has had at least one year's experience in his particular discipline after internship. Many hospitals desire a higher qualification. Be that as it may, there is no definite or organized training that prepares a doctor for the heavy responsibilities of a registrar. Consequently, a newly promoted registrar, happily relieved of such commonplace work as clerking of patients and endless investigations involving taking blood samples and filling-in laboratory forms, does a minimum of work amounting to no more than a hurried ward round and perhaps a clinic session. There are many such registrars, who offer inferior service and lose valuable training time. As only a minority have the necessary initiative and drive to offer a high standard of service and gain the maximum experience, it is necessary to formulate some plan whereby the requirements and responsibilities of the registrar are detailed so as to serve as a guide and reference for those concerned with postgraduate education.

This is the setting in which this paper is presented. It is hoped that the principles embodied in it will serve a useful purpose. Much of what is to follow refers to general medicine, but it can serve well in most other disciplines.

Status of a registrar. A registrar is a medical officer who is sufficiently experienced to cope with most problems presented to him by the houseman. He seeks the advice of the consultant whenever he is in difficulties. In this respect he forms a liaison between houseman and consultant, and many of his responsibilities arise from this important relationship. While the houseman is responsible for the regular care of the patient, the ultimate responsibility is exercised by the consultant, and the registrar functions with due regard to their roles.

Organizing the day's work. In order to avoid unnecessary waste of time, careful planning of the day's work is essential. It is a good habit to start work early. Reading for an hour or two in the early part of the morning is a good way of starting the day. A convenient time to conduct the ward round is 9 a.m. Clinics and outpatient responsibilities have special allocated times. Ward procedures are carried out in the afternoon. Research projects are conducted in the late afternoon. Any free time available is usefully spent in the library. The house physician and the nursing staff must know the whereabouts of the registrar at all times, for he may be called for urgent consultations and emergencies. The onus is on the registrar to indicate where he will be at any given time.

Relationship with hospital staff. A cordial relationship with all the staff is desirable and necessary in order to ensure smooth running, but unfortunately differences in personality and temperament may militate against this ideal. The registrar should avoid harassing or embarrassing the houseman. A kindly and dignified approach is infinitely better and more rewarding than shouting at the nursing staff and houseman. He should give credit for efficiency and excellence, but mistakes and negligence are to be reproached firmly but tactfully. It is indiscreet to appear more advanced and up-to-date than the consultant. Such behaviour is unnecessary and approaches disrespect. A good relationship with the medical auxiliaries ensures prompt service.

A daily ward round by the registrar is essential. The houseman must be present on these rounds so that he can discuss the cases. It is sometimes tempting to conduct a round without the houseman because it is quicker, but this temptation must be resisted. Moreover, if only problem cases are seen a large amount of clinical material and experience is missed, and this must be avoided. Registrars should not choose an obscure corner of the chart in which to write down investigations that need to be carried out, and expect the houseman to see them and understand their significance. Every new case is seen by the registrar,

preferably soon after admission, but only after the case has been seen by the houseman. The registrar takes a careful history and carries out a thorough examination, and nothing should be taken for granted. It is not sufficient to accept the history of a houseman. Fowler emphasizes the point that 'skill in clinical medicine lies not in examining the patient, but in taking the history'.[4] He quotes Sir Thomas Lewis as saying that he expected any competent house physician to obtain the same physical signs as he would, but he did not necessarily expect them all to be able to take a good history. The registrar should spend time on taking a good history and enquiring about the main complaint and why the patient came to hospital.[4] However, he should not assess new patients before they are seen by the houseman or prescribe treatment. After assessing a case, it is discussed with the house physician and as much as possible should be extracted from him before deciding on management. A special point should be made to see that the intern does his work properly.[5] It is positively harmful to undertake the work of an intern, because such practice will benefit neither the registrar nor the intern and may well engender laziness in the intern and burden the registrar.

Outpatient work. A fair amount of time is taken up in outpatient work, involving medical outpatients, follow-up and consultative clinics. Despite its being a chore and tiring, the experience gained in this work will stand the registrar in good stead later in his career. Fortunately there are always grateful patients and some excitement to brighten up uninteresting work. Attendance at specialized clinics such as the cardiac or chest clinics is useful, but one should be careful not to spend too much time there unless one has a particular interest in one of these specialities. A system of regularly rotating registrars to these clinics may prove useful.

Follow-up clinics. The value of a follow-up clinic depends on the nature of the cases and the attitudes of the patients, and on the extent to which the doctor discusses the patient's illness in relation to regular observation, therapy, and prognosis. Some patients default regularly and others attend too regularly. It is important for the registrar to assess each patient in regard to the reason for his visit, the need for further visits, the treatment he is having, and further management. Often patients attend for months or years for no good reason and are supplied with such drugs as phenobarbitone, aspirin, or tranquillizers. It is better to take courage and tackle patients with vague aches and pains vigorously for final assessment and disposal, than merely to repeat the previous treatment and thereby run the risk of producing chronic ill-health. In others, who have genuine disease, it is worth while to see if treatment could be modified, reduced, or stopped. This applies particularly to such chronic illnesses as cardiac failure, hypertension, peptic ulcer, diabetes, etc. In hypertension it is not uncommon to find patients who after a period of attendance no longer require anti-hypertensive treatment. This therapeutic holiday judiciously exploited can be developed into a fine art in medicine. It is also worth while referring chronic cases to colleagues for appraisal. It is not uncommon, for example, for a slowly developing myxoedema to be missed. Someone seeing the case for the first time may spot features regarded by the doctor in charge of the case as unimportant. Endless tricks of the trade can be manipulated by an observant and enterprising registrar. These preoccupations add some interest to an otherwise dull clinic.

Consultations. A registrar is frequently called upon to give advice and opinion on cases in other wards. Consultations must not be made by telephone; they may prove dangerous. The patient must be seen by the registrar and discussed with the doctor in charge of the case. The adoption of a streamlined procedure for consultations will minimize unnecessary delays. It is advisable to acquire a sound knowledge regarding anaesthetic risks, particularly in hypertension, diabetes, cardiac failure, respiratory insufficiency, etc., for a medical registrar may be called upon to appraise patients presenting these problems.

The consultant's responsibilities. As the junior staff are keen to learn, they look to the consultant for inspiration and guidance. Upon the manner and vigour with which the consultant carries out his teaching responsibilities will depend the kind of training the registrar obtains. A dull and lethargic consultant will produce a dull registrar. Keen discussion of problem cases and critical evaluation of literature and research programmes are conducive to sound registrar training. Apart from his service responsibilities and his undergraduate teaching, the consultant must be fully aware of his role in postgraduate teaching and he must match up to a critical and progressive registrar, and inspire a less enthusiastic one. The consultant must make certain that the registrar has seen every case himself, and should initiate appropriate discussions with him.

Ward procedures and techniques. Such procedures as venepuncture, lumbar puncture, paracentesis and aspiration are sometimes regarded as tasks to be done only by interns. This notion is not only erroneous but it may be harmful, because failure to perform the procedures periodically will result in loss of skill. More advanced procedures such as liver, kidney, pleural and peritoneal biopsies are useful to learn and master. They should be learnt from experienced tutors only, so that they are properly performed. Other procedures worth learning are bone-marrow aspiration, bronchoscopy, duodenal intubation, sigmoidoscopy, chest screening, ECG, phonocardiogram, and cardiac catheterization. Most are highly specialized and require the guidance of experts in their techniques and interpretations. Emergency procedures such as tracheostomy, decompression of pneumothorax, or aspiration of liver abscess, are well worth practising, for they will prove to be of value in circumstances where urgent intervention is essential.

Pathological and ancillary disciplines. It must be strongly emphasized that too much reliance must not be placed on special investigations when a final assessment of the case is made. The clinical evaluation is still important, and any laboratory finding that is not quite in keeping with the clinical features needs careful scrutiny and reappraisal. Repetition of the investigation and discussion with the pathologist should not be forgotten. The study of morphology in haematological conditions is a welcome change that adds interest to the clinical material. Attendance at

necropsies is a valuable experience that a registrar can ill afford to neglect. He needs to display an intelligent interest in the proceedings so that the pathologist can offer his best service.

Discussion should form the sheet anchor of learning. Meetings with the pathologist, the radiologist, the physiotherapist and other experts should be regular features in the registrar's scheme of work. Not only should such experts be invited to clinical meetings but their assistance should be sought whenever there is a query or difficulty. The onus and responsibility is on the registrar to make use of the services available, and the value of such discussions can be enhanced if the problems are discussed as they arise. Only the registrar is blessed with the time and experience to exploit these opportunities.

Case summaries. To summarize each case on discharge is an invaluable experience for the registrar. Much of the value of summary will, however, be lost if the notes are copied in short form or if a hurried précis is made. Time needs to be taken over every case. Each is critically reviewed and errors of omission and commission appraised. The summaries should be short and succinct. A specific diagnosis has to be made, especially for filing purposes, and the need to commit each case to a diagnostic category obviates loose thinking. The case is finally reviewed by the whole unit at the summary session and recommendations are carried out when the patient attends the follow-up clinic.

Discharge of patients. This should be the responsibility of the registrar. Before discharge the case notes are scrutinized to make sure that adequate investigations have been carried out, that some reasonable diagnosis has been made, and that the reason why the patient came to hospital and his main complaint have been answered to the patient's and doctor's satisfaction. At discharge, too, the patient is advised regarding his diagnosis, diet, personal habits, and resumption of work. These tend to be neglected and patients often have to extract these considerations from the doctor.

Administrative duties. Administrative responsibilities take up a variable amount of time depending upon the registrar's status and aptitude for such work. It is a useful experience to gain, the knowledge and understanding of which will stand him in good stead, especially if he chooses an academic career. These duties are concerned with the issue of duty rosters for housemen, registrars and consultants, the allocation of patients to students, the organization of teaching ward rounds for undergraduate and postgraduate students, and to see to the general smooth running of the unit.

Teaching responsibility. A registrar is in the unique position of student and teacher at the same time. He learns from the wisdom and experience of the consultant, from his houseman and fellow registrars, from students, and from the literature; he teaches his houseman, undergraduate students, and fellow registrars, and at times may part with knowledge that may not have reached the ear of the consultant. This teaching responsibility needs to be fully exploited, for there is much to be gained from this experience. This academic atmosphere emphasizes the need for careful and thorough history taking and clinical examination, and it offers tremendous stimulus to critical reading and systematic thinking. As the registrar period embodies the so-called teaching time for specialist registration, when preparation for higher qualification is pursued, the value of this combined teaching and learning is all the greater. At postgraduate rounds the registrar is the chief participant. He is expected to prepare and present cases that are of interest and present diagnostic problems. Such presentation inspires confidence and offers scope for clear and logical thinking, for the audience is usually critical.

Use of the library. It is opportune at this juncture to comment on what may well be taken for granted, for the regular use of the library is so important to the training registrar that it is absolutely essential to know how to use it intelligently. The use of the catalogue and indices, knowledge of the placement of books and journals on the shelves, etc., should be well known. Undue time should not be wasted in looking for references because of lack of knowledge and experience in the use of the library. And it is utter waste of time casually to visit the library because there is nothing else to do, and aimlessly to peruse the shelves hoping to find something interesting to read. Each visit to the library should have a specific purpose. Even a few minutes spent intelligently to sort out a problem or clarify a point will often be more useful than many hours of random reading. If, however, a visit to the library is made with nothing special in mind, a study of the more recognized journals on the current shelf may prove valuable.

What to tell the patient. Every patient is entitled to know what investigations are carried out on him, and the diagnosis and prognosis. Often the relatives will demand such information. The houseman is too busy and inexperienced to discuss such weighty problems with patients and their relatives, and consultants may not have the time to do so in every case. This responsibility therefore falls on the registrar. To embark on a procedure without the full understanding of the patient or to fail to inform the patient of the nature of his illness is tantamount to negligence. With regard to incurable disease some policy must be adopted to inform the patient or his relatives.

Research is a vexed problem with the registrar, who is involved in heavy service responsibility, undergraduate teaching, and preparation for higher qualification. As Pickering succinctly remarked, 'Potting information to ensure the necessary specialist knowledge required for specialist diplomas is done at a price—the price is that the candidate tends to neglect his creative work during the period he is mugging up his books'.[6] Experience in investigative work is, however, so important that it should not be neglected. This is also the time when one develops a special interest in a subject in which contributions to medicine may be made at a later date.

The Drill is the responsibility of a full-time consultant who has considerable experience in training candidates for higher examinations. It allows the candidate scope for

expression, logical thinking, confidence, and anticipation of questions the examiners are likely to ask. In short, it offers the candidate the art of passing examinations. It is an ideal opportunity to learn simple basic medicine and essential knowledge.

CONCLUSIONS

It is appreciated that much, perhaps most, that has been written in this article may well be common knowledge, but it seemed to the author that his observations might be helpful to those taking over house physician and registrar posts, and might possibly stimulate thought in others. However, some of the considerations may appear so overwhelming as to be regarded as impracticable. They are certainly not meant to burden the registrar. On the contrary they offer opportunities for a full participation in as many activities as his energy and enthusiasm permit. It is hoped that this review will clarify to some extent what is expected of a registrar, so that he can offer the best service and at the same time derive the most benefit.

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REFERENCES

1. Pickering, G. W. (1962): Brit. Med. J., **1**, 421.
2. Du Plessis, D. J. (1963): S. Afr. Med. J., **37**, 468.
3. Arnott, W. M. (1959): Lancet, **1**, 1.
4. Fowler, P. B. S. (1962): *Ibid.*, **1**, 1251.
5. Pillay, V. K. G. (1961): S. Afr. Med. J., **35**, 1026.
6. Pickering, G. W. (1963): Brit. Med. J., **1**, 186.