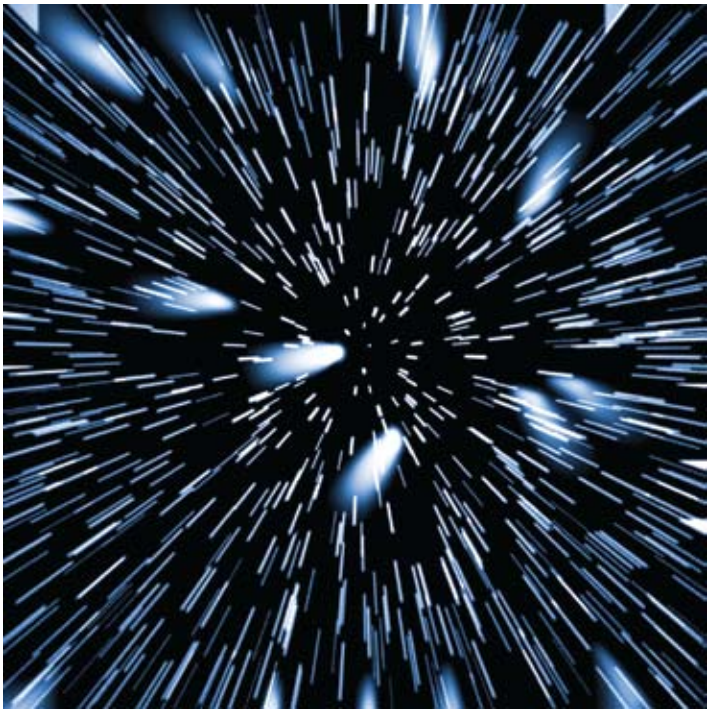
HOBBIT

GALACTIC GUIDE TO TRAINING



Recently, I received this letter from disheartened surgical trainee, Dr X. He wrote,"Medical training in current times is like driving along the PIE at midnight when a fine drizzle begins. The road in front of you is long and unobstructed and the street lamps cast a warm bronzed hue on the unfolding panorama while you listen to soothing music on the radio. A sense of freedom and tranquility hits you and you let your spirits wander with the road. Then suddenly the way ahead appears momentarily mottled with a thousand specks of fine raindrops as the light from the street lamps hit your windscreen at a certain angle. But they disappear as fast as they came when the light doesn't catch the water on the windscreen quite correctly. But you have already been jolted out of your equanimity by this experience. The scene re-enacts with an annoying cadence as light from successive street lamps brings the fine raindrops into bold relief and your windscreen becomes a messy collage of golden spots. Your ability to visualise the road ahead deteriorates as more rain collects on your windscreen until finally you turn on the wipers. You cease to pay any attention to the music and you have certainly forgotten about the initial positive feelings you had when you began your journey on the PIE. The rain turns heavier and all you can do is concentrate on driving through the downpour."

Dr X passed his MRCS a few years ago and has yet to secure an AST post. He has been waiting but he is not alone. He recently transferred to another hospital hoping to improve his chances, only to realise that there are four others in the same boat as him, armed with MRCS and no AST. This is interesting because we have a shortage of specialists and lots of money has been made available for training and yet there are people apparently hanging around with MRCS, MRCP, MMed and so on with no AST positions. Dr X asks, "Will ACGME make things better?"

First, we have to figure out who does what. What is ACGME? The list of existing training bodies is a long one – STC, SAB, JCST, AMS, DGMS, ACGME, RRC, SMC, KFC, POSB and so on (the last two are important for sustenance). Come to think of it, any trainee who can figure out who does what deserves to exit.

Some say this new thing called ACGME stands for American Cabal Governs Medical Education, which is kind of interesting because we have volunteered to go under a system of training developed by a country with a health system that is so costly it is going broke and that incidentally, also gave the world nuclear weapons, George W Bush and still refuses to adopt the metric system.

But let us digress a little and ask ourselves a simple question – suppose the world has only two surgeons left – which one of the following two doctors will you choose to operate on your mother's gall bladder (note: NOT mother-in-law's):

	Surgeon A	Surgeon B
Number of years of postgraduate training	5 years residency programme post-MBBS/MD, including housemanship	1 year housemanship and another 6 years BST and AST training post-MBBS/MD
Any intermediate exams like MMed, MRCS?	Optional	Definitely
Workload aps	Yes	No, work till you drop
Structured training	Very	A bit

I can't give you any answer because hobbits don't have gall bladders. That's why we burp and fart a lot. But there are two questions that need to be answered in any case:

a) Does a resident get registrar allowance?
b) Does the resident get the ultimate symbol of power, wisdom and seniority (like registrars) which will almost automatically generate stares of respect from patients, nurses and the kopi uncle in hospital canteens – the BLACK nametag?

Moving right along, let us ask ourselves the next two very crucial questions.

Question 1: How do you train a kid to save the galaxy?

Answer: You put the kid on a planet full of sand to work on a moisture farm (something like our Newater plant). Then one day, some evil folks blow up his home and kill his family and he joins an old coot wearing rags on a trip to another planet, which incidentally gets blown up as well just before they arrive. The boy then sees the old coot get cut in two by some big guy with a black samurai helmet who presents with expiratory wheeze and cheap Christmas tree lighting.

Sometime later (actually three years and one movie later), he lands on a swamp and meets an old squirt who trains him briefly by making him run around carrying the old squirt and lifting luggage while speaking ungrammatical English. The entire duration of the training is estimated to be about the time taken by his friends to fly at hyperdrive speed from a frozen planet to some place in the clouds (in other words, pretty short).

That's it. That how short a time Luke Skywalker received Jedi training from Obi-wan Kenobi in Star Wars Episode 4 and Yoda in Episode 5 before he saved the galaxy in Episode 6. Compare this to the system that our young doctors have to go through now.

The entire specialty traineeship application and process consisted only of Luke Skywalker and Yoda talking to a dead/translucent Obi-Wan Kenobi in a small hut reminiscent of a séance conducted in cheap hobbit housing.

But we digress – it's time for:

Question 2: How do you train a kid to destroy the galaxy? (Before you save it, some idiot has got to destroy it first.)

Answer: You get a kid from a planet full of sand (sounds familiar?), stick him next to a moron with flappy ears and fly him to the centre of the galaxy to be interviewed by a council of grumpy old men before he is formally accepted into a very structured training programme.

> The crux of the matter really is that whatever training programme we choose, we have to give enough time and patients, good guidance and even hardship for the trainees to mature into better persons, mainly through a process of apprenticeship and self-discovery.

Under this programme which lasts many years, everything is structured and controlled, including whether you can fart or fall in love or both. The trainee is placed under the eyes of a supervisor who is more naggy than your 58-year-old unmarried ward sister and he trains 24-7 to be a guy with rags as uniform.

Finally he grows up, joins the Dark Side and blows up the Galactic Republic for a chick/broad/babe (what else?) who hails from a planet that sounds like a Hokkien expletive. Of course, the fact that the chick is Gravida 2 Para 0 with the guy's genetic material doesn't help the case. What is really interesting is that no one bothered to do an ultrasound on the pregnant girl and negligently missed a twin pregnancy. The medical robots (probably not ACGME-trained or Board-certified) eventually delivered the twins without LSCS with the mother NOT in lithotomy position. (Don't believe me? Watch the movie.)

We are of course talking about Anakin Skywalker AKA Darth Vader and the merits of a very supervised and structured Jedi training programme on the metropolitan planet of Coruscant. That is not to say that the Hobbit is against all this supervised and structured training stuff. The fact that we got James Earl Jones' voice instead of Hayden Christenson's at the end of Episode 3 is proof that structured training has some big merits.

Medicine is an art and a science. You can teach science in a very structured way but it's hard to produce artists by ticking off a checklist. Artists learn by observing, reflecting on what the masters do and practising the art.

The crux of the matter really is that whatever training programme we choose, we have to give enough time and patients, good guidance and even hardship for the trainees to mature into better persons, mainly through a process of apprenticeship and self-discovery. This is because better persons make better doctors and a technically skilled doctor who is a jerk is still a failure. A good training programme must be above all, good for the soul. SMA

Reference

[1] Naboo