

OSLER'S LESSONS FOR SINGAPORE'S RESIDENCY PROGRAM

By Dr Jeremy Lim, Editorial Board Member

May 2010 heralds a dramatic shift in medical training, the impact of which will reverberate through many generations of doctors. As we commence medical residency programmes in Singapore, it would be poignant to re-examine and consider the teachings of Sir William Osler. The great teacher was known for many things but perhaps his greatest contribution to medicine was in developing the concept of residency and advancing thinking on how doctors should be trained.

What were some of Osler's thoughts on medical training?

First, he was clear that medicine was taught at the bed side and this was the most crucial role of the medical faculty, even declaring that "I desire no other epitaph ... than the statement that I taught medical students in the wards, as I regard this as by far the most useful and important work I have been called upon to do." Osler introduced residency into Johns Hopkins where he was Chief of Medicine, which was a full-time, sleep-in (Doctors lived on hospital grounds and hence the term "residents") programme. Osler's justification was that the best learning was from intense observation of everything the patient experienced, saying "The student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end."

Secondly, Osler was a firm believer in the virtue of industry. His description of the "master-word in medicine" is much quoted, but merits reproduction for its salience to our thinking regarding residency today:

Though a little one, the master-word looms large in meaning. It is the open sesame to every portal, the great equaliser in the world, the true philosopher's stone, which transmutates all the base

metal of humanity into gold. The stupid man among you it will make bright, the bright man brilliant, and the brilliant student steady. With the magic word in your heart all things are possible, and without it, all study is vanity and vexation.

Osler exhorts us to "write it on the tablets of your hearts, and bind it upon your foreheads". The word: "Work".

Finally, Osler was a friend and mentor to his students, making himself so available to them that his house in Oxford (where he was Regius Chair of Medicine) was known as the "Open Arms". In Hopkins, Osler entertained medical students every Saturday evening, winning him deep affection for being a Professor who "cared enough to invite them into his home and got to know them all." Dorothy Reed (of Reed-Sternberg cell fame), one of the first female medical students, remembered Osler fondly: "He was the greatest teacher I have ever known; an inspiration to his pupils and colleagues, one of the great gentlemen and influences of his age in the profession of medicine."

As we embark on this momentous journey of transformation, it would be prudent to bear in mind that regardless of the form our training takes, some principles are eternal: Residents need maximal patient contact time, learning the science of medicine, and the spirit of humanity and humility. Our residents will also need to embrace hard work and see the grueling hours as sharpening and honing their skills to become the best doctors they can be. The corollary to this is that as faculty and as hospital leaders, we need to ensure the grueling hours are beneficial to learning. We as faculty have a vital role to be not just imparters of technical knowledge and skills, but also as guides, mentors and friends. Finally and most importantly, educational planners and policy makers need to enable: Heeding Osler's advice cannot require extraordinary efforts; it must be easier to do the right thing. SMA

