

# Tales of a First Year Doctor

- Carrie Bryers

IN 2014 CARRIE COMPLETED A SIX WEEK 'TOUR OF DUTY' ON THE MOBILE SURGICAL BUS AS PART OF HER AUCKLAND SCHOOL OF MEDICINE SELECTIVE PROGRAM.

I officially have one year of being a qualified Doctor under my belt. One year of professional medical experience. So to speak.

I should be one year wiser, one year less of looking like a possum staring at the headlights. But what have I achieved in one year? I've managed to pay approximately ten percent off my student loan, successfully grown a section of grey hair on my head, established two vertical frown lines between my eyebrows and lost then gained then lost five kilograms of weight.

I am a house surgeon at a small base Hospital. I work weekends, nights and days. For the majority of my shifts, I walk in at 8am and walk out sometime between 5pm and 11pm. I am a part-time doctor, medic, counsellor, medico-lingo interpreter and occasionally, I'll answer a phone.

Looking back, I don't know if I can say that I have indeed become 'wiser' versus, I have successfully fried every stress receptor in my body, that I now know nothing phases me. I would like to say, I am a professional at thinking about absolutely nothing when it comes to a crisis, and my brain can rapidly turn itself into a helpless cauliflower. But I know this is not true. There have been moments for me that has shaped and defined

what decisions I now make. It has been these moments that I can fully pinpoint and share with you, what being a junior Doctor is like.

Being on-call is the one shift that I dread. Once a week as the evening sets in, it is my responsibility to accept the on-call phone, and watch my colleagues walk out from work into freedom. Not only do I know that I will never get these sixteen hours back, but I also know I am about to walk on average twenty thousand steps and endure my own mental storm of decision making, prioritising and task juggling of patients whom I have never met before. The goal while being on-call is to get to the end of the shift and hand that phone over to the next runner - much like baton relay at the Olympics.

I distinctly recall one shift; I was into the fourteenth hour when I was called by a nurse asking me to review a thirty-year-old male with a heart rate faster than a sprinting greyhound. On arrival, I saw he

**"... WHAT CAME NEXT WAS LIKE A MR CREOSOTE SCENE FROM MONTY PYTHON'S MEANING OF LIFE."**

was post op - he had just returned from the theatre after removal of a gland near his throat, called a parathyroidectomy. He had a neat suture line across the front

of his neck. Little did I know, I was about to ruin it.

120...150...180..... I lost count, but concluded his heart was indeed going faster as each minute passed. I noticed his neck rapidly swelling around the surgical site and I knew he was in trouble.

I called the surgeon. "It's me Carrie, I've got a man here who I think has sprung a leak and possibly about to loose his airway". I recall reading about these emergencies, called 'expanding haematomas'. It was all of two lines in an old textbook and I had been reassured, several times by my seniors that it is an extremely rare event. Unfortunately, the swelling continued to expand, and as predicted, it started to compress the patient's windpipe. I saw there was a scalpel blade taped to the top corner of the bed. I opened the blade and waited for the surgeon to arrive.

What came next was like a Mr Creosote scene from Monty Python's Meaning of Life. In less than five seconds, the surgeon and I cut the sutures free and reopened the wound around the patient's neck. The pressure was excessive and with a hiss and roar, no object within a one metre radius, including myself, was spared.

I'm sure, in the horror of it all, any person watching would have fainted by now. Not me. This was a going to be a career highlight. I remained professional, but I



## "I AM A PART-TIME DOCTOR, MEDIC, COUNSELLOR, MEDICO-LINGO INTERPRETER AND OCCASIONALLY, I'LL ANSWER A PHONE."

knew my eyes were as big as saucers and I wanted to burst out "that was sooooo cooooooooooolllllllll". My face had a grin from ear to ear that looked it had been stuck in the wind. All was good news; the patient was successfully discharged 2 days later following a repair that night.

A second memorable experience was during my rotation in renal/kidney medicine where I was working in the dialysis unit. At this unit, people regularly come in and connect to a line that will take their blood, then clean and filter it through a machine then replace it back into their body (something our kidneys normally do for us on a daily basis). On the unit I was speaking to a woman about her chronic leg pain when suddenly, she became unresponsive and stopped breathing.

I scrambled over the bed to reach the emergency bell for help, but I was too short. I climbed around the machine to

reach the wall but instead found myself tangled in the lines that were attached to the patient and the dialysis machine. In desperation, I took my shoe off and used the heel to hit the buzzer.

Beep! Beep! Beep! Beep! Beep! It was a chaotic scene. Five nurses arrive, and I asked them to start chest compressions and attach the defibrillator while I remained tangled up in a machine and missing a shoe. More help arrived, including three senior doctors who listened to my hand over and told me, it was good thinking to stop the dialysis machine...(No that was not what I was doing, but I'll do that). Remarkably however, once the heart monitor was placed on the patient, she received one shock, and responded well, before I knew it, she awoke, turned to me, and continued complaining about her leg and newly developed chest pain. This patient discharged after 13 days.

So after one year of being a junior doctor, I can say, I choose to still walk in at 8am and make the most of each shift. In between saturating my stress responses with near death experiences, I have found the things that I really love about working in medicine. I have the privilege to be a part of and help families at their most vulnerable times, to sit and speak with patients and talk about their symptoms, to participate and understand health care decisions, and to work in teams, investigating and treating patients as they present.

As I said, I am a part time doctor, a medic, a counsellor, a medico-lingo interpreter and occasionally, I will answer a phone. Whether my eyes are as big as saucers, or running a resus whilst barefoot and tangled in machinery cords, I can reassure the patients, I am reliable, dedicated and I will still get the task done.

Bring on Year Two.

