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STETHOSCOPE

a practical guide to housejob



Edited by
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A Health Hub Initiative

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FOREWORD

As a House officer practising in Nigeria, one thing I noticed was the need to figure out everything out for myself. With little orientation, you are often thrown into the deep despite being the newest member of the team.

This book serves to provide support to new doctors as they resume house job regardless of their location or hospital. *Mint Stethoscopes* is written from the viewpoint of doctors who have completed house job, and desire a better experience for those who are yet to cross their first hurdle in clinical practice. It is a concise guide to navigating the intricacies of housemanship year.

The book is filled with good-to-know and daily hacks to make your house job a positively memorable experience. Beyond that, it provides advanced career information for doctors.

Dr Adebowale Odulana.

ACKNOWLEDGEMENTS

Every great piece of work is conceived as an idea before it becomes a product. As with every product, a lot of help comes from various sources to bring it to reality. I wish to acknowledge Dr Kelechi Okoro (Healthertainer) and Founder, Heal for Africa, for the initiative to form the Health Hub where this project was birthed, incubated and finally produced.

This project is aimed at being a guide to young doctors fresh out of medical school heading into the internship year. This book will serve as an informal induction into housemanship, help the young doctors avoid the mistakes of their senior colleagues and help them make good career decisions. I wish to acknowledge all the contributors to this project who made time out of their very busy schedules to pen down their contributions for this book.

I also wish to acknowledge every member of the Health Hub. Our interactions helped shape this manual for young doctors.



DEDICATION

To everyone who had to make the one year voyage without any form of direction, all who presently look upon the period of housemanship with trepidation, and a future generation of young people who despite the obvious odds, will be passionate enough about saving lives to also join the profession.



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INTRODUCTION

Dear doctor and esteemed colleague, congratulations again on completing medical school. You have just started your career as a medical doctor and what you learn in the next year will shape you for the greater part of your life as a doctor.

House job or internship is the important year of clinical experience where new doctors work under close supervision and guidance. This is the step towards independent practice. The clinical experience of new medical graduates is almost nonexistent and these skills are going to be learned during the house job duration. This next part of your training seeks to consolidate all you have learned from medical school under the tutelage of consultants in different specialities.

It is time to establish some foundations for how you want your career and life to evolve. You can succeed as long as you realize that planting seeds now will reap you great treasure tomorrow.

House job is both interesting and demanding. You will be stuck with your senior colleagues who have been there before you. Some will annoy you, some will love you, some will drain you mentally and some would not even stress you at all. Bear in mind it is all part of the system.

Welcome to the next 365 days of your life and remember it is a learning period. No one will crucify you for not knowing anything. House job is a meeting and learning point for you. Make the most out of it.



GETTING INTO HOUSE JOB

House job is a year of learning and training. This training can only be undergone at designated Federal government teaching hospitals, state government teaching hospitals, federal medical centres (FMCs) and a few top private hospitals across the country.

Each of these hospitals has an allocated number of doctors that can be trained per year and with the increase in the number of medical graduates, these training positions are becoming difficult to get as the number of doctors exceed available slots. The federal hospitals have a higher training capacity than the rest because of their size and extent of manpower.

Typically, applications are made when these hospitals advertise for openings which are followed by interviews (oral and written) before shortlisted candidates are asked to resume duties as house officers. You have to keep your ears open for these adverts to know when training centres have openings so that you can send in your applications.

A point of note is that a lot of travelling is involved in the hunt for internship positions. This is because the hospitals are scattered nationwide and can advertise for openings at different times of the year.

Some websites to follow for such news and information are:

www.doctorsquarters.com

www.nigerianmedicalworld.com

Getting a house job position may not be as easy as it should be. Yet, the new doctor must undergo internship within two years of graduation as a prerequisite for independent practice. Some doctors opt to train for free (supernumerary) where they are not paid throughout the duration of training. This arrangement is possible in most government hospitals.





WORK ETHICS

'Developing a good work ethic is key. Apply yourself at whatever you do, whether you are a janitor or taking your first summer job because that work ethic will be reflected in everything you do in life.'

-Tyler Perry

A work ethic is a set of moral principles an employee uses in his or her job and it encompasses many of these traits: reliability/dependability, dedication, productivity, cooperation, character, integrity, sense of responsibility, emphasis on quality, discipline, teamwork, professionalism, respectfulness and determination.

Work ethic is a belief that hard work and diligence have a moral benefit and inherent ability, virtue or value to strengthen character and individual abilities. It is a set of values centred on the importance of work and manifested by the determination or desire to work hard. Social entrainment of this value is considered to enhance character through hard work that is respectful to an individual's field of endeavour.

Medicine is and will always be a noble profession. The respect accorded to medical professionals is deeply hinged on the nobility of the profession and strong work ethics of doctors.

These values will shape your career in a positive way if they are well cultivated over time.

Some other key work ethics that are helpful include the dos and don'ts:

Dos of House Job

- Always be punctual
- Be neat
- Your consultant should never come before you (without prior notice of unforeseen circumstances), always be one step ahead
 - Always have your equipment with you: biro, stethoscope, patella hammer, pen torch amongst others. You know the rest.
 - Make sure you complete your early morning rounds before your seniors come for their own rounds.
 - You should be abreast with every patient in your unit under your care
 - Make sure all investigations are up to date in the patient folder. You can have an investigation flowchart if possible or a brief summary of important/significant findings from investigations done for patients in your consultant ward round summaries.
 - Make sure all requested investigations are followed up.
 - When your team is on call, you are the first line person, so you should take your duty seriously.
 - Always maintain a high standard of dressing.
 - Be courteous to patients.
 - When your team is in the clinic, you have to be there.
 - Before surgery, make sure all preoperative investigations have been done and results communicated to your registrars.
 - Actively participate in clinical presentations.
 - Maintain a cheerful and calm disposition as often as possible.
 - ALWAYS ASK QUESTIONS. Do not assume anything. Nobody will kill you for not knowing any procedure or appropriate management.

- Patients - Respect and empathy. Part of your role as a doctor is to educate – most people in Nigeria are woefully ignorant about basic healthcare. Medical jargons should be limited to fellow colleagues - please communicate with patients in simple clear language to allow compliance and build trust in the medical profession. Not sure about treatment? Ask a senior. Have a friend on WhatsApp or speed dial. Download Emdex or Oxford Handbook on your mobile gadgets. Discover what tools you can access to help you in prescribing. KNOW/MEMORISE common mnemonics that can help you make a sensible initial assessment, and it grows from there. E.g. 10 commonest causes of abdominal pain or first line management of DKA (Diabetic Ketoacidosis)etc.
- Always inform your team (managing team) when there is a consult so they can respond quickly. A consult is an invitation letter from another department in the hospital to your team to assist in managing a patient/patients who may need a multidisciplinary approach.
- Respect everyone including the nurses and janitors. Communicate your requests respectfully and desist from unnecessary drama.

Don'ts of house job

- Do not come late to clinics
- Do not come late to ward rounds
- Do not leave duties undone
- You are not to leave your duty post (hospital/clinic) without due permission.
- Do not be rude to your superiors
- Do not fail to ask questions anytime you are in the dark. You are better safe than sorry.
- Do not gossip about your colleagues who are finding it hard to cope; support them.

INTERPROFESSIONAL RELATIONSHIPS (IPR)

In the hospital and the healthcare space as a whole, teamwork has been shown to enhance the quality of care for individual patients. Teams are identified by their dedication to providing quality patient-centred care, effective communication, sharing accountability and responsibility and upholding ethical values as team members.

A team has a lead, a clinical leader who provides the vision and direction and doctors by the nature of their diverse training, experience, and knowledge, are a good fit for this role. Doctors have an extensive appreciation of health issues and treatments. This enables them to synthesize the diverse professional perspectives and recommendations of the team into an appropriate, coherent plan of care for the patient.

As leaders within health care teams, physicians individually should show ethical leadership by:

- Understanding the range of their own and other team members' expertise and roles in the patient's care.
- Clearly articulating individual responsibilities and accountability.
- Encouraging insights from other members and being open to adopting them.
- Mastering broad teamwork skills.
- Promoting core team values of honesty, discipline, creativity, humility, and curiosity and commitment to continuous improvement.
- Helping to clarify expectations to support systematic, transparent decision making.
- Encouraging open discussion of ethical and clinical concerns and foster a team culture in which each member's opinion is heard and considered and team members share accountability for decisions and outcomes.
- Communicating appropriately with the patient and family and respect their unique relationship as members of the team.

Relationship with the nurses

Nurses hold a primary ethical obligation to promote the well-being of patients. Their training, expertise, and scope of practice complement physicians' professional commitments and expertise. While physicians have overall responsibility for the quality of care that patients receive, good nursing practice requires that nurses voice their concerns when, in the nurse's professional judgment, a physician order is in error or is contrary to good medical practice. In light of their shared professional commitments, physicians' relationships with nurses should be based on mutual respect and trust.

As head of the health care team, physicians should:

- (a) Listen respectfully and take the concerns a nurse raises about the physician's order seriously. They should explain the order to the nurse and modify if appropriate.
- (b) Recognize nurses' professional responsibility not to follow orders that are contrary to good medical practice.

A good relationship between doctors and nurses lead to better outcomes for patients in general.





Relationship with allied health professionals.

"Allied Health Professions are a distinct group of health professionals who apply their expertise to prevent disease transmission, diagnose, treat and rehabilitate people of all ages and all specialities. Together with a range of technical and support staff, they may deliver direct patient care, rehabilitation, treatment, diagnostics, and health improvement interventions to restore and maintain optimal physical, sensory, psychological, cognitive and social functions."

Examples of allied health professionals include but are not limited to;

- Anesthesiologist assistant
- Art therapist/art psychotherapist
- Athletic trainer
- Audiologist
- Cardiovascular technologist
- Clinical laboratory scientist
- Clinical neurophysiologist
- Clinical officer
- Dental hygienist
- Dietitian/nutritionist
- Emergency medical technician
- Environmental health officer
- Exercise physiologist
- Lactation consultant
- Medical assistant
- Pharmacists
- Medical interpreter
- Medical laboratory scientist

Although doctors have overall responsibility for the quality of care that patients receive, allied health professionals have training and expertise that complements the physicians'. Allied health professionals share a common commitment with physicians to patient well-being.

In light of this shared commitment, physicians' relationships with allied health professionals should be based on mutual respect and trust. It is ethically appropriate for physicians to

(a) support high-quality education that is complementary to medical training, including by teaching in recognized schools for allied health professionals.

(b) work in consultation with or employ appropriately trained and credentialed allied health professionals.

© delegate provision of medical services to an appropriately trained and credentialed allied health professional within the individual's scope of practice.

CORE ROTATIONS

'They may forget your name but they will never forget how you made them feel'.
-Maya Angelou

There are four core specialities you will be rotating throughout your one year sojourn. They are surgery, internal medicine, paediatrics with Obstetrics and Gynaecology.

Expectations

These are basic expectations of a new doctor:

- Knowledge of principles and practices of medicine including the diagnosis of a variety of diseases and injuries.
- Knowledge of the principles and practices of preventative medicine.
- Knowledge of Public Health Ordinance and of medical jurisprudence.

SURGERY

This is a medical speciality that uses operative manual and instrumental techniques on a patient to investigate or treat a pathological condition such as a disease or injury, to help improve bodily function or appearance or to repair unwanted ruptured areas.

This rotation will last for 3 months unless you have an extension and will consist of general surgery, orthopaedics, plastic surgery or other surgical specialities.

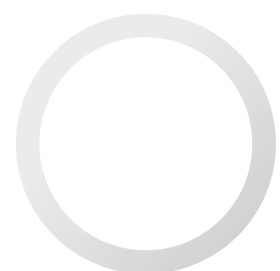
What to expect during surgery rotation

During your surgery rotation, you will have the opportunity to observe a diverse range of surgeries such as appendectomy, herniorrhaphy, splenectomies amongst others. It is a great chance to learn different types of surgeries, garner a lot of hands-on skills and determine if surgery is something you are interested in. Your rotation will basically revolve around the theatre, ward rounds, clinics, clinical meetings/presentations, mortality reviews and being on call.

Patient rounds:

You are typically expected to do your rounds first thing in the morning before other members of the team and check on patients who were previously operated upon and make sure treatment protocols are being followed as instructed.

You should know the patient's history, allergies, medications, lab values, and other test results as you will be asked during the main ward rounds.



Operating room

Most house officers cannot wait to get into the operating theatre especially if they are really interested in surgery. You may get to assist during surgery like holding retractors or mopping the surgical field or even get to close the skin depending on how fast you learn and the surgeon's discretion.

Surgery is interesting and action-packed because you can see what you are talking about and the outcome is immediate. An exception to this is the slow outcome in orthopaedics as bone healing takes a while. There are different techniques to be learned especially if you encounter a diverse range of surgeons.

Please do not talk unless you are asking questions as surgery demands a great deal of attention. You are expected to know your anatomy well and should have read about the procedure. It is advised to read ahead of the procedure. You may also be saddled with the responsibility of prepping the patient, passing a catheter or setting IV lines. Take these very seriously as they count and remember that you are being assessed.

Call duty

This is a great opportunity to see urgent cases first hand and have a good role in management. You will be expected to be on call duty on certain days and hours of the month aside your regular working hours. You will be assigned a call room and call food.

Since you do not have an idea of how your call might be, always carry some study materials as you can use them to catch up on some cases seen during the day. Don't forget to eat before and during your calls; have a water bottle with fresh water too.

During call duty, you may also receive consults from other departments in the hospital and you will be the first to see the patient after receiving the consult. Do well to always inform your senior colleagues as soon as you get a consult.

Tips for a successful surgery rotation

- Be on time or early for rounds as you will learn more.
- Know your patients.
- Ask what you can do.
- Ask your resident for feedback.
- Remember you are the reflection of your team.
- Respect all staff.
- Do not take things personally as it will make your life easier. Personalities differ, so be ready to accommodate all.





INTERNAL MEDICINE

Internal medicine is a medical speciality that deals with the prevention, diagnosis, and treatment of adult diseases. In this discipline, physicians are skilled in the management of patients who have undifferentiated or multi-organ diseases.

Barring an extension, you will spend another 3 months here.

Activities will revolve around clinics (outpatients), ward rounds, clinical meetings and presentations, mortality reviews, and call duty.

What to expect during internal medicine rotation

During your internal medicine rotation, you will have the opportunity to observe the management of a wide number of cases like hypertensive emergencies, diabetic emergencies, asthmatic emergencies, seizures, sickle cell crisis amongst others. It is a great chance to learn different types of management protocols and decide if internal medicine is something you have an interest in. Your rotation will basically revolve around the ward rounds, clinics and being on call.

Internal medicine is quite interesting as you get to do a lot of mental gymnastics and logical reasoning. You are pretty much like a detective and this is a good field for anyone who loves problem-solving as they move a lot of 'stuff or information'

You will get to strengthen your analytic and diagnostic skills including principles of inpatient management.

Patient rounds

You are typically be expected to do your rounds first thing in the morning before other members of the team and check on patients who were previously admitted and make sure treatment protocols are being followed as instructed.

You should know the patient's history, allergies, medications, lab values, and other test results as you will relate this information to the entire team during the main ward rounds.

Learn your bread and butter diagnoses.

Heart failure, hypertension, diabetes, urinary tract infections, asthma, gout, kidney disease, and electrolyte abnormalities are common. Learn them. Always remember, common things occur commonly.

Call duty

This is a great opportunity to see urgent cases first hand and have a good role in management.

You will be expected to be on call duty on certain days and hours of the month aside your regular working hours. You will be assigned to a call room and call food.

Since you do not have an idea of how your call might be, always carry some study materials as you can use them to catch up on some cases seen during the day.

During call duty, you may also receive consults from other departments in the hospital and you will be the first to see the patient after receiving the consult and inform your seniors.

Some Dos and Don'ts in Internal Medicine

- Take initiative

Your rotation is what you make of it. Whether it is your preferred area or not, the more effort you put in, the greater the educational experience. Offer to see the new admissions, actively participate in rounds, search out relevant literature to educate yourself and your team and seek opportunities to assist in procedures.

- Always take a detailed history

The more detailed your history is, the better benefits you will have and improve your skills.

- Go the extra mile

Ask your registrar how you can help. Try to get involved in patient care and ownership of a patient. These skills will prove helpful in future (speaking from experience). Create your own management plan and share with your residents.

- Read your books.

Even with great clinical performance, the need to constantly read and update yourself cannot be overstated. Look for concise materials to occasionally glance through.

- Practice oral presentations

The art and mastery of clinical presentation are not achieved overnight. It requires hard work and dedication. Ask your residents to listen to your presentations over and over. Trust me they are eager to lend a listening ear and correct you. Always remember, no pressure. You can only be a better version of you. Learn your labs and how to interpret them. These include LFT, EUCR, U/A, FBC, FLP

- Don't lie about your interests

Your interest may not settle in internal medicine and nobody will judge you for planning to go into a different speciality. But while you are in that rotation, pick the best you can because the knowledge will always come in handy.

- Don't get distracted

Internal medicine patients usually have multiple problems driving their admission. Someone can be admitted with acute kidney injury with background congestive heart failure. Being aware of your patient's medical issues is very important but being able to prioritize them is critical and gold.

- Don't be too forward

There is a very fine line between maximizing your experience and negatively impacting that of your peers. Avoid answering questions directed towards someone else, don't put other team members down.



PAEDIATRICS

Paediatrics is a branch of medicine that deals with the medical care of infants, children, and adolescents. A specialist in this field is called a paediatrician.

Paediatrics is very interesting but mentally demanding as babies generally cannot speak and you rely on information provided by the mother or caregiver which most times are not complete. Typically, you will spend 3 months in this rotation unless you have an extension.

The paediatric rotation will involve clinics (outpatients), ward rounds, neonatal unit, special care baby unit (SCBU), call duty and consults from the Obstetrics and Gynaecology unit. You would also deliver consults to many other specialities when the need for their input arises.

Pertinent skills that can be acquired include exchange blood transfusion, correction of dehydration and electrolyte imbalance, the collection of samples which in paediatrics can be challenging, how to manage jaundice, cannulation of difficult veins and neonatal resuscitation.

We must say that paediatrics can be gruelling depending on the centre you find yourself in especially the SCBU (Special Care Baby Unit), Children Emergency or NICU (Neonatal Intensive Care Unit)

NB the do and don'ts as above applies to paediatrics

OBSTETRICS AND GYNAECOLOGY

Popularly called the 1% area, this speciality is primarily reserved for women and for the next 3 months, you will be dealing with women (both pregnant and non-pregnant).

OB/GYN is an interesting and fascinating speciality. No other field offers a wide variety of medical and surgical management. The OB/GYN is a primary provider, surgeon, obstetrician, endocrinologist, and radiologist.

Typically, this rotation will carry you through clinics, obstetrics and gynaecology emergency department (depending on your centre), ward rounds, theatre, clinical meetings/mortality reviews, and call duty.

What to expect:

- Long call hours.
- Being called at any time.
- Handling countless deliveries.
- Repairing countless episiotomies and perineal tears.
- Being bathed with amniotic fluid.



A few tips:

- Introduce yourself to residents, patients, nurses, and staff.
- Be available always as you will get to learn more.
- Be the first to see the patient even when the resident is available. Remember to always accord the patients utmost respect and dignity of care.
- Ask for help; you will almost always need it.
- Read about your patients and their medical problems.
- Spend time with your patients, you will learn a lot from them.
- Show interest and excitement for learning.
- Arrive on time before your resident and complete your notes on time.
- Know your patients very well.
- Ensure your documentation is very clear and legible.
- Practice oral presentations as often as you can with your residents.
- Scrub in as many cases as you can.
- Review the operative schedule ahead of time.
- Read in advance about the procedures being done, indications, complications, and anatomy and also know the patients going for the procedure.
- Look for a routine and try to integrate yourself in it.
- Stay engaged with your team.
- Practice knot tying in advance, you never can tell when you might be called upon to assist in theatre.
- Clarify expectations from your unit or team lead.
- Ask for feedback.
- Dress well.
- Be confident.
- Be punctual.

Don'ts

- Don't disappear when things are slow in the clinic, theatre or labour ward.
- Don't talk down your team members.
- Don't assume everyone knows you, always introduce yourself.
- Don't contradict the residents or consultants on rounds. Clarify issues before or after rounds.
- Don't miss the chance to see patients in the emergency.
- Don't whine about working too hard.
- Don't discuss definite plans with the patient until the team has decided on a course of action.
- Don't leave a surgery halfway unless you are ill or have pre-informed your resident. It shows a lack of interest.
- Don't contaminate the OR field, make sure you understand what sterile is and is not.
- Don't do pelvic or breast examinations without a chaperone, and always ensure consent and privacy.
- Don't eat on rounds.
- Don't come late for rounds or do delegated duties late.

NB These can also apply for other rotations.

MANAGING FINANCES



"It's not your salary that makes you rich, it's your spending habits."

–Charles Jaffe

My young colleague,

I wished I had the opportunity of reading this letter when I started my house job but I didn't. I would have been a hundred times better for it had I read this then but I wasn't as privileged as you are now. We have gone the extra mile to correct the wrongs of yesterday so that you would have the opportunity of a financially secure tomorrow. Don't waste the opportunity. Read on.

Money saved saves you. These are the wise words from my father, a professor of economics. He had taught me the importance of not eating with my ten fingers and always putting some money aside for the rainy day. The days ahead wouldn't be easier than the days past so you have to gear up for that.

In some places, salaries for house job aren't paid for the first six months, yet you survive. How come you didn't die? Studying how you survived is a great thing to do because it would further teach you how to be prudently frugal with available resources when they come. When you now receive the 6 months bulk payment the next thing some house officers do is to acquire liabilities and increase societal status. Remember this is your first salary it should be invested in financial market tools that will help you enjoy financial returns tomorrow and for life. Money saved saves you.

Remuneration from house jobs is usually your first income or first seed as we like to call it where I come from, there is nowhere in the world where people eat their first seeds- your first income includes your income throughout your house job, your first job and beyond. This income should be planted (Invested) to increase financial status until when you would be able to afford the things you need, then advance to the things you want. You don't eat your seeds or your capital; you invest it.

Don't assume you have arrived and the good life is here already, the reality sets in about 12 months and the house job is over really quickly and rude reality sets it. During NYSC the income drops by more than half so how do you maintain such a lifestyle? Remember money saved saves you.

One of the things you have to learn quickly is the ability to take responsibility for all your actions during the house job year including responsibility for your finances. You must be smart with your income as you are now a young adult with whom lives would be entrusted. When you understand how to take responsibility a lot more things begin to fall in place.

You should also learn how to source for useful information that would help with educating you on how to manage your finances and gain financial intelligence. You should engage in reading soft financial journals e.g. Business Day, Stock market Online, Harvard Business Review etc. You should also read "Rich Dad Poor Dad" by Robert Kiyosaki at least in your first month of house job. It helps to set the tone for a financially sound future. Money saved saves you.

So many of us frittered away our house job money on things that weren't useful, get rich quick schemes, things we are too ashamed to remember or things we can't even recall at all. There is data to back this up.

Let me share a case study with you. A report says out of 100 people who are actively engaged and financially stable by age 25 when they get to 65 years old about 54 of them would have become financially dependent on other people.

Out of the 46 remaining, about 25 would have passed away due to catastrophic expenses which they could or couldn't meet and may have even left behind a financial burden for members of their family.

16 of them will still be working saying they are retired but not tired. They work till they can't work anymore and if they can't work anymore then they can't earn anymore too, this common but sad event is due to the absence of a plan while they lived from paycheck to paycheck at age 25. How old are you again?

Only about 5 of them would be independent and in financial freedom. Take a look at your parents, uncles and aunties? This should be a learning curve for you. Money saved saves you.

We should seek financial intelligence in order for us to attain financial freedom. We should escape the rat race of living from paycheck to paycheck. One common thing with us is that we always want to earn more money but attaining financial freedom entails much more than just earning more money.

Financial freedom includes the ability to understand money, its use, its preservation, and its growth. There are so many investment options out there but make sure you speak to at least two professionals in that industry before you make such moves. Google two companies in that space pick up their phones numbers and request they send a salesman to your hospital. They will. Avoid the get rich quick schemes – they don't work.

Some common investment options include Money Market Investments, Treasury bills/Govt Bonds/Foreign Bonds, Life insurance investment accounts, Financial placement in start-ups (Agric Tech Education), Royalty and Dividends.

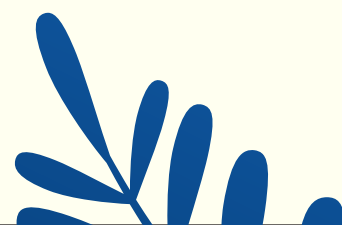
Others include rental business, network marketing, building an event centre, writing a book, creating an online course etc.

So my dear young colleague once again I end by saying I wished I had the opportunity of reading this when I started house job but I never did. This piece of information above can be worth a kobo and can also be worth more than a million naira depending on what you choose to do with it. You would remember you read this sometime in the nearest future. I get am before no be money.

Ideas no longer rule the world it's the ideas that you use that rule the world. It is what you do with what you know that makes the difference and you miss 100% of shots not taken. Money saved saves you.

Try to join contributions (Adashe, ajo etc.) among your peers. It helps you to save especially during your house job when your salary could be very consistent. These savings can be geared towards land acquisition.

Focus on your needs and ignore the wants. Make a budget and stick to it. A budget is simply telling your money where to go. Benjamin Franklin said, "Beware of little expenses, a small leak will sink a great ship." Track your spending. You will be amazed at where the money disappears. This will enable you to put a plug to financial waste.



WORK/FAMILY BALANCE/SOCIAL LIFE



“Life will always get busy, make time to do the things you love.”

- Lailah Gifty Akita

Back in medical school, we were told the ideal medical student lived a triangular life. The points of the triangle are school/hospital, religious houses (church or mosque) and your room to crash. This is still the expectation for house officers and even up to residency training.

There has however been a paradigm shift where medical doctors aren't robotic beings or androids with no social life, but we are living, breathing humans that bleed when cut.

How then do you juggle the balls and make sure that none drops? That's the essence of this section.

1. Know thyself: it was the great playwright Shakespeare who said through his creation Polonius in Hamlet,

“This above all, to thine own self be true, as the night the day

And it must follow, as the night the day

Thou canst not then be false to any man

Farewell my blessing season this in thee”

This means that there are no hard and fast rules for anyone. Know what you are comfortable with and know what works for you. If you feel you need to get married during house job, by all means, go ahead. It won't make you more or less of an achiever. If you feel that you can't handle it, don't feel (and don't allow anyone to put you) under pressure. You are competing only with your best self, to improve on it.

Don't think you have anything to prove to anyone; tendencies are that there will be some superhuman people in your various units and they will be the reference standard for diligence and hard work. Don't try to hurt yourself, just be focused and diligent.

2. Have a system of getting downtime: Physician burnout is a real thing and affects many Nigerian doctors even though it is grossly under-reported. It leads to an untimely death from stress-related conditions and also is at the root of many medical errors. Ensure you have rest and leisure activities worked into your routine. Even a game of soccer on Sunday afternoons or a walk outside the premises to clear your head on a day you aren't on call. If you feel overworked, say something. There is always a way to ask for help. If your immediate superior is not sympathetic, escalate to your senior registrar and if need be your unit consultant. You may even approach any of the psychiatrists in your centre who will know how to get the issue sorted out. You know this is not a diagnosis or a label, it's just that many institutions do not have the structured departments to handle staff mental health well-being and the psychiatrists are the best placed to do so.

3. Networking and forming lasting relationships: House job is a unique opportunity to make permanent friends and mentors that can set your career on its way. It pays if your seniors and consultants like you so interaction is important. It also helps you learn because you have never been exposed to random and organized stuff flying around daily. If you have decided your career path, start networking now with potential mentors and learn as much as you can.

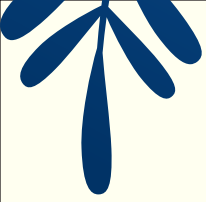
A good word opens doors in medicine. Get as many contact numbers as you can but don't be too overt about it. Walk up to people and let them know you want them to mentor you. Be confident but not abrasive. Get referees for as many applications as you will be able to submit from among your consultants and tell them politely that this will continue after your internship year is up. Let them know what steps you are taking and ask for their opinion so they have a sense of relevance.

4. Romance and house job: If you are in a permanent relationship, the year of the internship will try it like no other. You may hardly see each other, except your partner is a medic too, few people can understand how that level of seeming neglect can co-exist with a profession of undying love. So there must be concessions on every side. First of all, each partner must know what the stakes are. Don't hide the nature of the demands of your job, neither should you exaggerate them. Tell it as it is. Make arrangements to have a date night which will be sacrosanct (not the specific date but the fact of it). Send messages and call when you can. Send gifts and surprises that can make up for the time deficiency. Introduce your partner to your colleagues, which gives a sense of security. For very stressful surgical postings like neurosurgery and cardiothoracic surgery (CTSU), it would be important to develop creative and imaginative ways to spend quality time with each other.

5. Children during house job: For ladies, pregnancy during your intern year can go either way. Either you bloom and at the same time you get all the sympathy in the world, or you are so unwell and look so horrible and everyone thinks you are deliberately shopping for concessions (of course you are, pregnancy is stressful). Whichever way the cookie crumbles, you must ensure that you have done your homework especially if it's your first baby. Do some research and find out how your mom and female siblings fared during their pregnancies. Sometimes there's a pattern. Then enlist the support of your partner (as you didn't get here alone) so that some of the more mundane chores are off your list of things to worry about. Other family support may also be needed early in the pregnancy and/or closer to term, as the case may be and you shouldn't feel ashamed to ask.

6. Extended family and house job: The truth is, everyone in your family has received bragging rights on account of your new qualification. Don't feel too bad when your presence is expected at every family occasion. They just want to show off a bit. You will also be the family doctor for every illness in at least 1000m radius. Forget the fact that you really aren't different from last month when you weren't yet a doctor. Don't be pummeled into doing what you know to be ethically wrong. Ask them to get investigations done for complaints that warrant same. Be mindful of WhatsApp and over-the-phone consultations. Politely decline requests that can lead to trouble or untoward outcomes. Ask for a senior's opinion. A lot of mistakes are made by family members who 'were just trying to help'. For the occasions that you are unable to attend, send a token, you are buying respect for yourself somewhere down the line. It doesn't have to cost so much, it's the thought that counts.

7. Spirituality: They say in medicine that we must have one superpower or the other to be able to withstand all we see and do. So find your superpower (your faith) and develop it. It will help you in times of sorrow over the futility of our efforts at times, and also be a source of strength where you can restock after the physically and emotionally draining job that is doctoring.



CHOOSING A SPECIALIST PATH

“Trust yourself. You know more than you think you do.”

-Benjamin Spock

This is often one of the hardest decisions one has to make as a medical doctor because it sticks with you for the rest of your life. If you choose to be a surgeon, you are going to be doing surgeries for a very long time until you retire. This dilemma is always faced by most doctors. This might not be easy at all. If you're lucky, you might have known where you'd want to go long before house job. Take your time to find out where you would find great fulfilment. You might not be able to choose until after your NYSC. That's OK. Take your time.

Here is a doctor's story:

“I can't tell you what exactly you'd need to be doing to be happy. I honestly wish I could. I believe that you're in the best position to figure it out. Some of you would probably continue with your medical careers and specialize in the field of medicine/dentistry that excites you the most, is available where you reside (or want to migrate to), is good enough to make you happy and also have sometime to pursue other dear projects, or a combination of two or more of the aforementioned options. Some would totally veer out of medicine, like I probably would, or would go into a non-clinical field. Whichever it is, the most important thing is to be true to yourself. I am a Christian, and if you are, find what God's will is and align to it. There really is no pressure to figure everything out at once. I'm in my late-mid-twenties and I haven't figured out everything yet. I can say I'm making progress.

I'll give a little bit of my background. As a child, I realized I had a good ear for music, an eye for art and I loved gymnastics. Couple these with the fact that I was really good at mathematics and I really could understand anything no matter how complex—understanding for me is a function of time and not ability—and you have individual with both brains firing well. Secondary school, I loved Fine Arts but had to sacrifice it for Food & Nutrition in the name of Science. I loved Technical Drawing but had to trade it in for Agricultural Science. Nonetheless, I still continued Economics, Business Studies, and Accounting up until SS3. I just loved numbers so much to want to dabble into commerce. I just felt I could do anything and learn anything. The only limiting factor was me—if I wanted to. In my SS2, I got exposed to a desktop computer and owned a mobile phone and the digital world endeared me. I had an above average knowledge of how the software worked and as a fixer that I am, I was always very successful at troubleshooting phones and computers.

I chose to study medicine partly because I believed it would be more challenging and also because I didn't trust the Nigerian education system to teach me what I really wanted to learn with computers. I was whom you'd describe as a geek that loved to learn. 400L Day 1 junior clinical posting, General Surgery clinic, I went in waiting for the rest of the team to come and I just knew that being a doctor in the clinic wasn't my calling! The same 400L I discovered my graphic design flair and took playing the piano seriously. Afterwards, I focused more on design and music & just did enough to satisfy the examiner in school & have a good conscience when treating patients. By 600L, it was obvious to my classmates that I wasn't cut out for the clinical world. The only problem was I hadn't figured out what I was going to do with design and medicine (I had concluded that music was a hobby for me).



I had a 1-year hiatus between graduation and house job which I used to do more graphic design work and started observing myself and my responses to things around me. I discovered that the more I designed, the more my passion for it grew so much so that I started wanting to become a Paula Scher. Seeing her picture still gives me so much inspiration to push the lid higher on my design skills. I initially wanted to explore health informatics but decided to leave it to find a way to make a sustainable income that I could plan with.

House job was a baptism of fire and I retired design at the time—I just couldn't find the balance (postings were very busy). It took a few months to find my creative core again after House job and I decided in January 2018 to totally switch to design and follow it as far as I could. I was yet to do NYSC and was probably going to have to practice clinically for another year. NYSC started and I somehow figured how to combine both clinical work and graphic design. What I learned was I actually did enjoy medicine but not as much as I did design and I did love children and would love to contribute to improving the health indices in Nigeria”.

The above narrative clearly shows the dilemma of a lot of young doctors in Nigeria. So how does one choose a speciality?

You need to answer this question: What do you like to do?

Sound vocational theory says you are more likely to be satisfied in your professional life if your career matches your personal and environmental characteristics such as interests, values, personality, and skills. Finding your fit entails first exploring who you are and what you want for your life, then identifying those career options that will support those goals and in which you can thrive.

Roadmap to Choosing a Medical Specialty

Question Explanation Examples

What are your areas of scientific/clinical interest? What organ system or group of diseases do you find most exciting? Which clinical questions do you find most intriguing? Consider Pharmacology, Physiology, Anesthesia, Anatomy, Radiology, Neurology and Neurosurgery.

Do you prefer a surgical, medical, or a mixed speciality? Do you prefer a speciality that is more procedure-oriented or one that emphasizes patient relationships and clinical reasoning? Consider Surgery, Orthopedics, Plastics, Neurosurgery, ENT, Ob/Gyn, Emergency Medicine, Anesthesia, Internal Medicine, Neurology, Psychiatry.

What types of activities do you want to engage in? Choose a speciality that will allow you to pursue your non-medical interests, like research, teaching or policy work. Your activity options will be determined by your practice setting & the time constraints of your speciality. Look at the activities physicians from each speciality engage in.

How much patient contact and continuity do you prefer? Do you like talking to patients & forming relationships with them? What type of physical interaction do you want with your patients? Internal & Family Medicine mean long-term patient relationships. Radiology & Pathology have basically no patient contact. Anesthesiologists & Emergency Medicine doctors have brief and efficient patient interactions.

What type of patient population would you like to work with? Look at the typical patient populations in each speciality you're considering. What type of physician-patient relationship do you want? Oncologists have patients with life-threatening diseases. Paediatricians may deal with demanding parents as well as sick infants and children.

How important is work/life balance? What kind of hours do you want to work? Would you prefer shift work or have weekends off? How many calls are you willing to take? If you want control over the number of hours you work, consider specialities like Radiology, Dermatology, Pathology, Emergency Medicine, Anesthesia, Ophthalmology, Neurology.

How important is earning potential? With the high cost of medical education, financial reimbursement is an important factor for many medical students. As a general rule, surgical specialities tend to be more highly compensated than medical specialities.

A general guide to choosing a medical speciality

- Attend student interest groups.
- Engage in clinical research.
- Talk to residency program directors.
- Attend grand rounds.
- Check out medical journals of potential specialities.
- Talk in depth with your residents and consultants, ask them the hard questions.
- Try to get the culture in each speciality and see if you can fit.
- Take notes in a journal on your impressions from your clinical rotations.

Some good resource materials are: *The Ultimate Guide to Choosing a Medical Specialty*, by Brian S. Freeman, MD *How to Choose a Medical Specialty*, by Anita D. Taylor *on Becoming a Doctor*, by Tania Heller, MD

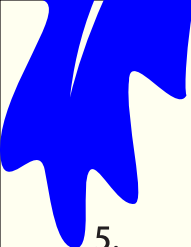
ALTERNATIVE CAREERS


“Most doctors are prisoners of their education and shackled by their profession.”

— Richard Diaz

Regardless of the career path you want to follow, it is essential to have an idea of the opportunities that exist for you outside medicine and these can be pursued as full-time careers. You should be confident to follow your path even if it looks unconventional.

- 1. Teaching:** Most doctors by virtue of the training in medical school make good teachers. This area doesn't just involve clinical teaching jobs. Non-clinical teaching careers exist for doctors as well as teaching opportunities in high schools. The perks about being a teacher include being free from the demanding nature of clinical practice as well as having a sense of satisfaction from being able to pass on knowledge.
- 2. Hospital Administration:** This has long been an option for medical doctors who no longer fancy a career in patient care but still want to be involved in the hospital while making a good living. For most of us in Nigeria, this would involve getting an appointment in the ministry of health whether at federal or state level. It is a relatively easy transition to make and it comes with its perks. The downside is that you may make a few enemies along the way especially amongst your peers still in patient care due to distrust. A postgraduate degree in health management would do you a world of good. Some prominent examples in Nigeria are BeyHealth Consulting run by Dr Adetokunbo Shitta-Bey and Doctoor Health (www.doctoor.com), run by Dr Adebowale Odulana.
- 3. A career in ICT:** If you have a flair for computer technology, you'll have a variety of careers to choose from, including delving into electronic medical records (EMR), creating software applications, and perhaps even launching a technology start-up company. There are many coding and software development courses available nowadays and this is because the market for apps and software development is booming. Everywhere you go, hospitals and organizations are trying to bridge the gap between health and technology, making life easier for patients and doctors alike. Notable in the space is Dr Femi Kuti (CEO, and co-founder of Kangpe app, Dr Ikpeme Neto of Wellahealth, Dr Lawal Bakare of EpidAlert Information Initiative, Dr Chike Opara of HellocareNG (www.hellocare.ng) and Dr Wale Adeosun of Wellvis (www.wellvis.org) You can even decide to veer off completely from health tech. Dr Deji Adewunmi is one of the founders of Jobberman, the popular Nigerian job search engine.
- 4. Biomedical Engineering:** You had always thought you were going to be an engineer but somehow found yourself in medical school? Or you have this uncanny flair for dismantling electronics? A career in biomedical engineering may not be far from you. New diagnostic and intervention equipment are developed and modified every day around the world. There are grants and funding available from organizations around the world for individuals who have developed novel technology useful in improving healthcare in this part of the world. An example is Dr Ibrahim Yekinni who is a Medical Device Innovation Fellow at the University of Minnesota-Twin Cities.

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5. **Medical Insurance:** Whether it is reviewing insurance claims brought by health insurance companies or being a provider of health insurance yourself, the medical insurance industry is one which is on the verge of a big boom. An MBA always comes in handy here. Notable in the Nigerian healthcare space is Dr Dorathy Jeff-Nnamani, MD/CEO of NovoHealth Africa, Dr Tunde Salako of Redcare HMO and Dr Femi Kuti of Reliance HMO.
 6. **Pharmaceutical Industry:** Opportunities abound in this sector. You could be involved in research and development, or simply act as a representative for a drug company speaking to your colleagues on behalf of the company. A career in drug administration and control is also available here. You can leverage technology to solve problems in the pharmaceutical space. A good example is www.mymedicines.com a startup run by Mrs Abimbola Adebakin which is solving a lot of problems.
 7. **Continuing Medical Education:** Now, this is a relatively untapped area of expertise. Think of it; thousands of Doctors have to renew their licenses every year with evidence of CME points gained during the course of the year. Specific companies are set up just for this purpose and you could earn reasonable income as a doctor organizing and writing presentations for such companies. Doctors with skills in writing and computer software are very welcome in this area. Notable is BeyHealth Consulting run by Dr Adetokunbo Shitta-Bey.
 8. **Occupational Health and Safety:** Earning a certification in HSE, ACLS, and BLS may get you a job in the oil/energy, and manufacturing/construction sectors.
 9. **Freelance Writing:** If you have a talent for writing, there are countless clinical writing and editing opportunities with pharmaceutical companies, marketing agencies, CME contractors, quality and performance improvement initiatives, and medical publications. This list doesn't even include the writing opportunities outside of medicine in the world of fiction writing and book publishing, blogging and magazine article writing. Countless doctors have made a career out of writing including Bernie Siegel, Mark Hyman, Tess Gerritsen, Robin Cook, the late Michael Crichton (author of Jurassic Park) and Sir Arthur Conan Doyle (Sherlock Holmes). In Nigeria, we have Dr Dami Ajayi (poet), Dr Zubair Abdulahi (of HellocareNG, 352.ng, a prolific writer on health and football), Dr Wale Okediran (writer and politician) and Dr Adeola Mariam Toye (founder, OumissalInspire and co-founder HellocareNG).
 10. **Retail and Manufacturing:** This is just a fancy term for 'Business'. Doctors who have a knack for pitching products or working with their hands have real promise in this career path. They have excelled in the world of boardrooms and deals. Needless to say, this can provide a great deal of satisfaction and can be very financially rewarding. Notable is Dr. ABC Orjiakor who runs SEPLAT. Another example is Dr Ola Orekunrin of Flying Doctors Nigeria, an air ambulance service.
 11. **Politics:** Yes, politics. Doctors seem to have it good after entering into the world of politics. This would not be far from the fact that a doctor is trained to be a leader right from medical school. The respect society has for this set of professionals also serves as leeway for them in the game of politics. Revolutionary Che Guevara is a famous example as well as US congressman Ron Paul. Coming back home, Chris Ngige, Bukola Saraki, Olusegun Mimiko, Emmanuel Uduaghan, Ifeanyi Okowa among others also make the cut.



12. **Public Speaking/Television Personalities:** Some physicians run entire businesses teaching workshops and getting paid to speak publicly. Others use public speaking, workshops, and television as a way to attract business for cash-based medical practices or coaching practices. Examples include Deepak Chopra, Sanjay Gupta. Back home here in Nigeria, we have Dr Folakemi Cole-Adeife who is a dermatologist, TV host and dancer. She is also the founder of Ayuna Group. If you are good at handling the microphone, you could become a professional event compere. A notable one is Dr Ugonna Ajoku who is a notable anchorperson. She is also the co-founder of www.healtharmy.ng

13. **Armed Forces/Paramilitary:** If you're a doctor with a strong sense of adventure and excitement, then a career in this area may not be far in the works. Doctors are in hot demand in this area.

14. **Entertainment:** Remember the naked Asian guy in The Hangover movie trilogy? His name is Ken Jeong and he is a consultant internal physician. Believe it or not, many doctors have made a career for themselves in the entertainment industry. Dr Alban, Graham Chapman (Monty Python), Dr Sid, Kiki Omeili (Lekki Wives) and Dr Folakemi Cole-Adeife to include a few. Asides from attaining celebrity status after hitting it big, they also have ample time to spend with family when not working. Hear Ken Jeong, "Medicine is a hard-won skill, and acting can be a fickle profession, so I tried to be realistic. Now, I'm a spoiled actor. I get weekends off and hiatus weeks — time I never got as a doctor."

The popular Nigerian DJ, the Beat Surgeon is a medical doctor, Dr Seyi Lawani.

15. **Sports/Sports Medicine:** Athletes are one group of individuals worthy to be envied. They get to do what they love most, exercise their bodies and get paid in return. Olympic gymnast Lisa Leveille is a pediatric orthopaedic surgeon. Olympic swimmers Kevin Draxinger and Jenny Thompson are also doctors. A career in sports medicine is also a much-neglected path. Teams and sportsmen need doctors. Certificates and degrees in sports medicine exist to this effect.

16. **Blogging:** This is another goldmine if you have a flair for writing and creating medical content. It is a bit different from writing books. Doctors earning a living from blogging include Dr Kelechi Okoro popularly known as Dr Kel (Healthertainer), Dr Nwakanma Chioma popularly known as Dr Zobo of Medically speaking services and SMILE with Me NGO, Dr Nonso Egwemba popularly known as Arokodoctor and Dr Sylvia Kama- Kieghe of www.askawayhealth.org. One popular medical blog in Nigeria that is fast becoming a household name is www.doctorsquarters.com run by Dr Emeka Okolo.

17. **Nonprofit:** if you are passionate about helping the poor and needy, this could be an area worth considering. Nonprofits are usually designed for social impact. Notable ones are Dr Femi Olaleye of Optimal Cancer Care Foundation, Dr Kelechi Okoro of Heal for Africa Initiative, Dr Anire Chima-Oduko of Healthy Pink Initiative, and Dr Joyce Foluke Olaniyi- George of Damaris Foundation for Premature infants, Dr Yusuf Shittu of The Nigerian Child Initiative, Dr Cassandra Akinde whose work across several NGOs earned an award as a Goodwill Ambassador, Dr Joseph (oncologist and founder of The Dorcas Cancer Foundation, Dr Lola Salako (oncologist, founder of Sebeccly Cancer Care and Oncopadi app)

18. Creative arts: if you are creative at heart, you may want to explore your passions. Notable examples are Dr Seun Asala who is a photographer and visual artist, Dr Jephthah Aletan who is a graphic designer, Dr Oluwadara Abiodun and Dr Ugonna Ajoku who are both graphic designers.

19. Wellbeing/life coach and fitness: some doctors have found ways to monetize their passions. You can get paid to be a wellness and fitness coach. A notable example is Dr Chinasa Amadi, who is a well-known fitness coach and instructor. She runs www.ariellafitness.com

20. Medico-legal assessments and Medical experts - Judiciary (part-time panels): this area is in its early stages in Nigeria and if you can travel abroad, it might be worth considering. Two lawyers are currently leading efforts to promote the medico-legal field in Nigeria - Dr Cheluchi Onyemelukwe of Centre for Health Ethics Law and Development, and Barrister Laolu Osanyin, the first African member of the Board of Governors of the World Association for Medical Law.



POST HOUSE JOB

“Life after house job could be very harsh. You have to prepare for the reality of things”.

Dr Achema Timothy A

House job is an interesting phase of your medical career. The end signifies the beginning of independent practice.

During the four core rotations, towards the end, you must have settled for a speciality to devote the rest of your life to. For some, this is easy, for some, it is not. I always tell folks to be open-minded.

It is good to draw a life plan even though it may not happen the way you planned it. Most people would be preparing for the NYSC at this stage. Most will advise you to do your NYSC and tie up all loose ends before your next steps. That certificate will come in handy much later in the future. You could get posted to a local community far away from your comfort zone. You just have to be ready for anything. Some at this point would prepare to settle down with a life partner. It's best to settle down with someone who would be ready to support you irrespective of what career path you eventually tow. If you are interested in practising in the diaspora, taking foreign licensing exams at this point would do you a lot of good.

Become entrepreneurial. Consider setting up a practice or side business to augment your income. Truth is that you can be a great doctor and still run another business successfully. It is all about grit and determination.



THE FUTURE

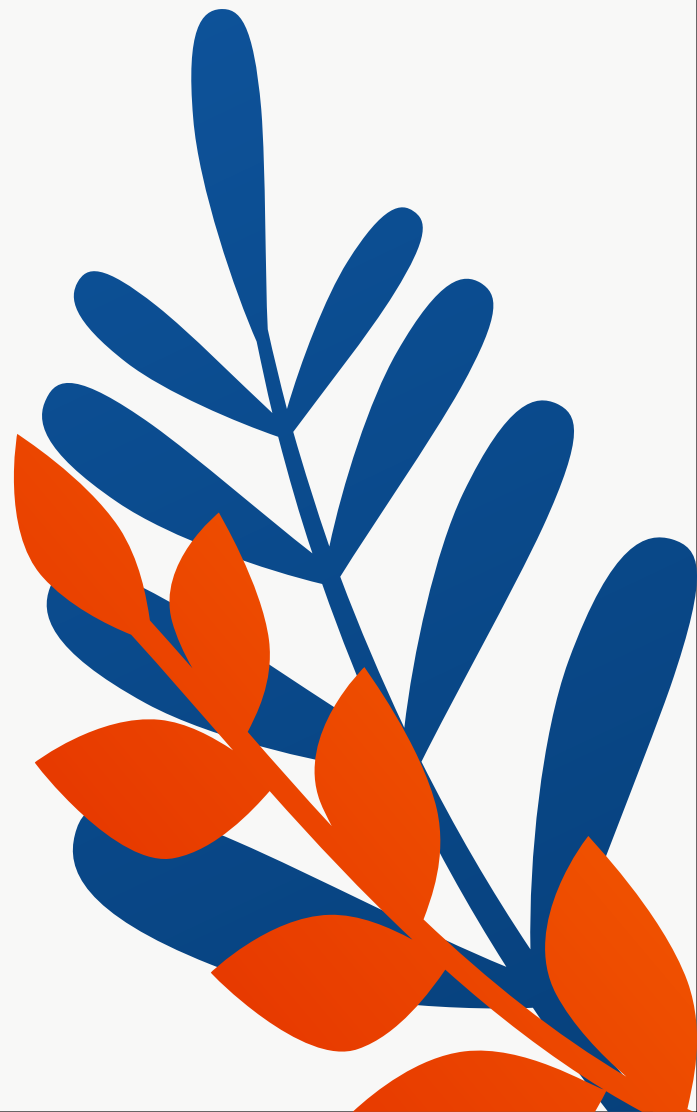
The past cannot be changed. The future is yet in your power.
-Unknown.

The future holds a world of promise for you as a doctor. See your profession as a service to others. If this is your guiding principle, you will excel wherever you find yourself.

Determine your path, don't let anyone make you feel bad about your choices. Get a mentor and confidant. Medicine needs not to box you in. Develop yourself continuously. Make use of free resources like Google, EdX, Coursera, Future Learn.

Learn skills like coding, digital skills, writing, social media skills. Take courses, get that additional degree. Build yourself into a formidable asset and always remember you can literally do anything. Your stage as a doctor is global and not local.

Carve a niche for yourself, follow through.



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APPENDIX I

KEY PROCEDURES TO BE LEARNT

By the time you are leaving your training hospital after house job, there are a couple of skills you should have picked up or learnt that will come in very handy in your practice.

These include:

- Intravenous cannulation with all sizes of cannula
- Urethral catheterization
- Conducting a normal delivery safely
- Repair of episiotomies
- Repair of cervical tears
- Taking of blood samples
- Wound suturing of all kinds
- Applying a splint
- Applying a plaster cast (back slab or full cast)
- Circumcision
- Management of retained placenta
- Removal of retained catheter
- Wound dressing
- Lumbar puncture
- Exchange blood transfusion
- Manual vacuum aspiration
- Incision and drainage
- Lumpectomy
- Appendectomy
- Caesarean section

APPENDIX II

ACCREDITED TEACHING HOSPITALS (MDCN LIST)

S/No	Name	Medicine	Dental	Total
1	Abia State University Teaching Hospital, Aba	60	-	60
2	University of Uyo Teaching Hospital	60	-	60
3	Nnamdi Azikiwe University Teaching Hosp. Nnewi	72	-	72
4	University of Maiduguri Teaching Hospital	60	-	60
5	University of Calabar Teaching Hospital	60	-	60
6	Ebonyi State University Teaching Hosp., Abakaliki	24	-	24
7	University of Benin Teaching Hospital, Benin City	96	16	112
8	University of Nigeria Teaching Hospital, Enugu	144	15	159
9	Aminu Kano Teaching Hospital, Kano	60	6	66
10	Ahmadu Bello University Teaching Hospital, Zaria	84	12	96
11	University of Ilorin Teaching Hospital, Ilorin	120	-	120
12	Lagos University Teaching Hospital, Idi -Araba	144	36	180
13	Lagos State University Teaching Hospital, Ikeja	48	12	60
14	Olabisi Onabanjo (Ogun State) University Teaching Hospital, Sagamu	40	-	40
15	Ladoke Akintola University of Technology Teaching Hospital (LAUTECH), Osogbo	48	-	48
16	Obafemi Awolowo University Teaching Hospital (OAUTH) Complex, Ile -Ife	144	16	160
17	University College Hospital, Ibadan	144	16	120
18	Jos University Teaching Hospital	60	-	60
19	University of Port Harcourt Teaching Hospital	84	-	84
20	Usmanu Danfodio University Teaching Hospital, Sokoto	36	8	44
21	Delta State University Teaching Hospital, Oghara	16	-	16
22	University of Abuja Teaching Hospital Gwagwalada	32	-	32
23	Niger Delta University Teaching Hospital, Okolobiri	36	-	36
24	Benue State University Teaching Hospital Makurdi	36	-	36

TOTAL = 1708 (Medicine) + 137 (Dental) = 1845

FEDERAL MEDICAL CENTRES APPROVED BY THE MEDICAL AND DENTAL COUNCIL OF NIGERIA FOR INTERNSHIP TRAINING (WITH NUMBER OF APPROVED INTERNS).

S/NO	Name	Medicine	Dental	Total
1	Federal Medical Centre, Umuahia	24	-	24
2	Federal Medical Centre, Yola	12	-	12
3	Federal Medical Centre, Uyo	24	-	24
4	Federal Medical Centre, Azare	12	-	12
5	Federal Medical Centre, Yenagoa	12	-	12
6	Federal Medical Centre, Makurdi	20	-	20
7	Federal Medical Centre, Asaba	24	-	24
8	Federal Medical Centre, Abakaliki	12	-	12
9	Federal Medical Centre, Ido -Ekiti	12	-	12
10	Federal Medical Centre, Gombe	24	6	30
11	Federal Medical Centre, Owerri	84	-	84
12	Federal Medical Centre, Birnin -Kudu	12	-	12
13	Federal Medical Centre, Katsina	12	-	12
14	Federal Medical Centre, Lokoja	48	-	48
15	Federal Medical Centre, Ebute - Metta	8	-	8
16	Federal Medical Centre, Keffi	12	-	12
17	Federal Medical Centre, Bida	12	-	12
18	Federal Medical Centre, Abeokuta	30	-	30
19	Federal Medical Centre, Owo	12	8	20
20	Federal Medical Centre, Jalingo	12	-	12
21	Federal Medical Centre, Gusau	12	-	12
22	Federal Medical Centre, Birnin -Kebbi	12	-	12

TOTAL = 442 (Medicine) + 14 (Dental) = 456

GENERAL/SPECIALIST/MILITARY HOSPITALS APPROVED BY THE MEDICAL AND DENTAL COUNCIL OF NIGERIA FOR INTERNSHIP TRAINING.

S/No	Name	Medicine	Dental	Total
1	General Hospital, Onitsha	24	-	24
2	General Hospital, Bauchi	12	-	12
3	General Hospital, Warri	24	2	26
4	General Hospital, Agbor	12	-	12
5	General Hospital, Katsina	12	-	12
6	General Hospital, Ado-Ekiti	6	-	6
7	General Hospital, Owerri	12	-	12
8	General Hospital/Island Maternity/Massey Children's Hospital, Lagos	60	12	72
9	General Hospital, Minna	12	-	12
10	Central Hosp. Benin City	24	-	24
11	Parklane General Hospital, Enugu	12	-	12
12	State Specialist Hospital Maiduguri	25	-	24
13	Otibhor Okhae Specialist Teaching Hospital, Irrua	24	-	24
14	Muhammed Abdullahi Wase Specialist Hospital, Kano	12	-	12
15	Barau Dikko Specialist Hospital, Kaduna	12	-	12
16	Abia State Specialist Hospital & Diagnostic Centre	16	-	16
17	Sokoto Specialist Hospital	12	-	12
18	State House Clinic, Abuja	12	6	18
19	National Hospital, Abuja	48	-	48
20	FCT Hospitals: Wuse/Maitama/Asokoro	24 each	-	72
21	State Hospital, Abeokuta	12	-	12
22	State Hospital, Ijebu-Ode	12	-	12
23	State Hospital, Akure	24	-	24
24	State Hospital Asubiaro, Osogbo	12	-	12
25	Adeoye State Hospital, Ibadan	24	-	24
26	Plateau Hospital, Jos	12	-	12
27	Dalhatu Araf hospital, Lafia	6	-	6
28	Braithwaite Memorial Hospital, Port Harcourt	24	-	24

29	Govt. Dental & Maxillofacial Hospital P/Harcourt	-	4	4
30	Dental Centre Complex, Dugbe, Ibadan.	-	4	4
31	Armed Forces Hospital, Kaduna	12	12	24
32	68th Armed Forces Hospital, Lagos	48	-	48
33	48th Armed Forces Hospital, Lagos	18	12	30
34	442 NAF Hospital, Ikeja	12	-	12
35	Naval Hospital, Ojo	16	-	16
36	Yeriman Bakura Specialist Hospital, Gusau	12	-	12

Total = 639 (Medicine) + 52 (Dental) = 691

PRIVATE HOSPITALS APPROVED BY THE MEDICAL AND DENTAL COUNCIL OF NIGERIA FOR INTERNSHIP TRAINING.

S/NO	Name	Medical	Dental	Total
1	St. Luke Hospital Anua, Akwa Ibom State	12	-	12
2	Oriafor Medical Centre, Edo State	3	-	3
3	Abuja Clinics, FCT	6	-	6
4	Holy Rose Hospital, Emekuku, Imo State	12	-	12
5	Eko Hospital Plc. Ikeja, Lagos	12	-	12
6	First Consultant Hospital, Obalende, Lagos	12	-	12
7	Duro Soley Hospital, Ikeja, Lagos	4	-	4
8	St. Nicholas' Hospital Lagos	12	-	12
9	Havana Specialist Hospital Lagos	6	-	6
10	Motayo Hospital Ikeja, Lagos	4	-	4
11	Sacred Heart Hospital Abeokuta	12	-	12
12	Seventh Day Adventist Hospital, Ile-Ife, Osun State	8	-	8
13	Baptist Hospital Ogbomoso, Oyo State	16	-	16
14	Baptist Medical Centre Shaki, Oyo State	6	-	6
15	Bingham University Teaching Hospital, Jos	12	-	12
	TOTAL			137

DENTAL TEACHING HOSPITALS APPROVED BY COUNCIL.

S/No	Name	Quota	Remark
1	UNIVERSITY OF BENIN TEACHING HOSPITAL	16	
2	AMINU KANO TEACHING HOSPITAL	6	
3	LAGOS UNIVERSITY TEACHING HOSPITAL	36	
4	OAU TEACHING HOSPITAL COMPLEX ILE IFE	16	
5	UNIVERSITY COLLEGE HOSPITAL IBADAN	16	
6	Maxillofacial Department, ABUTH	12	
7	UDUTH, Surgery/Maxillofacial Department	8	
	TOTAL	110	

DENTAL HOSPITALS APPROVED BY COUNCIL.

S/NO	Name	Quota	Remark
1	GENERAL HOSPITAL WARRI	2	-
2	ARMED FORCES HOSPITAL KADUNA	12	-
3	GENERAL HOSPITAL/ ISLAND MATERNITY/ MASSEY 1	12	-
4	48TH ARMED FORCES HOSPITAL, LAGOS	12	-
5	DENTAL CENTRE LASUTH, IKEJA	12	-
6	DENTAL CENTRE COMPLEX, DUGBE, IBADAN	4	-
7	Government De ntal & Maxillofacial Hospital P/Harcourt	4	-
	TOTAL	58	-

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