House Officer Training Program

Introduction

Objectives

The House Officer Training Program (HOTP) aims at allowing you to implement the knowledge and skills learnt during the undergraduate program in real-life clinical situations, under varying degrees of supervision and guidance. This is achieved through:

- Regular patient encounter in a range of health care settings.
- Application of basic clinical and procedural skills.
- Planning of initial investigation and treatment of patients, under direct supervision.
- Guided self-learning activities.
- Stimulation of critical thinking and enhancement of collection, evaluation, synthesis and presentation skills.

ILOs

1. PROFESSIONAL SKILLS

A. Patient-Relations
At the end of the training period, you must be able to:

- Communicate effectively with patients and their families in a range of clinical settings (outpatient clinics, wards, ER, ICU).
- Solve dilemmas related to the use of the national code of ethics.
- Demonstrate respect to confidentiality and privacy of patient information.
- Effectively deliver information to patients, and first-degree relatives if appropriate, about their condition and explain disease processes if appropriate.
- Plan treatment plans with the patient and/or relatives after studying alternatives.
- Give advice on health promotion, safety and disease prevention.
- Counsel patients suffering from complicated or terminal illness.

B. Inter-professional Relations
At the end of the training period, you must be able to:

- Demonstrate respect to and work cooperatively with all fellow health and social care professionals participating in patient management.
- Consider scope and limitation of his role as a primary health care provider when making management decisions.
- Demonstrate knowledge in a scientific setting and share relevant information with colleagues in an organized, clear and logical manner.
- Issue effective written communications with colleagues.
- Refer patients to another more appropriate healthcare professional if necessary.

2. CLINICAL & PROCEDURAL SKILLS

A. Clinical Skills
You must be able to:

- Take and record a structured, patient-centered history.
- Perform full physical examination appropriate to the age, gender and clinical condition of the patient.
• Interpret the findings obtained from history and physical examination, to reach a diagnosis or differential diagnosis.
• Select the investigations relevant to the patients' condition.
• Make clinical decisions based on the evidence they have gathered and form plans for management.
• Write safe prescriptions for different types of drugs when needed.
• Calculate drug dosage based on patient's age, weight and health condition after referring to appropriate textbooks, guidelines and references.

B. Procedural Skills
Under direct followed by indirect supervision, you must be able to:
• Carry out the following procedures:
  • Give intravenous injections
  • Insert a cannula into peripheral veins
  • Give intramuscular and subcutaneous injections
  • Perform venipuncture and collect blood samples
  • Perform suturing of superficial wounds
  • Perform cardiopulmonary resuscitation and basic life-support skills
  • Carry out and interpret an ECG
  • Administer basic oxygen therapy
  • Use a nebulizer (inhalation therapy) correctly
  • Insert a nasogastric tube
  • Perform bladder catheterization
  • Conduct normal labour and initiate management of obstetric emergencies in delivery room and OB/GYN ER
  • Adopt suitable measures for infection control
  • Carry out initial management and stabilize patients with:
    o Cardiac arrest
    o Anaphylactic shock
    o Coma
    o Trauma
• Perform and interpret basic bed-side tests including:
  o Urinalysis by dipsticks
  o Glucocheck test

3. COMMUNICATION SKILLS
Upon completion of the period of training, you must be able to:
• Communicate clearly, sensitively and effectively with patients (and their relatives, if appropriate) as well as with colleagues from a variety of health and social care professions
• Follow standard procedural Guidelines to break bad news to patients
• Follow standard hospital protocols to counsel terminal and chronic patients

4. GENERAL & TRANSFERABLE SKILLS
During the period of training, you will:
• Express your opinions and ideas clearly.
• Demonstrate effective team member capacity
• Demonstrate capacity to carry on responsibility when assigned.
• Demonstrate critical thinking through ability to:
Adopt reflective and inquisitive attitudes.
- Foresee the immediate and long-term impacts of your own judgments and decisions on patients.

- Demonstrate proficient clinical reasoning through ability to:
  - Recognize, define and prioritize problems
  - Analyze, interpret and objectively evaluate information

- Seek continuous (life-long) learning.
- Adopt a systemic approach to management through understanding and dealing with the economic, legal and social challenges associated with the medical field.
- Fill patients records appropriately (digital & manual) according to the available medical record system.
- Retrieve information from different sources based on scientific evidence.
- Present medical information utilizing different methods to individuals and groups from different educational and social strata.

**Department Activity**
During the 12-months period, HOs would rotate between different specialties as follows:

1. **General Surgery (2 months):** the needs of special surgical departments of house officers will be fulfilled during this rotation.
2. **General Medicine (2 months):** the needs of special medicine departments of house officers will be fulfilled during this rotation.
3. **Emergencies (1 month)**
4. **Anaesthesia (1 month)**
5. **Paediatrics (2 months)**
6. **Obstetrics & Gynaecology (2 months)**
7. **Special rounds (2 months)**

**System of work**
- In all departments, each house officer will be responsible for a certain number of beds. He will be requested to complete the medical sheet of his/her patients, to follow the accomplishment of all laboratory and radiological investigations requested by the medical staff for the patient, and to supervise the administration of the medical treatment proposed by the staff.
- The attendance of the clinical staff rounds of the different departments is obligatory and the house officer should be able to answer any questions related to the investigations and treatment of the patients under his/her responsibility.
- In each department, an educational supervisor would be responsible for the training of HOs in his/her department according to the program requirements and the coordination of activities of other individuals (staff members, residents and nurses) as they relate to HOs, as well as providing counselling for house officers.

**The role of the Educational supervisor**
The Educational supervisor will be the key person during the HOTP. Educational supervisor is there to encourage, advise, emphasize, appraise, provide career advice, and help overcome problems and difficulties encountered. The educational supervisor shares in educational activities, like tutorials, case presentations, journal clubs, clinical training, X-ray and pathology meetings.

**Case Presentation Sessions**
Every HO should prepare documented full history & provisional diagnosis of a real case presentation from their training department to present it to his colleagues & discuss it with their educational supervisor at the case presentation session that should be held weekly in each department.

**The log-books**
For each rotation, a log-book would be used by every HO to record all activities done during that rotation, and would subsequently be assessed by the educational supervisor. The department-based rotations aim to provide hands-on training for HOs so that they can:
- Acquire the basic clinical knowledge and skills needed for patient assessment,
- Deal with emergencies and common clinical situations,
- Write clinical notes and prescriptions
- Keep medical records
- Be aware of psycho-social, ethical and legal aspects of patient care.
- Promote patients’ education e.g. inadvertent drug use, diet for special patient groups, susceptibility to diseases, etc.

**Final rotation assessment**
It should be based on the following:
- **Clinical skills and knowledge:**
  a- The HO’s capacity to deal in emergency and non-emergency situations.
  b- Examination of the patients and assessment of the presenting problem, with particular reference to conditions commonly presenting in general practice, including those involving the chest, abdomen, cardiovascular and central nervous systems.
  c- Prescription writing.
  d- Legal and ethical issues.
  e- Awareness of the contribution of personal and social problems to illness.
  f- Effectively links all key findings from history and clinical examination
- **Professional attitudes and values:**
  a- Communication with patients, relatives and care givers
  b - Relationships with other members of the health team,
  c- Relationships with managerial system & regulations of the hospital
- **Whether the HO keeps good records and uses them effectively.**

The HO who fails to achieve satisfactory performance has to re-attend the same round after the end of the year.

Courses to attend:
- Medical ethics
- Research ethics
- Communication skills

Family medicine IMCI