



A new 'Dawn' needed!

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Dear Editor,

Please accept my congratulations on the First Survey of the experience of Indian Cardiac Surgeons about international fellowship programmes (IJTC 2018: 34(4),525–529). It is a very useful survey and will be of help in guiding PG teachers and HODs as well as surgeons in training.

I felt impelled to share with your readers about my own humble experience at Greenlane Hospital, Auckland, New Zealand, more than four decades ago. Please remember those were pre-cell phone, pre-computer days. Though I was very pleased with the professional training I received there, my comments will be on what I learnt and experienced outside the realm of cardiac surgery. I feel these observations are equally important for all of us even today.

1. *Systems*: I was much impressed with the systems that were in place for day-to-day working: Reception of a new joiner, system of duty roster, leave roster, weekly meetings, ward rounds, Saturday seminars, Journal clubs, grand rounds, even exchanging your soiled white coat for a laundered one—everything was well-organised *every time* and ran like a well-oiled machine.
2. *Work Culture*: Punctuality, clear cut areas of responsibility, prompt responses to calls, due deference to General Practitioners when they phone in to inquire about their patients, courtesy to patients, Nursing staff and other staff at all times, proper etiquette in intra- and inter-departmental verbal/written communications and such other practices were worthy of emulation. Any change contemplated in the working of the Dept was planned, discussed well and thought through and adequate arrangements and provisions made before implementation so that the new system takes off smoothly. I did not witness any instance of favouritism, queue jumping or recommendation for special treatment.

3. *Openness* in sharing professional knowledge, welcoming new ideas from all members of the team (including Nurses), meticulous avoidance of gossip and loose talk about colleagues or Administration, value of spoken reputation about previous Staff, impartiality in assessment and reporting of professional competence and such other behavioral characteristics infused confidence and promoted loyalty.
4. *Documentation*, the well-known Achilles's heel in our set-up, was emphasised, streamlined and completed promptly. Any slackness was picked up by careful monitoring and corrective measures taken.
5. I also had the opportunity to work with not only New Zealand Registrars but also those from an array of nations including Australia, the UK, the USA, South Africa, Switzerland, Japan, Malaysia and Thailand in addition to India.
6. *Physical Fitness and Lifestyle*: Three of the four Consultants were Marathon runners. Two of them used a bicycle to and from work, which has rubbed off on me.

Though there are many instances to illustrate some of the above, I will restrict myself to only two examples:

- The senior most Registrar (happened to be a local) responsible for the Duty Roster tried to put newcomers on week-end duty. This was picked up by the supervising consultant (without any complaint from the affected party, who were too new to complain) and corrected promptly.
- When the Health Minister of the country was admitted over a week-end with Aortic Dissection needing urgent surgery, the Surgeon-in-Chief was contacted for advice. He had only one suggestion: the surgeon on call was competent enough to deal with it and to ask for help if he felt the need. The surgeon-on-call did a good job and did not have to call the Chief. The patient was treated in a four-bed general ward like any other citizen and discharged as per protocol.

When will our country wake to such a dawn?

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