

## Resident Graduated at the Institute of Will: the Requisites - Aspiration, Movement and Prevailing Over

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The resident, this young magician that transforms a grant into experience. The resident, this nomad that is less of a lodger and more of a “family member”. The resident, this pluripotent stem-cell, plural worker, remarkable apprentice. The resident, this adolescent phase of the medical being, a herald of the professional maturity.

There are six competences and abilities pointed out for the formation of the Brazilian doctor by the National Curricular Directives of the Graduation Course of the Ministry of Education<sup>1</sup>: a) attention to health; b) decision-making; c) communication; d) leadership; e) administration and management; f) permanent education.

After the six years of graduation, the newly-graduated doctor, mandatorily, starts a Medical Residency Program, aiming at advanced frontiers beyond the aforementioned sextet. To paraphrase Aristotle (384-322): “... you learn by doing what you must learn to do...” in mutant scenarios. One same person, many meanings of physician, countless roles as a resident and the stresses of professionalization<sup>2-4</sup>, everything happens so fast. The resident accumulates expertise less by caring for textbook cases and more by caring for comorbidity events<sup>5</sup>. It is a collection without a catalogue, more essences and fewer pre-determinations. In order to do so, the resident joins the routine of the Services as the conductor axis of the successive rituals of passage that take place according to institutional principles, rules and norms<sup>4,6</sup>. The resident aims to bloom the news from patients to himself, which are repetitions for more experienced colleagues, in an environment of hierarchy, companionship and mutual respect.

At the bedside – small space, great opportunities – that is, therefore, the instigating habitat of the resident. It requires determination from him. It awakens the keyword from the lexicon of the newly-graduated: Will! The will takes him to the compactness of learning, determination to establish the foundation of his residency. It brings the idealization of the intimate self of the resident in a metonymy: Resident at the Institute of Will (R-InWi). The Institute of Will is the self-instituted - by the resident - projection of the learning that requires the inclusion of a strong scientific, cultural, moral,

social and human connection in the systematization of the residency-ecosystem. It is welcome to the Programs of Medical Residency. The Institute of Will gives equivalence to the good purposes of the Institution of Health. To be R-InWi, different from being a resident, presupposes:

- a) To acquire an entrepreneurial look;
- b) To go beyond the obligation;
- c) To set knowledge in movement;
- d) To review what has been acquired;
- e) To discover the new;
- f) To attend distinct Service profiles;
- g) To delve into the underground of information, clarification and knowledge;
  - h) To root each scientific & humanistic experience;
  - i) To verify the reciprocity of usefulness (my patient & my doctor);
  - j) To express indispensability judgment (from the patient to himself and vice-versa).

The R-InWi can, affirms and shows himself; and overall, he is exposed at the obstacle run, stage by stage. He connects, access realities and transforms the certification by the University into accreditation by society. The R-InWi cheers up by “residing” at the bedside with its own flow and contraflow rhythms. He behaves as a resilient-resident<sup>3</sup>, with flexibility that prevents permanent deformations. The R-InWi slides through the techno-scientific cracks of the tripartite interface – R – InWi-patient, R-InWi-supervisor, R-InWi-literature. He infiltrates into the problematizations and transforms needs into experiences. He knows that attending to the needs of his patient is the most efficient attention to his own.

The R-InWi enjoys the interdisciplinarity<sup>7</sup>; he demands clearness and system improvements; he cares for the quality of the personal life<sup>8</sup>; balances the weight of science, which does not dispense with the doubt and that of technology, which aims at the certainty dominium.

The R-InWi is not a stereotype. He expands a “single-faced” curriculum into an educational process that looks “just like him”. The R-InWi personalizes his experience of the sextet of the Curricular Directives:

- a) Attention to health: The R-InWi provides attention to the basics and to the complexities. He distinguishes attitudes for emergencies, urgencies or electiveness. He reorganizes therapeutic experiences to the scope of prevention and

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## Point of View

rehabilitation. The R-InWi arrives before the patient, seeking the state-of-the-art, which he knows is his upper threshold, beyond which he cannot go and that he must not be beneath, either<sup>9</sup>.

b) Decision-making: The R-InWi sees the grey zones of the autonomy sufficiency given by the acquired learning, which indicates not taking decisions without previous discussion. He distinguishes only the patient's/family member's permission to the informed & clarified of a real choice among the options presented to them. The R-InWi averts the idolatry to high technology geminated to the iconoclastic symbolism of the stethoscope.

c) Communication: The R-InWi communicates through a bedside dialect and non-verbally (through posture, gesture, physiognomic expression). He represents a media when he congregates messages to the patient, obtained from propedeutics, literature and supervisors.

d) Leadership: The R-InWi coordinates activities at the bedside and demands the pre-agreed within a net of necessary interventions. He intermediates the diffusion of knowledge of the clinical situation, anticipates risks, minimizes iatrogenies and makes adaptations for the sake of beneficence. The R-InWi constructs trust with the patient/family member. Therefore, the R-InWi develops the systemic and comprehensive view of the leader. The R-InWi awards the reliable being that resides in him and cannot see himself acting due to the fear of punishment. He knows that "If I do not do it, I will be reprimanded or sued" is a pernicious thought that diverts the focus of his values and reduces the self-esteem. The R-InWi protects his citizen's consciousness.

e) Administration and management: the R-InWi is involved with the bedside management and develops aptitudes to manage the healthcare procedures in its multiprofessional, infra-structural and health system aspects. He moves with interdependence to the ecosystem, being not only a safety collector, but also a sower of trust in health attention.

f) Permanent education: The meaning of the Institute of Will perpetuates throughout the professional activity, giving importance to the self-assessment. It is worth for the self-esteem and as an example for his colleagues. The R-InWi reinforces the pertinence of the concession of the title of Master (Master's Degree) at the end of the Medical Residency, as proposed by the "New University Project". Threshold of a school career at the bedside. The R-InWi cannot see himself as belonging to the present. As his future performance depends on what he did or did not do, each action becomes immediately past. The sustainability of the future is based on the stratification of the cases<sup>10</sup>. The R-InWi values the heuristics at the bedside – the patient as a text to be interpreted -William Bart Osler (1849-1919). He adheres to a paraphrase by Michel Foucault (1926-1984): the bedside as a classroom.

In brief, the performance of the R-InWi is committed with a Decalogue of Wills:

1. Do it! Doing it is a challenge catalyzed by the will.
2. Learn with the errors! Remember that doctors with a will invented the anatomoclinical correlation; symbolize it as an expression of the path to knowledge.
3. Have doubts! Doubts are indicators of the will to learn.
4. Distinguish types of failures! Those related to Medicine are the upper threshold of the medical being and are not associated to personal, institutional and health system deficiencies that surpass your will.
5. Be a chameleon in the Program ecosystem! *Chameleon nosocomialis*, in analogy to the *mus nosocomialis* (Waldemar Berardinelli, 1903-1956), charming term for "hospital rat".
6. Value the humanity in common! Be a human with the will to care as a human. Not everything that shines for the doctor is the gold-standard for the patient.
7. Consider anamnesis and physical examination as your toothbrush. Always feel like having your own!
8. Communicate nicely and do not be vague! The will to clarify things for the patient/family member perfects the dialogue. Avoid being a "risk-benefit leaflet"; consider the "terrorism" of certain communications.
9. Breach the secrecy of the disease, not the patient's confidentiality! This Hippocratic will is the heritage of the medical being.
10. Take good care of yourself! Be a mirror for your patient, do not speculate "do what I say, not what I do". Be your own spokesperson. Include yourself into your professional life without excluding yourself from your personal life. Consider yourself on permanent duty against burnout, a horizontal in the attention to the risks of emotional insalubrity and a specialist in the recognition of its subclinical expressions!

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