

## Monitoring the younger residents

### Maxime Coles MD

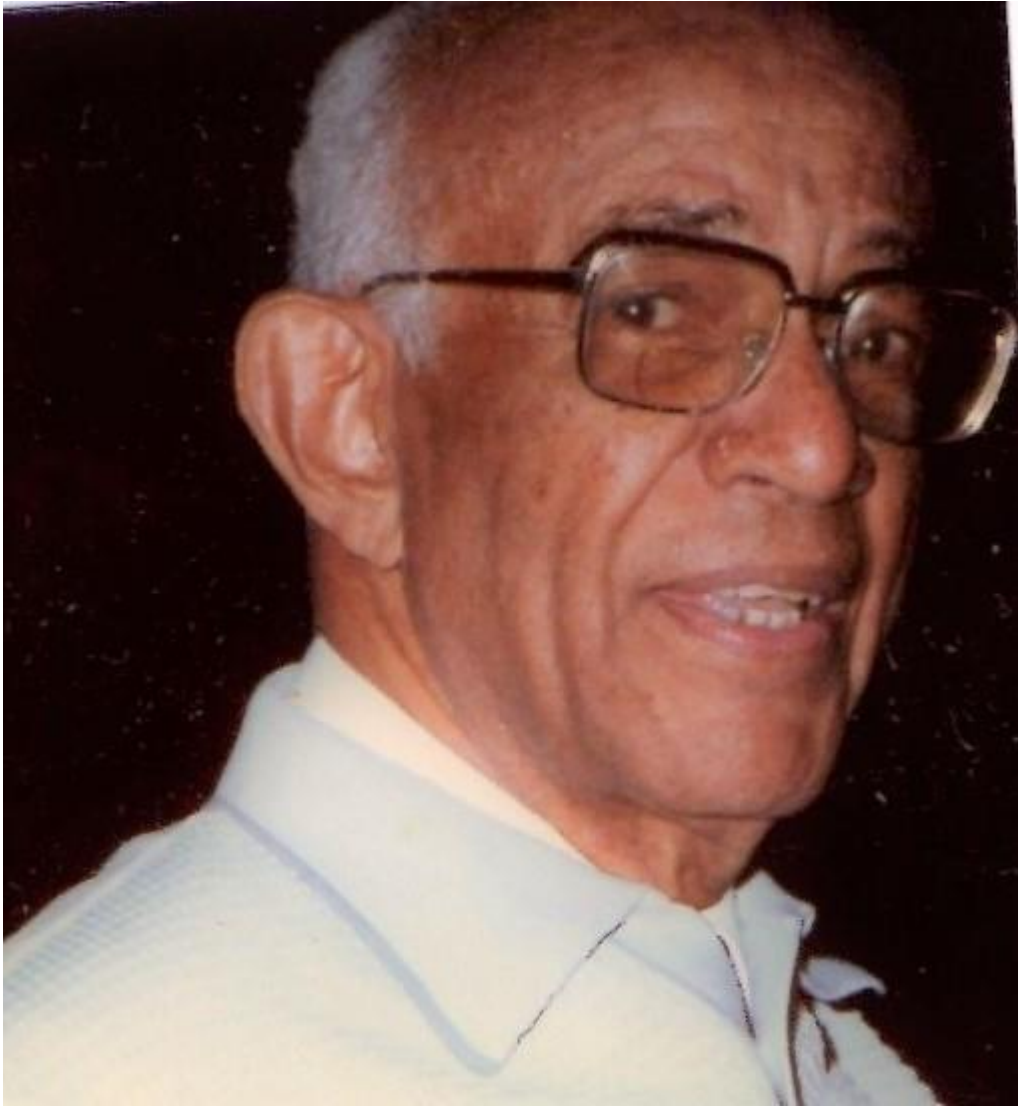
I was fortunate enough to train in Haiti first and later in the United States and comparing the way we learned from our professors in Medical school, has allowed me to canalize some skills to bring knowledge in a simple way to my junior residents and younger attending. I entered Medical School in September 1970 at a period when many of our elders benefited from a relative political stability during the dictatorship of the Duvalier: A calm period that allowed many professionals to wish a return to the country and offer their service of the Nation.

In all fields, we had professionals embracing this vision, general surgeons and general practitioners, orthopedic surgeons and obstetricians with more specialists and technicians in different fields finding the need to join the medical force in Haiti, during the end of the Duvalier dictatorship. Engineers, professors returning from Africa, Europe or the United States were also encouraged to be part of a diaspora willing to invest their knowledge back in the motherland. It was like a wake-up call for all of us who years ago abandoned the country for better skies. Physicians from Internal Medicine and Psychiatrists to only mentioning a few, cardiologists, all trained in American or European institutions where occasionally black foreigners were lucky enough to be accepted in different programs for specialization.

I met individuals like Frantz Medard, Adrien Westerband, Charles Chevallier, Alix Adam, Anthony Leveque, Symphar Bontemps, Boris Chandler, Ulrick Kersaint, Buffon Mondestin, and later Anthenor Miot, Vatey Parisien, Lucie Paultre Sajous, Gerard Leon, Raymond Bernardin etc. Others younger physicians, like Guy Clermont were willing to parade over the different services on the campus of our Alma Mater or at the Hospital (HUEH) to expose their knowledge in Internal Medicine or other specialties. We were always eager to learn from our seniors. Many of our chief of Service were given the opportunity to participate at some training institutions, in rotation of six months, duration sponsored by the Ford or the Rockefeller Foundation.

In Orthopedics, under the hospices of Anthenor Miot, Vatey Parisien, Gerard Leon, Raymond Bernardin, Lucie Paultre Sajous, Mathieu Joseph, I grew up to become what I am now. I need also to render homage to younger attending like Jacques Pierre-Pierre, and Ronald Georges (Puepuel) for their devotion in rendering all of us better in the field of Orthopedics. The knowledge I benefited during the three

years of my Chief-Residency in the service of Traumatology and Orthopedics, is exceptional.



### **Anthenor Miot MD, father of Orthopedics and Trauma in Haiti**

Mentoring is a crucial aspect when one observes the professional development of a resident especially when he belongs to a surgical field. It instills to a trainee, guidance and insurance to navigate during training and to prepare them for a higher level of care, allowing them to sharpen their skills in their chosen specialty. In mentoring, we also benefit from a transfer of knowledge and skills coming from a more experienced surgeon. Guidance on everything from surgical technique to patient care until one is able to perform with insurance through the complexity of

the health-care system. Our mentors can certainly serve as a role model while one is mastering well the best practice and attitude that may be become essential to succeed.

I was fortunate enough to benefit from my mentor's guidance. I became chief-Resident in the service of Orthopedics and Traumatology only seven months after entering the residency program at the HUEH. Part of Luck but also part of Destiny. My senior residents, both of them, left the program prematurely, to pursue another avenue. One went to the States and chose to venture in another field of Medicine, another one went to Israel to perform in Orthopedic Fellowship. I never heard from him until he returned later to Haiti and passed-away.

I became eager to learn and I showed myself available to assist all Attending in the service. In little time, I gained their confidence and become the one by whom all decisions were passing through. In little time, after being a Junior Resident in orthopedics, I was chosen by all my orthopedic attending and all my peers to act as their Chief Resident in a busy service of Orthopedics and Traumatology at the State General Hospital (HUEH).



I was privileged to benefit from good monitoring and I want to take a moment to remember the first emergent case I had to handle while being on-call during my first week as a first-year orthopedic resident. I easily remember this first case I received like it was yesterday: A young 22-year-old lady slipped and fell down on her right elbow and sustained a type-2-Gustillo open fracture of the olecranon. I was so happy that to have an opportunity to go to the operating room and to perform. I called the Attending-on call and with all excitement, presented the case. I was so surprised when, after listening to me, he calmly announced the I need to open my surgical book, read on the case and perform in the best of my ability. I was surprised, me, who understood that I would have him on my side showing the rudiments of the fixation through what appeared to me like a routine open reduction and internal fixation. He makes me understand that I have to think as a resident and understand that it was my responsibility to handle the case in the best of my ability. He sent me to review the procedure book. In one word, it was my duty to be able to handle the case. I understood that I needed to be prepared to show-up in the Operating Room alone and perform in the best of my ability.



Indeed, I reviewed the procedure and performed well while assuring that I will not have to call him back to discuss any complication. The case went uneventfully.

From there, I concluded that Residency was a self-learning experience and you need to be skilled with resources. I took one of my interns as an assistant and performed a tension-band wire fixation. I followed the young lady closely in the post operative period to monitor any possible complication like infection until she healed at my satisfaction with a range of motion near to anatomical. She returned 3 months later to her regular work, happy to have gained a physician on which she would be able to rely for years. This was my first case in July 1970 when I entered the HUEH as a first year in Orthopedics and Traumatology.

Each day passing at the General Hospital brings a unique challenge. I have learned the hard way from my surgical textbooks and from my elders during elective or emergent cases. I was also always involved in their private practice. This allowed me to build-up a comfort zone, cases after cases. My responsibilities in the service itself were unlimited and I had to resolve all problems one after the other one. Patient care, Nursing issues, selection of hardware for the next case in the operating room, insufficient material, non-performing juniors or senior residents, administrative duty etc., The well-being of the patients and Orthopedic department were resting on my shoulders. The head nurse Mrs. Bouard was my close ally and we were working in a complete harmony to change the image of the orthopedic department. I was also involved in the selection of hardware for all cases for the good order of the Orthopedic service.



I was writing papers and reports on our difficult cases, Grand rounds and case presentation in formal Saturday morning Morbidity and Mortality (M&M). Conferences, rounds and didactic sessions with students, nurses, interns and Residents brought to the orthopedic department a standard that we had never seen before. One of my attending (Vatey Parisien) benefited from a residency training in the service of Professor Milch in the United States. We learned his routine on different osteotomies around the hip joint, especially the Milch osteotomy and we created a special lab to prepare the Milch side-plate. Nails and plates like Milch, Newfield, Jewett, Mc Murray and other sliding compression screws were specially cut in preparation for different cases in the operating rooms.

Nails, Rods like Schneider, Kuntchner, Steinman, K-wires or other Pins were cut for proper sizing and length as needed for each case to assure the best outcome in the management of long bone fractures. Our way in performing double pinning for the treatment of open long bone fractures was memorable. Plate fixation following the new Swiss A/O technique was also part of my responsibility and after taking a successful course, it becomes my responsibility to teach each of the junior residents and other young Attending the proper use of the system. I was the one to go to and any other hospital in need of help will also use my service in Port-au-Prince or in any other city of the country. I was a young chief-resident already elevated to an Attending level able to offer professional help to any other orthopedic surgeon unfamiliar with the technique. So much responsibility on my shoulders.



I like to remember a hurricane which devastated the south peninsula of Haiti and especially the town Les Cayes and I was chosen by my Chief of Service Dr Anthenor Miot to be the Orthopedist capable of helping the injured in Les Cayes. I left under the request of the Health Minister Verrier as an official in a mission. I left Port-au-Prince and went to Cayes for 10 days. It was an intensive effort and a lot of responsibility on my shoulders. I was able to bring material and fix numerous fractures of long bones. The hospital was full of injured individuals. Hopefully, I found on the site, two of my classmates both performers in General Surgery (Serge Cayemitte and Jean-Claude Fanfan), who were able to provide me additional help when needed during my stay. They were very useful especially in the difficult and challenging cases. One will never comprehend how such stress sharpen the skills of a surgeon. I had the impression that my happiness was limitless.

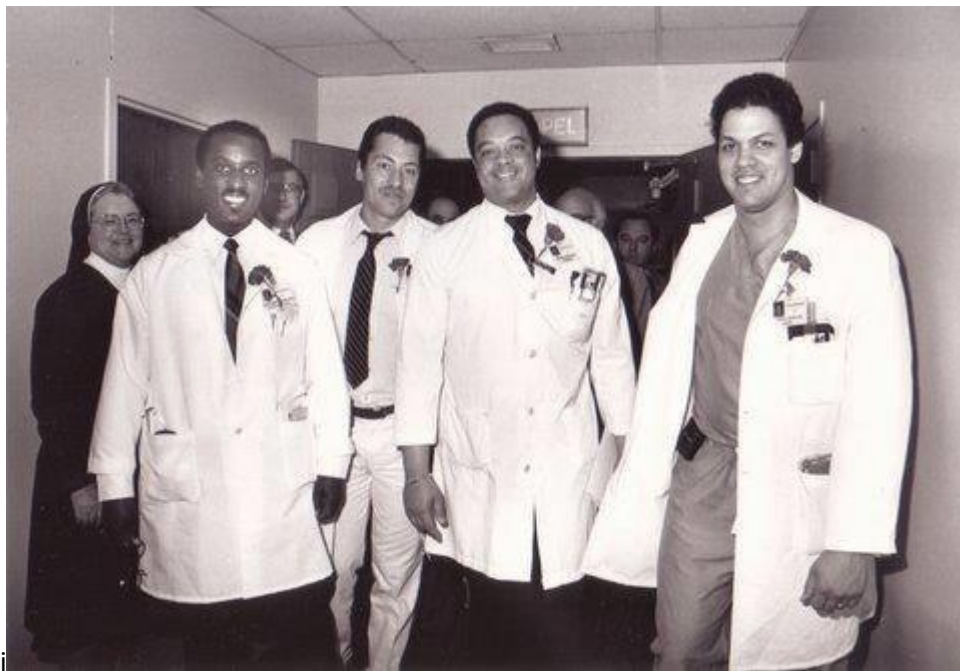
I wanted to improvise and perform in research and finding new techniques able to sharpen my skills. It looks like I was ready to fly with my “proper wings”. We worked on Dunlop’s traction and Perking’s traction for long bone but it took me some 15 years later to become a visiting professor in Addis Ababa Tikur Anbessa teaching Hospital for me to finalize such paper which was *later published in the Journal of International College of Surgeons after my work there with the Ethiopian Orthopedic residents. I will refer you to the published paper.* I followed my mentor’s guidance and developed sufficient skills. You never stop learning while sharpening your surgical skills.

I worked also at OFATMA Hospital and it served me to perform in a Hand Fellowship in Trauma and specially with all the industrial injuries. With Dr Bouchette as a Director, I was a junior attending with Drs Miot, Rosario and others in the service until my leaving for the United States in December 1979. I enjoyed the experience learned at OFATMA, a very functional hospital and I become involved in all the trauma cases and especially a variation of cases related to work injuries.

It was time for me to look for more training elsewhere and I landed in Washington DC. In little time, I was at Howard University Hospital under the protective eyes of Dr Lassalle Leffall Jr in the Service of General Surgery with which I have special bounds. He did not want me to pursue my orthopedic dreams but I was stubborn and my skills helped me to enter in the Orthopedic Department of Dr Charles Epps. My Haitian experience has allowed me to play a major role in assuring a spot on

the rooster list to become an Orthopedic resident. I still remember one of the top attending who had a complication on the operating room table and he used my suggestion to resolve the problem. Weeks later, I learned that I was offered a position in the orthopedic department to become an orthopedic resident. Gradually, after three years of residency in the General Surgery service. I was finally accepted to perform in the field of my choice.

Destiny brought me to Howard University Hospital and it may look like I was starting everything de-novo, but it was for me a kind of specialization and a different vision in the orthopedic field. I gained valuable insights through continuous education as I learned from possible mistakes during surgical practices but, again reaching the Chief-Residency affirmed my comfort in handling any case in the field of Orthopedics. It took me time to adjust to the system because I felt like I was seen as a foreigner in the program and perhaps I did not belong to the American system. Then I realized for the first time that I was in fact the object of discrimination in a black institution. Slowly, we got adjusted and the sensation of non-appurtenance disappeared.



Four years of residency in Orthopedic Surgery at Howard University Hospital have allowed me to become extremely confident in dealing with orthopedic injuries. I was able to “fly with my own wings” and after attending various work interviews, I had the choice in picking up a facility which was offering a post-graduate position. I was waiting for the special call. We are never sure at the beginning what choice



to make. We may have many hesitations and doubts, many consultations until finally a position at the Meharry Medical school in Nashville TN was accepted. I will have a faculty-position as an Assistant-Professor at the College and I will become the Chief of Orthopedics at the Veterans Administration Hospital in Murfreesboro TN. I was also a consultant at the Millington Air Naval Military base in Millington TN. I enjoyed three years of practice while the surgical residents from the General surgical program of Meharry medical school were rotating in the service of Orthopedics at the Veteran Administration Hospital at Murfreesboro TN.



Life was nice and the kids were growing while attending school and I was finding time to play Tennis, Soccer, Basketball, Ping-pong and other sports while I was following as well the different sport activities at the Universities around. Unfortunately, my wife and I lost a third son from premature contractions following an amniocentesis. It becomes difficult to remain in Murfreesboro TN. Soon, I was offered a position at Bridgeport Yale Health in Bridgeport CT, affiliated to Yale University. We discussed in the family and friends circle, and we

found out that such a choice to re-locate in Connecticut was attractive. I accepted to become the Chief of Orthopedic and Trauma from 1990-2018. These were the best years of my practice.

I dealt with the Cartel Columbian drug ring in Bridgeport CT and the victims were often young Hispanic being punished by the lords for their mistakes or injured in fights between rival gangs. Most of them assured me while coming in the clinics for treatment that they have my back “covered” and they will even invite me to come downtown Bridgeport between my late cases to have a sandwich late at night. I was over protected because I was the trauma surgeon taking care of either side injured victims. I was well known in Bridgeport and Monroe CT where the family and I resided. My boys were enjoying high school while practicing all sports and attending university until graduation. My daughter was also in elementary school, enjoying her friends.

As a level one trauma, Bridgeport-Yale Health was the institution where all polytraumatized and Gunshot wounds patients will seek care. As such, I became the first orthopedist in the Bridgeport area to change the traditional 6 weeks-long bed trans-skeletal traction for the Open treatment of the long bone fractures, following gunshot wounds. The victims were rapidly operated by using rods or external fixation or plates and screws and discharged home, freeing the hospital bed. The turn-over created the ire of the drug lords who revised their punishments protocol in returning to the residence of their victims or in the hospital itself to inflict more damage. Trauma became my life and if we were not teaching Advanced Trauma Life Support (ATLS) or taking care of traumatized patients, we were simply writing papers and protocols for the management of the traumatized patients. I had the Yale residents and 6 physicians assistants to support me at work.

I was also enjoying a private practice in Monroe CT, which supplemented my work, covering both Bridgeport hospitals in the area (Bridgeport Hospital and St Vincent Hospital). Unfortunately, problems in my marriage forced me to look for opportunities away in the Midwest of the United States. I landed in Coffeyville Regional Medical Center, in Coffeyville KS. Soon under my insistence, I was given authorization by the Administrator of the Hospital Jerry Marquette to start a rotation for our orthopedic residents, from the State University Hospital of Haiti. *I was excited to be able to initiate this program especially after my discussions with Jacques Pierre-Pierre MD, during my frequent medical missions in Port-au-Prince.*



A three-months rotation was officially initiated for all the chief-residents in the orthopedic service. I would facilitate their travel, and lodge them at home. We will feed them and teach them the essential in Orthopedic and Radiology, rendering possible their full participation in my office. They would be able to participate in all my orthopedic activities in the hospital, including the operating room. I will bring them to the teaching sessions of ATLS and ACLS. In return, I will teach them how to make presentations of interesting cases in slide-show for an appropriate transfer of knowledge to the other residents in Haiti. Our chief residents will play in return this role of facilitator to teach to other residents in Haiti, the intellectual baggage they will carry back with them. They should be able to formulate an idea or the understanding or the rationale in a decision making. They will be able to be constructive in their criticism and apply any methodology to their practice in order to improve patient care. I am convinced that in being close to me, they will be able to assume their responsibilities. They will in return mentor the less-experienced juniors-residents and students to contribute to the mentorship program.

At the end of an active orthopedic life, I just wanted to believe that I tried to transmit my knowledge to all my colleagues, Junior Attending, Residents,

Physician-assistants, Nurse-practitioners and students who crossed my pathway in the best of my ability. I have applied the same principles I learned during my training in approaching patients to care for, in a routine that have never failed me..I used my skills abroad as well during my numerous medical missions around the world, in South and Central America (Mexico, Ecuador, Columbia, Peru, Brazil, Paraguay, Panama, Costa Rica and Nicaragua), in Thailand, in so many Caribbean countries including Haiti, in Africa (Ethiopia and Egypt), and a little all over the United States including some Indian reservations, like Gallup NM..

Maxime Coles MD

Boca Raton FL

5-18-2023