

## RETURNING FROM ABROAD

## AS A JUNIOR



Dr Chong is a medical officer currently working in Singapore with an undergraduate degree in Anatomy and Biomedical Sciences, and postgraduate Doctor of Medicine. She enjoys medical missions, baking, and being around nature. She hopes to hone her skills as a doctor in order to ultimately serve the less privileged and to improve global health standards.



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I moved to Perth, Western Australia at the age of 17 to study medicine. Eight years later, I was finally done with my university education; having completed Year 12, an undergraduate degree in Anatomy and Biomedical Sciences and a postgraduate degree in Doctor of Medicine. This marked the start of my return to Singapore and an entirely new life as a junior doctor.

As students, the one thing many of us struggled with was determining the “best time” to return home as an overseas doctor. During my time in university, I found that I did not have the answer to this question. Before graduation, I actively asked different people already in the profession, all of whom had (of course!) different things to say. Some advised me to work overseas for a few years before coming home, given that working overseas would give me a better work-life balance – fewer working hours per week, more hand-holding from senior doctors and fewer hours spent on call. However, other seniors encouraged me to take a leap of faith and come home as soon as I graduated, as this would allow me to adapt more easily to the Singapore medical system. This was valuable experience that I had already missed out on from studying overseas.

After long hours spent agonising over this decision, I finally made the decision to return upon graduation. Ultimately, I knew I wanted to complete my specialisation in the country that was closest to my heart, and where my family resided. I also knew that the longer I am away from my home, the harder it would be to call it home when I returned.

That being said, returning home, especially as a house officer, was easier said than done.

### Medical knowledge

In the process of rotating through different hospitals, I had the privilege of meeting numerous house and medical officers, most of whom had graduated from local universities. They were all brilliant and extremely capable, rattling off solutions to difficult cases from the deep fount of knowledge at their fingertips. It was easy to compare myself to the local graduates and feel that I did not possess the same capabilities. This was an anxiety shared by most of us overseas graduates, regardless of whether we were from the UK, Ireland or Australia. We did not know if our syllabus was as rigorous as the one that was taught in Singapore. It was easy to think that, perhaps, we were not as accomplished or that our examinations were more lenient.

Thankfully, I discovered over time that this was a common cause for concern for all junior doctors, regardless of which university they had graduated from. Having a vast amount of knowledge did not ensure that you magically transformed into the best house officer overnight. I learnt that it was more important to be able to manage your primary team’s patients efficiently, speak to seniors if medical emergencies arise and work effectively with other allied health workers to ensure smooth recovery and patient discharge. Any



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gaps there may have been in my knowledge were always quickly and gently met by more senior colleagues, who were always kind enough to take time to discuss the difficult cases with me to ensure that my understanding was on a similar level. It was imperative to learn from my mistakes and to ask for help when needed.

### Differences in guidelines

Before I moved home, I had the misguided notion that the guidelines for patient management were very disparate in different countries. Guidelines are important, especially when evidence-based medicine is the best form of treatment we can give to our patients. For example, in patients suffering from acute stroke, the dosages of atorvastatin used to stabilise the thrombus differs in the Asian versus Western population. In particular, a higher dosage of atorvastatin is often used in Singapore as our population is not as susceptible to transaminitis as compared to the Western population. In cardiovascular medicine, ticagrelor is widely used as a dual anti-platelet medication in Australia; however, in Singapore, we use clopidogrel as there are some controversies regarding the efficacy and safety of ticagrelor in Asian patients. These were just a few items on the long list of differences, and I felt that I would have to learn new protocols suitable to the Singaporean healthcare system.

Now, I am glad to say that my mindset has been unequivocally changed over the course of this year. Many other house officers are trained in different countries, such as Australia, the UK, Ireland, etc, and through opportunities that allowed me to spend time with them, I realised that most differences are minute. Often times, the principle of treatment is largely the same, and this did not affect my ability to practise medicine here at home.

### Asking for help

With the increasing complexity of medical cases and the specialisation of care, it is very rare to be treated by just one doctor. As a junior, you will be inserted into many different teams as part of your career. Another concern of mine was that I would not be able to get help when I needed it – the pace of healthcare in Singapore seemed fast and daunting and I felt that I did not have many seniors I could rely on. I worried that my colleagues would think less of me if I said that I was not able to accomplish certain tasks alone.

Despite my misgivings, I was again proven wrong. Help was never far away when I needed it, no matter how busy or tired the people around me were. This often arose through the kindness of my peers or seniors from different specialties, and nurses and colleagues from allied health departments. With the new mentor and buddy system that various hospitals have embraced, the anxiety that people face in asking for more support has also been minimised. I was never placed in a sink or swim situation. I learnt that there will be times when you need help from others, but there will also be times when you are best placed to offer help to others, and by doing so willingly, you are paying it forward to the people around you.

### The pace of healthcare in Singapore

In the most recent Bloomberg Health Care Efficiency Index,

Singapore was ranked second in the world, just behind Hong Kong. Being one of the most efficient healthcare systems in the world, the pace of healthcare is definitely much faster compared to certain other countries, and most of the international graduates returning from these countries often feel the difference. However, as I saw my colleagues, seniors and other allied healthcare workers working hard and setting a flawless example for me by not complaining, it made it easier for me to formulate my own strategies on how I could better improve my speed and quality of work.

So, after everything – if given the same choice – would I still choose to come home? The answer is definitely a resounding yes! In retrospect, all the things I lost sleep over may have been unfounded and silly. Perhaps the healthcare system here at home was not exactly the same as the one I studied under. But at the end of the day, it did not matter as long as I was willing to embrace the differences that arose and learn from my mistakes. Working here is no easy task, but I have been so blessed to meet and learn from so many wonderful individuals. Had I chosen to stay in Australia, I would not have had this amazing opportunity to grow as a doctor. ♦



Friendships forged during my National University Hospital Internal Medicine rotation