

# Building a Profession that Cares



Text and photos by Dr Tan Yia Swam

As I have shared before, doctors in training (DITs) have always held a special place in my heart. I did not consciously think about why before, but this time, I searched inward and finally figured it out:

1. Medical school and training years held some of the best (and the worst) memories for me (*hahaha*).
2. Even though I am physically ageing year by year, in my innermost soul, I am still that passionate, irreverent and impulsive twenty-something.
3. Being a mother, I feel the need to nurture the young even more acutely.
4. I genuinely enjoy talking to people younger than me.

## Best memories

During the formative years as a teenager and young adult, one picks up many habits and mannerisms from peers, for better or for worse. When my junior college friends have a reunion, we reminisce over our escapades – sessions of carrom, copying homework (*ahem*) peer-directed learning, hanging out after school, and gossiping about guys and girls.

Of the medical school years, we remember the orientation camp and the fun we had in making the float. I remember that I was the treasurer and some people “hated” me. (What’s new?)

Having to chase people for money, sticking to a budget, and saying “no” to certain requests – but we just needed to get the job done. Our orientation committee had to somehow get all 214 of us into a united bunch, despite us coming from rival schools and various diverse backgrounds, to try our best and make sure that no one was left out.

There were many obstacles to overcome: formation of clinical groups (CGs), the politics and tensions, couples, BFFs (best friends) wanting to be together, cliques, etc, and not being able to fit everyone into the desired six to eight people per CG, or having groups of all girls or all boys. In our time, car ownership was rare for a student, and I remember some groups actively wanted a few with cars so that moving around hospitals in Medical Year 3 onwards would be a lot easier. Plebeians shared cabs, so an even number of eight was ideal – to take two cabs per CG.

The yearly NUS Medicine Playhouse (drama competition) was greeted with great enthusiasm by some (usually those of us with some artistic inclination), and avoided by others. I imagine some of you would be shocked to know that your current senior consultant or tutor had once played the role of some evil conniving witch, or perhaps

bared his chest for a scene. We bravely sang, danced and painted our ways in those few weeks every year. In our final year, there was initially a poor response because of our priorities, but our Playhouse Director made such a strong and sincere appeal that we got together and put on our best show ever. We got quite a few trophies; I think I kept the one for best costume. Sadly, in our time, there were no smartphones (*oh the horror*), so we do not have many photos from those times. (I am sure some are relieved that there is no photo evidence of those wild days!)

As we entered the working years, we were thrown into the deep end. Housemanship was much of a blur. From a medical student one day to being a **doctor** the next. Being paged (yes, we might be the last batch to be issued pagers!) with “999”, **running** back to the wards, and trying to look like we knew what was going on. Most of us appreciated our friends, seniors and nurses who had our backs and taught us a lot. What to learn, what not to learn. Clinical skills, surgeries, red flags not to miss; professionalism – how one treats patients, nurses and colleagues. Nothing as formalised as it is now, but it was so real. Laughing and crying together over cold supper, or a coffee, before going on post-call rounds.



## Passion and values

These friendships survived the test of time. Trusted friends and mentors continue to be great sources of advice whenever I encounter a work problem – whether it is to do with clinical or professional aspects, including how to handle a difficult patient or colleague. Many have also shaped my attitude towards how I structured my private practice, especially when I first started and had to see this whole new world of healthcare as a business. What is my personal code of conduct? Sure, earning money is essential, but how much is enough? Do I still want to develop subspecialty skills or other non-medical skills? Do I have job satisfaction? Do I want to be world renowned? Am I answerable to my conscience and the higher powers?

Part of growing up is gaining the confidence in charting my own path: in my career, and in my own life. You decide how much to give to the profession, how to build a business, how to balance the public service ethos, and what kind of legacy you leave behind. How would you want your family, children, friends and patients to see you, and to remember you?

It can feel lonely in private practice sometimes, especially since I am in a solo practice and everyone has their own schedules. The SMA has long been my second family. I used to be more involved in teaching while working in the restructured hospital, but alas I am not smart enough to continue on as any kind of adjunct/assistant/associate professor after leaving. I am pleased that I was recently invited to be part of NUS Medicine's EnRICH mentorship programme; meeting young minds keeps me young!

## Nurture and engage the young

I have one more year as SMA President, and will also be reaching the end of my Nominated Member of Parliament (NMP) term. It will soon be time to “retire” from the public eye, to be there for my kids (like it or not, I am being sucked into the whirlwind of preparation for the all-important PSLE!) and to stop being a blur parent who does not even know who the class teachers are.

These past two years, being in some kind of limelight as the SMA President, and as an NMP, has given me the opportunity to explore certain styles

of leadership and representation, to do the best I can. The SMA does our part to rally and provide support during the worst of COVID-19, to be a voice for doctors – with the public, the Ministry of Health, the Government, and insurers. As a volunteer organisation, there are some limitations in the way we work and the ways we engage you, but we have always cared. We have had a dedicated annual DIT SMA News issue since 2012, and I am happy to see new and young doctors enter and serve in the DIT committee. There is strength in numbers; come be part of the SMA, to better learn how to advocate effectively!

For those of you younger ones reading – trust that your seniors care for you, and that the SMA cares for you; we want to help you be the best you can be – you are the future of our profession. ♦

### Legend

1. Class photo after a successful Playhouse performance.
2. Orientation float prizes

Dr Tan is a mother to three kids, wife to a surgeon; a daughter and a daughter-in-law. She trained as a general surgeon, and entered private practice in mid-2019, focusing on breast surgery. She treasures her friends and wishes to have more time for her diverse interests: cooking, eating, music, drawing, writing, photography and comedy.

