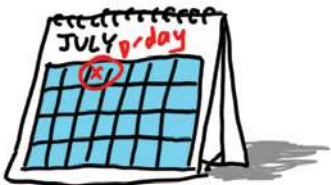


A DAY IN THE LIFE OF A JUNIOR DOCTOR

Text by Dr Ivan Low, Chairperson, SMA Doctors-in-Training Committee
 Illustration by @cryingin7eleven

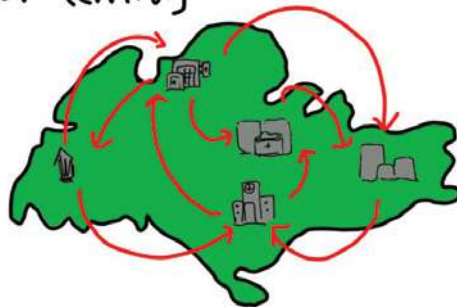
The roles and responsibilities borne by junior doctors have evolved with our shifting demographics, rising medical standards and health literacy, and advancements in healthcare technology. This story seeks to highlight the challenges and “everyday frustrations” that our junior doctors face in today’s workplace, and to put forth the key issues that remain a work in progress and need to be addressed.

Every few months or so, a peculiar migratory pattern is observed,



which, despite its massive scale, remains entirely hidden from the public eye.

on a single pre-designated day, a few thousand junior doctors flock ACROSS the country to unfamiliar territory



(only to spend a brief sojourn in such a place before the cycle repeats itself.)

Today marks the seventh iteration of the process that Diyati has gone through



yet she still feels a sense of trepidation

... and her intuition is right.

6:03 am

gantry access DENIED

7 email exchanges with the admin, ten painful onboarding forms filled up, scanned and submitted, 1 month pre-posting yet as usual I can't even get past the first gate...

the usual first day teething problems, huh.



6:15 am

HOSPITAL LOGIN ACCOUNT



LOGIN ACCESS DENIED
 Password wrong

Note: Diyati is a fictional character, but her story in this comic is based on an amalgamation of several junior doctors' real-life work experiences in Singapore's public hospitals.

6:49 am

FROM: ROSTER MONSTEE

TEXT: SORRY DUE TO LAST MINUTE MC YOU NEED TO COVER ALL 32 PATIENTS IN THE WARD BY YOURSELF

but how come my sister team got 3 doctors for 20 patients ...???

7:15 am

Sorry for calling so early Dr but your patient BP only 80

but I haven't even put up ward round entries for half the patients...

8:37 am

...A in bed 30 is Mr Tan, who is a 79 year old m...

Sorry actually she's a lady

you need to know your own patients better!

10:21 am

Dr are you sure this blood tube is for the correct patient

gosh you're right...

Sorry... I was flustered & in a rush

imagine doing this post call without sleeping for 24 hours...

11:00 am - 1:30 pm Post-weekend family updates

last week was Dr Poh calling me. then the week ago it was this Dr Daniel...

How come keep changing doctors one ???

girl please do not raise your voice

you think my mother is guinea pig is rft!! every day take so much blood. Give me your name. I'm writing to my MP...

...am I being abused...

dr you sure she need this scope or not? my brother in law is insurance agent, he say this kind of thing usually not necessary then cannot claim one.

well sir, your dad needs the scope because he has been passing out blood

it's just piles right! later cannot claim how!

12:59 pm

2 more hours to exit & I still have 4 family updates, 3 referrals...

PRIORITY TEXT! 1pm TEACHING FOR ALL MOS. ATTENDANCE IS COMPULSORY

5:45 pm

happy 80th birthday Paati, I'm so sorry I won't be able to make it for your dinner celebration today because work will end really late...

we've got three new admits we need to see after exits. Also bed 13 needs blood cultures...

ok boss

7:45 pm

finally... the day is over

hey Diyati!

Pippin! It's so late! Why are you still in hospital?

yeah got caught up with admin stuff... I was logging in duty hours then the system made me write report for every violation... ironic, huh

then I had to apply for call claims but I forgot the dates from two months ago then I had to dig through all my rosters. It took so long that the system stoned me out then need to resubmit

More on the next page!



The SMA Doctors-in-Training (DIT) Committee strongly believes that:

1. Healthcare workforce planning should be needs-based and provident, yet nimble. Planning principles and considerations should be consistently applied across all levels.
2. All healthcare staff require sufficient rest and reasonable working conditions, to mitigate the risk of human error resulting in patient safety issues and adverse events.

3. Healthcare worker abuse can take subtle forms. We must adopt a zero-tolerance approach: make reporting easy, stand up against errant individuals, and protect our frontline staff.
4. Junior doctors now face the task of steering increasingly complex communications with patients and their families. We must recognise this and commit resources to prepare our junior doctors for their roles as

advocates, educators and stewards of the public healthcare system.

5. To enable junior doctors to focus on their core clinical roles, it is critical to have timely and responsive HR and information technology support, and to offload non-clinical processes (such as work-hour tracking, work-related claims, roster planning and leave applications) through automation and right-siting. ♦

About us

The SMA DIT Committee advocates for junior doctors and medical students, and runs a wide range of initiatives to support them in becoming competent, confident and compassionate healthcare professionals. The Committee has spoken up and provided recommendations on working hour caps, night call allowances and the float system, leave for National Service call-ups, postgraduate training opportunities, and junior doctor engagement. In addition to these

advocacy efforts, the Committee runs a Junior Doctor Helpline, operates a junior doctor handbook mobile app, conducts workshops for junior doctors and co-organises the SMA National Medical Students' Convention.

Join our DIT Telegram channel @helpourjuniordocs and follow our Instagram page @jrdocs.sg to stay up to date regarding our various initiatives. If you are keen to get involved with SMA DIT efforts, please write in to ilj@sma.org.sg.



Follow our Telegram Channel:
@HelpOurJuniorDocs