

From Abroad to Home: Reflections of Overseas-Trained Doctors



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Compiled by Singapore Medical Society of the United Kingdom 31st Committee

Dr Yen is a general surgery resident in National University Hospital. He loves spending time with his family, operating and teaching.



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For many international medical graduates (IMGs), training overseas is a journey of personal growth and self-discovery. In this mini-interview, **Dr Clarence Yen (CY)** and **Dr Teo Hooi Khee (THK)** reflect on their formative years in the UK and their transition back to Singapore's healthcare system. From developing empathy through early patient encounters to adapting to new learning styles and navigating cultural differences, their experiences highlight a central theme: medicine is not just about knowledge, but adaptability, human connection and finding one's path in an ever-evolving landscape.

Looking back at your time in the UK, what stands out most vividly?

CY: That is a tough one – I have many fond memories, but Singapore Medical Society of the United Kingdom (SMSUK) events stood out for giving me a sense of "home away from home". The most memorable was a weekend in Brighton, which felt quintessentially British, with its seaside, fish and chips, and slower pace of life.

Professionally, what really stood out was my first year in the UK, where my clinical partner and I made weekly home visits to an elderly lady with colon cancer and a stoma. These visits imbued in me a strong sense of empathy and perspective, and became the motivation that carried me through my clinical years – a reminder that medicine is first about people.

Beyond the events and home visits, day-to-day moments like cooking my own meals, managing my schedule and navigating life abroad gave me a sense of what some might call "false independence" (because I was still supported by my parents financially). Nonetheless, my time abroad taught me about responsibility and resilience. Looking back, it was not just about studying medicine – growing up has made the journey all the more worthwhile.

What is something you learned in the UK that still shapes the way you practise medicine today?

THK: In the UK, self-directed learning was heavily emphasised. In the pre-

clinical years, lecture notes were often just sheets of “Aims and Objectives” – a notable shift from my experience in Singapore. I had to adopt a new learning style, which required me to source information independently. Though tedious, this approach fostered growth, developed critical thinking and encouraged a problem-solving mindset. Gradually, I shifted away from simply memorising facts and began asking “why” and “how”.

Another aspect that struck me was how primary and tertiary care in the UK functions as a continuum, highlighting the merits of a dedicated primary care provider who knows the patient’s full medical history and can make appropriate referrals after relevant tests.

CY: The biggest thing I carried home was resilience. Being in a different healthcare system forced me to adapt – it stretched me in a good way and gave me a broader, more global perspective on practising medicine.

I was also struck by the British style of patient communication, where seemingly small things, such as how you greet a patient, phrase questions or make them feel heard, were emphasised. That is something I strive to carry with me every day in Singapore, because it is such a simple yet powerful part of being a doctor. There were small details too – like using proper generic names for antibiotics instead of brand names, which we often do here. It seems minor, but it is a habit that has stayed with me.

But if I had to pick one defining experience, it would still be those weekly visits in my first year. The empathy I developed then carried me through medical school and continues to shape the way I practise today.

Coming home after years of training overseas can be both exciting and daunting. What were the biggest adjustments you made on returning to Singapore?

THK: Beyond the leap from being a medical student to a qualified doctor and the challenge of applying clinical

knowledge, another hurdle was navigating the information technology (IT) systems here. Thankfully, I met some very helpful colleagues who have since become close friends!

Still, every challenge has a silver lining. These struggles inspired me to create a support group for UK-trained medical students. In 2015, with the support of Prof Phua Ghee Chee (then Internal Medicine Programme Director) and SMSUK, I spearheaded the first “On-Call Workshop” for incoming UK students starting their housemanship in Singapore. The inaugural event featured tutors from various clusters who introduced the Singapore IT system, note-taking for ward rounds and common house officer on-call scenarios. The workshop remains highly popular, with some participants now returning annually as volunteers.

Did you ever feel that there were gaps, be it in knowledge, culture or confidence, when you returned to Singapore? How did you bridge them?

CY: I think gaps are inevitable; even students from the same medical school have their own strengths and weaknesses. In the beginning, I struggled to follow conversations with Mandarin- or Hokkien-speaking aunts and uncles. Back then, I would just nod, smile and hope that they would not ask me anything too specific! *[laughs]* It gets better with time, though. My Mandarin is still a bit dodgy, but I can confidently say I now know at least half the body parts – so that is progress!

I think UK and Singapore patients are fundamentally not that different. Patients everywhere want a doctor who is confident, listens and genuinely cares. But I admit I felt an instant connection with my Singaporean ‘*ah mas*’ (a term of endearment for elderly women) and uncles. There is just something about the shared cultural background – the unspoken understanding, the jokes, even the food references! So, weirdly enough, even though I trained in the UK, I feel like I can connect more naturally with patients here. It feels like coming home.

What is a typical week like for you? Do you think your IMG background has encouraged you to think differently about what a medical career can look like?

THK: I am lucky to have met many inspiring mentors. Interestingly, although I enjoyed orthopaedics the most in medical school, I found myself drawn to internal medicine after qualifying – particularly the “Sherlock Holmes” moments of working through complex cases and the “fist pump” elation when a diagnosis is confirmed! Honestly, I enjoyed all the specialties I rotated through, but the interesting mix of clinical and procedural work in cardiology eventually led me to commit to it.

Beyond that, I enjoy teaching because it allows me to keep learning, improve myself and see things from different perspectives. There is no “one-size-fits-all” approach to teaching. A good teacher is not a “know-it-all”, but someone who can adapt to different learning styles and admit to not knowing the answer. It is perfectly fine to say, “That’s a great question – I don’t know, but I’ll find out and get back to you.”

I think my IMG background prompted me to be more open-minded, think out of the box and pursue ideas I feel strongly about. This has allowed me to not only engage other IMGs but also initiate novel and meaningful projects.

If you could speak to your younger self back in the UK, what advice would you give them about preparing for the return journey and work life?

CY: Do not obsess over making the “perfect” choice – just make the best decision you can with what you know, commit fully to it and trust that the rest will figure itself out.

THK: Keep an open mind to the infinite possibilities ahead – what seems impossible may turn out to be the best path you can take for yourself. ♦