

# Residency IOI

***“Having to choose a residency now probably feels like you are going to decide the path for the rest of your medical career, which is not entirely true.” – Dr Tan Ze Jia***

Wondering if you should apply for residency now or after graduation? Unsure if you should apply for Internal Medicine, Surgery or another specialty? Fret not, you're not alone. Dr Joseph Lo and Dr Tan Ze Jia, residents at Tan Tock Seng Hospital (TTSH) and the Institute of Mental Health (IMH) respectively, share their experiences and tips to help you decide on the best course of action to take.

**SMA:** When you were making your decision to apply for your respective residencies, did you feel like you were rushed into the process? Retrospectively, do you think there would be any difference if you delayed the application until after graduation?

**Dr Tan Ze Jia – TZJ:** I believe that every M5 student faces various amounts of pressure when applying for a residency slot. After a quick survey, you will realise that your peers are applying for various specialties, which would naturally lead to you asking yourself what you should apply for.

Having to choose a residency now probably feels like you are going to decide the path for the rest of your medical career, which is not entirely true.

Nobody can confidently say that he or she is 100% certain of a decision, because we can never predict what is going to happen in future and how our thinking may change. However, the one thing that medical school has taught us is how to make a sound judgement. Before you make a decision, you have to do your homework by taking a thorough history of your entire medical school life, followed by a directed examination of your response to every clinical experience, and then confirm your findings by performing investigations through research, eg, talking to senior doctors and doing certain electives.

On the other hand, if you have decided not to make a choice so early, it is not true that applying for residency at a later stage as a medical officer (MO) would significantly diminish your chances of entry. On the contrary, you can use your additional clinical experience as strong and reliable evidence to support your choice of residency.

Personally, I think the only difference is that you will start your specialist training later as compared to your peers. Any anxiety felt from this would probably be due to our innate competitiveness. However, the clinical experiences that you would get from other postings as a non-resident would be invaluable.

Although we always advocate the practice of evidence-based Medicine, we can't always conduct randomised controlled trials for everything before making a decision. Since meta-analysis is the highest form of evidence, I suggest talking to both residents and non-residents, listen to what they have to share and analyse all the information you get.

**Dr Joseph Lo – JL:** By God's grace, I was accepted into residency prior to starting General Surgical (GS) Basic Surgical Training (BST). In 2010, I completed my housemanship and was accepted as a BST trainee after the interview. It was a year of turmoil and uncertainty as it had been announced that residency would commence in May and BST would eventually be phased out. Hence, when I was offered the opportunity to join TTSH GS by my ex-associate programme director, I readily accepted it, even though I had absolutely no idea how the programme would evolve.

As I had started residency as an MO, I guess this question does not apply to me. Retrospectively, if I were to apply for any traineeship as a medical student, I might not have chosen GS. In my opinion, medical students may not have sufficient working experience, maturity, family commitments and knowledge of each specialty to fully make an informed choice, which would be their career for the next 50 years (every single day for the next 18,250 days!).

**SMA:** In comparison to your seniors who are under the older system, are you worried that your training is more specialised and less broad-based?

**TZJ:** Each residency programme is the product of multiple discussions and careful planning by senior doctors selected among their own fields, who have done a lot of work in education for many years. Different residency programmes have their own required postings and duration, and have been made to cater to the different needs and natures of the specialties. I do agree that there are some limitations to a scheduled five- or six-year programme, one of which is time. As compared to the older system, we will only be posted for a fixed but relatively shorter period

of time to contrasting departments for the entire training programme. Hence, I feel that quality is more important than quantity. You can spend one year in a department with no structured teaching, learning and supervision, and probably gain about the same knowledge and experience as someone who only spends four to six months in the same department but under a structured programme.

Personally, I do not agree with the comment that the residency programme makes us overspecialised and myopic. Medical knowledge never remains static. It is ultimately your responsibility to keep yourself updated by reading journals and learning from your peers in other specialties.

**JL:** Yes, my training is going to be more specialised and less broad-based, but no, I am not worried. As compared to the older system, postings in residency are structured and specialty-specific with targeted goals. Hence, I do not have to "drift around" for MO postings and depend on opportunistic learning.

The training has to be more specialised because of the shorter duration of training. No matter what others say, Singapore is fundamentally different from America. My surgical seniors exit with at least six years of training, two years of BST and four years of Advanced Surgical Training (AST), if not more. The current batch of residents will exit with only four or five years of training and learning opportunities are reduced. My surgical seniors exit with approximately 1,000 major cases over four years of their AST training while GS residents, according to American College of Graduate Medical Studies, are expected to have 750 major cases over five years of residency. Thus, with mandatory restricted duty hours and shorter training years, it is essential that we are more specialised in our training.

**SMA:** How do you find your experience as a resident so far? What is your typical day like? How does this change as you move on in your training or after you complete your residency?

**TZJ:** I would describe my experience as a resident to be great! Besides having a structured programme to facilitate my learning, what really makes it great is that I get to do what I want to do!

Although life as a resident or non-resident is very similar, it naturally differs from medical school. As a student, your responsibility is to study and pass exams. Life as a working adult has additional responsibilities. Whether life is better now or not, it really depends on your coping skills and expectations. For most of us, life is better and more exciting because this is what we have been studying for.

I am currently a resident at IMH. We will do morning rounds to review the inpatients, see the outpatients in clinics and also do night calls. We work closely with allied



healthcare staff and patients' families, as well as with medical teams from restructured hospitals. There are also journal clubs, grand ward rounds, teachings, meetings and talks that I attend on certain days. I am currently ending my first year of residency and am excited about and looking forward to what the specialty and programme has to offer, and am very hopeful of my medical career in future.

**JL:** Great! Traineeship is like a relationship. Good times, like hanging out with your friends and colleagues, are treasured while bad times, such as crazy calls and even crazier consultants, will only strengthen your bonds.

From the old British system to the new American residency, Singapore is still in a state of flux. A typical day now is the same as before residency started but what has improved is the support system. There is more structure, protected teaching time and mandatory maximal 80-hour work week and one-in-seven days off, which are great to prevent burnout and fatigue. These not only allow you more time for your loved ones, self-reading and research activities, but more importantly, also allow you to reflect and think about your patients and doctoring in general.

Aside from gaining more learning opportunities, you definitely take on a more participative role in your training, which entails a commitment between you and your department. They agree to train you while you agree to be trained with humility. Hence, you will naturally take on more roles as part of the "family".

**SMA:** How do residents cope when they realise they've gotten into something they don't want? Did you experience this or witness this among your peers?

**TZJ:** I have zero regrets. However, I do hear of and have talked to some residents who are thinking of dropping or have dropped out of residency programmes. The common reasons are marriage, starting a family or realising that they have made the wrong choice of residency. Some of them choose to continue their training while a few others made the decision to leave.

I would suggest foreseeing some of the situations that you think would likely happen and take them into consideration. However, I believe that our values and expectations will inevitably change as we grow and mature, as our environment and life experiences change.

When such a situation arises, my opinion would be to do another "reassessment". Eventually, like how you made an initial judgement, you will need to make another and trust yourself.

**JL:** Two options: suck it up and continue with the programme (perhaps unhappily) or be decisive and withdraw after due consideration. Officially, it is indicated that "candidates who drop out of a residency programme will not be eligible to

apply for entry in the next call for residency programme". Of the few residents from my institution who chose to withdraw, I understand that they are much happier pursuing what they really want in life. This goes to show how important it is for medical students and junior doctors to only apply for a specialty which they are raring to go to work to for the rest of their 50-year career (every single day for the next 18,250 days!).

**SMA:** Do you have any advice for students who do not get into a residency programme upon graduation?

**TZJ:** Think positive! If you did not apply because you are uncertain, then you must give yourself credit for being a mature thinking adult. You can use the time to try a few specialties and explore your options.

For those who applied but were unsuccessful, it may be because they felt that either you are not ready or not suitable. You can use the time to reconsider your decision and reflect on it, or gain more experience and prove to the interviewers that you are ready during the following intake. Last but not least, if you are really passionate about a specialty but failed to get in, do not be disheartened. You can apply again next year, by being more prepared and convincing.

**JL:** Congratulations! Yes, this is not a typo error. I must say that residents, who start as MOs and learn more from their various training postings, are more valued and competent. They generally understand why they have selected a particular specialty and hence, would be happier and more appreciative of the opportunity given. Please do not be caught up in the Great Singapore Rat Race. College students in the West take gap years to explore the world and understand themselves. A year behind your fellow classmates is insignificant in your 50-year career. As Steve Jobs so astutely advised, "Stay hungry, stay foolish." **SMA**



*Joseph is a third year GS resident at TTSH. He is currently the President of National Healthcare Group-Alexandra Health Private Limited Residency Residents' Council and had previously graduated from University of Melbourne, Australia. What he shares is severely biased and should only be read by medical students and junior doctors of sound analytical minds.*



*Ze Jia is a second year Psychiatry resident at IMH, who joined the residency programme in his first postgraduate year. He believes residency is not the end but the start of a new chapter in life. Hence, he strongly encourages his juniors to consider carefully what they want as a career and once decided, to go for it!*