## Taking a Different Path

By Dr Jimmy Teo, Editorial Board Member

he best decision I have ever made in my life was to enter postgraduate medical education in the US (my wife says second best though). As a medical student in Ireland and then a house officer (HO) at National University Hospital (NUH) in Singapore, many professors urged me to consider pursuing postgraduate training in the US. The influence of peers and mentors cannot be understated. In my first medical posting in

Renal Medicine at NUH, my co-HO moved to New York City for residency (he is now a practicing

geriatrician in the US), and one of my schoolmates had also started residency in Cleveland, Ohio. Prof John Wong was attending consultant my rotations, and inspired was bу account of pursuit of residency and with training, that I resolved to go to the US. I took the United Medical Licensing Examinations (USMLE) in

my housemanship year. After completing housemanship, I became a junior doctor in Raffles Medical Group. A medical position remunerated on commercial terms strengthened my financial position to pursue costly stateside examinations and travel, and the group practice allowed me to take unpaid leave to attend interviews. I was offered positions in New York City and Cleveland, and eventually settled on Internal Medicine training at University Hospitals of Cleveland and Case Western Reserve University, and continued with a Nephrology fellowship at the Cleveland Clinic. The six years I spent in Cleveland was one of the happiest and most productive times in my life. With the restructuring of postgraduate medical education in Singapore along the lines of the US residency programme system, let me offer some advice to current

Consider all US-style residency programmes throughout the world as potential entry points for postgraduate medical training. Life, in general, does not

undergraduates and doctors in training.

move in a straight line; one's interests and opportunities change with time. It is best to have maximum flexibility and remove potential barriers so as to be able to pursue opportunities at short notice. Take the USMLE during medical school, the common exam for benchmarking against other graduates. This is the first and most important consideration for entry into a residency

> enter a US residency programme, a valid Educational Commission for Foreign Medical Graduates (ECFMG) certification

> > will help you pursue advance training (fellowships). Early completion **ECFMG** of certification allows you to coordinate applications to US and Singapore programmes simultaneously, thus widening your choices considerably.

> > An issue that comes up with US programmes is the visa status during training. If you intend to work beyond residency in the US, you should complete the USMLE Step 3 and train under an H-IB visa, which allows you

to seek employment. If you can afford it, you should pursue full clerkship electives in the specialty that you think you are interested in (go on call, take patients, and function like an integral part of the care team – do not stand around and wait for tutorials). Good performance is crucial as the supervising attending physician will be able to write you the letter of recommendation for the residency application. Express your interest early; maintain contact with the residents and attending physicians, they may be able to help you with future career moves. You will be amazed how a friendly, humble, and cooperative demeanour will help you later in life. When an attending physician feels very strongly about you and a residency programme, they will even call the programme director to tell him that "they are making a big mistake by not taking you in!"

The US is big, and it is not possible to interview at and visit every city. You should go over the geography: climate, city characteristics, personal circumstances and



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preferences will be important factors. Having decided on a few localities, you should confine applications to the programmes operating in those areas. Consult doctors and students who have completed residency or training in the US for advice and contacts. Programmes typically receive hundreds of applications and whittle it down to a few hundred, from which they will call for interviews - usually on the basis of personal knowledge or an outstanding resume. Unless you already have a PhD in something or are well published in an area, you are just another applicant. Anyone who can help shortlist your application would be most helpful. When you interview, ask the residents what they are most happy with and dissatisfied about in their programmes. Make checklists of pros and cons for each residency programme you interview at. If you feel very strongly regarding a programme, make that known to the programme director, coordinator, residents, and chief residents. Be upfront, straight speaking, and proactive in seeking a position in your programme of choice.

Once you start residency, do work hard and be the best person you can. Residency can be intense, but you can create time for the other things in life and enjoy living in a different city. I remember apple picking in the fall, strawberry picking, road trips, and appreciating waterfalls at different times of the year with my family. Make lots of friends and visit them when invited. One day when you look back, you will realise that your path was paved by the people ahead of you, and you should improve the road for others coming after you.

Let me now focus on a few don'ts. Entry into the "popular" and surgical residency programmes is more difficult but not impossible. Do not let concerns about competition stop you from trying. Singapore is a small place, and if you are unable to pursue a programme of your choice here due to competition or lack of places, do not let that be the "final answer". Singaporeans must never ever let anyone tell them what they can or cannot do. The residency programme structure allows you to try for opportunities elsewhere. Freedom and liberty are important prerequisites for healthcare advancement and innovation, like it is for just about everything else. Do not let healthcare administrators' concerns about "providing service" limit your preferences and dreams. Residents

are doctors in training and should not be tasked to provide regular healthcare services beyond that which is necessary for proper first class postgraduate medical education. Besides, the residency programmes accelerate the redesign of work processes and improve productivity in service delivery and doctor utilisation - hospitals provided without "free" manpower have to restructure. Moreover, all industries in Singapore have used foreign talent when Singaporeans are unable, unwilling, or unavailable. So don't sweat it, someone will eventually do the job. Students graduating from local medical schools should not worry about the bond. You can apply to serve your bond upon completion of your training. Singapore has no use for untrained doctors! It costs about \$100,000 a year to put a resident through training. A Singaporean doctor returning to serve his bond after the usual six years of training will have saved Singapore up to a million dollars. Some residency positions in Singapore are limited due to our country's small size, therefore, you may not have an opportunity at the time of your application. So if that is your passion, then consider training opportunities elsewhere and just do it.

You only live life once, make the best of it. Good luck. SMA

## Useful references

- I. Association of American Medical Colleges: https://www.aamc.org/
- 2. Accreditation Council for Graduate Medical Education: http://www.acgme.org
- 3. Education Commission for Foreign Medical Graduates: http://www.ecfmg.org
- 4. American Medical Association: http://www.ama-assn.org
- 5. Federation of State Medical Boards: http://www.fsmb.org



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