



# Family Medicine Residency: Through the Eyes of a Trainee

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Photos by SingHealth Family Medicine Residency

**MY FIRST** encounter with the Family Medicine (FM) residency programme dates back to late 2010, after I had finished serving National Service as a medical officer and was in the middle of a paraclinical posting. Around the same time, I completed the Graduate Diploma in Family Medicine (GDFM) course, which I had taken up while in the army.

I was at a career crossroads. Only after much soul searching did it dawn upon me that I missed clinical work, and FM was particularly appealing. The decision to apply for formal traineeship was difficult as I doubted my ability to survive one, and the idea of returning to intensive hospital work and night calls (things I thought I had left behind for good) filled me with dread. Ultimately, my personal desire to become a better physician won, and I found myself joining the pioneer batch of SingHealth's FM residency programme.

It has been three years since, and here I wish to share three memorable stages of my residency journey.

## Fitting in

I can recall with great vividness the intense fear and paranoia I felt prior to the commencement of my training, where I imagined myself being less competent than a house officer. I even penned myself a letter so that I could remember why I was putting myself through training, and to encourage me to focus on the big picture whenever I felt disheartened.

I subsequently realised that my fears might not have been unfounded after all. For I either had excellent house officers on my team, or indeed started out at a lesser level of productivity. Fortunately, Medicine is a skill much like riding a bicycle – one never truly forgets. The techniques and knowledge slowly but surely returned after initial exposure, allowing me to function better and even assist juniors with their ward work.

Nonetheless, the feeling of isolation-anxiety recurred with each rotation change, and that was one of the greatest difficulties I faced as an FM resident. There were dark times during rotations when I would genuinely question my commitment to this path – and it was during such occasions that my letter would serve as a steadfast reminder of my convictions. The other great pillar of strength that kept me going was the selfless support from my wife and loved ones.

While difficult colleagues who seemingly derive pleasure from making life difficult for FM residents inevitably exist, I received invaluable help from the majority of peers and clinicians I encountered. Some of them came to appreciate the diversity that FM residents brought. I still chuckle at memories of surgical colleagues entrusting my peers and I to look after certain medical aspects of patient care, such as interpreting abnormal-looking electrocardiograms and

managing suboptimal diabetes, and so on. In the specialist outpatient clinics (SOCs), I found myself being able to share with specialist colleagues about services that could (and could not) be offered in the polyclinics.

### The journey of training

FM residency training is a curious beast, cobbled from many rotations that span the entire spectrum of life. As an FM resident, I assisted excited parents-to-be with their prenatal care and participated in their deliveries. I was exposed to the care of children, from premature infants all the way to adolescents. Adults were a staple demographic for many rotations, and I cared for the elderly during my Geriatrics rotation. The circle of life culminated in me looking after the dying as part of my Palliative Medicine elective.

In order to build a solid foundation, the first year of my residency training brought me through the essential core rotations of Internal Medicine, Geriatrics, General Surgery and Orthopaedics. The second year introduced more subspecialties: Paediatric Medicine, Paediatric Emergency, Adult Emergency and O&G.

The SingHealth residency programme differs from the MMed (FM) Programme A it replaces, in three significant ways:

1. Instead of returning to the polyclinics in the third year, residents are given exposure on a weekly basis from Year 1. This allows residents to get accustomed to FM practice at an earlier stage and remain in touch with their FM roots throughout training.
2. There is increased breadth of training beyond what was previously possible. Besides the core rotations, our dedicated faculty crafted additional attachment postings to Urology, Paediatric Orthopaedics and many others. In our third year, we get to have a taste of various SOC's, including many medical subspecialties, Ophthalmology, Dermatology and Sports Medicine.
3. Previous FM trainees were largely on their own during their hospital years. However, FM residents are now blessed with regular contact with assigned supervisors to monitor their progress and well-being. Regular feedback sessions ensure that the views of residents are heard and often translated into measures to improve the training of subsequent generations.

### Twilight

I have returned to the polyclinics for my third and final year, and will soon be graduating from the programme (hopefully). With the end of residency, my peers and I will eventually take different routes in our quest to practice FM. Some will migrate and practise in the private sector, while others will remain in the public sector to serve in a wide range of roles. Of course, the journey of learning does not simply stop once residency ends. It is a lifelong process.



**Facing SingHealth FM Residency faculty and trainees at last year's SingHealth Residency Open House**

**Top FM residents with our programme director Dr Sally Ho (second from right), after a successful community health screening project**

**Bottom FM residents all suited up and ready for a paintball battle during the SingHealth Residency Games 2013**

For those contemplating FM practice, training opportunities are aplenty. The College of Family Physicians Singapore offers the GDFM and MMed (FM) Programme B courses. Residency now adds a very viable third option. With each healthcare institution offering a slight variation in residency training, future FM practitioners have a wide range of training options they can consider.

I offer some heartfelt advice to like-minded individuals interested in walking down this same route: always stay true to your values and goals, and do not be afraid to try. If I can do it, so can you. Keep your support pillars within reach, especially during difficult times. Finally, try and enjoy the learning process, because it truly is a privilege only made possible by the efforts of many others. ■



*Dr Loo Yuxian is a third year SingHealth Family Medicine resident. He is extremely grateful for the support he has received from his family and friends, faculty members from the SingHealth Family Medicine residency, and Dr Tan Ai Ling from the Department of Pathology at Singapore General Hospital. He unreservedly attributes any current or future success to them.*