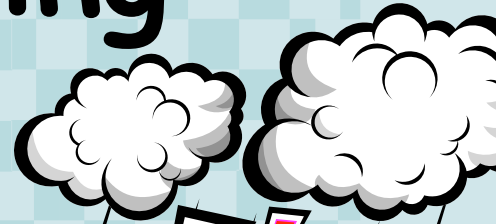


# Guide to Choosing Residency

By Dr Tan Yia Swam, Editor



**IT HAS** been quite a few years since I wrote a guide to choosing MOPEX, or Medical Officer Posting Exercise (see *SMA News* February 2009 [<http://goo.gl/k77vbj>]). My recent association with medical students has led me to believe that it is time to interview my old pals about their views of the residency system. Please note that the characters in this article are inspired by fictional (that is, fake) characters with a dash of real-life friends and acquaintances. Any resemblance to someone you know is probably coincidental. If you think I'm parodying you **ONLY**, don't flatter yourself!

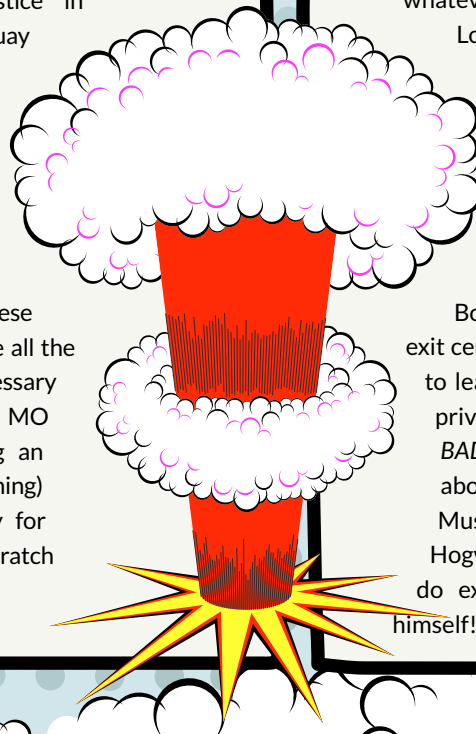
**Mr Buay Pai Say**, final year medical student: "I intend to get into Ophthalmology residency. I have top grades, volunteer at free clinics and overseas mission trips, and have co-written four papers with the consultants at FEC (Fictional Eye Centre). I am a hardworking, gentle, polite guy, and most importantly, I am humble. Therefore, I think it is only natural that I get into eye residency. After all, who else is more suitable than I am? I'm not as stupid as my cousins, Buay Song and Buay Zai See, who both want to do General Surgery. Eye offers much better lifestyle and money."

**Dr Ai Geef Arp**, MOPEX MO: "After all my angst and hard work in my HO (house officer) and MO years, doing the hardship postings – it now comes down to this. I am forever stuck in MOPEX because my previous postings don't reflect any particular interest in a subspec, and my med school grades were average, I was mugging too hard to have extra-curricular activities. How to compete with these medical students with amazing CVs? I'm too poor to break bond, so I'll just continue working as an MOPEX MO until I finish bond, then explore what the pharmaceutical or locum worlds offers. Can't even be a *taitai* because I work too hard to go dating..."

**Dr Buay Song**, disgruntled male MO, younger cousin of Dr Buay Zai See: "As I predicted some years back, having an outspoken older cousin is not doing the family name any good. By criticising the injustice in our training system, Buay Zai See has effectively condemned all the Buays to a blacklist. Last to get promoted, last to get a job. We are seen as troublemakers, and it is easier to keep us where we are, to control us. After all these years as an MO, having done all the necessary exams, all the necessary courses, I am still just an MO specialist, and never getting an AST (advanced specialty training) job. Maybe I should just try for residency and start from scratch again."

**Dr Lobbo**, male HO who signed up with Hogwash Hospital (see *SMA News* December 2007 [<http://goo.gl/5S8GHe>] and May 2010 [<http://goo.gl/7gxxjx>]): "Lobbo is always happy to serve Boss in whatever capacity required.

Lobbo has always shown eagerness and willingness, and Lobbo has gotten his residency of choice! More importantly, once Boss gives Lobbo his exit cert, Lobbo is free! Free to leave Hogwash and go private! Ooh BAD Lobbo! BAD Lobbo! Cannot talk about private practice! Must stay loyal to Hogwash! Lobbo must do extra calls to punish himself!"



**Dr Buay Zai See**, exited surgical trainee: "Why are people trying to hide from the truth? If there are problems in the system, let's talk it out like reasonable adults and work together to change. Getting all defensive and taking it out on those who dare to speak up is hardly mature. What I see now are many unhappy doctors who all have grouses about the system – be it low pay, overwork, lack of training opportunities, lack of jobs, inequality – yet pretending to be one happy family. I wonder what will give. My only advice to students and juniors is: don't rush into a residency. Work a bit, and follow your heart's passion – do the right thing." (See SMA News October 2006 [<http://goo.gl/4RF5YF>].)



**Dr Seow Kah Kia**, exited surgical registrar: "We must support the vision of our leaders. They are wise seniors who have spent much thought and time to balance the training needs and service requirements of our nation. This is obvious from the way they were able to quickly hire foreign doctors to fill the service gaps, and the way they quickly built hospitals so that there are more jobs for our own exiting specialists. Myself? I won't be working at Singapore Fictional Hospital (SFH). I will be in the pioneer group of consultants in Sunny Kampong Hospital, and I am very proud to have the opportunity. Travelling time? No problem at all! Singapore is so small, it's about an hour's drive from my place in Clementi. Except when there's a jam. Then it becomes a bit more. Like, three hours. But I shall go where I'm needed."

**Prof Tua Tao Kay**, senior surgical consultant at SFH: "I fully approve of residency. Young, eager, brilliant minds should compete to be given the privilege to enter training. Let the programme directors (PDs) choose who they want. Personally, I like to handpick my own team of people. Who wants a mediocre trainee? Some of my peers comment that choosing residents at such a junior stage may allow those with no psychomotor skills to be in a specialty they are not suited for. I am not worried. I can teach a monkey to operate. I now have residents with the best brains, of course I can teach them to operate."

**Mr Moe Ree Lax**, senior consultant and Head of the Department of Surgery, Chill-Out Hospital: "Aiyah, residency, AST, it's all the same thing *lah*. Last time no training system, no exit exams, we also turn out okay what. Those who are good, will make it no matter what the system is. Those who cannot make it, maybe can make it through a more supervised system, but when it comes to the real world, then see *heng suay* (Hokkien for "lucky or unlucky") *lor*. I myself think that as long as we are a happy family, and we all work hard to make our patients happy, then no problem already what. Dunno why all these young people so *kiasu*, and so angsty? Life is too short to be angsty. Go have a drink. Things look better after a drink. They always do. Like women. Ah forgive an old man's comments, please don't complain about sexual harassment!"

**Prof Tio Sah Bo**, Head of the Department of Fictional Surgery, SFH: "This residency is a headache. So many forms and evaluations to do, so hard to plan the roster and schedule, need to give them the 1-in-7 day off, keep to working hours, post-call. In fact, once I had to cover the MO clinic myself because the post-call resident complained to the PD that he had to stay back post-call to run clinic. In my time... never mind, in my time, handphone not invented yet. So, residents are our future. I have to train them, but I do lie awake at night sometimes worrying. Who can I trust to do my colectomy when I need it?"

**Prof Dumb-old-bore**, Hogwash Hospital headhunter: "As I have always maintained, I would NEVER speak against a Ministry of Health directive. Hogwash lives to serve, for the right price. Residency is an excellent idea, churning out young specialists by the dozens, but I don't think there's a need for all of them to be consultants. I shall create a new job title for them after they finish the five years of training, perhaps attending resident. So that *all* our patients can enjoy basic specialist care, while those who need advanced specialist care shall be referred to real consultants. It is my dream to provide such *quality* care. May I remind all our readers of our excellent service quality and care when it comes to choosing hospitals. I believe in Service with a Smile."



Dr Tan Yia Swam is currently still a registrar at Tan Tock Seng Hospital, busy juggling work, family and friends.

