

MOVING TO A FOREIGN LAND

LEAVING BEHIND everything familiar to you and adapting to life in a new environment is no mean feat. Six doctors, hailing from different countries, moved to the Lion City for work and did just that. This international sextet tells SMA News how far they have come since they first set foot in Singapore.



Dr Aung Lwin

Registrar, Department of General Surgery,
Alexandra Hospital

From Myanmar



AFTER GRADUATING from medical school in 1993, I subsequently completed my postgraduate surgical training and obtained an MMedSc (Surgery) in 1999. Since then, I have been practising as a general surgeon at various levels, which includes being an independent surgeon. However, I needed to undergo a recognised training programme before I could be eligible for specialist registration with the Singapore Medical Council (SMC). As I thought that the advanced specialist training programme in Singapore was comprehensive and of a high standard, I eventually decided to enter it. After staying in Singapore for some time, I have decided to settle down here as it is a suitable place for me and my family to live in.

Foreign-trained doctors will experience a lot of challenges when they start working in Singapore. My initial days as a hospital clinician were quite stressful. The first obstacle I had to overcome was the language and cultural barriers. I grew up in a non-English speaking country and do not speak Mandarin, so communication with patients was an issue for me. Local abbreviations, such as SOB for “shortness of breath” and SOOB for “sit out of bed”, caused more confusion too. I would sometimes find myself lost in a group conversation with my medical team.

The second thing was that I had to adapt to an unfamiliar healthcare system in Singapore. Although I previously worked in Myanmar, Malaysia and Brunei, the local healthcare system is a far cry from the ones in those countries. For example, healthcare funding is different in Singapore than the other countries I have practised in. Primary healthcare in Singapore is better established and more integrated with the acute care hospitals here. It took me about three months to understand and overcome these differences, and I only became more comfortable at the workplace six months into my job.

I think my pay in Singapore is quite fair to the service I provide as a registrar. It is a fairly decent salary to support an average family. As the sole breadwinner of a family of four, I need to use around 80% of my salary for our living expenses and children’s education.

To help foreign-trained doctors who are new to Singapore, SMC and MOH Holdings (MOHH) could organise regular language classes focused on medical terms. I had a private Chinese tutor previously, but he had no medical background, so I did not find the lessons very helpful for my work. SMC and MOHH could also provide overseas physicians with clinical practice guidelines that are applicable to all units of each specialty. ■



Dr Aung Lwin graduated from the University of Medicine 2, Yangon in 1993. In addition to practicing as a registrar in General Surgery at Alexandra Hospital, he is also currently a clinical lecturer at the Yong Loo Lin School of Medicine.

Left Dr Aung with his wife and children in Singapore

Right Dr Aung (sitting, centre) at a farewell lunch with his ex-colleagues in Brunei



From *the* *Philippines*

Dr Geraldine Biton

Medical Officer, Department of General Surgery, Tan Tock Seng Hospital

I COMPLETED a four-year college course (Bachelor of Science in Medical Technology) in the University of Santo Tomas in Manila. Next, I enrolled into medical school in the same university, and graduated with a Doctor of Medicine degree after another four years of study. I then did a one-year postgraduate internship and took the licensing examination for physicians, before undergoing five years' training in General Surgery in a government hospital back home. Thereafter, I ventured beyond my comfort zone, and joined *Medicins Sans Frontieres* (Doctors without Borders), where I worked in various parts of the world for a few years, before arriving in Singapore.

Commencing practice here was a 180-degree turn for me.

First and foremost, I had to adjust to my colleagues' spoken English. Most of them speak very fast with an unfamiliar accent and colloquial language, so there were times when I would get lost in discussions.

Secondly, I had to get used to the fast-paced work environment.

Procedures, such as blood tests and referrals to other departments, were completed within one day and the results were mostly expected on the same day as well. This level of work efficiency was good because proper treatment can be initiated sooner with an early diagnosis.

The third challenge I faced was that the procedures, laboratory tests, and management of certain surgical diseases differed from what I had been practising. For example, anastomotic leak with collection can be treated conservatively with interventional radiology percutaneous drainage, in contrast to an open surgical procedure.

Lastly, I had to become accustomed to the computerised system in hospitals! It took me some time to get the hang of ordering procedures, laboratory tests and medications, since I was used to working in a paper-based system.

Over time, I observed what was being practised in the local healthcare context, attended tutorials and courses conducted by the department, and learned the current healthcare

management methods from colleagues and seniors. These steps have helped me ease into Singapore's healthcare system so far. However, I believe that acclimatising to Singapore is an ongoing process, and there will always be new things to discover and learn every day.

I love that Singapore is very safe, and the locals are generally honest. The transportation system, with the MRT system and buses, is also highly efficient. I have no problem with food here, as there is always something new to taste and discover! After a long week of work, there will be shops nearby for me to visit and unwind – Orchard Road is just a few MRT stations away from my workplace. The only thing I don't like is the fast-paced work environment here, but I guess I have since adapted to it! ■



Dr Geraldine Biton is a surgeon by training. She loves listening to music, from religious church songs to pop and even rock music, and plays the rhythm and bass guitar. Lastly, she believes that happiness is a state of mind!

From *the People's Republic of China (PRC)*

Dr Feng Juefei

Resident, Department of General Surgery,
Khoo Teck Puat Hospital

I ATTENDED Peking Union Medical College, which is one of the best medical schools in China, and famous for its eight-year medical course. After graduating in 2008, I became a surgical trainee in Peking Union Medical College Hospital. I came to Singapore in March 2011.

I was part of the first batch of PRC doctors, so I had to overcome most of the difficulties by myself upon arrival here. Hence, I would like to offer other newcomers some advice.

Firstly, try to rent a place to stay in with medical colleagues who are also from your homeland. You can discuss clinical problems encountered at work, and perhaps learn English together. They could also offer a listening ear for you to blow off steam and provide you with moral support.

The second thing is to try and make friends with locals. Don't spend your days and nights alone, wishing you had someone who shares your interests. My medical officer colleagues really helped me a lot when I first entered the Singapore healthcare system. They

taught me where and how to seek help if I faced difficulties at work. Since I am more senior now, I pay it forward and also try my best to offer help to newbies.

Do not be afraid to talk to your superiors too. I have met a lot of nice bosses at TTSH, including A/Prof Narayanan Sriram and Dr Tan Yia Swam. Sometimes, it may be nerve-wrecking to talk to seniors, but most of them are friendly and more than willing to answer your questions.

I feel that pre-employment training is very important. There is a one-month training programme for all PRC doctors in TTSH that is very helpful. Organised by A/Prof Tham Kum Ying from TTSH's Accident and Emergency department, it consists of clinical-based content that are very useful for our daily work. For example, A/Prof Tham will present some clinical scenarios to us, or teach how to conduct clinical resuscitation.

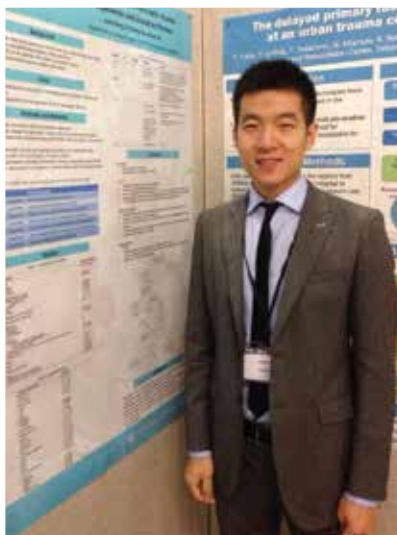
Personally, I think some of us PRC doctors have been misunderstood due to our linguistic shortcomings. We do experience difficulties when

communicating with other colleagues due to the language barrier, but that does not imply our lack of medical knowledge and abilities as doctors. I am sure we can adapt quite well to the local healthcare system if given more time.

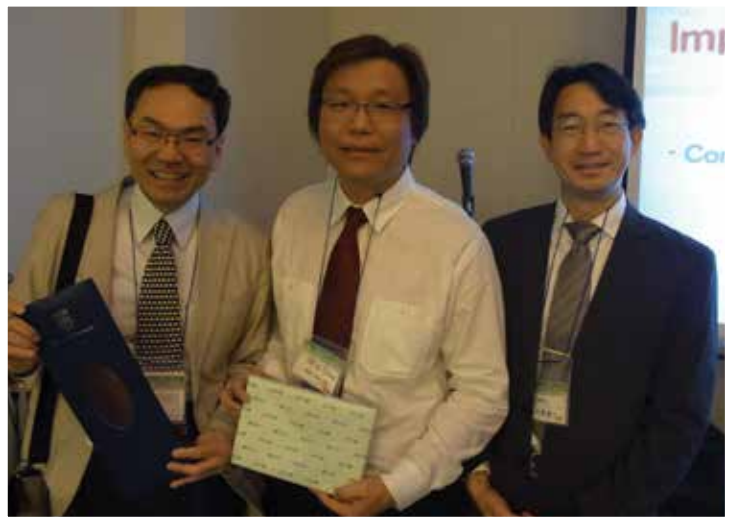
I miss the cuisine back home so much! Not that local food is bad, but my gut was trained in China, so it definitely misses the familiar tastes back in my homeland. Luckily, there are quite a lot of Chinese restaurants here, so I can still make my stomach happy. ■



Dr Feng Juefei is a General Surgery resident with the National Healthcare Group. He has an MD from Peking Union Medical College, as well as the MRCS (Edinburgh) qualification. Dr Feng's hometown is Beijing.



Dr Feng at work and play: presenting his team's research on the management of blunt pancreatic injuries at the International Surgical Week 2013 in Finland, and having a good time at Universal Studios Singapore



Above Dr Sato and his family after completing their six-kilometre route at this year's Safari Zoo Run

Right Dr Sato (right) with A/Prof Lee Kheng Hock, President of the College of Family Physicians Singapore (CFPS), and Prof Yosuke Takemura at the Japan Primary Care Association's (JPCA) annual conference in May 2014

Dr Sato Kenichi

GP, Healthway Japanese Medical Centre

From

Japan

THERE ARE only a few countries that Japanese doctors can work in with their medical licences, and one of them is Singapore. I chose to start my practice here because I wanted to see the Japanese medical system from the perspective of another country.

After graduating from Sapporo Medical University in 1997, I started my career as a family physician under a training programme in Hokkaido. After completing four years of my training, I moved to Okinawa and saw inpatient (acute setting for elderly care and rehabilitation) and outpatient cases, and conducted home visits too. Thanks to these experiences, I have realised the importance of medical rehabilitation for family physicians.

Due to limitations set by Singapore Medical Council, Japanese doctors who come to Singapore can only be registered as GPs, even though most of them were trained as specialists back home. Hence, their treatment plan or prescription may not fit to the Singapore standard. They may also unknowingly

conduct unnecessary procedures such as radiographic investigations or frequent blood tests as a result. I don't encounter any language problems as I only see Japanese patients. However, our practice should fit in with the Singapore medical landscape, so I have to observe how local doctors practise as well.

Many Japanese expatriates use travel insurance to pay for their medical care. However, for chronic diseases, the insurance only covers the costs incurred within 180 days from the initial diagnosis, so patients hesitate to seek regular consultations. Therefore, we cannot offer adequate medical treatment for patients with chronic diseases.

I have had few opportunities to see elderly patients and those who require rehabilitation in Singapore, but with the assistance of some local doctors, I

managed to visit community hospitals and learn about the actual situation of such patients here. I also do volunteer work in institutions like Bright Vision Hospital, to connect medical and long term care between Singapore and Japan.

I miss the food (especially seafood) and four seasons back in Japan, although I do like the warm climate in Singapore. But I find housing and living costs here very expensive. They are increasing but my salary is not! ■



Dr Sato Kenichi was trained as a family physician in Japan, and certified as a consultant and instructor of JPCA. After coming to Singapore, he has been committing his time and work to public healthcare as a volunteer. He also coordinates the relationship between CFPS and JPCA.



Dr Ali Khalid Mohammed

Senior resident, Emergency Medicine Department,
National University Hospital (NUH)



Top Dr Khalid (second from left) with his colleagues from the NUH emergency department

Bottom Dr Khalid enjoying some time with his family at Universal Studios Singapore

I AM from the city of Erbil, known as Hawler to the locals, which is the capital of the Kurdistan region of Iraq. My city is a beautiful place filled with friendly people and ancient places where people have lived for thousands of years. You can also find traditions and practices that date back to early human civilisation. Iraq has diverse geographical features ranging from deserts in the south, to green mountainous areas in the north where snow would fall in winter. Ruins of bygone empires, such as Akkadia, Assyria and Babylonia, are located all over the country. I miss my family and friends back home, and of course, the delicious and tantalising food.

Adapting to a new system is always challenging. When I first came to Singapore in 2009, the first six months were particularly stressful because everything was new to me, including the acronyms used here. Initially, I

struggled with the weather and work stress, but now I have adjusted to both. But on a personal level, I did not have any problem integrating into the local culture.

My mentors, colleagues and friends at the NUH emergency department have been very friendly and helpful. They have always been there to guide and support me. I think Singaporeans are generally friendly and would provide help if you ask. Since Singapore is a multicultural, multi-ethnic and diverse cosmopolitan country, overseas doctors should be able to settle in without much difficulty.

The best thing SMA can do for overseas doctors is to help them integrate into professional circles here, through networking sessions with local physicians. ■



Dr Ali Khalid Mohammed obtained an MBChB from Hawler Medical University in Iraq, an MCEM from the College of Emergency Medicine in the UK, followed by an MMed (Emergency Medicine) from the National University of Singapore. He is married and blessed with a young daughter.

From
Iraq

From

India



Dr Santosh with his wife, Karuna

Dr Santosh Lional Thomas

Resident physician, SingHealth Polyclinics

MY ASSOCIATION with HealthServe, a Singaporean non-profit organisation dedicated to serving the interests of migrant workers, paved the way for me to choose this country as a work destination.

It took me a couple of months to adapt to the local healthcare system. My first posting was at Queenstown Polyclinic, where my colleagues were exceptionally supportive and made me feel right at home during the transition phase. I had a brief stint in the Department of Family Medicine & Continuing Care (FMCC) at Singapore General Hospital, where I found myself in a similarly warm and caring environment.

However, the night calls at FMCC were hectic. When patients who were admitted under Internal Medicine subspecialties became sick in the night, I had to manage them even though I was not familiar with them or their treatment plans since they were under a different ward team during the day. Although medical officers from the day team would provide a briefing about

the sickest patients, it was still quite challenging for me to make quick life-saving decisions. Since patients were scattered all around the hospital, I had to run from one ward to another for my rounds, which was physically exhausting.

Meanwhile, on a personal level, I was worried about my wife's work status as she was unable to find a suitable work profile in her specialty that commensurate with her training and experience.

Despite my best efforts, I received complaints from patients over trivial matters during my first few months in Singapore. It was demoralising for me. My clinic director had a positive outlook on these challenges, which helped me to quickly overcome the cultural barriers and gain a better understanding of my patients' ideas, concerns and expectations.

I have not heard of any misconceptions about Indian doctors so far. On the contrary, I understand that some patients prefer to be treated by Indian doctors. Thank God for

our compatriots who provided good medical care in the past and left a positive impression.

To assuage the apprehensions of overseas graduates, SMA could organise relevant forums. Not too long ago, I was sad to hear from a Singaporean colleague that he was treated like a foreigner in the local healthcare system, just because he was an overseas graduate. Since Singapore has opened its doors to foreign-trained doctors, I think they should not have to face any discrimination. These overseas graduates should be granted opportunities to progress in their career and find a niche area, so that they can one day be part of the local healthcare community. ■



Dr Santosh Lional Thomas was trained as a doctor in India, and graduated from medical school in 1997. He was pursuing a career in Family Medicine before relocating to Singapore in 2010. He has a passion for geriatrics, and the health and social issues concerning migrant workers in Singapore.