{ Residency Programme – Hits and Misses }

By Dr Tan Ming Yuan

LONG HOURS, busy calls and punishing schedules – these are some characteristics often associated with general surgery training all over the world. Nonetheless, they are a necessary evil to achieve craft and mastery in our field of practice. In recent times, surgery training, as well as the specialist training community as a whole, has undergone a huge change with the introduction of the residency programme in Singapore. What prompted the change was the success of the US residency programme and the need to increase the specialist population in Singapore to meet the demands of the future.

Transitioning from old to new

I am part of this transition phase and am currently witnessing its evolution. Upon graduation and completion of my house officer year, prior to serving my two-year National Service in the Singapore Armed Forces, I found myself on the brink of the transition between the old and new systems. As a pre-selected basic specialist trainee traversing into the new realm of residency and having experienced both, I was able to see the differences between these two unique systems and how the change has impacted local training.

Residency is a form of graduate medical training that originated from the US and took root in the 19th century. Pioneered by Sir William Osler and William Stewart Halsted at the Johns Hopkins Hospital, residency is a formalised and regulated training programme that has evolved over the years to its current state – rigorous and structured in its training methodology and outcomes.

With the change from the time-proven, "survival of the fittest" basic specialist training/advanced specialist training system to the new structured, competency-based residency system, there is a push for the implementation of new pedagogies and education methods. In addition to the workload of service provision, the resident now faces an increase in number of assessments, in-training examinations and other demands, which were hitherto given far less attention. An all-rounded resident is expected to perform well in each of these realms – from clinical medicine, operative skills to scholarly activities and involvement in institutional or national administrative commitments.

Considering the challenges

Although the concept and eventual aim of residency is good, many would agree that there is much room for improvement. The residency programme is still at its infancy stage of development and will continue to grow and evolve in order to meet the challenges of the future.

Like a cup that is already filled with water, we cannot continue adding more water without first removing some, or else the cup will simply overflow. Similarly for the residency programme, we need to be cognizant about what additional tasks and aims are added, as well as where compromises can be made based on what is relevant and critical for achieving what is deemed a competent specialist of the future.

There is also a need for a paradigm shift in the methods of administering such a programme. This starts with the top management and flows down to the faculty, who are on the ground mentoring the new generation of trainees. We need to rethink the methods that have served us well in the past and consider if they are still relevant and efficient in achieving our targets, or perhaps we need to embrace a new methodology.

> ***"…in order for the residency programme to reach its full potential, an entire generation will have to change."***

There has been much flak on the concepts of restricted duty hours, protected time for formalised teaching and in the case of surgical disciplines, case logs. These concepts should be viewed not only in its execution (which may have caused some inconvenience to individuals and institutions), but also the intent and reasons they are in place. Perhaps, with greater understanding, these changes may be more readily embraced.

For a long time, we have assumed that a doctor is also a teacher, but this may not be the case. Faculty must be educators, not just by chance or talent, but through nurturing. There is now much knowledge available on the science of education, and we should not ignore the necessary development of our teachers in this regard. Thus, the faculty for residency ought to be trained specifically for this role.

Despite these challenges, I remain optimistic about the future. This transition is a good opportunity to discard some of the preconceived notions of what used to work, to shape the training programme for our future generation, and to remind ourselves of the importance of continual evolvement and improvements. Certainly, there will be some hits and misses along the way, but in order for the residency programme to reach its full potential, an entire generation will have to change. We must stay focused on our mission, which is to train competent future medical and surgical specialists who will excel and surpass their predecessors. Only when that happens will we have truly succeeded. ■

Dr Tan Ming Yuan is chief resident with the NHG-AHPL General Surgery Residency. He believes that there is more to life than work and is thankful to have great friends at work, not just colleagues.