

Dummies' Guide to Residency

By SK Warrior

EVERYBODY KNOWS how to become a resident... or do they? Good grades, publications, community service and excellent clinical acumen are all helpful, but are they all that matter? Are the rumours that blue blood, good looks and medical school of origin play a part true? Are all candidates for residency equal or are some more equal than others? Maybe yes, maybe no, but you can't change your parents (although you can choose your godmother or godfather), and in this age of Facebook, it is getting increasingly hard to pass off your plastic surgeons' handiwork as a makeover or targeted weight loss/gain. But fear not, with this short guide to basic residency requirements and specialty-specific traits, you'll be filling out survey forms and hounding faculty members to complete your evaluations in no time.

Basic residency requirements

Knowledge

It's difficult to get that general surgery residency if you think the epiploic foramen of Winslow is in the brain. Neither will you impress your endocrine consultant if you think a sliding scale is something you use in the kitchen. Time to stop sailing the uncharted seas and open a book, plus even if you publish ten papers for your future programme director, you still have to pass medical school before you can start residency.

Clinical acumen

Appearing in the firing line at multiple morbidity and mortality meetings does not a resident make. Clinical acumen is an integration of knowledge, experience and the art of medicine. The only way to get more of it is to set out to sea more often, hopefully with a chart. For the non-resident senior medical officer or service registrar wandering in the desert, have faith because the time for you to cross the river into your promised land (ie, specialty) is at hand, especially for the good clinician. For the medical student applying for residency, perhaps possessing clinical acumen is a bit too much to ask, but it's never too early to start mastering the specialty of your choice.

Research

How do you differentiate between each candidate? For some programmes, a PubMed search for the prospective candidate's publications may be a surrogate marker, but

research is not for research's sake. If you're going to be doing something for the rest of your life, it helps that it's an intellectually stimulating subject worth investigating. But still, you shouldn't overdo it and neglect your clinical work; all the publications in the world are of little use if you can't tie off that bleeder in the middle of the night.

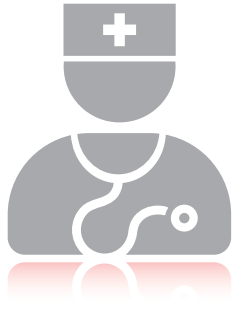
Attitude

No one wants a resident who pulls a long face every time the clinic goes past 5 pm or turns off the phone after midnight while on call. Remember you have to earn the right to perform those total knee replacements and cataracts, so put on your happiest smile and say, "Yes Prof, I'm ok!" and then continue holding that retractor throughout the rest of that Whipple procedure. Remember, pain is weakness leaving your body. What we do in life echoes through eternity... and the next residency interview.

Grooming

You have to look the part – if you want internal medicine, look neat and intelligent; general surgery or neurosurgery, look as though you've not slept in days. And if you want to do a residency that begins with the letter "O" or "D", it's time to buy those heels and invest in some branded accessories; but try not to overdo it – perfect makeup, initialed bespoke clothing, fancy shoes and Bahasa Indonesia instead of Bahasa Melayu classes may raise suspicions of "mountain climbing" private sector tendencies, not kosher in residency programmes meant to train doctors for the public sector.





Traits of the specialty

However, those are but general attributes of a resident. Below are some specialty-specific traits that you must demonstrate to get your residency.

Anaesthesiology

Be OCD! That sticker can only be pasted lengthwise on the syringe. Helps to have an overdeveloped hippocampus (I think?) for all those drug dosages and half-lives, and the nerves of a fighter pilot when the patient crashes on you.

Internal medicine

Why have one differential when you can have 15? Refer as needed to disprove said differentials. Be the last true generalist in a world of subspecialists.

Geriatric medicine

Be both gentle and patient and have the ability to move at a glacial pace. A flair for dialects is helpful but not compulsory. After all, the caregivers of the elderly tend to be foreign maids who can speak some basic English.

Diagnostic radiology

Love office hours and life spent in darkness. Love shades of grey, literally. A photographic memory and the ability to hedge help ("please correlate clinically").

Pathology

Love office hours and a life spent staring down microscopes. Love shades of purple and pink, literally. A photographic memory and the ability not to hedge help.

Emergency medicine

Hate office hours and love unpredictability. Work is like a box of chocolates (you never know what you're going to get!). Save lives and be like the Night's Watch, overstretched and misunderstood. Be prepared to override your friends, as necessary, to admit to the correct specialty (ideal, but not compulsory).

Cardiology

Can read squiggly lines and enjoy life at 1,000 miles per hour? Welcome!

Neurosurgery

Can read CT brains and enjoy life at 1,000 miles per hour? Welcome!

General surgery

Male: Have good hands and be able to withstand pain and hard work. Looking good or speaking well is not necessary.

Female: Pretend to be one of the men and be ready to give up the best years of your life proving yourself.

Ophthalmology, otolaryngology, dermatology and plastic surgery

Top of the class and good-looking to boot (some people have all the luck). Let me guess, you can get through a night call with perfect makeup, hair and clothing, too.

Paediatrics

Chronic Dean's lister with a deep affinity for complex syndromes? Enjoy calculating dosages with a calculator? Of course, it helps if you actually enjoy working with kids.

Obstetrics and gynaecology

Be the kind of person that women love, yet never seen as a potential romantic rival by the husbands. Enjoy occasional awkward conversations.

Urology

Be sympathetic about leaks, unpeeled and peeled bananas and malfunctioning machinery. Enjoy awkward conversations.

Psychiatry

Be a father/mother figure or confidant that the patient never had. Must be wary of erotic transference. Must enjoy awkward conversations.

Orthopaedics

Enjoy working with power tools. Know everything about only one thing. Don't be hurt if people think you know nothing.

Family medicine

Enjoy working with people. Know something about everything. Don't be hurt if people think you know nothing. Remember Jon Snow became Lord Commander. ■



"SK Warrior" is the alter ego in each of us who has to regularly face challenges in our work, and gracefully overcome obstacles of all forms, with a smile. May the SK warrior live on in you forever and to continue to do SK work for the betterment of your patients.

"Ours not to reason why, ours but to do and die."