DUAL-TRACKED CAREER

PROFILE

TEXT BY

MAJ (DR) KWAN KAH WAI CLARENCE

MAJ (Dr) Kwan Kah Wai Clarence is currently pursuing full-time post-graduate medical training under the SingHealth Gastroenterology Senior Residency Programme.

Note

1. For SAF regulars specialising in medical disciplines, post-graduate medical training (residency and senior residency) typically takes place in two separate three-year blocks at pre-defined points of SAF careers, straddling across a period of full-time SAF rotation.

SAF regular medical officers (MOs) undertake a dual-tracked career. When compared to our civilian counterparts, we are exposed to an exciting range of responsibilities beyond clinical medicine, such as healthcare policy-making, military exercises and disaster-relief operations. However, there is a trade-off, with less clinical exposure during the SAF-based phases of our career and truncated[1] post-graduate medical training due to our military commitment.

Anecdotally, those who have made a transition back into full-time medical practice as doctors-in-training have "fortunately" eased into their new roles without major hiccups, *somehow*. However, some might wonder if it is "unsafe" for us to practise after a significant hiatus from clinical medicine. Having completed this cross-over recently, I offer my perspective on the enabling factors beyond this screen of serendipity.

In my observation, despite the speed of medical advancement, most changes are evolutionary rather than revolutionary. In a span of three years, we have seen new therapeutic modalities come and old ones going out of vogue, but the general principles of medical management remain the same. Admittedly, I pale in comparison with my more academically-inclined counterparts who have seemingly internalised every management flowchart in major clinical practice guidelines. However, I still kept abreast of major developments within my chosen subspecialty despite being away from clinical practice, and thus, I do eventually arrive at the same treatment regime or management plan (albeit slower due to time spent double-checking medical references).

There are some stereotypic traits associated with physicians, including patience, attention to details and the ability to translate esoteric clinical signs into ten differential diagnoses. Although the context is different, SAF medico-administrative work utilises similar qualities, which laid strong foundations ahead of my return to clinical practice. For example, while establishing an electronic medical records system for the SAF, I sat through hours of meetings with in-house information technology experts, sifting through the nuances and potential manners of interpreting every contractual clause, to safeguard SAF's interests. Through the day-to-day operations in ensuring the smooth-running of SAF medical centres, or devising and executing medical support plans for military training, I was conditioned to think holistically, pre-empt problems and formulate appropriate countermeasures. Furthermore, the occasional trouble-shooting of unexpected incidents provided opportunities to develop problem-solving and decision-making qualities under stressful circumstances. These same skills are also frequently required by practising clinicians in managing complicated cases and patients.

To sum up, SAF regular MOs have to contend with truncations in post-graduate medical training, as well as the transition between SAF work and clinical practice. While this may appear daunting to the observer, I am convinced that these challenges are surmountable with a reasonable amount of hard work. Personally, it has also been a pleasant revelation that qualities honed by the SAF could be cross-applied to a great extent in clinical practice, adding confidence that success on both SAF and clinical fronts need not be mutually exclusive. ◆