



Illustration: Dr Justinian Zai

Training in the

PAST, PRESENT

and FUTURE

Text by Dr Tan Yia Swam

Doctors in training have always been close to my heart. Although I recall my own training days with fondness, I am also very glad that they are over! It was full of hardship along the way. Looking back, I think the challenges faced back then toughened us up and equipped us to continue on to tackle other real-life problems that crop up from time to time.

Training woes

Medicine has always been competitive. Young doctors of all generations have faced shortages of training positions, or even difficulties trying to get into desired postings. My cohort then had to figure out how to get into the basic specialist training (BST) and subsequent advanced specialist training (AST), and how to secure a training position – which does not always happen together. Also, how to pass examinations, actually be good at clinical work, operate, maintain a logbook, write papers, and maintain relationships – with colleagues, with seniors, and with boyfriends/girlfriends! Even after the exit examinations, we worry about securing an associate consultant, and then a consultant job.

Housemanship

Housemanship was a rite of passage. There were many firsts – learning how to write the case sheet entries during ward rounds, how to do discharge summaries while being paged by every ward to settle more changes, and scarier tasks like being called to see a patient with chest pain, an abnormal ECG, or who had outright collapsed! Having to talk to an angry family (even worse when you are on call and it's not your patient!), or answering your first official complaint, or your first Singapore Medical Council "summon" letter.

With COVID-19, I can very well imagine that aside from these challenges of work, accumulating clinical experience and taking examinations have an additional layer of difficulty.

Education

I would like to applaud **the educators** for protecting the students and maintaining

their educational progress. I want to thank **the junior doctors** for working hard and rising to the COVID-19 challenges. We are all so glad that you are part of the workforce, joining us in looking after patients. This is a situation when we need all hands on deck, and I am thankful for your youthful energy and enthusiasm.

As a mother, it fascinates me how my kids have such different personalities and learning styles.

Looking back at medical training, I realised that I learn better on the job. I was a mediocre student. Book learning bored me – I would doodle or drift off during lectures. But once I started work, and met real patients with problems – that's when I got very interested to solve their problems and from there, read around it. More importantly, the hands-on part of surgery was what captivated me. Staying back post call or standing for long hours was fun as part of the surgical team. Clearly, not everyone learns the same way. Some are excellent at academia – reading and writing quality articles which help others, and some are introspective thinkers who can make creative breakthroughs. Some are of an administrative bent, and others are essential public health leaders – those who can see the big picture. In our complex healthcare system, there is a role for everyone.

Continuing education

The MBBS/MD may be viewed as just the basic degree and entry into medicinal practice. Someone I know once said the MBBS is like the PSLE qualifications only. Further education and continued medical education are necessary for us, as medical advances develop rapidly. And, as patients have more access to healthcare information, we need to stay ahead of them and provide the best possible medical care and advice.

There is compulsory continuing medical education (CME) to maintain clinical proficiency. Some doctors specialise and enter the various residency programmes (which have

replaced the BST/AST system). Some doctors complete a diploma, Masters or even a PhD in their areas of interest. This ongoing lifelong learning is what makes medicine so enriching and fulfilling.

The SMA Centre for Medical Ethics and Professionalism has developed further courses in medical ethics and professionalism; it behoves each and every one of us to take part in these medico-legal seminars and courses, to better understand the different layers of complexity in the practice of medicine. One can do the right thing, the wrong way. One can do a wrong thing, but not intentionally. One can do the correct thing, rightly, but still seen to be at fault for a bad outcome. To better understand the nuances of each case, and be more effective in self-governance to administer justice in cases of medical malpractice, we must undergo appropriate training, as rigorous as any specialty training programme.

In the recent few years, several high-profile cases were reported in newspapers and caused uproar in the medical community. The good things that came out of these are: (1) a Ministry of Health-appointed workgroup that has looked into, and proposed reforms in consent-taking and disciplinary processes; (2) robust discussions and active engagement by doctors; and (3) closer collaboration between the professional bodies. I envision SMA to be the umbrella organisation for such complex conversations.

Tele-everything

Telemedicine: The SMA held a joint webinar on 13 June as an introduction to telemedicine for those of us who have not used it before. This current pandemic has brought together all stakeholders, to make good use of technology to try and deliver the same quality of care to our patients. Our panels discussed physical hardware, software, regulations, ethics, indemnity, business and logistics considerations. Even with all the advances in technology – electronic medical systems, telemetry of vital signs and

tele-consults – we must not forget that it is still the doctor-patient relationship that holds paramount meaning and significance in our noble profession. The duty of care for our patients is the same, even if the modes of delivery have changed with the times – parchment, paper and now iPad.

Tele-conference: We are all adapting to online meetings and webinars for CME points, peer review learning and public talks. It requires a different skill set to meaningfully engage participants and to multitask: look at the gallery of participants who have their videos on, look at the list for raised hands, and keep an eye on the chat.

What can SMA do for you?

Nothing? Everything? The SMA is only as strong as its membership. The President and Council are volunteers who put in the extra time to do what we feel is right, to represent doctors in matters of professional interests. For those who know me, and have taken the time to understand my work with SMA, thank you. For those who have stepped forth and given your time to further develop the various committees in the SMA, thank you.

During my term as President, I will continue my engagement with all doctors and show that the SMA is here for all of us. I hope to win over the non-members. Your added strength in membership numbers will increase the power of SMA representation. ♦

Dr Tan is a mother to three kids, wife to a surgeon; a daughter and a daughter-in-law. She trained as a general surgeon, and entered private practice a year ago, focusing on breast surgery. She treasures her friends and wishes to have more time for her diverse interests: cooking, eating, music, drawing, writing, photography and comedy.

