

The Life of an Internal Medicine Resident

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A typical day

The daily schedule has not changed too much from the times before residency and can be very varied from posting to posting.

We arrive at work around 7 am to see the patients and formulate a preliminary plan for each patient. The senior doctors usually arrive around 8.30 am to review the patients again, refine our diagnoses and plans, and make use of the opportunity to teach. There are also times when there are morning teaching sessions and the ward rounds will begin later.

After the ward rounds, we will carry out the plans laid out, which can include writing referral letters, performing ward procedures, updating patients and family members and discharging patients.

There is usually time for a quick lunch or there may be lunchtime teaching sessions. After which, we will review the patients' progress, go through the patients with a senior doctor, and finish up any remaining work before heading home sometime between 5 pm to 7 pm. On some days, we will go on call and see patients overnight.

What's different?

Unlike the previous system, someone is made responsible for each resident's learning. We stay in one sponsoring institution (SI) for three years, and our postings and curriculum are planned to ensure we receive the training required. In the past, when junior doctors were posted to many different hospitals, the training they received might have been haphazard and opportunistic.

The curriculum is planned in accordance to the six core competencies set by the Accreditation Council for Graduate Medical Education (ACGME) and more focus is put beyond medical knowledge.

Each resident has to complete many intermediate assessments (e.g., multiple choice question tests, mini-Clinical Evaluation Exercise and chart simulated recall) during the course of each posting.

Duty and training hours are monitored very closely and

we need to submit a log of the number of hours we work each week.

What's good?

I do not have to worry about getting an appropriate posting every six months like the trainees before me. It is easier to maintain closer relationships between faculty members and residents because we stay under the same institution for three years. There is also more time for more prolonged research or quality improvement projects.

We also have more vested interests to improve the way things are and we meet up regularly to discuss ways to refine the way we work and learn. Residents are also encouraged to be involved in quality improvement projects for the hospital.

The intermediate assessments help to point out the areas which I might be weaker in. There is perhaps more emphasis on the holistic development of physicians, and sessions are planned to discuss ethical issues and teach communication skills.

All in all, I feel very well taken care of where I am, and I am learning every day.

Some grouses

As the pioneering batch of residents in this new postgraduate training system, we lack insight and perspectives from seniors who have gone through the programme. It does not help when the implementation of the new system seems uncoordinated and abrupt right from the beginning. There is a lot of uncertainty regarding what is going to happen in the next phase of our training, and there seems to be different ideas being brought forth very regularly.

A very significant amount of energy is invested by the national committees, the individual SIs and also from the residents to comply with certain standards set by ACGME. The principles behind these rules are sound but we really need to carefully modulate these standards to suit us, and not be distracted from the most critical intent for the changes in the system – which is to produce good doctors to serve our patients.

Though the training programme may be more structured to ensure each resident receives enough training, there are certain attributes of a physician that can only be garnered through experience and time. If some of our seniors who had more time to train still do not feel confident enough to move on to more senior roles, one wonders if we will be adequately trained in a short period of three years.

While it is not a bad thing that medical students are considering their career options earlier than before, one has to wonder if at least some of them are not making informed decisions. It is important to remind our juniors that there is no rush if they are unsure.

Conclusion

To the medical students reading this article, consider your career options carefully and be prepared to work hard wherever you may go.

To my peers, these are exciting times where there is plenty of change and most of them for the better. I believe that we should try to be the change that we want to see in our own education system and continue to refine it for our juniors.

To our seniors, thank you very much for all the time, patience and dedication that you have put in to give us a better system to learn in. **SMA**



Quan Yao is a second year Internal Medicine resident with the National Healthcare Group. He wishes to grow and learn every day and is still trying to figure out how better to contribute to the community around him.