

By Dr Tan Yixuan

The Path to Surgery is Paved with Paperwork

– Interview with Dr Ai Geef Arp, Dr Kah Kia and Dr Tio Sah Bo by Nott Mi



Dr Tan has been counselled extensively at various stages of her budding surgical career regarding her chosen path. She has thus far remained true to her calling. However, having not held a scalpel for six months, and doing nothing more challenging than writing mortality reports for patients who passed away after spending three months in hospital, she is close to despair. It is interesting to note that she has suffered more papercuts in these six months than needlestick injuries in the past six postings. Struggling to study for examinations has not helped in cheering her up. She is this close to cutting her own throat in a desperate effort to do a tracheostomy.

NM: Dear senior colleagues, many thanks for taking time out from your busy schedules to share with us your thoughts about doing surgery. For those who are not familiar, Dr Kah Kia is an up and coming MOS (MO specialist) in Surgery, Dr Ai Geef Arp is a first year MO. Dr Tio Sah Bo is the head of the Department of Fictional Surgery, and he will be a bit late in joining us as he is in a meeting. Well, ladies first. Dr Ai, how has your experience been, doing your first surgical posting as an MO?

AGA: Well, I used to really want to do surgery but now I'm not so sure, considering other options.

NM: Oh why? What has happened?

AGA: (*Sigh*). It's a long story. You are a final year student? (*Nod*) You are aware that we rotate every six months as MOs? Well, I've just recently joined this department that shall not be named, and it's been really, really depressing because I'm treated more like a secretary than a fellow doctor, much less a future surgeon in training. I thought I would have more exposure to surgery as an MO, but no. Let me tell you what happened.

Since the housemen are very new, I helped with the clerking, discharges, and ward work, over the course of the first week. But the nurses saw how helpful I was, and started asking me to do lots of miscellaneous stuff! Every result needs to be signed, stamped and dated; even though it's a replicate, and the patient has already been discharged last week!

Police forms are filled, the police is activated, and then cancelled again because the patient was discharged, sometimes even before the police has

time to see them. Writing memos for relatives, filling insurance forms, notifying infectious diseases, preparing morbidity and mortality reports, writing medical reports, it never ends. At least one gets paid for medical reports!

NM: Oh joy. That's what I have to look forward to when I finally become a houseman?

KK: *Aiyo!* Geef Arp, you are such a whiner! That's what everyone working in JCI hospitals has to go through what! Let me tell you what's real pain. When I first joined, I was asked to submit my CV. That's simple enough, and it's always good to prepare your CV early and build up along the way.

There was so much paperwork to do in applying for my traineeship. In addition, I had to pay a large sum to apply for BST. I was so excited at getting in but found that I had to pay another large amount every year! Why? Nobody knows, and nobody dares to ask in case the traineeship gets revoked. Same reasoning why nobody ever asks in public why our school fees cost so much.

Next, I had to apply for exams. Do you know it wiped out my entire month's salary? Other than paying the college that I'm taking exams with, I'm also paying our local university an almost equal amount. Despite paying so much, there was no help in getting the paperwork done. I should have just bypassed them and applied as an independent candidate.

I'm now so broke that I'm doing part-time jobs. In fact, after this, I'm going to run locum at the Emergency Department, and then going to work as

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an attendant in OT because they get short-handed at night. On weekends, I work at a fast-food chain. Practising a bright smile and speaking in a chirpy voice is always useful. “Hi there! I’m Dr Kah! What complaint do you have today? Oh, you have an itch in the butt? Let me scratch it for you!”

NM: Dr Kah, you must be exaggerating.

KK: You will know when your turn comes. Taking finals soon right? Then housemanship? Wait till you apply for your part one – I shudder to think what would have happened if I hadn’t passed my Part 3 then and needed to retake! When I finish my AST eventually, I still have the exit exams to worry about, and I’m sure the administrative fees will increase further by then. Maybe this is their way of trying to cut down on the number of BSTs and ASTs.

NM: Oh dear, that sounds terrible. *Er*, if you don’t mind, may I know which hospitals are you at and in which departments?

AGA: Yes I mind, unlike a certain Dr Buay Zai See, I value my career and reputation a lot.

KK: Oh, I’m with the best department of all – the Department of Fictional Surgery at SFH!

TSB: Dr Kah, is that fulsome description purely for my benefit? I’m not that easily buttered up, you know! In fact, where’s the paper you owe me?

KK: Oh Dr Tio! Sorry, I didn’t notice you coming in.

AGA/ KK: (under their breaths) *Riiiiight*.

KK: That’s another thing – all surgical trainees now are expected to publish papers and show an active interest in research. The ability to operate is secondary.

TSB: THAT’S NOT TRUE! WHO TOLD YOU THAT?

KK: (*Quivers*) Sorry Sir, my mistake, my fault, just an impression I got. Sorry, sorry.

TSB: Sigh, you young people nowadays don’t know how good you have it. Back when I was an MO, when my boss say jump, I asked: “How high?” But now, when I say jump, my MO ask me: “Jump for what, you jump yourself.”

(*Sigh*) Things have changed. Life is hard as the HOD. I need to cater to the whims of each of the HOs and MOs because I need good reviews from them or else the funding gets cut; I have to ensure that JCI protocols are followed. I have to attend meetings on handwashing, risk management, and try to filter down the information to my people. I think most of the surgeons don’t even know what JCI stands for – probably Just Cut It.

KK: You mean it isn’t?

AGA: I thought it means Just Card It, like trying to encourage people to go cashless and use VISA or Mastercard during the GSS?

TSB: (*Sigh*) I can’t remember for the life of me why I agreed to take on this job. No wonder Tao Kay kept smirking everytime he looks at me. I tell you, Kah Kia, when you become a surgeon, keep operating. Do not become an administrator. Stay true to your love and your calling.

Sometimes I regret taking on this job. I spend so much time signing forms – leave requests, IRB applications, parking label requests, approvals for sponsorship; answering all formal complaint letters. I have to watch what I say, since I now represent the department. Not like when I was just a Registrar and can still show my temper. Now must smile and remember that the hospital and department comes first, and of course, that the customer is always right. And when I ask in frustration: “Why am I doing it? Is it my job?” my secretary tells me calmly while filing her nails: “Yes.”

AGA: Oh dear! You poor thing! I had no idea!

KK: Oh my. (*And to think I used to envy him because he has his own parking lot in the basement carpark.*)

NM: Wow. What an insider view into surgery. How come nobody ever talks about this at those career talks?

TSB: We need people to run clinics.

AGA/ KK: (*Speechless*)

NM: *Ooookaaayyy*, on this most practical note, may I once again thank you all for your time, and ask for one last piece of advice for our readers?

TSB/ KK/ AGA: DON’T DO SURGERY! ■