

Growing into a Doctor

My First Year Journey through the Pandemic



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5 August 2020 is a day I will not forget – my first day on the job as a Foundation Year 1 (FY1) doctor in the National Health Service (NHS) in Scotland. I had graduated in April 2020 from the University of Edinburgh's medical school. Among NHS staff, the first Wednesday of August is known as "Black Wednesday", the day when thousands of newly qualified FY1s join NHS hospitals and have their first taste of life as a doctor. It is also when many more other NHS staff change roles, and the day that the NHS records its annual highest number of deaths due to fatal errors.

In an episode of the British medical drama *Cardiac Arrest* in 1994, the character Dr Claire Maitland said, "You come out of medical school knowing

bugger all. No wonder August is the killing season. We all kill a few patients while we're learning," as she consoles a distraught junior who had just committed a fatal error.

The leap from being a medical student to a junior doctor is already challenging enough, but starting work in the middle of a pandemic? I don't think any of the new graduates would have expected that when they first entered medical school five to six years ago.

The big move

I had returned to Singapore from Edinburgh in March 2020 at the beginning of the COVID-19 pandemic and graduated via a virtual graduation ceremony in April, which I shared in an earlier article (<https://bit.ly/5207-DIT>). I was lucky to have received offers to start my medical career in both Singapore and Scotland.

Prior to starting work in the UK, I had struggled with deciding between pursuing Post-Graduate Year 1 in Singapore or FY1 in the UK. It was

a tough decision that many senior foreign medical graduates have had to make in the years before me. This decision was complicated by the COVID-19 pandemic. I had to consider many factors: leaving my family behind, the complexities of air travel during the pandemic, moving to a new city, and worrying about not having sufficient personal protective equipment (PPE) or falling seriously ill due to the virus, among other things. Eventually, I decided that the experience working for the NHS would be an invaluable learning opportunity, alongside being able to attain a licence to practise with the General Medical Council, which would open more doors for me in the future.

Leaving the city of Edinburgh, where I had spent five years in medical school, for Glasgow was one of the hardest things I had to do (so far), but I consoled myself that I would have had to do so at some point or another. It was a daunting task having to start from scratch again, almost like I was reliving the day I first moved to the UK. Luckily, the move went smoothly

and I managed to settle in quickly, having visited Glasgow previously as a student. The most challenging thing was dealing with taxes and bills, which I must admit I have still not gotten the hang of it just yet!

The beginning of the rest of my life

I was posted to Queen Elizabeth University Hospital in Glasgow, one of the largest hospital campuses in Europe, for my FY1 which consisted of three four-month-long rotations in the departments of gastroenterology, geriatrics and general surgery.

While being bestowed the newly minted title of “Dr” was a nice feeling, being called “doctor” took a lot of getting used to. In the beginning, it was a struggle grappling with the intricacies of the new job. There were so many things that needed to be dealt with (eg, delirious and aggressive patients who were trying to abscond, and taking bloods from a peripherally inserted central catheter [PICC] line), which were not taught in medical school and had to be learnt on the job.

My first few days started with a set of night shifts in gastroenterology, which was scary as us FY1s were essentially trying to keep the hospital running and patients alive until the regular day teams arrived back on the wards the next morning. These patients were usually

unwell, and some of their conditions could suddenly turn catastrophic at any moment (eg, from spontaneous bacterial peritonitis). I was blessed with a great team of FY1s who supported one another, lent their shoulders to cry on and came to my rescue when I needed help prescribing something for the first time. We also had lots of fun, with our nightly 2 am “lunches” and post-nights brunches. We were lucky to have an amazing registrar who consistently checked up on us to make sure we were doing alright, and never hesitated to go to the ward to review a patient when we were struggling. Having such supportive and encouraging colleagues definitely helped me survive those gruelling nights.

My second rotation was in the geriatrics department, and it was eye-opening to see how much work went into organising a safe discharge for the senior patients. I had a lovely elderly patient who had been admitted for close to a year due to her awaiting guardianship, and her poor memory meant that she often didn’t remember who I was but would always greet me with a smile and a wave (and compliments too!). No matter how awful my day or night was going, bumping into her would always put a smile on my face. However, this rotation was also the toughest emotionally, as the second wave of COVID-19 arrived in the middle

of winter. Although every effort was made to protect the most vulnerable, the virus arrived in my ward and led to most of my patients eventually succumbing to disease complications. It was really tough witnessing grief and death daily, but I am thankful that I had the opportunity to make a difference in their final days, even if it was just offering them the ward phone so they could talk to their loved ones.

My final rotation in general surgery flew by. By the time this rotation had rolled around, the experience and wealth of knowledge accumulated from the first eight months helped immensely. Job changes were much faster and easier, I was more confident when speaking to patients and their families, and I doubted myself less (while still seeking help from seniors when necessary)! A memorable encounter was when I was asked to see a post-operative lady who had a PICC line in situ with a swollen arm. The nurses thought that it might have been due to blockage issues with the line, but my colleague and I decided to do a D-dimer test before we ended our shift. We found out the next morning that the lady had a clot in her arm and in that moment, I felt a sense of accomplishment, as well as that I was growing as a doctor.

It feels like I blinked, and it has now been a whole 12 months since I earned my wings as a doctor. I must say that I have learnt a lot – from getting over my fear of verifying a death alone at 3 in the morning, to dealing with unwell patients in fast atrial fibrillation; from inserting a nasogastric tube to updating families over the phone (this is harder than it sounds!). This privilege of helping my patients while they are at their most vulnerable, and knowing that I have made a difference in their lives no matter how small, is something I would not trade for the world. ♦

Legend

1. Denise receiving her first dose of the Pfizer-BioNTech COVID-19 vaccination at the NHS
Louisa Jordan in December 2020
2. Denise (second from left) with her FY1 colleagues in general surgery

