

The Young Ones

By A/Prof Chin Jing Jih

The topic of doctors in training brings back my own memories as a medical trainee many moons ago. Few doctors who had undergone postgraduate training during that time would be able to forget those challenging years of their lives. For me, it was a period when the hospital call roster constantly threatened to dominate my life. My mean blood pressure and the amount of sleep I got on any particular day depended less on whether it was a weekday or weekend. Instead, I remember that the first question I asked myself upon waking up every morning was whether it was a “precall”, “on-call” or “postcall” day.

Studying for the sole purpose of passing summative theory and clinical examinations was the major, if not only, preoccupation of a doctor in training then. For most trainee doctors, their salaries were humble sums, carefully piggy-banked to pay for examination fees and airfares. Examinations tended to take place in faraway venues amid unaccustomed climates, where they had to interact with patients who spoke with unfamiliar accents. It was a singularly focused phase with hardly any room for leisure, as training, learning, mugging and examinations consumed virtually every aspect of a doctor in training’s life.

And for some, advancing a courtship was challenging, especially those with nonmedical partners, who were generally less forgiving and tolerant towards tired, inattentive and hypersomnolent dates. Heartbreaking casualties in these relationships did occur, adding to a trainee doctor’s emotional stress. Even those who had successful relationships tended to delay marriage, and those who managed to tie the knot usually postponed starting a family till after they completed their traineeship and examinations.

That was then. Postgraduate training has since undergone significant changes, especially in the last few years. I believe some issues will remain despite the passage of time and changes to the system. For example, past and present doctors in training had, and will continue, to face immense stress from having to cope with the pressures of learning and developing professional competencies while, preparing for high-stake examinations (at least for now). The two activities are not necessarily congruent, and the trainees’ energy is therefore divided and the stress doubled. On top of this, they would have to adapt quickly to periodic changes in practice and social environments as they make their regular rotations through the many specialty disciplines in their respective programmes. For

some, these frequent and repeated cycles of change and adaptation can be emotionally draining.

These days, some senior doctors hold the general view that new generations of trainee doctors are having a much easier time, compared to the “tough old days” that the former experienced. The trainees today are perceived to be a pampered and spoon-fed bunch who will always place their interests and that of their families above those of their patients and the medical profession. Some trainees, on the other hand, tell me how sick and tired they are of hearing these generalisations and comments, which a group of them described as “unfair and unhelpful”. Left unaddressed, such negative views, reflecting a progressively widening “generation gap” in the profession, can potentially threaten collegiality and effectiveness among doctors.

Perhaps a common error behind many of these perceptions about today’s younger doctors is the tendency of older doctors to look at them through lenses of the past, without realising that their professional and social environments are significantly different today. For an objective evaluation and comparison, present doctors in training should be considered in the context of contemporaneous professional and social circumstances. For example, while the quantum of their pay is obviously higher than doctors of equivalent seniority 20 years ago, and many training costs are covered by employers or training institutions, financially they may be even tighter, if we consider the degree of inflation and the housing prices that they have to contend with these days. Furthermore, while their training is relatively more structured and facilitated nowadays, the current trainee doctors have to weather a string of uncertainties and rapid changes in their programmes, as they are inadvertently caught in a period of rapid changes and adjustments of a postgraduate training system engineered to achieve certain desired outcomes at the national level.

Many of them also feel pressured into making early decisions regarding their specialisation, and some are still grappling with their choices, even as they are ushered into intensive and fast-paced training programmes right after graduation. And while they may appear to have a lighter patient load in terms of raw numbers, doctors in training today have to deal with patients and families who are far more demanding, and whose medical and psychosocial needs are significantly more complex than those encountered in clinical practice a decade or two

ago. We must also not forget that the body of medical knowledge considered core for trainees is also far more voluminous, and is expanding at an exponential rate.

Therefore, it may be insensitive if we dismiss the challenges and pressures faced by today's trainees too easily. The biased belief that younger doctors, just because they are dissimilar to their seniors, are automatically inferior is neither proven nor helpful. Instead of dwelling too much and too long on the differences, we should focus on our common values and aspirations – that despite the generational effect on attitudes and world views, as well as differences in approaches towards problem-solving and use of technology, doctors from all age groups seek validation and recognition of self-worth, and strive to be competent and compassionate physicians. If we put the right environments in place, guided by appropriate professional ideals and values, the goals of senior doctors and those of doctors in training can be aligned.

Recently, some clinical teachers have shared with me their anecdotal observations that some trainee doctors may not be coping well, and are consequently becoming cynical and pessimistic towards their future professional life. In the worst case scenarios, this leads to regret for having opted to do Medicine years ago. This is worrying indeed. At a hospital orientation, I advised a group of new doctors who were rotated into my hospital that it is critical at their stage of training to pay attention to their personal self-care, to nurture a professional resilience that is needed to weather pressure, and to sustain meaning and interest in their budding professional careers.

In times of extreme pressure and exhaustion, they must actively battle against cynicism and not allow such negative sentiments to gain an unhealthy foothold in their psyche, gradually eroding away their professional ideals. Patients need doctors who are passionate about their work and compassionate towards the former's plight

and vulnerability. This is where guidance and mentorship from experienced senior colleagues who possess deep emotional reserves and wisdom can be extremely helpful. Young doctors who are feeling weary need to be inspired by role models and recharged by rediscovering their joy in medical practice. Perhaps another way of finding inspiration is for doctors in training to revisit annually the personal statements they wrote and submitted some years ago when applying for admission to medical school. Hopefully, these personal statements will still be magical enough to rejuvenate and rekindle the passion in those who are weary.

SMA has been acutely aware that the voice of doctors in training needs to be heard, and their youthful ideals and energy harnessed and channelled for the benefit of patients and the profession. Therefore, in recent years, SMA has invested time and effort to reach out and connect with trainee doctors. Realising that these are not only the future doctors who will care for us, but future leaders of the profession, the Doctors in Training Committee was formed some years ago to focus on engaging trainees and supporting them in relevant areas. The profession and its training framework are obligated to ensure that in addition to developing trainee doctors into confident and skilled practitioners, they should also emerge wiser, more compassionate and more resilient. The essence of postgraduate training is, after all, not just merely about outcomes. In shaping and producing the doctors we need and hope for, the experience during the training itself is equally essential. **SMA**



AI/Prof Chin is President of the 54th SMA Council. Like most doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary. He, however, believes that a peaceful sleep at night is even more essential.

