In Search of the Right BALANCE for Training

By Dr Benny Loo

MEDICAL TRAINING in Singapore has undergone a metamorphosis during the past few years, shifting from the traditional, long-established basic specialty training/advanced specialty training (BST/AST) system to the radical, contemporary residency system. Most, if not all trainees of the now defunct BST/AST system have successfully progressed to the next phase of training, or migrated to the new scheme in vogue – residency. Meanwhile, the newer generation of doctors have only the single option of residency training in most departments.

Between these two groups lie a small proportion of people who are tangled within this transition and therefore granted the opportunity to witness both training systems. I am one of these lucky (some say less lucky) few as I was delayed by my National Service requirements. As I am approaching the end of my residency, I suppose I will be able to give a more factual reflection of these two training systems from a junior doctor's perspective. I confess that my experience does not represent the entirety of the adversities faced by many fellow colleagues (especially in other departments and institutions), but I do hope that I have captured the essence of the paradigm shift in the medical training landscape.

Infrastructure

I understand that the BST/AST training system lacked structure. Training rotations were not infrequently subjected to logistical constraints, which meant that one might be stuck in a rotation longer than stipulated in the training requirements. It was also a privilege, not an entitlement, to attend any tutorials. Very often, clinical work took precedence over training, which rightly placed patients' best interests first. Not unexpectedly, it was also these repeated assessment and examination of patients that sharpened the trainees' clinical acumen.

Now, we have a colourful chart depicting our whereabouts for the next few years of our training even before we step foot into the department. This Monopoly-like training route is comprehensive and allows us to have a panoramic view of the services that our specialty encompasses and provides to patients. The trainees advance, undeterred by logistical hindrance, which unfortunately falls on those not in residency programmes. "Protected time" is the new fashionable term and a concession unfamiliar to most at first (but we have eased into it by now). There is also a regular cadence of tutorials that most of us are able to attend without compromising patient care. However, one of the greatest concerns is the limited clinical load we are supposed to be given; restricted clinical exposure is most likely impractical in many departments or institutions, and the ultimate worry about this issue is the impact on junior doctors' acuity in identifying the sickest patient among the sick.

Examinations

Most specialties juxtapose the standard that their trainees have to meet with those under the UK examination systems (eg, MRCP and MRCS). Often, these trainees have a straightforward path to progress to the next level of training, such as passing the MRCP to reach AST. Keeping this in mind, BST trainees are able to focus on acquiring the cardinal skills required to overcome the examination, albeit with less training funds. One may wonder if the results of a single test can commensurate with the capabilities of the trainees. Sometimes, less is more.

With the addition of a new system and, yet, an unwillingness to abandon the existing one, many trainees are entwined in this cauldron of confusion. Suddenly, the trainees have to tackle multiple examinations of different formats and scopes. Imagine a student who has to prepare for preliminary examinations, GCE A-Level and SAT examinations on the background of full-time lessons and co-curricular activities. This dense stressful atmosphere perpetuates throughout most of the residents' career as they steadfastly complete each examination. Even with a more robust amount of training funds, many residents still find it very difficult to cope with the rapidly accelerated examination fees.

Global development

It is rather perplexing how the previous system grooms trainees to be competent clinicians and then expects them to take on multiple roles (teacher, researcher and leader) once they exit and move on to the next phase of training. Most seniors are keen to impart their vast clinical knowledge to the juniors, but the former rarely receive formal instruction on effective methods of teaching. Many of us probably step into these new shoes by copying favourable traits that we observed from various seniors. To overcome the poverty of resources, it is paramount for many doctors to become self-directed learners and to support and share with each other.

All-round development is another key feature of residency. It offers residents multiple courses and opportunities for them to develop essential skills, early exposure to research and to lead. This will not only facilitate their transition to senior residency where the trainees will take on more duties, but also allow them to identify their niches in advance. One must also beware that with the immense selection presented to the residents, learning may take a backseat and they may become habituated to being spoon-fed.

Restrictions

Most rotations used to run in six-monthly cycles, which allowed us to arrange personal commitments such as leave and personal events. Nonetheless, daily working hours and night calls were all but often neglected. Back-to-back calls and working for 40 hours straight were not unheard of.

The residency system revamped the duty hours and frequency of night duties with the aim to prevent exhausting junior trainees, therefore decreasing the likelihood of medical errors and ultimately, improving patient care. Yet, it is not without its restrictions, which comes in the form of rigid monthly (or three-monthly) rotations with predetermined amount of leave per posting. This inflexibility severely curtails the trainees' ability to plan leave for personal and study purposes.

Conclusion

Indeed, there is no one perfect training system that fits all and each has its own pros and cons. In my humble opinion, the most pertinent factor that every programme needs is balance. A balance between structure and flexibility, between training and assessment, and between patient care and personal well-being. While we are fine-tuning this balance, we will continue to encounter more impediments. But hey, no one ever said that a trainee's life is easy. It is through these adversities that we mature to become more capable persons. ■

Dr Loo graduated from the National University of Singapore Faculty of Medicine in 2007. After completing his National Service, Dr Loo was accepted into the Paediatric Medicine Residency at KK Women's and Children's Hospital, and is now completing his three-year programme. He likes to look on the bright side of life and always strives to balance his work, family and personal duties.