

SATISFACTION IN LEARNING



Earwax comes in varying colours and all sorts of consistencies. That was the take-home message I got following my fourth year short posting rotation in otolaryngology (also fondly known as Ear, Nose and Throat or ENT).

THE ATTRACTION

ENT was not my top priority. In fact, I had been more keen on general surgery as a future career because I was inspired during my third year elective. However, fate works in mysterious ways. During my medical officer posting in general surgery, I ran into a medical school senior – a first year ENT trainee who was rotating through general surgery. She encouraged me to try an ENT posting and I thought, “why not?” I was still on a search for the ideal subspecialty and was unsure of what to try next. Shortly after, I successfully applied to Changi General Hospital and that rotation left me with a very positive experience. Although my fellow medical officers were all trainees, they were always willing to teach me – the only newbie. The seniors were approachable and friendly, and there was a sense of camaraderie in

the department. I felt like I was being adopted into an extended family.

At the same time, I also enjoyed the diversity of our job scope in the specialty. Life was simple yet complicated: we were either in the clinic or operating theatre but outpatient clinics deal with a variety of patients with different presenting complaints. One could first have an epistaxis patient, followed by another with a neck mass and yet another who had a foreign body in his throat. It was seldom boring. Even removal of earwax can be challenging as the different shapes and sizes required the use of different instruments and equipment for the process. There were also many other procedures, such as posterior nasal space biopsies, that kept me on my toes. It was pretty much the same situation in the operating theatre. As

we handle a wide array of cases, we have to be able to switch between open surgery, microscopic surgery and endoscopic surgery with ease. Initially, I found myself struggling as I was accustomed to open surgery, and needed practice with microscopic and endoscopic work; but once I figured out the hand-eye coordination, the view was amazing.

Job satisfaction was also present. Something as simple as earwax removal was enough to have the patient say: "I can hear so much better now. Thank you, doctor." Extracting foreign bodies is also a major source of job satisfaction; there is an indescribable feeling of triumph when I successfully remove a fish bone and show it to the patient with a silent "ta-dah!" as they heave a sigh of relief and express gratitude. Similarly, with the immediate relief of symptoms following a successful quinsy drainage that improves the trismus, patients often feel significantly better once the pus pours out. Most are able to eat and be discharged by the next day. Intrigued by the variety among routine and the different skill sets to gain, I decided to apply for ENT.

The path of training is short even though five years seems like a long time when we talk about it. After all, most of us are around 30 years old when we are in traineeship and five years make up almost 20% of our lifetime thus far! While training, however, there is a whole new perspective that differs from the life of a non-trainee. When one is a non-trainee, the aim is to enter the programme. When one is a trainee, the aim is to exit the programme successfully. Due to the different

subspecialties and skill sets ENT requires, five years (four years and three months to be exact, since six months are spent in general surgery and three months in plastic surgery) is a short time for us to gain proficiency in all of them.

LESSONS GLEANED

In these five years and counting, I have learnt some lessons I hope to share.

Make the best out of every case we see, learn from our mistakes as well as the mistakes of others and through peer support. With the increased number of trainees, the caseload is naturally reduced. As such, efficient use of learning materials is essential and reading up before each case helps retain information in the memory.

Equally important is sharing and peer teaching: the selfless sharing of knowledge, without fear that the pupil may someday be better than the teacher. An example is the sharing of cases by giving up an operating opportunity to someone who needs more training in a procedure I am proficient in. Questioning may seem stupid sometimes, but it also highlights the things others assumed I understood when in actuality, the entire group had misunderstood.

Both good and bad feedback should be offered to juniors and similarly, feedback should be asked from seniors. Not all of us are born to be great teachers, but we can try. Not all of us are born to be great learners, but we can also try. Patients should be at the heart of what we do.

Up till today, I am still learning. ♦

PROFILE



TEXT BY

DR CHAN CHING YEE

Dr Chan Ching Yee is a fifth year otolaryngology resident with SingHealth. She is the mother to a feisty three-year-old girl, enjoys baking in her free time and is a new-found yoga enthusiast who hopes to touch her toes soon.