

From A Wannabe to Another Wannabe

I am writing this short note because my friend has been feeling a little under the weather lately. Some things are difficult to say face-to-face, so I hope that he will be reading this in the SMA News.

His mood has been down because he was not given a traineeship in the recent BST exercise. He felt that he was not given a fair fighting chance and he was better qualified than some of those chosen. He was upset as he felt that at the "ripe old age" of 27 years old, his career had come to an abrupt end. He felt trapped as he is ORDiing soon, and has no idea what posting he wants to choose for the MOPEX (Medical Officers Posting Exchange) in May this year.

I am writing this, because I once had the exact same feelings, and I hope that by relating my own experience, I can help allay his disgruntlement and disillusionment.

NOT CHOSEN

I had wanted to do a popular specialty after I completed my housemanship. This specialty was one that I had no interest in until I did my HO posting in it. Somehow, the work of the specialty appealed to me, and I liked being around these patients. I had wanted to do something else in my undergraduate days, so I did not put in much effort into this area of study. So, to help me gain an advantage, I passed my M.Med Part 1 before the traineeship interview. I thought that the interviewers would look upon me favourably as I had shown my intention by attempting and passing the Part 1. Evidently, it failed to impress them. I was not chosen. As a first year MO, I took it in my stride and told myself to try again the following year. Besides, the trainees chosen were of good calibre, Dean's List material or my seniors. The following year, I tried again and was similarly rejected. This time, I was half-expecting it as my MO grading was not outstanding and I somehow did not fit in with the department.

Although expected, it did not mean that it did not hurt. This was because, this time round, my juniors with no M.Med Part 1 were chosen. Also, I felt that there were no clear criteria on the selection of trainees. If they were made transparent, I would have known beforehand that I would not have stood a chance even if I tried applying a hundred times. I could then get on with my life and career. At that time, as a second year MO going on third year, I was directionless. I had already done most of the postings that I was interested in. What was I going to do with the next three years' worth of six postings before my bond was up? I was hurt, angry and just plain tired.

I prayed, and calmed myself down. I realised after some time that the feelings that I had felt were not going to improve my situation. I talked about it with my spouse, parents and senior doctors.

A CHANGE IN PERSPECTIVE

I am particularly grateful to one consultant. We happened to be doing a call together, and what she told me that day was very enlightening. She said that at my junior level, MO grading, traineeship and remuneration would seem very important and paramount. However, time is a great equaliser. Regardless of when a MO starts his traineeship, or when he passes his examinations and becomes a registrar, eventually

all successful trainees will become consultants. The only difference is when a MO becomes one. Also, some doctors may earn much more than their peers, but eventually, everyone will be earning a comfortable salary.

I found a quiet spot, sat down, took a deep breath and a good look at myself. I also wrote down my thoughts and feelings, and that helped. Below are some of these thoughts. I hope that my friend will read them and apply them to himself appropriately.

The first thing I realised is that even if all the big-time professors and senior consultants do not select you as a trainee, they CANNOT take away your MBBS. Your non-selection does not mean that you are an idiot; it just means that you exceeded current requirements, you do not fit in, or that they have decided not to extend an invitation into their "exclusive club". However, you are still a doctor, and that cannot change.

As a doctor, your best judge is yourself. If you have any conscience or insight, you will know if you are competent or not. You will also know that if your patients return or they sing your praises to others. Being competent does not mean knowing everything, because that is impossible. Being competent means knowing what you can treat, and what you need to refer. A lousy doctor will be easily found out.

Next, sit down and write out all your strong and weak professional points. Can you take stress? Do you like emergency work? Do you like to do procedures or prefer to think about problems? Do you like to follow up patients for ages, or is a fleeting encounter enough?

Also, write down what you hope to accomplish with your life. Is lifestyle a priority? Choose a specialty that is not time demanding. Is your family life more important? Choose a specialty that does not work weekends. Do you like missionary work or travelling? "Doctors without Borders" (or Medecins sans Frontieres) is a viable organisation to join.

After writing everything down, things will become clearer. Everything falls into perspective, and you will begin to calm down. It will help you to think rationally, as you will make mistakes when emotions are involved. No one appreciates a raving mad man, but a calm and controlled person.

A DOOR CLOSSES AND ANOTHER OPENS

I am glad that I had the discipline to sit down, think about things and write them down. I had recently chosen another specialty. I am very happy as it is everything I wanted to do in medicine and more.

Another consultant once asked me if I was a trainee or a "wannabe". On hindsight, it was a derogatory term even if it was used in jest. It put the trainee in a "privileged" group, and the wannabe...well, just a wannabe. It is better to remember that as a trainee, you have been given an opportunity to train at the expense of another colleague. Use that opportunity well. That is why I chose the title: "From a wannabe to another wannabe."

On a last note, I want to tell my friend not to lose heart. It is not the end of the world, or your career. For every door that closes, a window of opportunity opens. Think of every failure as a chance to start over again. You will succeed. I know you will. ■

About the author:

The author is currently a BST in a restructured hospital.