

Citius, Altius, Fortius

Life is motion. Motion is life. To me, running and orthopaedic surgery go hand-in-hand. I have had the joy of fulfillment from both passions and I hope to share with you my journey so far.

My first encounter with orthopaedic surgery was as a patient. I had an unfortunate football accident, and I required an ACL reconstruction to get back on my feet. I was greatly thankful that the surgery allowed me to return to my sporting pursuits at that time. Much to the dismay of my surgeon, I successfully returned to football, only to end up needing a second reconstruction. That episode led to my interest in pursuing a career in orthopaedics. An athlete's worst nightmare is injury that puts them out of action; surgery gave me a new lease on life. The rest as they say is history as I joined the residency program in 2008. I have also since learned that my calling is in non-contact sport and have been running marathons, God willing for as long as my knee holds up.

The journeys in orthopaedics and running have been nothing short of rewarding but have also come with their own share of challenges. 'Begin with the end in mind!'. This is a term very familiar to those who have read Stephen Covey's work. It holds true in both running and orthopaedic surgery. In running, I have to figure out which major races I will participate in before I start making my training plan. In the field of orthopaedics, most of us begin fresh out of medical school with the goal of getting into a residency program. Then, the mid-term goal becomes completing the program, passing exit exams and achieving specialist accreditation. Defining the long-term goal is something that I often grapple with as there are many ways of looking at long-term success.

I remember a teaching session with one of my core faculty members where we were asked to draw on a sheet of paper what we envisaged ourselves doing or having achieved in 10 years' time. Simple as the task appeared, it got me thinking about life after FRCS although it feels now preparing for it, that IT is everything there is in life. I saw myself as a competent orthopaedic surgeon with a respectable teaching and research portfolio. Outside of work, I envisaged myself being a good family man with time to pursue my sporting aspirations while serving my church regularly. I really valued that session because it gave me an idea of what I wanted to achieve and helped me to better dedicate my resources accordingly. Priorities change with time and once the exam season is over, I will need to re-evaluate how to reallocate my time and energy.

Setting goals is important both in running and in specialist training. An acronym I have found useful to do this is **S.M.A.R.T**; the goal being set has to be Specific, Measurable, Attainable, Relevant and Time-based.

Specificity is important as it defines the task at hand and helps inform how we should reach it. For example, in running, I might set out to achieve a marathon time of 2 hours and 38 minutes at the Singapore Marathon in 8 months' time. The next step is to break the end goal down further to make it more practical – to hit a mid-term goal of a half marathon time of 1 hour and 20 minutes in 4 months' time as a build up to the long-term goal. In orthopaedics, one milestone goal is to pass the FRCS. So the mid-term goal would be to do well in the annual OITE examination and mock FRCS viva sessions.

A well-defined goal must also be Measurable. This is easier in running as it's highly objective – you either meet the target time or you don't, reach the finish line, or not. An example in orthopaedics would be one's ability to perform a dynamic hip screw insertion independently for a 2-part IT fracture. For arthroplasty surgeons, maybe the timing matters as well – there is an unspoken leader board on who does the fastest knee replacement in most hospitals!

Be realistic when setting the goal. It would be foolhardy for me to aim to achieve an Olympic gold winning time at my current level. Know yourself and set goals that are Attainable. Do not aim to do a complex tibia plafond fracture when you only have basic experience in fixing simple ankle fractures!

Make sure that the short- or mid-term goals are Relevant to the final target. As fun as it is to take part in a game of rugby, it probably isn't so wise given my thin wiry frame. Similarly, getting a few bipolars done well sure is rewarding but might not be a good idea to do so the night before your OITE exams.

The goal should also have a Timeframe attached to it. It is one thing to say I am aiming to reduce my marathon time by 5 minutes, and another depending on whether I intend to do so in five months or five years. . This goes back to the first point about specificity. Break down the main goal into short-term and mid-term goals. For the FRCS preparation, this comes down to having a detailed plan on when to complete revising the different sub-specialties and going through a practice viva session with mentors or study buddies. This makes it easier to achieve these targets and provide morale boosters in getting to your final long-term goal!

Despite setting the best goal and plan, things do not always work out. It is natural to fail at times but the important thing is to get up from these setbacks and to learn from them. There are races that go absolutely awry and also surgeries where things just do not work out. I spend more time analyzing these races and cases, reflecting on how I could have done better or prevented the problems. Taking the time to internalize these life lessons helps me remember and respond accordingly when I encounter a similar situation in the future. It is important to remind myself to not stop learning – every single case has something to offer.

As with running, orthopaedic surgery is not purely an individual pursuit. We are in the midst of like-minded people who love their vocation and we should be watching out for each other. They are also a great source of feedback, encouragement and wisdom. There is no better aid for reflection than an honest friend or colleague when it comes to improving our practice. A shared sorrow is half the sorrow and a shared joy is twice that. I would not have been able to achieve my Personal Bests (PBs) for my running if it were not for my running buddies and the support from my running clubs.

Work-life balance is a touchy topic. My generation has often been called the 'strawberry generation' as we have 80-hour workweeks, 1 out of 7 days off and post-call. I admire the tenacity that comes with the hardship of working throughout the day after a busy night. However, I am thankful for these privileges that provide me with additional time that I can spend learning and conducting research. I am glad that our profession has aligned itself with the national goal of promoting work-life balance which I think allows us to be more present (physically and mentally!) for our families. For those with families - happy wife, happy life as some would say and I am sure this translates into our interactions at work.

I have also been able to continue running because of the healthier hours and find that it helps me to relate and reach out to my patients better. I am part of a group of doctors called 'The Flying Doctors' (it was meant to be ironic) who are passionate about running and promoting exercise to stay healthy. We meet up for races to 'run the talk' and also conduct running clinics on injury prevention and improving performance.

Because of the support of my department, I have been fortunate to be able to participate in voluntary work locally and abroad. I am currently co-organizing an expedition to Mount Everest Base Camp in October 2016 to promote awareness about Nepal's recovery from the earthquake last year and to raise funds for the Singapore Medical Association's Charity Fund. These opportunities provide fresh perspectives on the global healthcare picture and invigorate our core passion to help people.

Continuing on the community aspect, we should all have role models to learn from and aspire to. I really appreciate my mentor meetings, painful as it can be at times confronting some hard truths. A good mentor is a real gem – I have benefited greatly from this and intend to be a better mentor to my more junior colleagues. One of my running heroes is Roger Bannister, the first man to run a mile under 4 minutes. He did what was thought to be impossible at that time and all this whilst working as a junior doctor. He is a symbol of perseverance, a trait that all of us need in our very demanding careers. Our profession also isn't short of such inspiring characters. Prof Bala is a familiar face to all of us especially for my batch approaching our FRCS. I can only wish that I can be as dedicated as him to teaching and mentoring the future generation of surgeons in the later part of my career. I am always amazed to see the fire in his eyes light up whenever he teaches – his passion is truly palpable!

Research is a big part of orthopaedics and also running. No surprises there given that both aspire to greater heights and are always pushing the limits. Citius, Altius, Fortius or Faster, Higher, Stronger is the motto of the Olympics. In order to do so, athletes and sports researchers are constantly finding new ways of doing things. Same goes with running – forefoot running, barefoot running, Chi running and there's always new equipment that promises to improve your timing. Some turn out to be fads and end up causing more harm than good. Again, this is not unlike some recent issues with metal-on-metal arthroplasty. Our clinical practice is very dynamic, constantly changing with the publication of new research articles hence we need to be vigilant and attentive when taking up new surgical techniques or implants. Whenever I change my training regime, I am mindful of any improvement and also problems that it can bring. This allows me to 'audit' my practice and change accordingly.

Like the SEA Games or Olympics, overseas conferences like AAOS and SICOT bring together the best in their fields to showcase their work, form collaborations and spur each other to better themselves. One of my first overseas races was the Boston Marathon in 2013. Despite being complete strangers, I got to know a dozen or so runners along the route just sharing our love for running and enjoying the race atmosphere. It was unfortunately marred by the bombing but the terrorist act only made us stronger and more prepared to defend the spirit of this monumental event which has been going on annually since 1897.

The practice of orthopaedic surgery to me is akin to running a life-long marathon. The journey has its fair share of up-hills and down-hills, but it has greatly enriched my life and has been a whole lot of fun. Having a clear destination is important in any journey but equally important is the journey itself as we transform from spring chickens out of medical school to specialist orthopedic surgeons. I want to thank my mentors, colleagues and friends who have been part of this wonderful journey and hope to continue to run together to raise our profession to even greater heights!