

**“WE ARE ALL DOCTORS, BUT...”: AN EXPLORATION OF BOUNDARY
WORK AMONG MEDICAL SCHOOL STUDENTS IN SINGAPORE**

By Lee Gek Ching

Supervisor: Associate Professor Vincent Chua

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Abstract

Aspiring doctors in Singapore can choose to study in one of two highly-prestigious medical undergraduate schools, National University of Singapore's Yong Loo Lin School of Medicine (YLLSOM) or Nanyang Technological University's Lee Kong Chian School of Medicine (LKCSOM). Presumed to be a largely homogenous group, it may be surprising that YLLSOM and LKCSOM students go to great lengths to differentiate themselves. In light of the horizontal stratification within this elite group, this thesis aims to uncover how boundary work is done to create and maintain symbolic inequality, status, and identities. This thesis found that YLLSOM and LKCSOM students were aware that they were going to be future colleagues and hence maintained cordial relationships by positing (surface) similarities and differences with outsider competition. However, under this veil of solidarity, YLLSOM and LKCSOM students maintained their status by drawing upon their school's historical legacy, social networks, and communities to posit and negotiate cultural boundaries. YLLSOM and LKCOM students also upheld their moral high ground by expounding on their school's selection process. Additionally, boundaries of competencies and rigour were constructed by highlighting how each school's curriculum and student life were better. These boundaries were then evoked to create and maintain the identity of YLLSOM as a colder but more established school and LKCSOM as a warmer and more caring institution. Overall, this thesis argues that (a) status inequality is dynamic as it requires active negotiation and that (b) boundary and identity work must account for structurally available resources and the politics of identity.

(250 words)

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CHAPTER 1: INTRODUCTION

1.1 Background

The National University of Singapore (NUS)'s Yong Loo Lin School of Medicine (YLLSOM) was established in 1905 as Singapore's first medical school. Since then, it has trained generations of doctors to serve in Singapore's hospitals and clinics. YLLSOM offers a 5-year undergraduate programme leading up to the Bachelor of Medicine, Bachelor of Surgery (MBBS) and admits students who have completed their pre-university education. The school is part of the National University Health System (NUHS) group (NUHS n.d.) and hosts its programme on NUS's campus.

In 2013, Singapore's second undergraduate medical school opened its doors to its inaugural cohort. The Lee Kong Chian School of medicine (LKCSOM) was set up as a joint partnership between the Nanyang Technological University (NTU) and Imperial College London (ICL). Similar to YLLSOM, LKCSOM offers a 5-year MBBS course and saw its first doctors graduate in 2018. While LKCSOM primarily works with the National Healthcare Group (NHG), the school also partners with Singapore Health Services (SingHealth) and NUHS (LKCSOM 2012a). LKCSOM makes use of a dual campus system where students have lessons at NTU's main campus and their new clinical science building at Novena (LKCSOM 2012b).

Every year, many aspiring doctors apply to YLLSOM and LKCSOM. However, admissions are competitive and only a handful of applicants are accepted for each cohort. Moreover, admission into either school requires extremely high scores on pre-university examinations. For the class of 2026, both schools admitted students who

scored an ‘A’ average for their A-Level Examinationsⁱ (NUS 2020; NTU n.d.). Students of YLLSOM and LKCSOM are also obliged to serve in Singapore’s public healthcare sector for 5 to 6 years upon graduation (YLLSOM n.d.a; LKCSOM 2012c). This means that YLLSOM and LKCSOM graduates will work closely together after completing their medical training.

1.2 Research Questions

As Singapore has only two undergraduate medical schools with comparable student demographics, Singapore-educated high-scoring local students with similar future careers, one might not expect the schools to be differentiated. However, in reality, YLLSOM and LKCSOM are extensively compared and distinguished (Chen 2020). This occurrence is especially puzzling considering the prestige of medicine in Singapore and it points to how stratification is happening within an elite group that has already risen above most of their cohort. This bodes the question of how differences are created within a seemingly homogenous elite niche group. This thesis thus aims to uncover (a) the various symbolic boundaries which are mobilised by YLLSOM and LKCSOM students to distinguish themselves from each other and (b) how these symbolic boundaries are used in the creation and maintenance of inequality and identity.

1.3 Research Significance

To begin, this exploration of horizontal stratification, or differentiation within a hierarchically-similar group, is significant as it broadens the understanding of the mechanisms behind inequality. Often, inequality is understood only in vertical terms. For instance, in articulating his notion of habitus – the internalised form of one’s social condition that is converted into a disposition that marks one as coming from a certain

class – Bourdieu (1984) frames inequality as a function of (vertical) class struggle. Lamont (1992) is, however, critical of Bourdieu (1984) and posits that a purely vertical analysis is insufficient in explaining observed horizontal differences. Lamont (1992) exemplifies this criticism by showing that hierarchically-similar American workers distinguished themselves internally by shifting boundaries. Moreover, the real-world impacts of horizontal stratification can further exacerbate inequality (Gerber and Chung 2008; Hu and Vargas 2015). These studies thus affirm the existence of horizontal inequality and demonstrate that exploring horizontal stratification would yield nuanced insights into the larger functions of inequality.

This thesis also delves into the role of status in stratification which is overlooked in many structural analysis of inequality. Such analyses emphasise the struggle for power and resources as the basis of inequality but fail to account for the value people place on status and external validation (Ridgeway 2014). As status is salient as a tool to carve distinctions and justify one's better position (Binder and Abel 2019), understanding status hence provides a fuller account of symbolic inequality.

Additionally, this thesis explores the role of identity work in inequality. Studies have shown that symbolic boundaries are important in group identity formation as it creates in-groups and out-groups by distinguishing between “us” and “them” (Lamont and Molnár, 2002; Jetten, Spear, and Manstead 2001). As identity is a frame of reference that evaluates the legitimacy of others and regulates behaviours of exclusion and inclusion (Lamont 1992), understanding identity thus illuminates how inequality is produced.

Furthermore, this thesis provides a lens to study inequality “from above” (Khan 2012:362) through the perspectives of elites. This is important because elite power relations, which might be bounded by different social rules than groups hierarchically below, can greatly impact larger structures of inequality due to elites’ disproportionate possession of resources (Khan 2012). Moreover, studying elites will yield significant findings because the dominant class provides one of the best grounds to study symbolic struggles (Bourdieu 1984).

Finally, this thesis gives insights into education as a social and cultural institution (Gaztambide-Fernández 2009). While education is conventionally thought of as a device for social mobility, this thesis complicates this view by illustrating that education can be a site and source of inequality (re)production (Khan 2012). For instance, Binder and Abel (2019) observed that educational elites justified their dominant positions through boundary work and status distinctions. Moreover, as education is harnessed by elites to subjectively understand themselves vis-à-vis others (Gaztambide-Fernández 2009), analysing elite schooling experiences reveals how elites internalise power relations that affect their present and future behaviour (Binder and Abel 2019). This thesis which focuses specifically on medical students in Singapore also provides a glimpse into the rarely-studied social context of local medical education.

1.4 Overview of Findings

This thesis found that YLLSOM and LKCSOM students made efforts to uphold the status and solidarity of medical students as an elite group through politeness strategies such as positing (surface) similarities. Arguably, both groups wanted to maintain a

cordial relationship as students were aware of the high likelihood of working together in the future and the threat posed by outsiders like the overseas medical graduates. However, upon closer inspection, the cracks on this façade become apparent as YLLSOM and LKCSOM students went to great lengths to assert differences as a way of bolstering their group's status vis-à-vis the "other" group (Binder and Abel 2019).

Referencing Lamont (1992)'s boundary typology, it was observed that the students carved out cultural and moral boundaries. YLLSOM and LKCSOM students drew upon their school's historical legacy, social networks, and communities to posit and negotiate cultural boundaries. YLLSOM and LKCSOM students also asserted their moral high ground using their respective school's selection processes. Additionally, boundaries of competencies and rigour were drawn and navigated by arguing that YLLSOM and LKCSOM's curriculum and student life were better. Interestingly, it was observed that the notion of difference itself was harnessed to create distinctions as only YLLSOM students interviewed expressed that they do not *bother* differentiating between both schools. The discussions then revealed that YLLSOM and LKCSOM students actively created and maintained symbolic inequality as a way to boost their prestige (Binder and Abel 2019). As the students harnessed various characteristics of their institutions for boundary work, it can thus be seen that inequality was perpetuated through education.

Significantly, the aforementioned boundaries based on culture, morals, competencies, and rigour were then used to create and maintain the identity (Lamont and Molnár 2002) of YLLSOM as a colder but more established school and LKCSOM as a warmer and more caring institution. Moreover, the concurrent assertion of similarities and

differences betrays a tension in how YLLSOM and LKCSOM undergraduates do boundary work to navigate issues of identity and inequality.

Overall, this thesis illustrates the dynamism of inequality by highlighting the active negotiations behind unequal relations; and posits that boundary and identity work are complex processes that must account for structurally available resources and the politics of identity. This argument is made by showing how YLLSOM and LKCSOM students simultaneously (a) uphold a common group identity to maintain their status as future doctors by asserting (some) similarities and drawing a line against outsider competition while (b) tapping on their respective schools' resources to do boundary work to uphold their positions.

CHAPTER 2: LITERATURE REVIEW

2.1 Symbolic Boundaries

Symbolic boundaries are “conceptual distinctions which are made by social actors to categorise...people, practices, and objects” (Lamont and Molnár 2002:168). They can be created through various mechanisms such as labelling, which helps in conceptualising the “other” (Lamont and Fournier 1992); dichotomous categorisation, which works as a conceptual base to evaluate the “other” (Epstein 1992); binary discourse, which discursively constructs groups as opposites (Alexander 1992); and selective (de)valuation, which creates biases (Lamont 2000). The construction of symbolic boundaries is also shaped by the available cultural resource and structural contexts (Lamont 1992). While symbolic boundaries may be created in these ways, their legitimacy must be justified to seem natural and universal (Lamont 2000). Justification can occur through moral arguments (Lamont 2000) or external structures such as culture (Epstein 1992). This shows that the legitimacy of boundaries drawn is similarly determined by accessible resources and one’s environment (Lamont and Molnár 2002). This is emphasised by Jarness (2017) who asserts that groups with different capital endowments have different worldviews which, in turn, leads to groups drawing different symbolic boundaries to distinguish themselves.

Although the maintenance of symbolic boundaries can occur through physical and conceptual means such as habits or language (Epstein 1992), at this stage, justified and established boundaries are used to maintain differences (Tilly 1998). This is because once legitimised, boundaries are attributed to reality and effected as valid knowledge about access and control (Tilly 1998). Moreover, as values like identity and dignity

are attached to boundaries, people come to have a personal stake in the symbolic boundaries (Epstein 1992) and hence actively maintain them (Beisel 1992). Beisel (1992) also holds that active agents are responsible for the shifting of boundaries as people use their experience and existing ideologies to transform and navigate boundaries and reality. The analysis of ideas and discourse can thus give insights into how boundaries are shifting (Tilly 1998).

Symbolic boundaries often result in inequalities because they influence motivation, decision making, and behaviour (Epstein 1992) that lead to inevitable exclusions (Lamont 1992). Distinctions, which are intrinsic to symbolic boundaries, then have real-world implications as concepts can translate into tangible actions (Epstein 1992). As symbolic boundaries are “an essential medium through which people...monopolise resources” (Lamont and Molnár 2002:168), material inequality can arise. Boundary work also leads to symbolic inequality because widely agreed-upon boundaries can constrain and pattern social interactions (Lamont 1992). Binder and Abel (2019) detail how elite students, who have “beaten 95 percent of the competition” (42), drew boundaries to elevate and maintain their positions vis-à-vis other elite students, illuminating the notion of symbolically maintained inequality. Stereotypes, as products of boundary and identity work (Lamont 1992), also leads to symbolic inequality as they shape perceived competence (Ridgeway 2014). Additionally, Tilly (1998) highlights that inequality becomes durable when categorical boundaries are accepted and made readily visible because they are unconsciously enacted to asymmetrically structure social life. Boundary work is then the study of how individuals and groups create, maintain and negotiate symbolic boundaries to carve

out distinctions and inequality (Binder and Abel 2019; Lamont, Pendergrass, and Pachucki 2001).

2.2 Groups & (Politics of) Identity

As classification systems (Wolfe 1992) which structure understanding (Lamont et al. 2001), symbolic boundaries mediate identity as they “mark the social territories of human relations, signalling who ought to be admitted or excluded” (Gerson and Peiss 1985:319). In other words, symbolic boundaries generate group solidarity and identity based on shared emotions (Lamont 1992), common evaluations of reality (Newman and Newman 2001), and notions of similarities and differences (Lamont and Molnár 2002). Once formed, members are also pressured to evaluate one’s group positively to achieve a sense of superiority (Lamont et al. 2001), resulting in in-group biases and discrimination towards out-groups (Lamont and Molnár 2002).

While in-group/out-group evaluations can lead to symbolic inequality (Lamont 1992), how unequal relations are established is mediated by the politics of identity. The politics of identity are issues of individual and group power wherever people interact with one another based on common and differing ideas of their identity (Hill and Wilson 2003). This can occur in any social context but are often observed in private realms (Hill and Wilson 2003). The politics of identity differs from identity politics because inequality based on identity politics rely on economic and political power while inequality from the politics of identity stems from an “interplay of power, culture and identity in the everyday life of individuals and communities” (Hill and Wilson 2003:3). In other words, identity politics which couch identity in merely political terms is unlike the politics of identity which recognises that identity is influenced by issues

of personal and group power across all institutions (Hill and Wilson 2003). The politics of identity is thus important in understanding everyday status distinctions and symbolically maintained inequality (Binder and Abel 2019) as it highlights how boundaries drawn are coloured by identity struggles and issues.

2.3 Status

Status is “inequality based on differences in honour, esteem, and respect” (Ridgeway 2014:2) that is derived from evaluations made using symbolic boundaries (Lamont 1992). Status also provides a basis for categorical difference which is required to cement control over resources and power (Ridgeway 2014). In other words, symbolic boundaries and their embedded conceptual differences shape perceived status; and status, in turn, legitimises boundaries and conceptual difference. Moreover, by providing (new) forms of meaningful conduct (Hall 1992) and positing the superiority of one over another (Ridgeway 2014), symbolic inequalities arise through status. Lamont (2009) documents how workers within a hierarchically-similar group navigated their ascribed low status using symbolic boundaries, showing that that status can be negotiated and that the categorical understanding of inequality advanced by scholars like Bourdieu and Marx is limited. Thus, by studying the boundary work done by YLLSOM and LKCSOM students to boost their positions, the mechanisms of status inequality are illuminated.

2.4 Elites & Education

Elites “who have vastly disproportionate control over or access to a resource” (Khan 2012:362), mobilise different kinds of resources to cement their privileged positions. Firstly, elites can harness culture to draw boundaries and exclude others (Khan 2012).

In Binder and Abel (2019)'s study, Harvard and Stanford students cited cultural aspects of their school to draw distinctions – Harvard is where “the most brilliant people...[come] together” (47) while Stanford is “entrepreneurial” (48). Moreover, inequality is created and maintained through elite group membership (Burris 2005) which entails access to exclusive, often powerful social networks that “facilitate information transfers and help...coordinate action” (Khan 2012:369). Elites can then tap on these connections to shore up their advantage (Khan 2012). Knowledge, ideas and ideology also cement inequality if harnessed by elites to elicit perceptions that favour them (Khan 2012).

Although education is typically seen as a tool for social mobility, there is increasing awareness that educational institutions are potential sites of inequality (re)production (Khan 2012). Conway-Hicks and DeGroot (2019) document how class disadvantages are being (re)produced in medical schools while Beagan (2001) illustrates how larger social categorisation of race, gender, and sexuality coloured students' medical school experience. Despite Beagan (2001)'s recognition that durable inequality is (re)produced daily in medical school through the bounding up of broadly-recognised categories with internal classification systems (Tilly 1998), her work does not reveal how educational institutions themselves are evoked as resources (Lamont 1992) to actively maintain symbolic inequality (Binder and Abel 2019). Thus, there remains a gap within the growing body of literature that this thesis seeks to fill by accounting for the role of available school-based resources in everyday status distinctions and boundary work.

CHAPTER 3: METHODOLOGY

This thesis was sparked by an interest in how inequalities are intertwined with education, a central feature in many young Singaporeans' lives. Having attended an “elite” school, I was especially curious about how students at the apex of the educational hierarchy differentiated themselves. This thesis about the boundary work done among elite students to assert their status and identities was thus borne out of this interest and experience. I chose to study medical undergraduates as medicine is highly respected in Singapore and is one of the hardest university courses to get into. Moreover, as YLLSOM and LKCSOM are specialised schools made up of elite students with comparable high-status career prospects, a study of YLLSOM and LKCSOM students provides fertile ground to explore “social separation” (Binder and Abel 2019:43) among elites.

I was able to recruit most of my participants from my network as my “elite” schooling experience provided me with valuable contacts. This initial purposive sampling was followed by snowball sampling, where participants introduced me to their medical school friends, to supplement the lack of numbersⁱⁱ. This method is, however, limited as most of the participants come from a similar educational background. This study would hence be unable to distinguish the effect of prior educational background on the boundary work done or reflect the potentially diverse ways that people of different backgrounds draw boundaries.

My “elite” schooling experience also facilitated my data collection as a majority of participants were friends who felt comfortable sharing their honest opinions with me.

This was further assisted by my position as a non-medical student who had little stakes in the participants' struggle for status and identity. Being an outsider, participants likely perceived me to be an objective, neutral party (Mullings, 1999). Often, participants were glad to elaborate on sensitive issues that I was advised to "don't tell [other] people" (Harry, YLLSOM), highlighting the importance of maintaining civil relationships within the medical community amidst differentiation. Moreover, being well-aware of my non-medical background, many participants explained the jargons used which facilitated my understanding of their medical school experience.

I conducted 10 interviews and 1 focus-group discussion (FGD) to get qualitative data on the boundary work done by medical students in Singapore. The qualitative method was chosen as boundaries are conceptual and thus hard to quantify. Moreover, qualitative data can provide nuanced insights into the processes behind status and identity construction which I am interested in. Due to COVID-19, all interviews and FGD were conducted online to ensure the safety of all parties. The participants were asked to turn on their cameras to increase the visibility of non-verbal cues which convey important information. Moreover, the online platform brought about benefits like allowing participants to share at a time and place that was convenient and comfortable for them. Informed consent was obtained at the beginning of the interview/FGD and before recording the session. Due to the sensitive nature of this topic, pseudonyms are used in any reference to the participants to maintain their anonymity.

For the one-on-one semi-structured interviews, 5 YLLSOM and 5 LKCSOM students were asked open-ended questionsⁱⁱⁱ which allowed them to highlight the boundaries

which were the most important to them (Lamont 1992). The interviews were also semi-directed which enabled the students to express their evaluative standards and worldview more fully (Lamont 1992). The FGD with Tessa (YLLSOM) and Theodore (LKCSOM), who were interviewed one-on-one previously, was also conducted to get in-depth data on the workings of boundaries. I chose Tessa and Theodore specifically as they are good friends who are comfortable speaking to each other about sensitive issues. The FGD was also semi-structured and used open-ended questions^{iv} to encourage spontaneous interaction and dialogue (Seal, Bogart, and Ehrhardt 1998). This allowed me to approximate how students drew and negotiated boundaries in real life as participants could immediately respond to one another during the FGD.

Only students in their 3rd/4th/5th year were interviewed as clinical training, which is a core aspect of the medical school curriculum (Becker et al. 1961), only starts from year 3. Moreover, being upper-year students, the undergraduates interviewed would have spent a significant amount of time in school and are hence likely to be more familiar with the nuances of medical school life and have a firmer sense of their YLLSOM or LKCSOM identity (Tilly 1998).

CHAPTER 4: FINDINGS I: CULTURAL & MORAL BOUNDARIES

4.1 “We are All Doctors”

Students of both schools recognised that “people outside [of medicine] usually just see [them] as medical students” (Rachel, YLLSOM) and that “[everyone] entered medicine for more or less the same reasons” (Theodore, LKCSOM) such as to serve the community, which was commonly cited during the interviews. There was also an awareness that “everyone is going to work in the same hospitals and wear the same scrubs next time” (Rachel, YLLSOM) as Singapore’s system entails a bond after graduation (YLLSOM n.d.a; LKCSOM 2012c). These statements thus highlight how YLLSOM and LKCSOM students were conscious of their collective identity as medical students and future doctors. This makes the employment of politeness strategies important in the maintenance of cordial relationships and the solidarity of the larger group (Greenaway and Cruwys 2018).

The veil of similarity to prevent “unnecessary barriers” (Rachel, YLLSOM) in their future work was constructed by playing down differences at times. Andrea (LKCSOM) carved out spheres of excellence by commenting that each medical school “specialise[s] in different areas” while Edwin (YLLSOM) emphasised similarities in their role as students by saying that “everyone’s just students trying to learn”. Similarly, both schools had strong senior-junior support systems where “a long legacy of seniors [will] come back and teach” (Sabrina, YLLSOM) and where “seniors make time for [juniors]” (Sheryl, LKCSOM). YLLSOM (Edwin, Rachel) and LKCSOM students (Bruce, Sheryl) also said that it is hard to differentiate between a YLLSOM and LKCSOM doctor in the wards, implying that boundary lines between both schools are less

significant in the future. This alludes to the shared awareness that “everyone [is] confirm going to be colleagues next time” (Bruce, LKCSOM) and that the current boundaries are specific to this period. Hence, by citing (some) similarities, YLLSOM and LKCSOM students collectively construct their shared identity (Lamont 2000) and maintained solidarity.

The students also preserved their Singapore-trained status by drawing boundaries against “other” (Lamont and Fournier 1992) overseas medical graduates. Harry (YLLSOM) asserted that “doctors trained in Singapore are very competent but those from overseas without the same rigour and training might struggle”. Bruce (LKCSOM) echoed this sentiment and said that “the overseas people are not accustomed to [Singapore’s] system” (Bruce, LKCSOM). Boundaries were also drawn against students from other majors by articulating how “medicine is a very different path from everyone else” (Rachel, YLLSOM) to uphold the integrity of the larger group.

4.2 Historical Legacy

4.2.1 “YLL is the Original Med School”

While both groups posited token similarities and drew boundaries against outsiders to project an image of solidarity, a closer look revealed deep crevices and a status struggle. A boundary identified by most students I interviewed was related to the schools’ presence or absence of historical legacy, indicating the significance of this boundary. YLLSOM was described as “established”, “traditional”, and “old” while LKCSOM was the “new” school. Although “old” and “traditional” could have negative connotations, in this case, these words were used positively by YLLSOM students to emphasise that YLLSOM “is the original medical school...[that] has been around

longer” (Tessa, YLLSOM) and has more gravitas. History also made YLLSOM the “safer” option between the two schools. Rachel (YLLSOM) who got offers from both schools, remarked that she ultimately chose YLLSOM because “it was safer to go by the traditional route”. Being “more recognised” (Tessa, YLLSOM), YLLSOM also has a “brand name [with] power...[as] the most senior and experienced consultants are from YLL” (Harry, YLLSOM). Other practical advantages like how “it’s easier to get information about YLL” (Sabrina, YLLSOM) also highlights that historical legacy as cultural resource impacts how boundaries, power relations, and privileges are constructed and understood.

This boundary is arguably strong as history was taken as a natural boundary line which is difficult to contest. Theodore (LKCSOM), conceded that “because [YLLSOM] is established...*maybe* there is the perception that [YLLSOM] is better”. From this, it can be seen that even though LKCSOM’s status is upheld by suggesting that *maybe* “established” means “better”, YLLSOM was accepted as more “established”. Even for Bruce (LKCSOM) who played down the boundary – “it’s *just* because YLL has a long history so people feel more secure about it, *that’s it*” – the advantages of being “established” was acknowledged. For many LKCSOM students interviewed, YLLSOM was also their “first choice school” (Sheryl, LKCSOM) at least initially. Sheryl (LKCSOM) mentioned that YLLSOM “*just* seems like the place to go for medicine...if you are of that calibre...that was my thinking then”, highlighting the “mystique” (Binder and Abel 2019) appeal of YLLSOM. Similarly, Andrea (LKCSOM) said that she “definitely would choose YLL back then if [she] was offered because it is more established...but after going through LKC, [she] might have chosen differently”. While it is unsurprising that Sheryl and Andrea (LKCSOM) distanced

themselves from their past opinions that favoured YLLSOM to uphold LKCSOM's (Lamont et al. 2001) and their personal status (Newman and Newman 2001), the admission that YLLSOM is the "natural path" (Sheryl, LKCSOM) for those of a certain *calibre* shows that the "established" boundary has gained legitimacy (Lamont 2000).

4.2.2 Turning Disadvantages into Advantages

However, while YLLSOM's "established" boundary was elaborated as a valuable resource in itself, LKCSOM's "new" boundary had to be negotiated and justified to uphold LKCSOM's status. Many LKCSOM students acknowledged that there were disadvantages of being a "new" school but were quick to address the issues. Danny (LKCSOM) mentioned how

maybe people will think that LKC is not familiar with things or is not competent...but [he] will explain that LKC curriculum is about the same [as YLLSOM] and covers the same things...[LKCSOM] has 2 batches of graduates and they are doing well.

Similarly, Sheryl (LKCSOM) used hedges and her personal experience to address the perceived disadvantages of LKCSOM's inexperience. She said

I'm not sure if YLL students will be at a preferable position but I have personally not felt any biasedness...I know some people are fearful of being disadvantaged if they choose LKC...*maybe* the fear exists but I personally don't feel that fear.

These quotes thus show that disadvantages tied to the "new" school boundary are played down through hedging – *maybe, I'm not sure* – which subtly questions the existence of the perceived weakness by expressing doubts about the sentiment (Boncea

2014). The quotes also illustrate how disadvantageous boundaries can be shifted by citing personal counter-examples (Beisel 1992).

Furthermore, LKCSOM students highlighted that being “new” was advantageous. Sheryl (LKCSOM) said that “because [LKCSOM] is new, LKC has the *advantage* of starting new things...there were many new projects started by passionate people”. Sheryl (LKCSOM) thus highlighted that the “new” structure of LKCSOM welcomes fresh ideas and cultivates *passion*. Theodore (LKCSOM) echoed this sentiment and asserted that “there are more opportunities to explore, grow, improve [one’s] leadership capability [in LKCSOM]....YLL is more established which means things are hard to change, ideas are more ingrained and traditional”. Theodore (LKCSOM) thus bolstered LKCSOM’s status by expounding on the advantage of being “new” and depressing the relative status of YLLSOM through the shifting of the “established” and “traditional” boundaries to encompass negative notions. This is in line with Lamont (2002)’s argument that group identity is defined relationally which leads to selective devaluation of dimensions that are less important for the group. Moreover, the need for the “new” LKCSOM students to justify themselves also shows that LKCSOM has to fight for its position while the “established” YLLSOM can simply maintain the status quo.

The salience of this boundary shift was also revealed during the FGD. Theodore (LKCSOM) was quick to defend LKCSOM’s “new”-ness by reiterating his aforementioned argument when Tessa (YLLSOM) highlighted the history-based strengths of YLLSOM. Theodore (LKCSOM) even extended the argument by saying that “cuz LKC started from scratch, everything they have would be based on YLL but

improved”. In this way, Theodore (LKCSOM) explicitly equated “new” with *improved* and shifted the “new” boundary through the existing ideology (Beisel 1992) of new and improved. Additionally, Bruce (LKCSOM) also mentioned that “because LKC is new...they *actually* listen to your feedback and encourage feedback because they wanna^v fine-tune”. By attributing student feedback to LKCSOM’s “new” status, Bruce (LKCSOM) alluded to possible disadvantages of being in an “old” school – YLLSOM would not care so much for students considering their “established” and “traditional” ways. Bruce (LKCSOM) thus shifted the “new” boundary by attaching positive value to it while highlighting the caring aspect of LKCSOM.

Unsurprisingly, YLLSOM students defended the positive value of their “established” boundary by arguing that “because YLL has been around longer, the initiatives and student activities that [YLLSOM] has is quite well developed...[and] the student activity structure is well-established” (Sabrina, YLLSOM). Taken together, the justifications by YLLSOM and LKCSOM students show that boundaries are constantly being (re)defined and require maintenance to be significant for status reproduction (Binder and Abel 2019).

4.2.3 “Tried & Tested” or “Trailblazer”

Drawing on YLLSOM’s “established” legacy and LKCSOM’s “new” status, YLLSOM’s approach to schooling is dichotomously categorised (Epstein 1992) as “tried and tested” while LKCSOM’s approach is “innovative”. Edwin (YLLSOM) who was initially leaning towards LKCSOM eventually decided to matriculate into YLLSOM as he felt that “YLLSOM’s tried and tested curriculum and traditional learning was safer”. This argument shows that historical legacy can be used to

substantiate the choices one makes and boost the status of those who chose “the road more travelled” (Harry, YLLSOM). On the other hand, LKCSOM students drew boundaries against YLLSOM students by framing LKCSOM as a “trailblazer...and innovative” (Theodore, LKCSOM) for adopting team-based learning (TBL), a new pedagogy that harnesses technology to deliver learning outcomes engagingly (LKCSOM 2012d). This is juxtaposed against YLLSOM’s traditional lecture-tutorial system that is “similar to JC^{vi} rote learning” (Bruce, LKCSOM). LKCSOM students also attached positive value to their *innovative* boundary by highlighting the advantages of TBL. Danny (LKCSOM) mentioned that TBL is “good for learning and communications...[as] it teaches you interpersonal skills” while Andrea (LKCSOM) mentioned that TBL “makes people come for class...[unlike] YLL’s lectures that people don’t attend”. In Andrea (LKCSOM)’s case, it can be seen that boundaries are drawn through binary discourse (Alexander 1992) where the strength of LKCSOM lies in it being the opposite of YLLSOM. Thus, it is observed that LKCSOM students created symbolic inequality by devaluing traditional learning (Lamont 2000) as merely *rote* learning while innovative learning is upheld for its various strengths.

Even YLLSOM students acknowledged LKCSOM’s strength in this area. Sabrina (YLLSOM) admitted that “LKC has been on the ball and keeping up with technology...COVID was a good example of how LKC handled it *a bit* better...they had their digital thing well-established”. Rachel (YLLSOM) also mentioned that “YLL is learning from LKC even if they don’t wanna admit it”. By qualifying that LKCSOM did *a bit* better than YLLSOM and highlighting the active steps that YLLSOM is taking to rectify the gap, these quotes show how YLLSOM students negotiated boundaries to maintain the positive meaning of “established”. YLLSOM

students also pointed out the flaws of LKCSOM's system as a way to uphold YLLSOM's status. Rachel (YLLSOM) remarked that although "LKC's style is very engaging...the shortfall is that it is self-directed...so if [students] don't raise up a point which might be important for future work, it won't be covered". Edwin (YLLSOM) also felt that TBL promotes a "high-stress environment" and speculated that "LKC is the testing ground for TBL...[so] it's not very safe". In a similar vein, Harry (YLLSOM) insisted that he "like[s] the freedom [of the lecture-tutorial system]...[because he] can learn at [his] own pace without being forced to go for class". Thus, through counter-arguments, YLLSOM students actively shifted boundaries to maintain the positive value of their "established" status.

Overall, it can be seen YLLSOM and LKCSOM students actively drew on their respective school's available cultural resource to create, maintain, and shift the boundaries of "established" and "new". YLLSOM and LKCSOM students adopted similar methods to enhance their status vis-à-vis the "other" school but substantiated their arguments in varying ways based on their school's (lack of) historical legacy. Thus, this analysis not only highlights the salience of historical legacy factors (Gaztambide-Fernández 2009) in constructing varying standards of evaluation (Lamont 1992), but it also shows how symbolic inequality is negotiable.

4.3 The YLL "Networks" and The LKC "Community"

4.3.1 "We Trained the Vast Majority of Doctors in Singapore"

Being historically elite, it is unsurprising that YLLSOM has a stronger alumni network compared to LKCSOM (Gaztambide-Fernández 2009). YLLSOM students like Harry confidently expressed how "[YLLSOM] has a lot of distinguished alumni because

YLL is older...and [YLLSOM] trained the vast majority of doctors in Singapore”. Harry (YLLSOM) elaborated that “[having] alumni everywhere makes it easy to do projects...just contact the alumni and ask them where their influence is”. Harry (YLLSOM) thus highlighted that the “strong alumni” boundary based on YLLSOM’s historical legacy provides a form of socio-cultural resource (Gaztambide-Fernández 2009) to establish inequality. Additionally, Harry (YLLSOM) recounted an incident where LKCSOM students were discriminated against by a doctor, indicating that there are real-world implications when boundaries as conceptual differences are translated into behaviour (Epstein 1992):

I feel like the tutors are not against us because they are ultimately our seniors, so we don’t worry about this but the LKC students...I think they are a bit more discriminated...like we all got our iPads but one time a consultant was very bad and asked the LKC kids to use paper...imagine in a foreign environment then this YLL guy come scold you, very embarrassing one...then the next day while they were scribbling on paper, the YLL people take out our iPads and just use, the consultant never say anything...as a YLL person, I don't feel scared or discriminated...but if I were a LKC student I’ll be more scared...reality is that the consultants are like that.

Other advantages like how “[YLLSOM] got well-established veteran doctors [who come] and teach” (Tessa, YLLSOM) was also mentioned, alluding to how the boundaries based on historical networks are legitimate as it impacts educational outcomes.

While Sheryl (LKCSOM) conceded that “[YLLSOM] alumni would definitely be a huge advantage...[as] they have many years of graduates working in the hospitals already”, Theodore (LKCSOM) made the effort to maintain the status of LKCSOM:

in terms of connections, [YLLSOM] *might* be more advantageous...*but actually might not be very true also* because not all doctors play favourites, so it is *actually* quite fair...even during residency applications, a lot of the doctors say that it does not matter cuz LKC has a lot more attachment and partnerships with national healthcare groups.

By hedging that a limited alumni network *might not actually* have serious real-life implications, Theodore (LKCSOM) thus selectively devalued YLLSOM’s strong alumni network and dismissed the limitations of LKCSOM’s lack of cultural resource in this aspect. Additionally, this emphasises how those who are not “established” have to put in additional effort to maintain and negotiate their status positions.

4.3.2 “A Warm Place with a Strong Family Culture”

Similarly, LKCSOM students drew boundaries against YLLSOM students using dichotomous categorisation (Epstein 1992). Almost every LKCSOM student interviewed brought up how LKCSOM’s small batch led to “a stronger and close-knit community” (Andrea, LKCSOM), revealing that this difference is important to them. LKCSOM was then described as a “warm place with a strong family culture” (Sheryl, LKCSOM) where “everyone knows each other” (Danny, LKCSOM). This strong community advantage (Lamont 2001) is constructed as a boundary against YLLSOM which has a “very huge batch” (Sheryl, LKCSOM) where “you can never know everyone” (Bruce, LKCSOM).

YLLSOM students also appear to be “not as close-knit” (Theodore, LKCSOM) and have “less sense of belonging” (Andrea, LKCSOM). Even Edwin (YLLSOM) yielded that the “downside [of YLLSOM] is that the cohort is very big...there are people in [YLLSOM] that [he has] never talked to and [he] participate[s] in a lot of activities”. These comments thus show how structural features like cohort size as socio-cultural resources were used to posit symbolic inequality and create boundaries. The juxtaposition of LKCSOM’s familial ties against YLLSOM’s lack of community also worked to construct the identity of LKCSOM as a warm and caring school that is different from YLLSOM’s established but cold nature.

Additionally, LKCSOM students bolstered the legitimacy of this boundary by asserting that community goes beyond student-to-student relationships. Sheryl (LKCSOM) commented that “because of [LKCSOM’s] small size, [students] have close ties with their faculty” and the “learning environment is more homely which makes you feel more comfortable about being proactive”. The spirit of the LKCSOM community even extends to the “LKC seniors in the wards [who] naturally lookout for [LKCSOM students]” (Sheryl, LKCSOM). LKCSOM students like Sheryl thus maintained the “community” boundary by expressing additional advantages that are unique to LKCSOM’s small cohort.

However, YLLSOM’s status was preserved through the selective devaluation (Lamont 2000) of LKCSOM’s small cohort size. Harry (YLLSOM) qualified the strength of LKCSOM by positing the advantages of YLLSOM’s larger cohort. He held that “the majority of people are from [YLLSOM]...[YLLSOM students] are so numerous, [he] don’t feel out of place [in the wards]”. In this case, the dichotomous categorisation (Epstein 1992) embedded in boundary work shifted the power relation because

positing a structural advantage of YLLSOM is equivalent to citing a disadvantage of LKCSOM's small cohort. Interestingly, this negotiation shows that status positions have to be maintained even by those who are in advantageous positions, thereby spotlighting the dynamic nature of inequality.

Overall, in constructing boundaries of social ties, YLLSOM and LKCSOM students drew upon their (different) available socio-cultural resources of social networks and cohort size, emphasising how boundary work cannot be divorced from the embedded social context (Lamont 1992). It is also evident that each group drew boundaries and maintained inequality by selectively valuing (Epstein 1992) and citing their group's better performance in an area where they possess greater resources – YLLSOM students affirmed the value of a strong alumni network while LKCSOM students underscored the importance of having a strong community. Significantly, this contrast was also evoked by LKCSOM students to uphold their identity as a warm and caring school against the cold but established YLLSOM.

4.4 Selection Process for Medical School

4.4.1 BMAT is for Those Who are Serious about Medicine

To be considered for admissions to LKCSOM, students have to take the BioMedical Admissions Test (BMAT) (LKCSOM 2012e) which evaluates their capability to excel in medical school (Cambridge Assessments 2021). Unlike LKCSOM, BMAT is not a requirement for YLLSOM. From the discussions, it became apparent that LKCSOM students harnessed their BMAT requirement to draw moral boundaries against YLLSOM students. Bruce (LKCSOM) argued that

LKC is *definitely* better...we got BMAT so it forces people to *seriously* think about medicine beforehand...so you don't get people who just get 90 rank points^{vii} and just do medicine...and to get a good BMAT score is not easy so most of 90 rank pointers will also get filtered out.

Bruce (LKCSOM) thus framed BMAT as a moral filter to determine who is serious about studying medicine, a difficult course and profession (Becker et al. 1961). Bruce (LKCSOM)'s statement was also corroborated by YLLSOM students like Tessa who mentioned that “[she] didn’t do BMAT during A-Levels as [she] did not consider medicine then” and Sabrina who said that “[she] didn’t think [that she] wanted to do medicine until after A-levels but then [she] couldn’t apply to LKC cuz [she] didn’t do BMAT”.

During the FGD, Theodore (LKCSOM) echoed Bruce (LKCSOM)'s sentiments and remarked that “cuz BMAT is during A-levels so people who take BMAT are those who *definitely* considered medicine before their A-Level results as opposed to those who get straight ‘A’s then apply *just because they can*”. In his comment, it can be seen that LKCSOM's BMAT requirement was used to draw a moral boundary based on both hardships and a *true* desire to be a doctor. The desire to be a doctor is especially important considering how medicine is a “calling, [and] not a job” (Sheryl, LKCSOM) – medical work requires passionate individuals who are not just in it for prestige, money or *just because they can*. Additionally, as morality can be understood as having enough self-discipline to overcome hardships (Lakoff 1995), moral strength was also posited by implying that one would need to have enough determination to succeed in two difficult examinations concurrently. In response to Theodore (LKCSOM)'s assertion, Tessa (YLLSOM) pointed out that “[she] know[s] people who considered

medicine from the start but didn't take BMAT because they were scared it affects their A-Levels". Tessa (YLLSOM) thus shifted the moral boundary by qualifying that YLLSOM students have a real desire to be doctors and were hence morally upright too.

4.4.2 YLLSOM Looks Beyond Good Grades

While LKCSOM students prided themselves on their strict admission requirements, YLLSOM students constructed moral boundaries based on their school's diversified admission requirement. Harry (YLLSOM) highlighted how "YLL has more people without perfect scores...[and] considers extra-curricular stuff when admitting students". This led to a diverse student body that has "people who transferred from other faculties...[and] a wide range of schools, not just elite schools" (Rachel, YLLSOM) as well as from "poly^{viii}, even ITE^{ix}" (Sabrina, YLLSOM). The admission criteria which precipitated YLLSOM's diverse student body is significant as it brought about the benefits of being able to "meet people from a wide variety of backgrounds" (Rachel, YLLSOM) (Whitla et al. 2003). This is in contrast to LKCSOM that usually "[looks] for the cream-of-the-crop kind" (Rachel, YLLSOM) which led to LKCSOM having a student population that "*seems* more homogenous...[and] have a more common vibe" (Theodore, LKCSOM). Thus, by positing that "[YLLSOM] is more accepting of diversity...and looks more at skills" (Rachel, YLLSOM), YLLSOM students upheld morality by highlighting the strengths of diversity and playing down YLLSOM's elitism (Kenway and Lazarus 2017).

Additionally, the legitimacy of LKCSOM's admission requirement (Lamont and Fournier 1992) was challenged by Harry (YLLSOM) who implied that the judgement

of the YLLSOM assessors is more valid because “YLL profs are from Singapore so they know the Singapore system unlike the *ang mos*^x from LKC”. In this way, LKCSOM students’ assertion of morality based on their BMAT requirement is undermined by discrediting LKCSOM’s admission process and standards due to their sub-par *ang mo* assessors. Considering how having an “additional exam” (Theodore, LKCSOM) implies stricter admission criteria, these comments show that even the more “established” students have to negotiate their apparent lack in admission processes. The rebuttals and challenges posed by both parties thus betray how status inequality is dynamically constructed and that “weaknesses” as sources of unequal relations have to be actively mediated to maintain status.

CHAPTER 5: FINDINGS II: BOUNDARIES OF COMPETENCIES & RIGOUR

5.1 Medical School Curriculum

5.1.1 Constructing Competencies

Syllabus

Students drew boundaries of competence by selectively valuing (Epstein 1992) the strengths of their respective schools' syllabus. YLLSOM students emphasised how their syllabus is "tried and tested [and] well-set" (Edwin, YLLSOM) through the "revisions of the syllabus over the years" (Harry, YLLSOM). This boundary was also strengthened by arguing that YLLSOM's syllabus is "refined to the local context...that has certain diseases endemic [to Singapore]" (Harry, YLLSOM). These statements hence posited how YLLSOM's reliable and relevant syllabus has a proven track record of producing competent doctors *for Singapore* over many years. As YLLSOM's "tried and tested" syllabus was used as a justification for the boundary of competence, it was observed that YLLSOM students drew upon YLLSOM's historical legacy, a cultural resource (Gaztambide-Fernández 2009) for boundary work. This shows that culture-related boundaries can bolster other boundaries, illuminating Jarness (2017)'s argument that "different evaluative criteria may be tightly entangled and work in reinforcing rather than contradictory ways" (361).

On the other hand, LKCSOM students cited how their syllabus' emphasis on practical skills makes them more competent students during their clinical years and more capable doctors in the future. Bruce (LKCSOM) asserted that "LKC is better cuz LKC starts practical skills earlier so it helps [students] prepare for clinicals earlier".

Theodore (LKCSOM) elaborated that “LKC makes [students] draw blood in year 1 and 2 and then during exams...[which] helps instil the knowledge better...[while YLLSOM] *crams* such skills just before students enter the wards so YLL students might not remember the skills”. Such quotes highlight how boundaries drawn through binary discourse (Alexander 1992) posit in-group strengths and out-group weakness. This boundary was also legitimised by citing tangible results of LKCSOM’s syllabus. Andrea (LKCSOM) pointed out that “[LKCSOM] seniors have proven to be very clinically experienced as they have enough clinical exposure in medical school to thrive” while Theodore (LKCSOM) held that “consultants have said that LKC HOs^{xi} are more competent”.

The emphasis on practical skills was also underscored when LKCSOM students distinguished themselves through their better bedside manners. Theodore (LKCSOM) said that “LKC drills in students safe doctoring, patient communication, building good patient rapport in addition to good basic medical knowledge...LKC has a lot more opportunities to learn and concentrates a lot more on patient skills”. Moreover, the legitimacy of this boundary became obvious when Harry (YLLSOM) begrudgingly conceded that “*unfortunately* LKC can say that they are better mannered”. As it is the responsibility of a doctor to care for patients (Becker et al. 1961) – something which every student I interviewed mentioned – good patient care is thus of utmost importance in the making of a competent doctor. Thus, when LKCSOM students held that they have better skills and patient care, they were effectively differentiating themselves from YLLSOM students by asserting both their competency and warmth. This is especially poignant considering how competence and warmth are often posited as opposites in social judgement (Judd et al. 2005) – LKCSOM students are then

especially good because they are both competent and warm. It can thus be seen that boundaries of competency (and warmth), which were constructed using syllabus as a resource, was harnessed to substantiate YLLSOM's identity as a competent school and LKCSOM as the school that cares.

Models of Learning

Differences in competencies were also posited through the schools' different models of learning. YLLSOM uses the "anatomy-based" learning system where students "study normal structure and function in year 1 then abnormal function and structure in year 2" (Tessa, YLLSOM) while LKCSOM uses the "system-based" learning model where students learn "abnormal and normal structure and function [of the body] together" (Theodore, LKCSOM). Although some students felt that "it is about preferences" (Sabrina, YLLSOM) and "not a better or worse thing" (Andrea, LKCSOM), other students argued that the different learning models created different competencies. During the FGD, Theodore (LKCSOM) said that he preferred LKCSOM's "system-based" model as it allowed him to "better remember the details and see the things more holistically". Although Tessa (YLLSOM) conceded that LKCSOM's model allowed for "better contrasts between what is normal and abnormal", she posited that

there's merit in [YLLSOM's model] because the body isn't compartmentalised by systems which interact...if you study the body as normal in its entirety, you can see how the systems should work together...and [learning about] abnormal flows well after that.

From this interaction, it can thus be seen that both YLLSOM and LKCSOM students drew boundaries by explaining why their school's learning model aids in building higher competencies as future clinicians.

During the FGD, Theodore (LKCSOM) also repeatedly emphasised that “in the end, you’ll learn the same things”. This indicates that status, at times, is also constructed by insisting upon similarities with those who possess certain advantages (Goldberg, Riordan, and Schaffer 2010; Zolberg 1992); in this case, a “tried and tested” curriculum. In light of (arguable) power asymmetry based on cultural resources, it can be observed that (in)equality was negotiated by asserting similarities and differences concurrently. Effectively, LKCSOM students held that their advantageous model of learning led to learning outcomes that are equal or *better* than YLLSOM in building competencies.

Clinical Postings

Additionally, YLLSOM students distinguished themselves from LKCSOM students by citing their different length of postings. Harry (YLLSOM) posited that “YLL has better balance of long and short postings...[which] are important as it determines how much you can learn...LKC’s core postings are longer but it takes away time from short postings”. Harry (YLLSOM) thus asserted that YLLSOM’s well-balanced curriculum is better as it prepares YLLSOM students to be more competent doctors in the future. Even Danny (LKCSOM) admitted that YLLSOM students might have better learning outcomes in the wards because “YLL is more established, so the hospitals know YLL’s learning objectives and can facilitate it better for their students...but for [LKCSOM] students, sometimes in the wards, the learning objectives can be *a bit* muddled”.

However, Danny (LKCSOM) immediately qualified this by saying that “it’s *just* the first day usually, otherwise nothing major”. In his evaluation, it can hence be seen that by playing down the severity of LKCSOM’s perceived weaknesses, the benefits of YLLSOM’s historical-cultural resources is depressed. Such a negotiation once again illuminates the importance of available structural resources and the negotiable nature of status.

5.1.2 Evaluating Rigour

Timetables

LKCSOM students brought up their flexible timetable as a point of difference. At LKCSOM, “every Wednesday is protected time so there’s no scheduled lessons even during clinicals” (Theodore, LKCSOM). This makes LKCSOM’s “curriculum structure better as [it] balances work and social well-being...it gives [students] enough time to do co-curricular activities and take breaks” (Theodore, LKCSOM). Danny (LKCSOM) echoed this sentiment saying that LKCSOM’s flexible schedules “gives [him] more free time to do [his] hobbies”. In this way, LKCSOM students thus argued that their school is better as LKCSOM cares about student welfare and development. However, during the FGD, Tessa (YLLSOM) shifted this boundary in response to Theodore (LKCSOM)’s assertion of the benefits of LKCSOM’s flexible schedule. She mentioned that “YLL is more intense as they have structured things which you have to show up for”. Tessa (YLLSOM) thus redefined *better* as providing a more challenging structured curriculum that builds self-discipline (Lakoff 1995) and competency, exposing that maintaining YLLSOM’s positive status required constant work. This boundary based on timetables can also be seen as attempts to curate

YLLSOM's "competent" identity and shore up LKCSOM's identity as nurturing and caring school respectively.

Exam Frequency

While almost none of the YLLSOM students touched on exam frequency as a differentiating factor, LKCSOM students often mentioned how "the best thing is that [they] have exams only once a year which reduces a lot of stress...and allows [for] time to explore other areas to hone other skills" (Andrea, LKCSOM). This is in contrast to the YLLSOM students who are "often more stressed" (Theodore, LKCSOM) and "more on the lookout for opportunities in the wards [because] they have more assessments" (Danny, LKCSOM). YLLSOM students' actions were thus evaluated negatively in comparison because "[LKCSOM students] are not so *obsessed* with things to do and for opportunities" (Danny, LKCSOM). These boundaries then fed into the notion that YLLSOM was the cut-throat school and that LKCSOM was the place to develop. While it can be argued that less frequent examinations mean less rigour, LKCSOM students upheld their status by positively evaluating their flexible schedules which allow for holistic education while not being too stressed or *obsessed* with assessments.

Overall, the discussion of the various aspect of the schools' syllabus and schedules exposed that boundary drawing depends on structures and their embedded resources. By constantly shifting boundaries in favour of their schools, YLLSOM and LKCSOM students also showed how boundary work is important in the construction of identity and the negotiation of status.

5.1.3 “Hardships” During the MBBS Examination

The MBBS examination is the final assessment consisting of written and practical tests that medical students have to pass to graduate. To draw boundaries, both YLLSOM and LKCSOM students harnessed aspects of their MBBS examination which they perceived to be difficult. During the FGD, Tessa (YLLSOM) compared how “LKC has MCQ written papers but for [YLLSOM], it is MCQ and modified essay questions”. She posited that “essay questions are more heavy-going because you have to produce the answers yourself”. Theodore (LKCSOM) immediately defended LKCSOM by saying that “MCQ is difficult as they give very similar options so it’s more confusing”. In this interaction, it can be observed that both groups drew upon their different MBBS examinations as resources to assert that they go through more hardships. As a more rigorous examination requires more strength and self-discipline (Lakoff 1995), it can then be said that both YLLSOM and LKCSOM students implied their higher level of competence in positing this difference.

Students also stressed their higher competencies through discussions of their MBBS practical examinations. Harry (YLLSOM) emphasised that the “[LKCSOM] exam is *damn* easy...they use *fake patients* like actors which is good for standardising...[but YLLSOM] uses real patients and the problem is that real patients tell you different things, have different histories...there is so much variation”. Similarly, Sabrina (YLLSOM) said that while “[LKCSOM] is more fair...[as] everyone gets the same case...[YLLSOM] students have to study more widely because [they] can get literally anything”. Harry (YLLSOM) also linked this to how

“it is not easy to fail [LKCSOM’s MBBS] because it is standardised and you have trained hard for it...but for [YLLSOM] you could have a bad patient with

a bad day...almost everyone pass in [LKCSOM] but [YLLSOM] only has 90% pass rate...plus the people who fail are not people who are consistently bad, so you never know who will fail, it's very scary".

By illustrating the difficulties in passing YLLSOM's MBBS examination, YLLSOM's competence is thus asserted – YLLSOM can produce doctors who are capable of passing *such* a challenging examination. This assertion also arguably boosted the status of current YLLSOM students as it implied that current YLLSOM students have to work harder and be more prepared for their tougher MBBS examination.

Moreover, the higher pass rate in LKCSOM was attributed to the “ang mo examiners...[who] are very nice” (Harry, YLLSOM) which hints at how racial stereotyping colours evaluative standards (Lamont 2000). This also discredited the legitimacy of LKCSOM's MBBS examination by accusing LKCSOM students of being evaluated based on the lenient standards of *ang mo* examiners and having an easier time at medical school. The implication is then that LKCSOM students are not as competent as YLLSOM students. In this way, YLLSOM students thus construct their higher status based on their ability to go through gruelling and uncertain examinations.

Additionally, YLLSOM and LKCSOM students also debated about the value of testing “esoteric” and “more common” problems. Harry (YLLSOM) held that YLLSOM examinations are “crazy difficult because they test a lot of small, out of the way esoteric things” while Theodore (LKCSOM) remarked that “testing the rare things which you won't see in real life is not very useful”. By dismissing YLLSOM's examination as unnecessarily difficult and irrelevant, Theodore (LKCSOM) thus

devalued YLLSOM's MBBS and challenged the legitimacy of YLLSOM students' claims of competence. In other words, Theodore (LKCSOM) shifted the boundary by saying that LKCSOM's MBBS examination sufficiently evaluates clinical competence.

Furthermore, Theodore (LKCSOM) upheld the validity of LKCSOM's MBBS examinations by redefining *rigour* – “I guess if you define rigour in terms of depth, then [YLLSOM] will be *a bit* more rigorous because they require more detail”. In this way, Theodore (LKCSOM) posited that YLLSOM students can only make claims about the rigour of LKCSOM's examinations if rigour is defined in this specific way. Danny (LKCSOM) also dismissed the mere “complaints” about the toughness of YLLSOM's MBBS examination, challenging the legitimacy of this boundary drawn by YLLSOM students (Lamont and Fournier 1992). The FGD then revealed how YLLSOM students negotiated challenges to the legitimacy of this boundary. Tessa (YLLSOM) responded to Theodore (LKCSOM)'s assertion that YLLSOM tests “weird and specific conditions” by saying that “YLL emphasises more on common things now”. This shifted the boundary of competency as it redefined the current standards of YLLSOM's examinations.

Moreover, YLLSOM students also emphasised that “[YLLSOM's] student internship programme coincides with the MBBS period...[while LKCSOM's] student internship occurs after their MBBS” (Harry, YLLSOM). As the timing of the student internship was only brought up by YLLSOM students, it can be said that this feature of YLLSOM's curriculum is an important factor for YLLSOM students to say that “[they] *definitely* have it tougher than [LKCSOM] students during the student internship, and if toughness is a measure...[YLLSOM is] better” (Harry, YLLSOM). YLLSOM's

status is once again boosted by arguing that the rigorous YLLSOM examination builds character and competency as “YLLSOM students go through more hardships” (Harry, YLLSOM).

Overall, by citing various aspects of their school’s curriculum to construct boundaries of competencies and rigours, it can be observed that YLLSOM and LKCSOM students drew upon their available resources to differentiate themselves and uphold their higher status positions. Moreover, as YLLSOM and LKCSOM students tapped on notions of historical legacy to substantiate the boundaries of competencies and rigour, it becomes evident that boundaries can work in reinforcing ways (Jarness 2017) and that once justified and established, boundaries themselves can be used to maintain other differences (Tilly 1998) and perpetuate inequality.

5.2 Student Life

5.2.1 “We Do More Things”

Although LKCSOM students have more time to participate in extra-curricular activities because of their flexible timetable and protected time, YLLSOM students posited that “[they] do more things” (Harry) and are “less mugger^{xii} and have a life...[while LKCSOM] kids take less time to do out-of-medicine stuff” (Sabrina). YLLSOM students linked this phenomenon to how “[YLLSOM] people care more about holistic education” (Edwin) and “being well-balanced” (Sabrina). This is juxtaposed against LKCSOM students who were dichotomous categorised (Epstein 1992) as “study-centric” (Edwin, YLLSOM), giving the impression of the high competence of YLLSOM students who are able and willing to pursue holistic education, which imparts useful skills for future clinical practice (Lin et al. 2019).

Additionally, Edwin (YLLSOM) also linked LKCSOM students' lower participation rates to LKCSOM's limited resources in terms of programmes offered - "they participate less cuz they have less existing programmes to join...after all LKC is new". Such statements emphasised the superiority of YLLSOM in its ability to provide opportunities and holistic education to its students that is in contrast to the structural weakness of LKCSOM – its (lack of) historical legacy. However, Bruce (LKCSOM) argued against this by positing that "LKC allows you to do many things...as long as you want to do it, you can probably do it". By blaming the lack of participation on the individual, Bruce (LKCSOM) absolved LKCSOM from responsibility for the low participation rates (Smit 2012), thereby shifting the boundary and upholding the status of LKCSOM.

5.2.2 "Their Campus Life is Damn Boring"

YLLSOM students also said that NUS has "a good campus life" (Harry, YLLSOM) with YLLSOM students "dispersed throughout many halls...each with [its] different activities" (Tessa, YLLSOM). The various halls activities were said to be "a big pull factor" (Rachel, YLLSOM) and provided a "satisfying experience" (Harry, YLLSOM) for YLLSOM students. The wide array of campus accommodation arguably added to their holistic educational experience as it allowed YLLSOM students to "interact with people outside of medicine" (Edwin, YLLSOM). This "vibrant campus life" (Edwin, YLLSOM) was then contrasted with LKCSOM's campus life which was dichotomously categorised (Epstein 1992) and labelled (Lamont and Fournier 1992) as "*damn boring cuz all the LKC kids stay together in one hall*" (Harry, YLLSOM). Statements by YLLSOM students hence implicitly posited high involvement in varied

extra-curricular activities which emphasised YLLSOM students' pursuit of a superior holistic education (Lin et al. 2019). Although LKCSOM's hall system where "all LKC kids stay in the same hall" (Theodore, LKCSOM) was criticised by YLLSOM students, Theodore (LKCSOM) defended LKCSOM's hall system by saying that it helped build a sense of community as "[LKCSOM] kids interact a lot and know everyone in their batch". Theodore (LKCSOM) thus shifted the boundary using existing ideologies (Beisel 1992) of the advantages of a strong community (Lamont 2000) and reinforced LKCSOM's identity as the warm and friendly school.

CHAPTER 6: FINDINGS III: MANIFESTATIONS OF BOUNDARY WORK

6.1 The Outgoing, Elitist Smurf & The Reserved, Studious Barney

6.1.1 The Outgoing & The Reserved

The boundary drawing and identity struggles led to the stereotyping (Lamont 1992) of YLLSOM students as “sociable” (Harry, YLLSOM), “proactive” (Bruce, LKCSOM), and “outgoing” (Danny, LKCSOM); and LKCSOM students as “reserved” (Rachel, YLLSOM), “shy and quiet” (Bruce, LKCSOM). Although such stereotypes were products of inequality, once established, they reinforced boundary lines and perpetuate inequality as value is attached to the stereotypes (Ridgeway 2014). Harry (YLLSOM) asserted being outgoing and proactive is important as “you can’t stand behind if you’re in med school cuz you need to learn...[but] the LKC students are more shy so they’re behind”. Harry (YLLSOM) thus implied that LKCSOM students are less competent medical students as they possessed traits that are not ideal for learning. This depressed the relative status of LKCSOM and demonstrated that stereotypes can affect perceptions of competencies and prestige (Ridgeway 2014)

Sabrina (YLLSOM)’s comments also revealed how “[YLLSOM] people are quite into CCA so people see [YLLSOM students] as more outgoing and vibrant...maybe it’s because there are less opportunities to do things at LKC so people do less”. Sabrina (YLLSOM) thus attributed the reserved nature of LKCSOM students to the lack of opportunities at LKCSOM, showing that school resources of historical legacy and programme offerings influenced how stereotypes are constructed (Lamont 1992). The strength of LKCSOM’s negatively valued stereotype was then mitigated by Danny (LKCSOM) who said that “[his] batch *at least* is quieter” and Theodore (YLLSOM)

who remarked that “not everyone in LKC is soft-spoken”. Such qualifications upheld LKCSOM’s status as they individualised the blame (Smit 2012) – deviance from general group behaviour is not considered representative of the group (Kunda and Oleson 1995).

6.1.2 The Elitist & The Studious

YLLSOM students were also labelled (Lamont and Fournier 1992) as “elitist, proud” (Tessa, YLLSOM), and “disrespectful” (Rachel, YLLSOM). Harry (YLLSOM) explained that “people think [YLLSOM students] are arrogant and entitled because [their] school is old and all the doctors are [their] seniors”. Theodore (LKCSOM) echoed this by saying that “YLL people are more proud because there is the public impression that YLL is the better school so they might have superiority thinking”. From these comments, it becomes evident that negative perceptions were linked to YLLSOM’s cultural-historical legacy and networks, highlighting that available resources influenced how stereotypes are built (Lamont 1992). Relatedly, LKCSOM students also posited that YLLSOM students are “snake-ish...[and] individualistic” (Theodore, LKCSOM) which is unlike the LKCSOM students who “help each other out” (Sheryl, LKCSOM). This difference again juxtaposes the “warm” LKCSOM against the “cold” YLLSOM.

In response to the negative stereotypes of their group, YLLSOM students employed various techniques to shift boundaries in their favour. Harry (YLLSOM) dismissed the legitimacy of the YLLSOM stereotypes (Lamont and Fournier 1992) by arguing that “we never do anything wrong, it’s just perceptions...[and] these perceptions are a self-fulfilling prophecy. They think that we’re cocky so if we accidentally brush them, they

think we're rude, it's a cycle". The claims of arrogance were also weakened by Rachel (YLLSOM) who highlighted that "[she has] not come across anyone like this" and Sabrina (YLLSOM) who said that "everywhere also got people like that". Additionally, Sabrina (YLLSOM) drew upon YLLSOM's selection process that embraces diversity to combat the "perception of elitism that is there cuz a large portion of YLL comes from elite schools...but that's changing" (Kenway and Lazarus 2017). It can thus be seen that processes of schools as a structural resource, were harnessed by students to posit and navigate boundaries and status.

On the other hand, LKCSOM students are said to be "studious" (Rachel, YLLSOM). Harry (YLLSOM) attributed this to LKCSOM's selection criteria which looks for "book-smart people...[whose] A-Levels and BMAT are so high". Especially in contrast to the "street-smart, adaptable, well-oiled" (Rachel, YLLSOM) YLLSOM students, book-smart is selectively devalued (Lamont 2000) as it implies less social competence (Komarraju & Dial 2014) and a lack of desire to pursue a better holistic education (Lin et al. 2019). Rachel (YLLSOM) posited that the relative weakness of LKCSOM students could also be due to the "lack of a senior base to teach [LKCSOM students] various tips and tricks...[or] LKC's focus on research which might make them choose academically-oriented students". This shows that socio-cultural resources were used to justify stereotypes and negotiate boundaries. In response, Andrea (LKCSOM) argued that while "[LKCSOM] students are hardworking, YLL students *pon^{xiii}* all the tutorials". By contrasting the positively-connotated *hardworking* LKCSOM students with YLLSOM students who do not take their work seriously, the prestige of LKCSOM is upheld. Harry (YLLSOM) then shifted the boundary in favour of YLLSOM by saying that "LKC students study a lot cuz they have something to

prove” which not only implies a deficit in LKCSOM students but it also re-framed LKCSOM students’ hard work as merely a show of competence rather than indicative of a true desire to learn. The ongoing boundary work thus makes apparent how stereotypes and status have to be constantly (re)negotiated, exposing the dynamism of inequality.

6.1.3 The Smurf & The Barney

While LKCSOM officially chose “synergy purple...[to] celebrate the fresh dynamism...[and] the energy of inspiration and innovation that springs from the fusion of [ICL and NTU]” (LKCSOM 2012f), YLLSOM did not indicate why blue was selected as their school colour. This arguably hints at how, as a young school, LKCSOM consciously thought about distinguishing itself from YLLSOM. It can thus be said that the “very obvious difference” in (Tessa, YLLSOM) scrubs^{xiv} colours are manifestations of attempts at differentiation. These markers of identity which embody boundaries and group attributes then perpetuated inequality by influencing perceptions and behaviours (Joseph and Alex 1972).

YLLSOM students who wear dark blue scrubs are called “Smurfs” (Harry, YLLSOM) while LKCSOM students with their purple scrubs are “Barneys” (Tessa, YLLSOM). Although scrub colours are not inherently positive or negative, scrubs as uniforms maintain boundaries by physically marking YLLSOM and LKCSOM students as distinct. Harry (YLLSOM) remarked that “as a smurf, [he] feel[s] more in-place than if [he] wore purple-coloured scrubs...[he] don’t feel paiseh^{xv} or shame in the wards because [YLLSOM’s] name is big”. Emplacement in the wards is important as it enables students to build higher competencies by “learn[ing] better cuz [they] are not

scared to be in front” (Harry, YLLSOM). This shows that negative implications of LKCSOM’s lack of historical-cultural resource was infused into LKCSOM’s uniform and used to frame the behaviour of LKCSOM students. This bolsters inequality because markers of identity, which are assigned values in accordance with group stereotypes (Epstein 1992), were seen as positing the character of its wearers (Joseph and Alex 1972). Moreover, “Barney” was used by YLLSOM students to mock LKCSOM students and allude to how LKCSOM students cannot be taken seriously – “LKC’s scrubs is damn bright looks *damn* funny” (Harry, YLLSOM). In contrast to the small and nimble “Smurf”, the unflattering label “Barney” thus bolstered the image of YLLSOM and exposed YLLSOM students’ condescension towards LKCSOM students as it conjures up an image of a big, clumsy, and comical character.

Although LKCSOM students “get a lot of jokes about [their] scrub colour being fugly^{xvi}” (Danny) and experienced how “a doctor made comparisons that put LKC[SOM] down because of [their] school shirt” (Sheryl), LKCSOM students “just keep quiet and do the best [they] can” (Sheryl). This reveals how the common moral ideology of “actions speak louder than words” (Tanner et al. 2015) was tapped on to assert moral high grounds. Moreover, Sheryl (LKCSOM) mentioned that LKCSOM’s scrubs were beneficial at times – “[LKCSOM seniors] called [LKCSOM students] over to teach them when they saw [LKCSOM students] in purple scrubs”. This goes to show that markers of identity as manifestations of inequality have to be negotiated especially by those who are disadvantaged by it to maintain status.

6.2 “We Don’t Even Think About Them”

While it was evident that both groups differentiated themselves to uphold status and maintain symbolic inequality (Binder and Abel 2019), YLLSOM students additionally posited that “[they] don’t think that [they] have an advantage because [they] don’t really compare [them]selves to LKC people...[YLLSOM students] don’t *even* think about LKC” Harry (YLLSOM). This sentiment is echoed by other YLLSOM students who said, “I can’t think of how to differentiate myself” (Sabrina) and “I don’t compare myself with LKC side” (Edwin). Harry also held that “the LKC kids confirm have stereotypes about [YLLSOM] since their profs constantly remind LKC kids of how they compare to YLL, but [YLLSOM] kids don’t have stereotypes cuz YLL kids just think about [themselves]”. Ironically, by claiming that they do not bother carving out differences, YLLSOM students distinguished themselves from their counterparts. Moreover, by juxtaposing their lack of consideration for LKCSOM students against LKCSOM students’ constant comparison with YLLSOM, YLLSOM students’ condescension towards LKCSOM becomes apparent – YLLSOM is the standard to aspire towards and is thus the better institution.

CHAPTER 7: DISCUSSION & CONCLUSION

Contrary to popular opinion that medical students are a homogenous group made up of the elite and privileged, within their circle, however, differences are upheld under the façade of token similarity. This thesis found that medical students from both schools were aware that they were going to be future colleagues and were thus structurally inclined to maintain cordial relationships. This was done by highlighting similarities in their heart for service and their schools' strong senior-junior culture. The solidarity and identity of medical students as a status group were also sustained by drawing differences with outsider competition. This alluded to how "othering" is powerful in the maintenance of symbolic inequality (Lamont and Fournier 1992) and that the politics of identity (Hill and Wilson 2003) mediates the YLLSOM-LKCSOM relationship.

However, under the veil of similarity, the desire to stand out from the "other" group was evident. YLLSOM and LKCSOM students took part in extensive boundary work to uphold and negotiate their higher status within their elite circle and carve out their distinct identity. Significantly, YLLSOM students drew upon their school's historical legacy to present YLLSOM as the better and more established school that possessed higher social capital in terms of a strong alumni network. YLLSOM's history was also evoked as a cultural resource to highlight how YLLSOM's curriculum offers a holistic education and had reliably trained competent doctors over decades. By substantiating claims of competence with cultural resources, YLLSOM students also illuminated Jarness (2017)'s argument that boundaries are intertwined and can function in reinforcing ways. Additionally, YLLSOM students took pride in their school's diverse

student body which they regard as a sign of moral high ground – YLLSOM accepts students from all backgrounds. YLLSOM students also positively portrayed themselves as competent and able to withstand rigour by highlighting the challenges of their tougher MBBS examinations and their pursuit of extra-curricular enrichment outside of school. The condescending claim that YLLSOM students do not *even bother* comparing themselves to LKCSOM students suggested that YLLSOM was the ultimate standard to aspire to. In line with its mission, these boundaries arguably constructed YLLSOM's identity as a competent institution that prepares its students to serve the community well (YLLSOM n.d.b).

Similarly, LKCSOM students also bolstered their position by negotiating their “new” status. Rather than negatively evaluating their lack of history, LKCSOM students posited that being “new” was advantageous as it allowed LKCSOM to pioneer an innovative pedagogy and enabled passionate students to start new projects. Moral boundaries were also established by citing how LKCSOM's BMAT requirement ensured that only those who were serious about being doctors were admitted. Moreover, the higher status of LKCSOM was posited through identity work which constructed LKCSOM as the warm and caring school, unlike the cold and individualistic YLLSOM. This was done by highlighting LKCSOM syllabus' emphasis on patient care and through structural factors; like their smaller cohort size and housing arrangements that fostered a stronger sense of community. Thus, it can be seen that the boundaries were shaped by the available cultural resources and structural contexts (Lamont 1992) – YLLSOM and LKCSOM students upheld their status by asserting boundaries differently as they have different resources.

While the analysis of how boundaries were created revealed the mechanisms behind symbolically maintained inequality (Binder and Abel 2019), the active negotiation of status taken up by both students from both schools betrayed how status inequality is dynamic. It was observed that both groups defended their school's status positions by qualifying the strengths of the "other" school while citing the strengths of their school. Students also selectively devalued (Lamont 2000) areas in which they were weaker in and challenged the legitimacy of boundaries and stereotypes erected. As many students pre-emptively provided counter-arguments in preparation for the potential attack from the "other" school or directly responded to unfavourable assertions during the FGD, it is apparent that boundary work had to be actively done by even the "established" students to negotiate and maintain their status. Moreover, being the "new" school, LKCSOM students often had to further justify themselves by elaborating on the strengths of their school. YLLSOM students, on the other hand, arguably justified themselves less because they merely had to maintain the status quo. Such dynamic therefore highlights how the inequality mechanism favours those who are initially strong (Stewart and Langer 2007) despite providing opportunities to negotiate status inequality.

To end, this exploration of boundary work among medical students in Singapore showed that YLLSOM and LKCSOM students posited differences in distinctive ways under the cloak of similarity. Through this, it is then argued that (a) status inequality is dynamic and that (b) boundary and identity work are embedded in structurally available resources and the politics of identity. Significantly, this glimpse into the social dimensions of medical education in Singapore, which remain underexplored and

covered by a wall of prestige, revealed that boundary work is a double-edged sword that can be simultaneously used to perpetuate and erode inequality.

(11,994 Words)

ENDNOTE

ⁱ The A-Level examination, also known as the Advanced Levels examination, is one of the most common pre-university assessment in Singapore. The A-Levels examination is jointly administered by the Singapore Examinations and Assessment Board (SEAB), the Ministry of Education (MOE) in Singapore, and the Cambridge Assessment International Education.

ⁱⁱ Refer to *Appendix C* for the demographics of the students interviewed.

ⁱⁱⁱ Refer to *Appendix A* for more information about the one-on-one interview questions asked.

^{iv} Refer to *Appendix B* for more information about the FGD questions asked.

^v *Wanna* is an informal term meaning “want to”.

^{vi} JC is the short form of junior college which is a popular pre-university institution in Singapore offering the A-Level Examinations.

^{vii} Rank Points is the scoring system used to evaluate the overall scores one has attained at the A-Level Examinations. The maximum score is 90.

^{viii} *Poly* is an abbreviation for Polytechnic, a pre-university institution that awards graduates with a diploma.

^{ix} *ITE* is the short form for Institute of Technical Education, a post-secondary vocational institution that is often regarded as an institution where academically weaker students go to.

^x *Ang Mo* is the colloquial term for Caucasians. It is usually used in a derogatory sense.

^{xi} *H.O* is an acronym for “house officers” who are first-year medical graduates working in the wards.

^{xii} *Mugger* is a colloquial term that is used to describe someone who is excessively studious. This term is often used in a negative sense.

^{xiii} *Pon* is a colloquial term used to describe the action of skipping. In this case, Danny is arguing that YLLSOM will *skip* all the tutorials.

^{xiv} *Scrubs* is a term often used by medical students to describe their official clinical attire.

^{xv} *Paiseh* is a colloquial term used to describe a state of embarrassment or shyness. It can be used in both neutral and negative ways. In this case, this term is used in its negative sense.

^{xvi} *Fugly* is a colloquial term to describe something that is very ugly or unsightly. It is the compound of “fucking” and “ugly”.

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APPENDICES

Appendix A: One-on-one Interview Questions

1. Can you tell me about the application process for university?
2. Did you apply to other faculties? Why did you choose to study medicine in the end instead of other majors?
3. Why did you choose NUS YLLSOM/NTU LKCSOM?
4. How is it like studying at NUS YLLSOM/NTU LKCSOM?
5. Are you involved in anything in school? Why did you joining those activities?
6. What are some advantages and disadvantages of studying in either schools?
7. Do you think NUS YLLSOM/NTU LKCSOM is superior or less superior than NTU LKCSOM/NUS YLLSOM?
8. What are some stereotypes about NUS YLLSOM students? Do you agree with them?
9. What are some stereotypes about NTU LKCSOM students that you know? Do you agree with them?
10. Do you think NUS YLLSOM and NTU LKCSOM undergraduates are different? Why/Why not? In what ways?
11. How will you negotiate/respond to unfavourable views of your school?
12. How will you differentiate yourself as an NUS YLLSOM/NTU LKCSOM student?
13. What do you think are some traits of a good doctor? Do you think NUS YLLSOM/NTU LKCSOM help you to work towards these traits? How so?
14. Are you planning to specialise in anything?
15. Do you think medicine is different from other majors offered in NUS/NTU? Why/Why not? In what ways?

Appendix B: Focus Group Discussion (FGD) Questions

1. How is it like studying in NUS YLL/NTU LKC?
2. What are some pros and cons of studying in NUS YLLSOM/NTU LKCSOM?
3. What is the best thing about studying in NUS YLLSOM/NTU LKCSOM?
4. What is the worst thing about studying in NUS YLLSOM/NTU LKCSOM?
5. What is the school culture like in NUS YLLSOM/NTU LKCSOM?
6. Would you say that one school produces better students than the other school?
7. (To YLLSOM student) What are your thoughts on/impressions of NTU LKCSOM students?
 - a. (To LKCSOM student) Do you agree?
8. (To LKCSOM student) What are your thoughts on/impressions of NUS YLLSOM students?
 - a. (To YLLSOM student) Do you agree?
9. What are your thoughts on the comment that NUS being an old school and NTU LKCSOM being a new school makes them very different?
10. For the selection process, does the inclusion of BMAT for NTU LKCSOM make NTU LKCSOM more selective than NUS YLLSOM? Why or why not?
11. There were some comments that NUS YLLSOM students are more proactive than NTU LKCSOM students. What are your thoughts on this?
12. How does NUS YLLSOM's traditional lecture-tutorial system compare to NTU LKCSOM's team-based learning (TBL)?
 - a. Is either one better than the other? Why or why not?
13. One difference that emerged from the interview is that NTU LKCSOM's curriculum allows for more flexibility. Do you agree? Why or why not?
14. How different are the curriculum for NUS YLLSOM vs NTU LKCSOM?
 - a. Is one better than the other?
15. Would you say that NUS YLLSOM or NTU LKCSOM curriculum is more rigorous?
16. How are NTU LKCSOM and NUS YLLSOM MBBS different?
17. What are your thoughts on the comment that NUS YLLSOM students are more involved in extra-curricular activities and have more diverse people?

Appendix C: Demographic Data on Students Interviewed

Name*	Medical School	Year	Admitted into	Gender	Secondary School	Tertiary Institution	Ethnic Group	Religion	Type of Dwelling <i>(Proxy for Household Income)</i>
Edwin	YLL	4	YLL, LKC	M	Raffles Institution	Raffles Institution (JC)	Chinese	No Religion	Terrace House
Harry	YLL	4	YLL	M	Presbyterian High School	Nanyang Junior College	Chinese	Christian or Catholic	Terrace House
Tessa	YLL	4	YLL	F	Raffles Girls School	Raffles Institution (JC)	Chinese	Christian or Catholic	Executive Flat (HDB)
Rachel	YLL	4	YLL, LKC	F	Raffles Girls School	Raffles Institution (Junior College)	Chinese	Christian or Catholic	Executive Flat (HDB)
Sabrina	YLL	5	YLL	F	Raffles Girls School	Raffles Institution (JC)	Malay	Islam	Executive Flat (HDB)
Bruce	LKC	3	LKC	M	Anglo-Chinese School (Indep.)	Anglo-Chinese JC	Chinese	No Religion	Terrace House
Theodore	LKC	4	YLL, LKC	M	Anglican High School	Raffles Institution (JC)	Chinese	No Religion	Terrace House
Danny	LKC	4	LKC	M	Raffles Institution	Raffles Institution (JC)	Chinese	No Religion	5-Room Flat (HDB)
Sheryl	LKC	4	LKC	F	Raffles Girls School	Raffles Institution (JC)	Chinese	No Religion	Executive Flat (HDB)
Andrea	LKC	5	LKC	F	Raffles Girls School	Raffles Institution (JC)	Chinese	Christian or Catholic	Semi-detached House

*Names were changed to ensure the anonymity of the participants