

College E-learning is now online

Do CME and lose weight at the same time

Power up your computer. Open up your internet browser. Go to the college website www.cfps.org.sg. Go to the right hand corner and look for a line that says "Log on to: onlinemedlearning.org". (See Fig. 1) Click on it and the brave new world of e-learning Singapore style is at your finger tips. One is tempted to say "Let your fingers do the studying" but then you may not get your CME points because you need to take a simple test at the end to verify that the synapses in your brain had been beneficially re-arranged by this new learning experience.

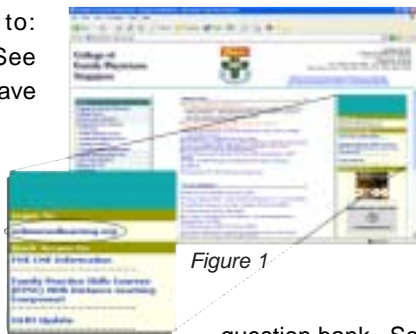


Figure 1

"Don't worry about the test. It is not designed to make people fail. All the answers are in the content. It is like an open book test. Actually it is more like a comprehension test really," says Dr Lee Kheng Hock the Project Director.

"It is a one stop learning station for us to find current knowledge, to test what we retain and to earn the points that we deserve," says Prof Goh Lee Gan, the head honcho of the content development team.

What about doctors who have better things

to do than just mug all day? Well, if you are thinking of beating the system and going straight for the test, you can forget it. The

system would not let you access the test module until you have gone through the materials. The questions are easy but not that easy. In any case, the questions are randomly selected from a multiple choice question bank. So it probably takes you less time to go through the materials than to try to copy the answers from your more studious colleagues.

The first module, which was open for trial during the SARS webcast on the 24th May 2003, was very well received. Many were impressed by the professional quality of the streaming videos. The dramatization of a difficult consultation starring our own Prof Goh Lee Gan (See Fig 2.) was very moving. Many users said that it was very realistic and some were almost moved to tears. On the other hand, users without broadband access were disappointed because they could not access the streaming videos. Nevertheless the videos are an optional enrichment segment that is not compulsory. Those with dial-up access can still do the text-based main

program and be eligible to take the test for CME points.

What most users were pleased about was that they could now do some serious CME without having to burn their weekends. The spouses and children of doctors can look forward to more quality family time. It also saves them the hassle of driving, parking and waiting. Nothing worse than having to sacrifice a good golf game, drive half way round the island to a hotel for CME only to be bored into taking an involuntary post prandial siesta. What most people would miss is probably the sumptuous meals that has become pathognomonic of sponsored CME. For those with a weight problem, this may be counted as another blessing. Perhaps they should state the number of calories you can gain right next to the number of CME points. Anyway, CME is supposed to feed the mind and not the body, or is it?



Figure 2

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CASE 5. House-call for febrile elderly

Question: 80y/female last discharged from TTSH Dec 02. Now p/w fever and SOB at home. No contact and no travel. Shall I do house-call? Shall I call SARS ambulance?

Hotline: Phone triage showed no indicators of SARS. Caller was advised make a house-call with the caution to wear full PPE and observe infection control measures. Advised to call any ambulance to fetch to any ED, if patient is critically ill.

CASE 6. Patient Declaration

Question: Subject refuses to make self-declaration or have temperature taken. Caller asked if patient can refuse to make self-declaration or have temperature taken? Is there any law to compel them? Would it be medicolegally acceptable if they are not seen?

Hotline: In the early phase of the outbreak,

there was no law to compel them. But I would be suspicious of such patients and would not see them since their refusal in the first place nullifies any contract of consultation. If it were an emergency, you'd have to attend to him regardless of him being truthful or evasive. Tough being there when this happens.

A person who refuses proper history and examination actually voids the contract; hence there is no doctor-patient relationship. If they refuse to be truthful, they are not cooperating with the consultation process. As far as I understand, most of these cases have no grounds for complaint. I would certainly check SARSweb and see if their names are there. I would certainly check SARSweb and see if their names are there.

CASE 7. TRIAGE

Question: What is the point or purpose of triaging by clinic assistant?

Hotline: Screening by a clinic assistant does not replace consultation and diagnosis of suspect SARS by the doctor (as only the doctor can diagnose probable SARS). It serves to decide the level of risk category, i.e. whether the patient is normal risk, caution or high risk.

Hotline for Frontline Advisors

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