

What Training in Family Medicine has meant to me

by Dr Anthony Chao, Family Physician

During my Collegiate Membership interview on the 28th of October 2009, Professor Goh asked me to write an article on my thoughts and reflections on family medicine development. He also asked me to share some of my personal views and the journey I had taken on my career path as a family physician.

I had no idea where to start... so I guess the beginning would be best!

My story

I have always wanted to do medicine, ever since I was a child. I have always been fascinated with the art of healing. Even as a kid, playing dungeons & dragons role-playing games, besides the adventure itself, I would often choose to be either a cleric, or a Paladin, both characters having been imbued with the powers of healing!

However, I also thought that once I became a doctor, I would automatically know how to treat patients right away! How wrong I was.... Just like my make belief characters, who grew stronger with each adventure and with each skill they master, I realized that I only had the "passport" to start practicing the art of medicine AFTER I became a doctor. i.e. it was the START of my learning rather than the END, even after 18 years of studying!

The various postings turned out to be a very worthwhile "investment" in terms of my medical education to be a competent and confident "healer".

After spending six years in medical school at the Royal College of Surgeons in Ireland, I decided to come back home to Singapore to do my housemanship and to begin my medical career. Needless to say, my initial postings were a bit of a culture shock to me, even though I had prepared myself mentally for the onslaught!

During my first on call at KKWCH OBGYN, my pager beeped so much that it ran out of space! It was also the first time I experienced what gastric pains felt like! It was also the first time I worked 40 hours at a stretch post call, preparing for a Cancer Grand Ward Round the following morning! It seems an irony when I think of how some people now work less than a 40 hour work week that I covered in one long continuous shift without sleep!

I didn't have a five year bond like my esteemed colleagues from the local university as I am a foreign graduate. However, because of my interest in Family Medicine and me wanting to develop an all round exposure to various specialist postings, I spent more than 5 years in the hospitals, as well as other institutions, from KKWCH (OBGYN and Children's Emergency) to TTSH (General Med & ENT & Orthopedics) to NUH (General Surgery, A&E & Ophthalmology) to CDC (Infection Control), NSC (Dermatology), AH (Internal Medicine), St Luke's (Rehabilitation, Geriatrics and community hospital), and finally to the polyclinics (Woodlands & Toa Payoh mainly). I even voluntarily extended my Masters of Medicine (Fam. Med.) exams to four years (from three) because I miraculously got a Skin posting in the last year!

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After my MMED exams, I decided to follow another dream of mine... to do volunteer work as a "mission" doctor. I started out with a few Christian organizations and did short trips, even day trips to Batam, Indonesia and ran mobile clinics. This moved on to eight day mission trips to Yogyakarta also in Indonesia after the earthquake and for another one to Kashmir, Pakistan with Crisis Relief Singapore (CRS). Then I decided I wanted a bigger exposure, so I took a whole year off and joined an international humanitarian organization called Medecins Sans Frontieres (MSF),

also popularly called the Doctors without Borders. It was one of the best things I have ever done in my life! What an adventure indeed!

MSF brought me from Singapore to Malaysia (where I was interviewed), to Hong Kong (where I was officially recruited), to Belgium (where I was employed!), to Denmark and Brussels (where I had to undergo a three-week training), and finally to Pakistan again! As God would have it, to the exact same place I previously went to with CRS in Bagh, Kashmir, although this time, I was to stay for six months, and run a 66 bedded hospital where I was the inpatient department (IPD) doctor in charge.

Unknown to me, God also had other plans for me... it was definitely the last place on earth to find romance, let alone my future wife! But lo and behold, I found my perfect lifelong companion and friend in the same place where I had to manage a cholera outbreak, a landslide and heavy storm which swept away our tent which housed my patient! The same place where the famous Marriot hotel was bombed right before and right after we were there and the same place where someone decided to throw a home made bomb into the expatriate compound we were in near the Afghanistan border in Agra, NorthWest Frontiere Province (NWFP) right after we left! (We were both sent there to provide advice in helping to setup a medical centre by MSF). Love in the time of cholera indeed!

But I digress...

My medical training as an undergraduate, as well as my various hospital training as a MMED student definitely stood me in good stead to take on my different roles as an IPD doctor, to also run the outpatient clinics, the Accident and Emergency department, the ICU unit, the neonatal unit or NNU (we had three working incubators), and even as an acting hospital manager when my boss left. The broad based yet intensive training as a family physician also helps to sharpen the mind to focus on the important things first, yet not ignore the holistic and comprehensive approach to all problems or challenges.

I guess what I find interesting in family Medicine was not just the diversity, but also the fact that as a family physician (FP) or General Practitioner (GP), you can virtually go deeper or "specialize" in any area you are interested in. We are restricted only by our interests, our lack of knowledge or skill, or by our imaginations.

I agree with Dr Lee Suan Yew, the guest of honor for our Family Medicine Convocation Ceremony, who said that Family Practice has moved from the "Renaissance Period" to the "Golden Period" we are now experiencing.

Family Medicine or the art of General Practice is indeed charting a new course into the next era!

I remembered my stint as a medical student attached to an Irish GP in the suburb. Even then, in the 1990s, they were already computerized in their patient records. The amiable GP, who seemed to have gotten work life balance down to a pat told me that he refers less than 5% of his patients to tertiary care, handling most and a varied numbers of cases on his own confidently, and competently. I also remembered that Family Medicine was and still is an exciting and well sort after trainingship and career option there.

I believe we are also heading in the same direction here in Singapore. As a family physician, I am excited to be part of that process and to be of service! **ICM**

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G.D.F.M.

Yes, GDFM stands for Graduate Diploma Family Medicine, but to me it stands for Gap ,Deficiency, Fill & Multiply. I realized this soon after attending the course.

I confess that even after 35 years in family practice and having attended numerous CME s, there are still Gaps and Deficiencies in my so called saturated knowledge. I can cope with this G & D by shunting them or even more simply by referring such patient away. As a result of this avoidance, my area of G&D continue to grow and worsen. An undesirable vicious cycle developed.

GDFM Modular course change all that. The various Modules cover many areas of Clinical Practice commonly seen in Family Practice, including those areas of my G&D, thus effectively filling them up. The combined result is that I achieved a reward which is not measure in term of sum but in multiple. The feeling is similar to transforming a previously less than perfect cut diamond into an excellently cut stone that give good contrast and brilliant scintillation. My previous skepticism about the Course and self complacency has delayed me from joining the course earlier. I hope that my confession will change your mind and influence you favorably.

To have Gap & deficiencies is understandable and natural but let GDFM fill your G&D and reward you with a result that has multiplying effect. ■CM

Dr Chong Tat Chong

Dr Chong Tat Chong graduated in 1975. He practices at New Town Clinic and is currently doing his 2nd year GDFM.

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Well Organised

I have been to many CME talks prior to this course, but the problem is that I'll only go for those of interest to me only. So a large part of medicine became "forgotten", as the advance of medicine is so rapid.

The course allows me to touch on the important issues that a GP can face during our practice. The workshop method of conducting the course is useful, as it makes us think more in depth on each topics, and to focus on the important points of the most current practice. Even though the workshop is only on the few important topic, the MCQs will stimulate us to read around the topics as well.

The tutorials are helpful too, to learn from the experiences of various GPs, whether they are good or bad practice habits.

I still believe taking the course is better than just attending CME talks, with the tutorials and MCQs etc, and the exam stress motivate us to study harder and remember more. ■CM

Dr Yea Kok Chin

Dr Yea Kok Chin graduated in 1992. He practices at YSL Bedok Clinic and is currently doing his 2nd year GDFM.

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