

how the family physicians are able to make time for their hobbies aside from family time and work. In fact, they encouraged us to have a hobby instead of all work and no play!

Other than the small group interaction, we had the opportunity to engage in large group Q&A session. Interesting questions were raised, ranging from how family physicians withstand the professional solitude in a clinic setting to how they continually keep up with the constant updates of medical knowledge. It was certainly a fruitful afternoon for me!

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The Mentors-Medical Students High Tea Meetup session, organized by College of Family Physicians Singapore, was held at Hotel Grand Pacific on 12 November 2016. Around 20 family physicians and 30 medical students attended this event. The low student-to-doctor ratio allows small group discussions and effective communication between students and doctors.

This high tea session was a great experience for me as a medical student. During the session, we first had small group discussions with our mentors. My mentor shared with me her 20 years' experience from when she was a trainee rotating in different specialties till now as a practitioner in a private sector. She told me how she managed to work as a junior doctor and set up a family at the same time. She also explained her rationale for going to private sector and choosing the

medical group that she has been working for for 10+ years. It was very helpful for us students to learn about what work is like as a family physician, especially when we are exploring our career choices.

The large group Q&A session further broadened my view of family medicine. I was very impressed by the wide range of things family physicians can do. Some doctors choose to work in secondary or community hospitals where they provide high-quality inpatient care. Some choose to join medical groups that emphasize on personalized medicine and holistic care. Some decide to open their solo practice. It cleared up my concern that family medicine practice may be very limited.

Our mentors kindly shared their daily life with us during the game session. I was again impressed by the variety of lives that our family physicians are leading. We have leaders of their medical groups, entrepreneurs, parents who send children to school and bring them home every day, adventurers who have 10 hobbies, etc. As much as they enjoy life with their own families and friends, they always remember to connect with each other and keep updated with the latest practice guidelines and healthcare policies from various seminars, journal clubs and what's app group.

I had a great time at the high tea session. I believe all the students feel the same way.

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## Precepting Medical Students in the Family Medicine Posting

reported by Dr Chan Hian Hui Vincent, Council Member, College of Family Physicians Singapore and  
A/Prof Goh Lee Gan, Past President, College of Family Physicians Singapore

The second session of the Community of Practice for Family Medicine (FM) Educators was held on 3 September 2016 at our College Lecture Room. The topic of precepting was chosen as many family doctors are involved in teaching medical students in their practice. We were honoured to have A/Prof Cheong Pak Yean as our guest speaker, and he shared with us perspectives of his teaching experience.

### 1 View the FM posting as an opportunity

The FM posting remains the opportunity where medical students can see patients managed as persons with body and mind functioning in family/social groups in the community. The opportunity is to teach medicine as an integrative discipline of breadth that is delivered not just in ambulatory clinics but also in community hospitals, palliative care and community outreach settings in the continuum of care outside specialist hospitals.

### 2 Be prepared

A/Prof Cheong emphasized that it was important for all teachers to be ready to teach in the community context. Teachers should be well versed with approaches to common conditions. The manuals provided by the NUS Yong Loo Lin School of Medicine (YLL SOM) FM Department and various clinical practice guidelines for chronic diseases are useful references. Be prepared to impress upon students that the clinical methods and thinking are the same as that taught in the hospital settings except that they are now applied in the primary, personal, continuing and comprehensive contexts.



Guest speaker A/Prof Cheong Pak Yean with participants at the Community of Practice for Family Medicine Educators (COP-FME) session on teaching Family Medicine students in the outpatient setting. College vice-president Dr Tan Tze Lee and COP chairman Dr Ang Seng Bin were also present.

### 3 Be engaging

The simple act of introducing students to the clinic staff and profile of the practice is one good way to engage the students in your professional world. After they have sat through the clinic sessions, it is important to engage

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them. They could be asked about which event or patient made the most impression on them and why.

Indeed, this is an exercise in "reflective learning"; it encourages students to consolidate their learning in the process. Instead of the usual case presentations, novel ways of learning can be used such as adducing one-minute learning points or soliciting pictures of salient cases drawn to express their thoughts and feelings. Four pictures depicting the Stott Davis 'ABCD' tasks of a consultation drawn by medical students are reproduced in Fig 1 to illustrate this point. These students shared their insights from their community posting in a session called 'Pictures from the Frontline'. This session is one component of the NUS YLL School of Medicine FM posting.

## 4 Teach Principles of Family Medicine

Patient encounters that illustrate the principles of family medicine could be pointed out. A good book to have on hand is Ian McWhinney's classic 'Textbook of Family Medicine'<sup>1</sup>. For example, the medical students who drew the first picture of two birds in Figure 1 intuitively understood the meaning of symptoms as discussed in page 85 and 86 of McWhinney's book.

In that encounter, the students met a 55-year-old woman, a long-term patient of the preceptor doctor. The students were familiar from their hospital postings of acute chest pain as a red flag for acute myocardial infarct. However, the doctor knew that she worked as a cleaner in a food court and had attended in the past for musculo-skeletal pain from physical toil. The doctor also vaccinated the widow's only daughter before she left to work in the United States. After a screen for red flag symptoms and signs, the doctor understood the meaning of the chest pain expressed by the woman. She had 'heart pain' and not 'cardiac pain'. The meaning of the physical discomfort felt after her work stint took on added meaning of vulnerability and loneliness. The picture drawn by the

students of a forlorn bird pensively pining for the young, brightly-coloured bird flying off towards the sun was a powerful statement made by the students that they understood the notion of the 'empty nest' syndrome.

## 5 Teach whole person medicine

A/Prof Cheong felt that it was important to impart the concept of 'whole person medicine'. Students are encouraged to learn at every opportunity about the patient and not just the disease. No patient encounter is mundane. Family doctors manage not just diseases, but also dis-eases and problems of living over time.

Many family doctors thus practice medicine as both art and science. The art of the extended consultation is not just about clinical instinct nor is it just about hospitality. It is about understanding the patient in the context of his family and life space. The consultation thus extends from nomothetic evidence-based medicine to idiographic narrative medicine. This art was elaborated in the 2011 Sreenivasan Oration<sup>2</sup> 'Redefining the Art of the Consultation'.

## Conclusions

Precepting medical students in the outpatient setting is an opportunity to teach students the importance of seeing and managing patient as persons in the primary, personal, continuing and comprehensive contexts. To be effective, one needs to prepare for teaching, and be engaging. Opportunistic teaching of the principles of family medicine and emphasizing the importance of practicing whole person medicine are worthy goals to impart to our future doctors.

<sup>1</sup> McWhinney, Ian R. Textbook of Family Medicine Thomas Freeman 3rd edition.

<sup>2</sup> Cheong PY. Sreenivasan Oration 2010 Re-defining the Art of Consultation Singapore Family Physician 2011; 36(4): 54-60.

This paper may be downloaded from the College website: <http://cfps.org.sg/publications/the-singapore-family-physician/article/115>

**Figure 1: Stott Davis's ABCD Tasks of FM Consultation**

Case vignettes in FM posting as drawn by medical students

