

# Interview with Prof Pang Weng Sun: Seven years at Lee Kong Chian School of Medicine

Interviewed by Dr Lim Khong Jin Michael, Editorial Board Member

## College Mirror (CM):

Hi, Weng Sun, can you please describe to us your role at Lee Kong Chian School of Medicine (LKCSOM)?

## Prof Pang Weng Sun (PWS):

I play two roles at LKCSOM. I am the Vice Dean, Clinical Affairs and I help the school to engage healthcare partners in education and research. I work with the respective Education Directors and Chairmen, Medical Boards for appointments of clinicians. NHG is our main healthcare partner, but we also engage clinicians from SingHealth, NUHS and some from the voluntary welfare and private sectors. Partnerships with healthcare institutions are key. We send our students to hospitals, clinics and other healthcare facilities for training. These include GP clinics, hospices, nursing homes, home care. Our students will not only learn medicine but imbibe values from the people they meet in their postings. We need healthcare institutions to have good role models for our students. What they learn in theory, they should see in practice – then it becomes a part of them. Apart from this, I am also the Co-Lead for a course on Professionalism, Ethics, Law, Leadership and patient Safety (PELLS) together the A/Prof Chin Jing Jih – this is taught over 5 years.

## CM:

Can you tell us about your key team members at LKCSOM?

## PWS:

We have a strong senior management team with a very dedicated Dean. The Vice Deans and Assistant Deans are a mix of clinicians and scientists from Imperial College London and the local medical fraternity. Dean (Prof James Best) continues to play a major role in steering the research directions of the school. Prof Naomi Low Beer (Vice Dean, Education) and Prof Michael Ferenczi (Vice Dean, Faculty Affairs and Asst Dean, Years 1 and 2) have led the development of the medical education curriculum together with the local team of Asst Deans (A/Profs Tham Kum Ying, Wong Teck Yee, Nigel Tan and Chin Jing Jih), and the various Leads have carved out a fresh new curriculum for LKCSOM using Team Base Learning (TBL) as the main mode of teaching. This is supported by an excellent academic and IT team with TBL facilitators, teachers and clinical practice facilitators. A/Prof Tanya Tierney and her team of



Prof Pang Weng Sun

House tutors provide nurturing support for the students through the years. Running a medical school is complex and we have fine-tuned and built up the machinery over the years.

## CM:

How are family physicians and GPs involved at LKCSOM?

## PWS:

Year 4 Assistant Dean is a Family Physician (A/Prof Wong Teck Yee). NHGP and their team are actively involved in planning our

teaching curriculum in the school. Family physicians help in teaching clinical examination and communication skills. SingHealth Polyclinics and National University Polyclinics are also involved in taking our students and so are GPs and family physicians in community hospitals and hospices.

Prof Helen Smith is Director, Centre for Primary Healthcare Research and Innovation, and working with the teams on primary care research.

## CM:

Can you share with us some memorable experiences you had at LKCSOM?

## PWS:

Receiving the first class of 54 students in 2013 was the most memorable.

A lot of work was put into getting the school structure and curriculum ready, putting our interview processes in place, and engaging the students. As we started in the NTU premises then, we were shuttling to and fro quite often. They were great students who also knew they had great responsibilities as the pioneer class. We appreciated their active engagement and it was really great to see them graduate this year. They will start PGY1 on 2 May 2018. We had a dinner with them last week, and it warmed my heart to have seen them maturing over the 5 years and completing the course.

The classes have grown gradually since, from 54 to 78, 90, 108, 120 and this year we will be taking in 138 (they are all in multiples of 6 as each team has 6 students). On a more personal note, I have also learnt much myself in the past 7 years (I was appointed in 2010, before the first class started in 2013). It is great to see the school emerging – not only the classes of students, but also the buildings, facilities, education and research work. It's great to see each new

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cohort of bright and energetic students. I believe we are on the right track, and look forward to seeing well-trained doctors contributing to the nation and society.

## CM:

What do you look out for when you interview students for LKCSOM?

## PWS:

Those who come for interviews have already done well in their academics, so we don't need to focus on how bright they are, but rather on their personalities, their ability to connect with people and their understanding of healthcare – whether they will become the kind of doctors we want caring for us when we are sick. We also look at their critical thinking and ethical judgement.

## CM:

How will you advise a student who is considering reading Medicine and becoming a doctor?

## PWS:

You must be ready for the rigours of academic pursuit – there is indeed a lot to study in medicine. You must also have a heart for people – patient-centeredness – for that is the reason why we are doctors: we are here for people, not for ourselves. You must be ready for teamwork and learn to think broadly in systems, for modern healthcare is not just a doctor-patient relationship but a complex system of delivering care to a larger community.

## CM:

How are medical students these days different from thirty years ago?

## PWS:

The amount of information has exploded since our medical school days and we can no longer teach them just as we were taught years ago. Basic sciences, understanding of diseases, new modalities in investigations and treatment has developed, and this generation has more to cope with. But they are also better equipped – they are more IT savvy, more articulate in discussions and better at multi-tasking than we were. I also marvel at how talented many of them are.

## CM:

What are your advice for the first batch of doctors passing out from LKCSOM?

## PWS:

Stay focused, continue to learn and discover in your first year in PG Y1. Keep a broad and open mind; don't jump into a specialty unless you are really sure. Put what you have learnt in school in practice, and refine and build up your skills. Work on the doctor-patient, healthcare team-patient relationships – that is your foundation for good care. Then explore areas of interest and see what you are most passionate about and can be most effective in. For the few who are already clear on what they want to make of their life ahead, go on and give it your best shot. Just keep an open mind, and keep learning. But don't forget to set aside time for yourselves, your personal development and growth, and your family relationships.

## CM:

How can our Singapore medical system improve?

## PWS:

We have a good medical system but it tends to be overloaded. We lack efficiency because we are not so well coordinated. Current funding systems tend to make us think in buckets rather than across systems – so each department and institution worries about their bottom line and does what is meaningful to them rather than to the system as a whole. No one likes to see a graph with their department 'under-performing' so we put in effort to improve our own graph. I am not sure that is always in

the best interests of patients nor to the overall healthcare costs. We need to see ourselves as a bigger team and not just as individual departments. Currently proposals at block or bundled funding may help but it is trust and teamwork that will eventually see things through.

In the old days I seem to recall cross covering more and less concerned about our own KPIs. When one department is short, other departments (even in other hospitals) would cross cover. I recall as a medical officer in a hospital being sent to polyclinic to help out during flu outbreaks when outpatient load was high. As a registrar I was sent to the old Changi Hospital medical department to help out when they were short. We were also more open about sending staff to other hospitals to help develop other departments. Good that we still see some of this today as new hospitals come up.

## CM:

Thank you, Weng Sun, for sharing with us your experience, insights and wise counsel!

■ CM