By Dr Terence Teo

Anything is Fair Game

I am writing in response to Mr Jin Yao's (soon-to-be-doctor) excellent article in the October 2005 issue of *SMA News*: 'Medical Education: One student's grouses and his attempts at constructive criticism'. Being a relatively new doctor, but having matured somewhat in the last few years after graduating from NUS in 2000, I can understand his frustration which he tried hard to hide but did not quite succeed.

While not playing with his son, Xbox or watching DVDs (in that order), Terence tries to spend his spare time studying for his upcoming exams. He can be reached at tkbteo@yahoo.com.sg.

TOO MUCH, TOO SOON?

I was unfortunately, or fortunately depending on how you look at it, not tutored in the 'problem-based' and 'self-directed' learning method. I did the conventional two years of pre-clinical years followed by various postings in the next three years of clinical studies.

The amount that my classmates and I had to study then was sheer madness. Learning clinically irrelevant topics like the Kreb cycle and DNA replication, as well as interesting molecular gobbledygook like secondary messengers and appearance of chromosomes under the microscope, we were expected somehow to use this knowledge to treat and help patients. Somehow, learning to titrate solutions and injecting lab rats with medication will make us better doctors. Of course, no one who is a doctor now (unless he is a clinical biochemist, physiologist or anatomist) will remember these important but somewhat dry facts (zzzzzzzz...).

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I can understand Jin Yao's frustration very well. It is borne out by the crushing weight of the amount that he is expected to know and regurgitate at the exams, and the fact that he has no idea what is being tested. Unfortunately, life as a doctor is somehow like that. You cannot expect to know the illness a new patient is suffering from the moment he walks through your clinic door.

However, to be fair, the purpose of five years of medical school is not to produce house officers with the knowledge of a MRCS/MRCP level. Its main aim was, and still is, to produce safe house officers. If that is the case, then they should be trained to recognise the level that they should be comfortable treating and at what level they need to ask for help.

Very often, as a medical student, I felt that I was expected to know how to treat esoteric conditions. For example, for the paediatrics short cases in my Final MBBS exams, I was shown cases of Duchenne muscular dystrophy, congenital rubella syndrome and biliary atresia. Needless to say, I was traumatised. I wonder how many doctors out there have actually seen such patients in their daily practice. I suspect that even general paediatricians themselves hardly see such patients.

Of course, medical students are exposed to esoteric cases because they are trained in a tertiary hospital setting. I would think that not many of them will know how to treat the common upper respiratory tract infection. They will most likely order a CXR for every patient, not forgetting FBC, U/Es, ECGs and probably a V/Q scan thrown in. Of course, the mandatory referral to ENT or respiratory specialists is to be expected, and they will probably also order a CT thorax just to be on the safe side. In the end, with our medication, these patients will recover in a week. Without our help, they will probably get better in seven days.

I will never forget the medical student following me on my night call as a house officer. He told me that the most common cause of vomiting in a young man is due to an annular pancreas.

LIVING IN LA LA LAND

Although I think the whole point of this new method of teaching and learning with 'problem-based' and 'self-directed' education is to develop a new breed of doctors who are filled with the thirst for knowledge and ability to discover them for themselves, this is only true if we all live in La La Land and the sun shines brightly everyday.

Let us face it: people will choose to be lazy if they can. Hence, to expect all 230 medical students graduating every year to be highly driven and highly motivated is not realistic. What this means is that we have to train these medical students to be effective house officers and not computer geeks who know how to Google for an answer or '*chao* mug' in the library. To be effective, they need to know what is expected of them and these should be tested of them. They should become house officers interested in their patients and not the little boy plugging a hole in a leaking dam. Unfortunately, the realities of life will mean that medical officers will be having coffee while house officers are busy doing discharge summaries. It is little wonder that so many doctors become self-centred and disillusioned.

I know many fellow doctors who are interested in research. I also know a fair number who are only interested in everything else except medicine. One need only to read the *SMA News* and the *Sensory* magazine to realise that doctors have other interests like watching movies and drinking wine. Are these doctors any worse than the one reading the latest journals while sitting on his 'throne'?

Therefore, while we should expect our graduating medical students to function well as house officers, we have to guide them along. Telling them that anything is fair game in the exams is grossly unfair because in real life, the pathologist demands to know the organ a tissue sample is taken from, the radiologist needs to know what operation had been performed while interpreting an abdominal scan, and the infectious diseases physician asks the travel history while working on a pyrexia of unknown origin. Nothing is fair game in an exam. You have a syllabus, and you stick to it.

" ... YOU CAN ONLY FAIL YOURSELF."

Whether the new Graduate Medical School (GMS) is going to propel us into the expanding (and profitable) realm of the life sciences remains to be seen. Let us not get our hopes too high. I wonder how many clinician-scientists will be produced if these GMS house officers realise that they are being supervised by medical officers three years younger than them and well on their way to post-graduate training. More in Singapore than anywhere else, money talks. It is a mantra that has been taught to us from day one in primary school. Younger doctors who had

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done the MBBS rather than the MD will be earning much more than these clinician-scientists at a similar age if all they do are washing test-tubes as a PhD student. Moreover, with some senior doctors lamenting the 'poor' quality of our house officers who had spent three full years in clinical studies, I wonder how good these GMS house officers having only spent one year in pre-clinical study, two in clinical work and one in research, will be.

In the end, Jin Yao, life is short. Do not make a big deal out of too many things. At this point in your career, passing the Final MBBS may seem like the most important thing. It is. But graduating as a doctor is only the first step in a long journey in bettering ourselves both as a person and a professional. You may not believe this, but society has spent too much money training you to allow you to fail the exams. As my tutors used to say, 'You have already passed the exams, you can only fail yourself.' ■