



THE FUTURE OF MEDICAL EDUCATION

Interview with A/Prof Yeoh Khay Guan

This year's SMA Lecture will be delivered by A/Prof Yeoh Khay Guan, Dean of NUS Yong Loo Lin School of Medicine (NUS Medicine) and Deputy Chief Executive at the National University Health System. He practises as a senior consultant at the Department of Gastroenterology and Hepatology at the National University Hospital and has a keen interest in enhancing the early detection of gastric and colorectal cancers. He is also the lead principal investigator of the Singapore Gastric Cancer Consortium and chairman of the National Colorectal Cancer Screening Committee of the Health Promotion Board.

Given his extensive experience in the selection and development of medical students in both his capacities as a clinician and educator, *SMA News* is honoured to have him offer an insight into how the medical education landscape has changed and what is in store for us. Should you wish to find out more, sign up for SMA Lecture 2018 now!

The selection of medical students is an important process. How can medical schools ensure that their selected students, besides being some of the smartest in Singapore, also possess qualities that would make a good doctor?

Selection is key because we are actively looking for students with qualities such as compassion; empathy; intrinsic motivation; a genuine desire to help others in need and make a difference; humility; communication and people skills; and resilience. These qualities are independent of being intelligent. Academic results get you to the door, but the admission exercise that comprises multiple mini-interviews assesses candidates on soft skills and personal qualities instead. There are five different stations: two involve role play, and one on problem-solving, team interaction, and a portfolio interview each. These stations test interpersonal communications and how the candidate thinks, interacts and responds in various situations.

We want our graduates to be doctors who have big hearts and are skilled in the art and science of medicine. To be

a good custodian of people's health, the 21st century doctor needs to be a good communicator who is able to build rapport with patients and combine knowledge and technology with wisdom and compassion. NUS Medicine places great emphasis on nurturing the relevant values. This begins in the first week of school as symbolised by the "White Coat Ceremony," where teachers personally assist our students in donning their white coats as a symbolic gesture of passing on the values and attributes of professionalism. Students are also given the opportunity to reflect on, discuss, and sign a Statement of Commitment to Professionalism within that first week. The teaching and assessment of professionalism and ethical practice are then integrated throughout the five years through a longitudinal Health, Ethics, Law and Professionalism (HELP) track led by our school's Centre for Biomedical Ethics.

We nurture empathy by helping students understand how patients manage their disease in the context of their everyday lives. The school also encourages and supports student involvement in community service

programmes, especially those targeted at the underserved communities. Such community involvement projects give students deep insight into the communities they serve and empower them with the knowledge that they can give back to society and make a difference.

How do you see residency programmes and medical schools working together to ensure that future specialists are holistically trained?

Clearly there is a continuum of development of skills, behaviour and attitudes from medical school to residency to continuing professional development. We never stop learning and must constantly refresh and relearn.

We have close relations and frequent contact between the medical schools and the Designated Institutional Officials who oversee residency programmes. The educational community is a small group and we know each other quite well. We also share a common approach; the curriculum in medical school and in residency are both based on the six

Accreditation Council for Graduate Medical Education core competencies comprising practice-based learning and improvement; patient care and procedural skills; systems-based practice; medical knowledge; interpersonal and communication skills; and professionalism.

Healthcare today is delivered by multi-disciplinary teams in an increasingly complex environment amid winds of change and transformation of care delivery. We prepare our students for this with inter-professional training, team skills and leadership training. Working in teams requires awareness of self and others, so team-based training has been added to the curriculum. There is also a whole set of ostensibly non-medical knowledge and skills that are relevant to healthcare, such as medical informatics, analytics, leadership skills, and health financing knowledge, which require serial development, training and experience, starting in medical school and continuing through residency and post-residency professional development.

What is the role that senior medical doctors and students' family members can continue to play in the evolving medical education landscape?

Senior doctors and the students' family members certainly play very vital roles as mentors and support networks.

We have some 3,000 senior doctors in the public sector appointed as clinical teachers with roles in admission selection and as mentors. Private sector doctors like family physicians, GPs and specialists are appointed too. Besides being role models and mentors, they encourage students and young doctors, help them through challenges, and offer advice and support.

Strong family relationships provide the students with emotional support and

confidence. Close family members can provide a listening ear and help to watch for any signs of emotional difficulties or stress-related harmful behaviour.

The doctor today is more of a health coach to his patient than just someone who provides expertise and services. How do we prepare our students to be motivated in health promotion and primary prevention?

First, the medical school curriculum has changed and evolved drastically from the time most of us were students ourselves. We tend to remember first learning about clinical skills and management because there was so much to learn as a student.

Now, we teach our students about health promotion, well-being and primary prevention right from year one, both in classroom teaching and clinical placements. First and second year medical students are also taught health promotion and prevention in the "Medicine & Society" module that Saw Swee Hock School of Public Health conducts, which covers the influence of environment, family and lifestyle on health, healthy diets, health promotion and disease prevention. During the family medicine posting in their third year, students are taught concepts of health and wellness; health promotion and disease prevention in primary care; the goals of primary and other levels of prevention; and the approaches in clinical practice. In interactive workshops using case-based discussions, topics include adult and child immunisations and travel medicine, and also focus on vulnerable populations such as the elderly and those with mental health issues.

The students are also taught motivational interviewing techniques to help patients find the internal motivation

needed to change their behaviour. These skills are applied when students encounter patients in the clinical setting.

The school has many student-led community outreach activities which allow students to practise health promotion and primary prevention for people living in the community. Some examples are the Neighbourhood Health Service and Public Health Service, where medical students and students from other schools (eg, nursing) conduct yearly community-based health education and promotion programmes in different districts around Singapore.

There are also many overseas community improvement projects, such as Project Lokun and Project Sa'Bai, which conduct regular visits to Cambodia to provide health education, screening and medical consultations to villagers and school children.

You have been involved in medical education for a long time. Do you see yourself first as an educator or a clinician?

I always see myself as a clinician first and foremost, because I only came to be an educator after first being a clinician. The two roles are quite complementary because the Hippocratic tradition asks us to teach and mentor, and to pass down our skills and knowledge.

Given the many hats you wear, how do you juggle the work load and find time to unwind?

Time management is important and this is a universal challenge that everyone faces. There is always more to do, so prioritising the more important or time-sensitive tasks is critical. It is good to be busy and it's a better problem than having no work!

Work is quite hectic in the hospital and university so I try to spend my free time with my family and kids. I get a hug from my kids when I get home and that makes everything feel better. I enjoy listening to music and reading, and regret that I don't get as much time as I'd like to read the books I would like to read. ♦

Legend

1. NUS Medicine and nursing students undergoing inter-professional team training at the Centre for Healthcare Simulation

