

Made in Singapore

By Lee Kin Weng

Medical school in Singapore is like a bar of Meiji dark chocolate you can buy at the NUS (National University of Singapore) Co-op – it is bittersweet. The problem is, you have to keep eating it for five years. And how do you know whether you fancy dark chocolate? No matter how anyone describes it, you just have to try it to experience it for yourself.

THE DEEP END

It is the same thing with medical school in Singapore. In fact, the commitment is made soon after the GCE 'A' Levels, that is, the decision to take up Medicine. Amongst my peers and future colleagues, reasons vary. But being ignorant teenagers at that time, it was difficult to predict what laid in store for us. Contrast this with other countries, where the decision to embark on a lifelong career in Medicine may be made at an older age, as a result of pre-medical school, or medical school being made available on a postgraduate level.

Thus, the typical medical student in Singapore takes a leap of faith into the deep end of the pool. In the dark.

When the splash settles, the student will find himself thrust into two years of hectic lectures and tutorials, and the occasional laboratory work and dissection of a cadaver. It is a pity dissection is now all "simulated". Back in our days, we explored a different anatomical site of the same friendly neighbourhood cadaver week after week. Life for 24 months was all about cramming facts into our heads, and the monotony was broken only by "exciting" continual assessments peppered throughout the semester. Since the schedule was for the most part similar to that of the other faculties, we felt almost like the typical NUS undergraduate – albeit with much shorter term breaks, which is always the main grumble year after year.

The medical freshman acclimatises to this new way of life after several months. This is not easy as seniors occasionally tease "newbies". To survive the tremendous workload, everyone makes personal sacrifices. This includes giving up hobbies, sleeping only five hours a night (or less), and meeting your boyfriend/girlfriend once a month. The most "happening" spot in town is no longer Zouk, but the Medical Library, which becomes the favourite haunt of many. Sometimes, I wonder where medical students pitch their tents in the Library.

Nevertheless, all of us found time to pursue our interests in many different ways. For myself, I played regularly with VOIDEC, the campus guitar club, and my own band. Some of us were heavily involved in hall activities. A few of my friends visited the gym more often than the



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lecture theatre. I had a classmate in Anatomy class who ran marathons. A trio even set up a love consultancy service over the internet. Others busied themselves with looking pretty or pursuing the girl of their dreams. We worked hard, but played hard too. If you have the chance, drop by the yearly Rag 'N Flag to feel the vigour of the faculty's performance; watch our sports representatives do battle on court, field and alley; be wowed by the talent during Playhouse; and catch us pigging out at the buffet just outside the Dean's Office.

In the midst of trying to do well for all our tests and exams, we inadvertently wondered what the clinical years in the hospital wards would be like. Whilst some were excited at the thought of interacting with patients, others were worried about ward work due to unfamiliarity. The University recognised this and planned the Physician Development Programme (PDP), which allowed us to visit the wards two hours a week. However, this was not even close to the actual experience. Meanwhile, we puzzled over how whatever we learnt at



Living proof of the resilient medical student, even after being hit by "a flowerpot dropped from the tenth storey". CGs 27 and 28 with Prof Low Cheng Hock at their new training ground, Tan Tock Seng Hospital. (Kin Weng is on the extreme left.)

lectures would be of any relevance, and stared wide-eyed at seniors in work-wear-lab coats and stethoscopes, and wondered when our turn would be.

CULTURE SHOCK

And then it hit us like a flowerpot dropped from the tenth storey. After clearing hurdle after hurdle of exams, we suddenly found ourselves in the clinical years of medical school. In other words, the hospital, for the most part, became the learning grounds of our craft. It was a huge culture shock for almost everybody, because the routine of attending lectures and tutorials was replaced with interviewing and examining patients, bedside tutorials, and sessions in the real-life outpatient consultation room. We scrambled to form clinical groups of seven or eight, made up of classmates whom we will stick around with in the wards for three years. As each of us laid our hands on our first patient, the experience would become either one of the most terrifying or exciting event of our lives.

Medical school came alive as we began to appreciate how a doctor really functions. We watched how surgeries were performed, then picked up some techniques ourselves. We marvelled at how a doctor's empathy was one of the most potent medicines, which the pharmacist can never dispense. It became even more engaging when we had clinical teaching sessions with a fantastic tutor. My stint at the KK IVF Centre was a blast. Medical school sure sounds incredibly exciting and fun, if you can overlook the workload. However, the coin has two sides.

The frowning NUS medical student is a common sight. The reasons are varied. He could have just been reprimanded for a not-so-good case presentation. Or perhaps, he just came from a clinical test where he was allocated a complicated case. Or maybe, it was just an unproductive day because the patients that he wanted to clerk were either uncooperative, or just could not be found amongst the hospital bustle.

Having a system of clinical groups is rather unique to the medical faculty. We have all heard about "office politics". Here, we have our own set of "politics". Complications do arise when we work together within our groups. For example, classmates can argue over who should clerk which patient. Other times, there are obvious attempts to "curry-favour" with tutors. Sometimes, it is simply a matter of trying to outdo each other. A friend of mine mentioned that clinical groups are too "clique-ish"; which I agree is true, because we tend to keep to ourselves. Perhaps, that is a reason why medical students often possess small friendship circles. However, clinical groups are wonderful too! Just the other day, mine celebrated my birthday with a blackforest cake. We always look after one another, and trade notes and pointers.

Whilst I cannot clearly distinguish the differences between medical schools in Singapore and other countries, my experience with exchange students and discussions with old friends who are reading Medicine abroad give me some insight. For starters, an acquaintance from Europe once related a tale where his professor loudly proclaimed to the whole ward that his patient had cancer, without the patient first knowing of his condition. An old friend tells me that medical school in

Melbourne is much less structured with a less fixed syllabus; there are fewer formal lectures but more tutorials where tutors love to waffle endlessly on no specific topic.

Has medical school changed over the years? With the inclusion of novel programmes like PDP and Problem-Based Learning (PBL), and constant revisions to the syllabus, it has always been evolving. Perhaps, the most noticeable difference is that the faculty has now placed more emphasis on student feedback, which plays a large role in shaping medical education. Whilst some modifications have been long-awaited, others are less popular. Nevertheless, the one thing that will never change is who our main teachers are – the patients.

Therefore, it is easy to see that medical school is bittersweet. It is not everyone's cup of tea, and every year, there are those who change their minds. But I have never had regrets.

NO REGRETS

I remember an account of an experience my primary school friend had in the wards. He described an elderly female patient who was lying silently in the corner of the ward. She had cancer. The Consultant in-charge assigned my friend to talk to her and cheer her up, and asked him to record whatever he deemed necessary in her case notes. He spent time with her, not by palpating her abdomen or taking her blood pressure, but just chatting about anything and everything. That seemed to make her feel better than any drug she was prescribed.

Once, a group-mate and I chanced upon a Japanese patient who had fainted in his hotel room. He had a history of diabetes. Whilst most nurses and students ignored him because what he spoke sounded like gibberish, we stopped to listen, and realised he was speaking in heavily-accented English. Although I was somewhat familiar with the Japanese language, we had to admit we still could not make out much of what he said in the end. However, as we left the bedside, his exasperated look was replaced with a relieved sigh.

These are just some of the reasons why I would never regret my decision in coming to medical school in Singapore.

I just had coffee with my best pals tonight and we unanimously agreed that the best-case scenario is one where each of us holds a job that we enjoy and are good at. Therefore, my advice to new applicants is this: if you feel you will enjoy being a doctor, will be a good doctor, and are prepared to possibly earn a salary half of that of a Newton hawker, do consider taking up Medicine. ■