SIVIA The Next Generation

By A/Prof Chin Jing Jih

n my speech given at the SMA Annual Dinner in May this year, I mentioned briefly that one of the key challenges the medical profession faces today is the differences between doctors from the Baby Boomer generation and those from Gen Y. Doctors from these two generations were born and raised at very different stages of Singapore's economic evolution, and they tend to have quite different attitudes towards work and career. The younger doctors generally regard work-life balance and family time as almost sacred. And they gather information and solve problems very differently, with IT constituting a very intrinsic part of their work and leisure. I was given an insightful reminder of this during a recent overseas work trip: while waiting at an airport gate, I found myself looking for water, while my younger colleagues were more preoccupied with locating a different kind of sustenance - Wi-Fi connectivity.

In spite of these differences, we cannot run away from the fact that the future of the profession lies with the junior doctors and the doctors-to-be, the medical students. Planning for the continuous renewal and rejuvenation of SMA and the profession by the next generation of leaders and doctors becomes an important mandate of the current leadership. Like governments, political parties, organisations and sports teams, the future and long term presence of SMA is critically dependent on the assurance of competent replacements to continue our vision, mission and functions. The challenge for the more senior doctors is to accept the intrinsic differences, while constructively directing the youthful energies and enthusiasm of the younger ones towards a common work ethic that will serve the interests of the profession and our patients.

With this in mind, SMA recently launched student membership, extending our membership to medical students in the two local medical schools. The response has been overwhelming and came to us, in the Council, as a surprise, albeit a delightful one. As of the third week of October, a total of 1,071 medical students have signed up, easily more than 70% of the current student population. The door will always remain open, and we are expecting more juniors to join us in the SMA family to advance the relevance and effectiveness of the profession, not just today, but in the future.

Like those before us, if recruitment was deemed to be effortful, convincing the new recruits that they have made the right decision to join SMA and retaining them for the long term is certainly going to be more challenging. Indeed, some of our senior members had asked if there was any point in including the medical students in our membership, since their focus is in passing examinations and handing in assignments. I trust that those who trust the present Council will know that we are not into number games, and certainly did not create this new category of membership simply for the sake of boosting our membership quantitatively. It is perhaps useful here for me to review and share the underlying objectives and motivation behind this bold and unprecedented move.

For several years, we have been helping needy medical students from financially challenged backgrounds through the SMA Medical Students' Assistance Fund. Though this has brought us closer to the medical schools and the students, and helps cultivate a tremendous amount of goodwill, the fund benefits only a relatively small number of students and its impact in the larger scheme of things is limited. The SMA Council feels, therefore, that there is a need to go beyond the current ad hoc engagement, to build more permanent bridges and connectivity between SMA and these future colleagues.

Admittedly, this is a response to the "widening generation gap" concern mentioned above. Left unaddressed, this gap can potentially lead to difficulties at work, and eventually, to erosion of professional collegiality, which has been one of the cornerstones of medical professionalism. While we recognise that we cannot compel members of different seniorities and age groups

to like and trust one another, we believe that bringing them together and creating opportunities to meet and engage in professional and social activities is a definitive first step in fostering closer relationships within the profession.

Aside from growing pains, many medical students have, in recent years, expressed a sense of anxiety from coping with the rapid and constant changes in the postgraduate education that await them immediately upon graduation. SMA hopes therefore to initiate forums for senior practitioners to provide friendly and balanced career guidance to the undergraduates during membership forums. These seniors could advise medical students on realistically deciphering their "postgraduate callings" so that they can make wiser choices in their postgraduate career selection. For example, in deciding between general and specialist practice, or choosing from among possible careers like clinical practitioners, clinician scientists, clinical educators or clinical administrators. Such sharing and interaction are also valuable opportunities for the passing down of the profession's "oral history" and inspiring stories to the next generation. The organisation and communication of such events will be significantly facilitated and made less cumbersome by bringing them under the umbrella of SMA.

When I first graduated from medical school, I could not see any good reason to join a professional body like SMA. I was not able then to perceive any relevance between belonging to SMA and my life as a junior doctor. It was only after my exposure to medical ethics and professionalism during my Health Manpower Development Programme Fellowship that I came to appreciate the importance of getting involved. In hindsight, I see a need to engage medical students while they are young and idealistic. We need to convince them that even as students, their opinions are relevant and can help shape the future of medical practice in Singapore, as long as they are guided by the right priorities and professional values.

Therefore, one of the most compelling reasons for engaging medical students is, in my humble view, to create opportunities for appropriate and early exposure during their formative years to professional and practice-related issues. While medical ethics and professionalism has, in one way or another, become an integral part of the local medical undergraduate curriculum, I believe there is still room for SMA and its Centre for Medical Ethics & Professionalism to play a role. By virtue of SMA's agility to disseminate these hot topics of current interest for discussion, such as safety issues in Aesthetic Medicine and professional boundaries in the doctor-patient relationship, we can provide a ready platform for students to debate and discuss. We hope that these efforts will enable

students to remain current on medical issues, and at the same time, to further their skills in critical thinking, reasonable advocacy and collaborative communication.

These meetings may also aid the SMA leadership in identifying and nurturing future leaders for the profession and for SMA. Ultimately, the SMA Council would like our medical students, especially the leaders of the National University of Singapore (NUS) Medical Society and Duke-NUS Student Council, to become more sensitised to relevant professional and social issues, and acquire the sensibility to approach the debates and discussions rationally and respectfully, in their search for solutions that promote public and patient trust for the profession. We also envisage that a common membership under SMA will bring students from the two (which will soon be three by next year) medical schools closer together as they tackle issues beyond their institutional fences and loyalties, in an environment that de-emphasises competition and turf.

Finally, I believe this article needs to end with an important clarification on what this student membership is not about. Contrary to what some detractors may think, SMA has no intention to overshadow, let alone take over, the roles of the NUS Medical Society or the Duke-NUS Student Council. On the contrary, SMA sees these student bodies as valuable partners and their leaders as our future successors. It is our intent to collaborate closely with them in all our activities, which are aimed at further enriching the experience of our medical students. We hope to provide these future colleagues with the necessary support, guidance and opportunities that will further enhance their credibility and leadership among students. This close relationship between practitioners and students can only be beneficial to the profession and most importantly, to the patients we serve. SMA



A/Prof Chin is President of the 53rd SMA Council. Like most doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary. He, however, believes that a peaceful sleep at night is even more essential.