

## Leading the newest local medical school

Dr Toh Han Chong – THC: You have an outstanding record of academic leadership at Trinity College Dublin in Ireland. What is your vision of taking the Lee Kong Chian School of Medicine (LKCMedicine) from strength to strength?

Prof Dermot Kelleher – DK: I took up the challenge to helm Imperial College London's medical faculty in October last year after 23 years at Trinity College Dublin. I was particularly attracted by Imperial's capacity to undertake translational research, and that is something I hope we can achieve at LKCMedicine as well.

While leveraging on the strengths of Nanyang Technological University (NTU), the activities of both Imperial and LKCMedicine will be closely aligned to achieve excellence in medical education and research. The opportunity to help develop an innovative fiveyear undergraduate medical programme at LKCMedicine was an added challenge. The school has ambitious goals to redefine both medical education and research.

When I was appointed the Dean of LKCMedicine, hundreds of people at Imperial, NTU and partner healthcare organisations had already contributed to its development, creating a curriculum and infrastructure that will offer students an exceptional medical education. It is a privilege to work with this dedicated team.

I'm also relishing the prospect of training a new generation of doctors for Singapore, and I must add I'm impressed by the quality of students applying to the school. Competition for the 54 places in the pioneer cohort is fierce. The school received more than 800 applications and some 440 students were interviewed. We're looking for students with inquiring minds who are able to think independently and very importantly, capable of displaying empathy. The students we met possess a lot of these qualities and this has made it hard to choose.

At the end of April this year, we made our offers for places here, and now, we are finalising a programme that is to start in less than a month. Everyone is excited to welcome our inaugural cohort in August. We believe many of them will go on to make a difference to patients' lives, which remain a top priority for all of us in Medicine.

THC: How do you see the role of LKCMedicine in the training of a new breed of doctors for the 21st century?

DK: Over the past two years, we have been developing a modern curriculum that is characterised by its innovative approaches. Our programme will have students working in teams in a high-tech environment with the latest in medical education. They will learn through simulations, refine their skills with the assistance of actors,

Photo: Lee Kong Chian School of Medicine





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and benefit from extensive use of technology by accessing e-learning materials through their iPads anywhere and at any time.

Under the guidance of our world-class faculty, they will learn in state-of-the-art teaching facilities in our dual campus, specially designed as classrooms of the future. Putting the best practices in place signifies our resounding commitment to train a new generation of doctors – doctors who are confident, competent, future-ready and compassionate, that you and I would like to have caring for us. It has been a challenge that is helped by the excellence of the faculty and the fantastic relationship between the two universities.

THC: How will LKCMedicine be different from Yong Loo Lin School of Medicine (YLLSoM) and Duke-NUS Graduate Medical School? How will the new medical school collaborate with the existing ones?

DK: Like YLLSoM, LKCMedicine is an undergraduate medical school that trains practising clinicians to meet Singapore's healthcare needs. Duke-NUS targets a different student group as it offers a graduate programme.

The content of all the curricula of the three medical schools will provide similar, common and holistic foundations of diseases and their treatments. Starting with a new course has, however, permitted LKCMedicine to look at how to best equip 21st century doctors with changing disease patterns, changing healthcare needs and changing patient expectations. Our course will have a much greater emphasis on supporting the student to be competent and develop high quality interpersonal and communication skills in their approach to patients; developing professionalism in students for a healthcare environment in which patient safety is paramount; learning to use technology to extend care better; and above all, placing the patient at the centre of all that we do, fully understanding the importance of shared decision making and partnership with patients for compassionate personalised care.

To achieve these, there will be use of interactive and collaborative learning, extensive use of simulation, a closely managed system of student welfare and mentoring, and brand new facilities designed for highly effective learning.

## Medicine is a wonderful profession, one in which you wake up every day with the knowledge that your job is to improve the human condition, to make people's lives better and it is hard to conceive of a better way to spend your life.

Having said that, we are constantly in dialogue with the two existing medical schools on how best to prepare outstanding doctors for Singapore, and also for possible research collaboration. Our students will also be interacting with the students from YLLSoM and Duke-NUS, if not in the clinical years, then for joint student activities. For example, as early as day one of the orientation week, YLLSoM students will be meeting our students for a presentation on their upcoming medical conference, to which our students have been invited.

THC: Prof Stephen Smith, LKCMedicine's founding Dean, said that one of the aims of the school was to train patient-centric doctors and doctors at the forefront of medical technology. What is your take on "patient-centric doctors"?

DK: Medicine is a wonderful profession, one in which you wake up every day with the knowledge that your job is to improve the human condition, to make people's lives better and it is hard to conceive of a better way to spend your life. So being patient-centric is about putting patients at the heart of all that we do – to heal the sick, adequately care for the patient and prevent disease.

We are cognisant that the syllabus is one that is heavy and intensive, so when we say we have designed a programme that will train future-ready doctors at the forefront of medical technology, we are not adding to the programme.

Medical technology is a wonderful thing – it aids, improves and

enhances, and over the years, have revolutionised healthcare, so the choice isn't between incorporating technology and doing away with it in our heavily packed curriculum. It's about searching for the best practices worldwide and making these available to our students and faculty for their day-to-day use.

THC: Given the shortage of faculty, how would you, as LKCMedicine's Dean, compete for your share of talent? In what areas do you see opportunities to cooperate rather than compete?

DK:We have been highly successful in attracting top talent from around the world to join our faculty ranks. Some are from Imperial. Many are leading medical educators in Singapore and several are internationally renowned scientists and clinicians, such as Prof Bernard Boehm, Prof Philip Ingham, Prof David Becker and Prof Annelies Wilder-Smith.

We're also working with several first-class universities, and are benefiting from their top talent coming over to LKCMedicine as visiting professors.

Our people at the partner universities, Imperial and NTU, are also working across disciplines. We have wonderful findings and new knowledge about mechanisms of disease, and we are looking at how we can take that to a place where we can deliver changes to health for patients and populations. The key to this is by working with a mix of disciplines. If we stopped thinking about what we're doing on a regular day-to-day basis and think about what we could possibly achieve with engineers, physicists, chemists and academic clinicians working together, the opportunities are endless.

## **Concluding thoughts**

THC: You once said that you opted for Dentistry, but realised it wasn't for you. Why was this so?

DK: I started as a Dentistry student, but in my second year, I realised that I was on the wrong path. From the point when I started contacting patients, that's when I thought that Medicine was the career for me. It gives you something that very few careers can. You're looking at different problems every day. If you have an academic career, you have the capacity to take on and analyse major research questions, and it's a fantastically challenging career.

THC: What is your personal philosophy in life?

DK: Make the most of all the opportunities that are available to you.

THC: Who are your medical heroes?

DK: My predecessor at Trinity College Dublin, Prof Donald Weir, was a great inspiration and mentor for me.

THC: What do you do in the free time you have? What are some of your hobbies?

DK: I used to play a lot of sevena-side football in Dublin, and I still occasionally join in when I return. I also enjoy music and theatre.