



Being in a Convivial Learning Compact:

To Add Zest to Life, Teach

This article was triggered by a Medscape Journal article written by Dr Julian L Seifter after he attended a grand round in Brigham and Women's Hospital (BWH), Boston. Dr Seifter's article titled "Don't Abandon the Case Report in the Race for Big Data"¹ was highlighted in the National University Hospital System (NUHS) family medicine (FM) residency weekly bulletin of 4th December 2015, as the case studies approach he espoused is also valued in the residency teaching programme. This article was also inspired by the Ministry of Health's (MOH) call to train more doctors in a letter to the Straits Times Forum on 7 December 2015.² A/Prof Cheong recounts his inchoate passion for scholarship as a young doctor, his positive experience as a medical teacher and concludes with an exhortation to colleagues to add zest to life by teaching.

As an internal medicine (IM) resident (1976-1979), I studied the Clinico-Pathological Conference (CPC) proceedings in the *New England Journal of Medicine* (NEJM) religiously and honed my clinical reasoning skills from it. There was no internet then and the costly subscription to this premier journal mailed weekly to my home kept me current for the IM examinations.

I decided to go on a grand tour of the United States after my chest medicine posting and MRCP examination in Edinburgh. A high point of the trip was my visit to Boston, where I surreptitiously crept into the amphitheater of Massachusetts General Hospital (a Harvard affiliate of BWH) one afternoon. I had expected to be lost in a big crowd of learned doctors holding court in the CPC. To my surprise, there was only a

handful of doctors present in that cavernous room that had hosted decades of scholarly discussions. The stark room was ringed with wooden benches, once occupied by some whose names are immortalised by eponymous diseases. Even the 35 mm slide projector was passé compared to those we had in Singapore at that time. There was an ungainly lantern projector with a microscope attachment that was later used for projecting pathology glass slides. It made a lot of noise when switched on but the projection was bright and clear. The air was still, musty even, but it was autumn and comfortable. I took a seat in the far corner.

I was quickly lost in the case presentation and discussion that followed, too enraptured to worry about being discovered. Thankfully, I did not have to put my rehearsed

apology to use and the event ended on the hour. No doubt, the scribe would then rush to write it up for publication in one of the next editions of NEJM. What struck me was that a handful of persons sitting in a nondescript room had such a great impact on the medical world — a testament to the power of scholarship and publication. I was privileged to witness one presentation before it was published!

I gave up that weekly scholarly ritual after a few years in practice. It wasn't until almost a decade after that I published my first academic paper. A/Prof Goh Lee Gan, my co-author, will attest to the many nights spent in the old Department of Community Occupational and Family Medicine (COFM) offices in National University Hospital (NUH) revising and revisiting the drafts. With

his encouragement, I persevered sometimes past midnight — that is the power of a learning compact.

I am happy now to be in another learning compact in the NUHS FM residency. I see young enthusiastic doctors presenting interesting cases and discussing them. In debrief after clinical sessions, learning gems picked up are shared. Around the patients' beds in their inpatient postings, cases are discussed from both inpatient and FM perspectives. In the FM grand rounds, residents share cases, diligently documented and researched under the guidance of the FM faculty and invited experts. Some cases are presented in external medical conferences and a few even made it to prestigious refereed medical journals. An example is a report³ in *Osteoporosis International* (impact factor 4.24). However, it is the scholarship process and learning camaraderie that really matter. Getting it to print is just an external validation.

Best of all, the interactions are convivial, happening in a friendly, lively and enjoyable learning atmosphere. As I happily teach, I also joyfully learn. In an outpatient consultation, a resident was puzzled why post-prandial glucose (PPG) home monitoring was ordered for the patient as he was accustomed to only ordering fasting and pre-prandial glucose (FPG) monitoring during his hospital postings. We discussed and agreed that for our patient, PPG was preferred because she had near-normal FPG but persistently high HbA1c. Moreover, a drug targeting PPG was just added. A subsequent literature search supported our clinical decision.⁴ We are wiser for it

References

1. Seifter J. Don't abandon the case report in the race for big data. Available at: <http://www.medscape.com/viewarticle/850365>. Accessed 4 December 2015.
2. Ministry of Health. MOH committed to growing local core of doctors, nurses. The Straits Times Forum 7 December 2015, A21.
3. Grace CS, Kelvin KW, Wei CT, Yeow TB. Stress fracture of the ulna associated with bisphosphonate therapy and use of walking aid. *Osteoporos Int* 2014; 25(8):2151-4.
4. American Diabetes Association. Postprandial blood glucose (Consensus Statement). *Diabetes Care* 2001; 24: 775-8.

and the two residents have written these insights as a portfolio-based case record for our online FM tabletop companion.

Doctors in practice do seek conviviality in groups outside medical practice. Such groups develop from kinship and revolve around mutual interests. I belong to an informal group also called SMA (Singapore Makan Association), whose members are bound by a love for good food. Doctors' social lives also revolve around sports, hobbies or spiritual pursuits. Involvement outside the confines of medicine adds spice to life and recursively, zest to our medical practice.

Conviviality can flourish in healthy academic and scholarly groups too. Looking at it from a family system approach, the health of such groups is revealed by its sub-systems viz. Relatedness, Order, Agency, Development and Self-Identity (ROADS in short). How diverse members reverently *relate* to one another engenders collegiality. Having good administrative support *orders* the learning milieu. Active *agency* drives intellectual pursuits and scholarship. Road-maps to *develop* high academic standards harness energies and the cultivation of *self-identity* within the professional group identity opens common space. Conviviality naturally flourishes in a healthy learning compact such as the NUHS FM Residency, just as positive emotions and joie de vivre effuse from a healthy mind and body.

The MOH made a clarion call for more medical teachers in a letter to the *Straits Times* on 7 December 2015. I connect that to my past scholarly

pursuits as a young doctor as well as positive experience learning from and teaching fellow doctors and medical students thence. For colleagues who feel jaded by the ennui of medical practice, I vouch that conviviality can be found in scholarly and teaching compacts within medicine too.

You can add zest to life. Teach. ♦

PROFILE



TEXT BY

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