



BUILDING FAMILY MEDICINE

-Nurturing The Next Generation

"Dear Dr Leong,

I am Josiah, a Year 5 medical student from the NUS Yong Loo Lin School of Medicine (NUS Medicine). We met last year along with my fellow student Jonathan, where you and Belinda helped us find contacts for our elective trip to the Philippines.

On behalf of the Family Medicine Extravaganza Committee, I would like to extend a warm invitation to you to be a speaker for the third instalment of the Family Medicine Extravaganza..."

My friends know me as one who doesn't say no; especially not to invitations where I get to share my vision with the young doctors-to-be. I would never let a chance like this slip and so, I gamely responded without even checking my schedule.

INFLUENCING MEDICAL ELECTIVES

Many medical students have heard that some of us are active in medical missions and they would approach us for insights into how real world medicine would be like during their electives. Among these students, few will finally meet us in person and fewer will make the trip.

I remember very clearly that I had invited a couple of students to a thanksgiving dinner in my mission. I had not expected any of them to turn up; after all, it might have been

awkward for them since I was a total stranger to them and they did not know anyone else.

Yet to my surprise, Josiah turned up and even stayed on to spend the rest of the night listening to senior medical students and doctors involved in medical mission share their war stories. To cut the long story short, Josiah went on to lead a team of his classmates, including Jonathan, and spent their electives with my Filipino counterpart, Dr Vicky Ang, in St Luke's Medical Centre in Manila. Their hearts were torched and fired up.

INFLUENCING PRE-MED STUDENTS AND PARENTS

Every year, there will be many requests from parents and high school students who wish to sit in at my clinic as they want to have a taste of what a GP's life is like. I suspect

some are forced by their parents to sit in while some may think they stand a higher chance of getting into medical school after it. I had to tell them that even my own son did not get into our local medical schools.

Some of them came, sat in, got into medical school, went on to do family medicine training and now work as GPs. Others did not foresee themselves having a career as a doctor and went on to pursue other meaningful jobs. They return years later as my patients and share a deep respect for GPs.

INFLUENCING MEDICAL STUDENTS

Many of us are also involved in undergraduate training as clinical tutors. Through the two-week attachment period, our students catch a glimpse of what general

practice is all about. They learn about ideas, concerns and expectations (ICE) and they learn to sharpen their communication skills. Even though not all chose family medicine residency, I am confident that our posting will help them be better specialists.

SIDE BENEFITS OF TEACHING

One of the side benefits of taking students in at our clinics is the immense respect and admiration our patients showed us. I remember when my partners and I started our clinic; patients did not always trust us. We could see their lack of confidence through their facial expressions and body language. However, as our clinic was the only clinic in the neighbourhood, they had little choice.

My partner, Dr Lee-Oh Chong Leng, and I then started doing our family medicine training. As part of our training, we were expected to take medical students in at our clinics. I still remember vividly the surprised looks on our patients' faces when we introduced the students to them. Their respect for and trust in us were evidently elevated.

Not only that — as young GPs, we were often challenged by the patients on our “higher” consultation fees. We had to take time to explain that we followed good family medicine principles and practices which add value to the consultation.

Their doubts immediately evaporated when the patients saw and heard how we explained their conditions to our students and advised our students on the approach to the various conditions and complaints. After that, few disputed our “higher” consultation charges.

INFLUENCING FAMILY MEDICINE RESIDENTS

Some of us are also involved in family medicine residency with the institutions and patients are less surprised that we have residents

and students sitting into the clinics. However, what is surprising now is that some of those who did not bother too much about GPs in the past are now keen to be teaching subjects for our residents. The perception of the public can certainly change when we carry out our teaching duties well.

WHAT'S NEXT?

The annual World Family Doctor Day came and went, this year with less fanfare compared to previous years. In fact, many of our GP colleagues are not even aware that there is such a day. It sets me reflecting on what more we should do to help GPs play the pivotal role in primary care.

I think we have done reasonably well in nurturing the next generation of medical students, doctors, as well as the public. However, I feel that somehow we still lack a strong leader who has the vision and the ability to unite the fraternity. Adding to the difficulty in uniting the primary care physicians is the diverse nature of general practice. There is almost no common ground for all of us to identify with one another.

We need a family medicine gospel — one where we can find common grounds, values and philosophies. A primary care system which is understood by the public and the practitioners will certainly benefit our society well.

The Ministry of Health organised a town hall meeting for GPs on 9 July at Suntec Convention Centre. I feel that such an event may be a good place to start.

The founder of a mission agency once said: *“Win the campus today, win the world tomorrow”* and started a strong student Christian movement in the fifties. I would like to paraphrase it: *“Win the young today, we will bless our world tomorrow”*. ♦

PROFILE



TEXT BY

DR LEONG CHOON KIT

Editorial Board Member

Dr Leong Choon Kit is a GP in the private sector. He is an advocate of the ideal doctor which is exemplified by one who is good at his clinical practice, teaching, research and leadership in the society. His idea of social leadership includes contributing back to society and lending a voice to the silent.