



Mentorship in Medicine

PROFILE



TEXT BY

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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.

Disclaimer:

**Names in this article are not the patients' real names*

"Dr Leong, can you mentor me in mission?" This is a common request from many of my younger colleagues. I started mentoring different junior doctors for medical missions not long after I graduated because I had the privilege of working in a mission agency, where I was mentored by many seasoned missionaries.

I had made many mistakes in my earlier years of mentoring and I hope some of my earlier mentees reading this article will forgive me.

Not too long ago, when I was chatting with an esteemed professor in family medicine, I made a truthful comment that did not go down too well with him.

I said, "Prof, I think our programmes have failed miserably."

"Why do you say that?" came a quick and defensive rebuttal from the usually calm and cool professor.

"Er... because when you approach some of us to volunteer in this committee and that, hardly anyone of us whom you have trained would oblige," I replied. He nodded quietly.

From this reflective moment, I was convinced that medical training must involve some form of apprenticeship or mentorship.

Despite all the advancements in medical education theories and techniques, the impact on a trainee by the life of a mentor cannot be replaced.

Thus, when my classmate, Prof Lau Tang Ching from NUS Yong Loo Lin School of Medicine (NUS Medicine), invited me to be a mentor in their Longitudinal Patient Experience (LPE) five years ago, I readily accepted the challenge.

MY MENTEES**Dr Teo Tse Yean and Dr Vivien Lee**

Tse Yean and Vivien were my first pair of student mentees from NUS Medicine (they have recently graduated and are going to pursue their residency). I promptly enlisted their help for Madam Lim*, one of my elderly patients.

Due to social issues, Madam Lim had to relocate and live alone in a rented flat in the western part of Singapore. When she first moved into the neighbourhood, she was totally disoriented. Tse Yean and Vivien brought Madam Lim around the neighbourhood; visiting the polyclinic, community centres, and resident's corner where she could make friends, learn to socialise and integrate into the new community. After some time, the trio became so close that one may have thought they were related!

Janice and Zhao Xiang

To have my second set of LPE students was equally exciting. We looked after John*, a teenage male with special needs and his family, who were very financially challenged at that time. John, who was in his late teens, was not too articulate and frequently suffered from epileptic fits.

In fact, it was through the students that the increased frequency of his fits was discovered. I adjusted the dosage of his antiepileptic medicine and later highlighted this change to his paediatrician at the hospital.

Both Janice and Zhao Xiang encouraged John to learn all that he could in his school. They also devoted time to teach him to count and as a result, he is now able to buy things on his own. John has since graduated from his school and is now working in a social enterprise.

Denise, Jia Ying and Sharmaine

My third batch of LPE students included a nursing student. Personally, I have always felt that nurses tend to be more sensitive to the needs of patients than doctors. The patient I assigned to this group was another child with special needs. This boy, Jacob*, was at a lower age spectrum and suffered from global developmental delay.

We accompanied the parents as they sorted through the diagnosis, training and rehabilitation of the boy. We also acknowledged their emotional struggles and empathised with them through the difficulties, and saw how challenging it was to navigate through the many medical and social services.

At the end of that year, all of us, including myself, had learnt a great deal about life – more than what we could have learnt anywhere else

Nicole and Yan Lin

Nicole and Yan Lin are my current set of mentees. This time round, our patients are a visually handicapped couple, Mr and Mrs Chong*, who busk for a living. It took us a long time just to arrange a meet up with them in their home; which helped us realise how important it is for them to work every day.

We saw how challenging the environment can be for them to move around; their orientation can be confused even when the taxi they take uses a different route. They also shared with us the difficulties they face with unhelpful taxi drivers, people who try to steal from them and the restrictions set up by various authorities. Through these visits, it really opened our eyes (pun intended) to their world of problems.

My mentees are very pro-active; they would offer to help ferry the couple to their busking locations whenever they can without being prompted. We also discussed some of the things we could be doing to help improve their lives. For instance, we are trying to see if we can play an advocacy role for those who are visually handicapped. I hope that Nicole and Yan Lin will be good leaders in our society, using their positions as doctors to the fullest.

CONCLUSION

These students have gone way beyond what is expected of them in the LPE programme and have in turn had their lives touched by the patients. I am confident that the programme will shape their professional lives and make them caring doctors who are sensitive to the needs of their patients.

The LPE programme at NUS Medicine is constantly looking for more senior doctors to avail themselves to be mentors. Those who are interested may contact Dr Keith Lim Hsiu Chin at NUS Medicine.

It has always been my dream for all of us doctors to be strong clinicians, good teachers, sound researchers and caring leaders of society. I am confident that we can shape our fraternity together.

On that note, I shall now bid adieu to readers of the GP Matters Column, as this shall be the last article I am writing for the column. I am grateful for the opportunity given to me by SMA and I thank all of you for the compliments and feedback. There is so much more we could do and it is my wish to see more of us writing for SMA News. Goodbye! ♦

