They tell me we studied

Terence Lim Chee Wen

Ask where man's glory most begins and ends
And say my glory was I had such friends

THE END OF THE BEGINNING

The day after the release of our final MBBS results last month, my clinical group (CG) met for lunch at a Korean restaurant. We had all received good news the day before and throughout lunch there was much suitably frivolous talk, not to mention animated debate on what we should put under occupation in credit card application forms and the like, now that we could do all these adult things. The usual mood of relaxed informality pervaded. The seven of us had been practically 'married' for the last three years and knew there was no need to 'give face' when we are together.

Truth be told, beneath the laughs and teases, we were all palpably relieved. The end of the beginning was (finally) over and we could get on with our lives; what we really wanted to do, i.e. play. I was very glad we were similarly blessed. Among us, there were a few close shaves in the clinical exams and about half of my group could not get restful sleep in the days preceding the inappropriately innocuously named Deans' Tea, where the results of the exams were announced.

Clinical Group N – graduating class Year 2000.

Yes, I was very relieved. I could not bear the idea of being left out of this celebration. I could not bear the idea of any of my group mates having to do a "re." I was glad we all were there. I was glad we could all celebrate together. I am so thankful to have such fine company during those wonder years.

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AN ACCIDENTAL GROUP

In the forms that the Dean's office publishes, we were Clinical Group N Class of 1995/2000. Actually we would more appropriately be called Group L as there were 5 Lims and 2 Lees among us. Yes as M1 students, we were mostly in the same tutorial and dissection groups; that is when we actually attended them.

Seven persons from six secondary schools – the girls predictably from the same – four different junior colleges; guys from four different NS (National Service) camps. We had everything against forming a unified group, except mild and non-confrontational temperaments, with myself the probable exception. Little wonder I bore the honor of representation.

As in most good things, our group was formed serendipitously. Half of us thought the other half had already formed a group with other people and vice versa. And it was not till it was almost time to hand in those grouping forms that we realized our two halves did indeed make an apt whole. And so it came to pass.

SERIOUSLY SPEAKING

Why certain relationships work and why others do not is a mystery. And its anyone's guess why certain CGs work and others fall apart. I think a possible reason why we gelled so well was the fact that we all took work seriously but not ourselves.

It is difficult to believe, but let me say that we never argued. There was nothing that even came close to a confrontation. We were not the best of friends, but we got along well, and could work together. Our skills and personalities complemented one another and I'd like to think that we brought out the best in each other. The most powerful testament to this is that I would be most pleased to work with any of them again in my future postings. And I do hope its ditto from the rest.

It was always with not little incredulity that we recounted stories of other groups infighting. We often mulled over why seemingly sane people would go up in arms over clerking patients, or examining them, or even ward round allocations. We often wondered aloud 'what's the rush for cases, so what if you don't see, so what if you don't examine, fighting over clerking a rare case...duh?'.

A LIFE IN MEDICINE

The problem with us was not that we fought over the right to see patients, but the right to slack off from seeing too many of them. Quality before quantity was our axiom. See one case, see them well. Talk to the person, not just examine the body part. We had half days aplenty. One of my CG mates never stayed past noon for most of final year. He had better than average grades. And none of us ever returned to the wards on a Saturday when we did not have to. And we each played Devil's Advocate to the end, egging each other to head out on Friday nights, which many of us did all the way till the clinical exams - some of us caught 'American Beauty' on the opening Friday, four days before the start of the final MBBS exams.

The harder you work, the harder you must play was what we adhered to. I tell that to all my juniors now. A good doctor must first be an interesting person and you don't get there by spending all your time mugging. You must be able to talk to your patients about their lives, not just their livers. Ironically, having a life in medicine means having a life outside medicine. And we each had that. No wonder we survived.

And now I can say I was in a group of not only competent and responsible doctors but more importantly, interesting and fun people, who may excel in any other profession or job, indeed any country but who decided to participate in this most worthy of endeavors. People whose first instinct was to say 'man get a life' when told by a clinician that we

should read the ADA (American Diabetic Association) guidelines cover to cover instead of going out with our significant others. Needless to say, we did not contact him for another tutorial.

TOO NICE

If there was one major fault in my CG, it's that we were too nice to each other. In the sense that we were always conscious about not making each other feel inadequate, academically and otherwise. We never contradicted each other directly during tutorial presentations, even though it would have saved time when we were clearly in the wrong territory. Socially this was manifested by the fact that the girls often had the last say about where we had lunch, which is often out of the hospital.

Of course seeing each other so often for such long periods makes it easy to take each other for granted. Fortunately there were postings where we were forced to split and join other groups. It was those times that made us realize how lucky we were when we were together. At least none of us had too much of the passive-aggressive or shameless-self-promoting streak. God knows you only need to have one such person to make the environment intolerable. We had witnessed enough of those even among the trainees we encountered.

NO SECRETS BETWEEN CG MATES

To my CG mates, many thanks for patience, tolerance, companionable study hours and laugh aloud lunches.

Remember
In the years ahead
No secrets between CG mates
Thank you for the wonderful years
They tell me we studied

Editor's Note: This is the last of Terence's many contributions to the SMA News as a medical student. He passed his MBBS in April 2000 and would be commencing his housemanship soon. However we would not miss Terence as he is now a member of our SMA News Editorial Board. Congratulations, Terence, others in CG "N" and all those who passed the recent MBBS examination. Welcome to the fraternity of doctors. ■

◄ *Page 5 – Bedside Manners*

wishes were ignored or that the doctor did not understand their concerns. It is important that patients are treated with courtesy and respect and that communication and decision-making is a two-way process. Patients who are well informed and actively involved in their treatment process will generally report that their doctor has an excellent bedside manner.

Doctors are busy people and time is precious. However, the small amount of time required to ensure that basic medical etiquette is observed will be far cheaper than the costly time that may be required to defend a patient's complaint.

REFERENCE:

1. Why Do People Sue Doctors?: Vincent et al: Lancet 343 June 25, 1994
2. Guidelines for the Medico-Legal Consultations & Examinations: New South Wales Medical Board, July 1997

Editorial Note: Very often, the observation of proper etiquettes or bedside manners is the key to establishing good doctor-patient relationship. "Bedside Manners" is written by Penny Johnston, Manager, Risk Management, UNITED Medical Protection. We hope the checklist will enhance your communication skill and prevent unnecessary misunderstanding. ■

◄ *Page 3 – Defining the Roles of Restructured Hospitals and Polyclinics*

scheme. In this way, we will optimally utilise the GP specialist manpower that we now have in the country.

The second of the new and vital roles is that they should function as centres for training and practice based research for primary care in the same way as that of postgraduate teaching and research centres of hospitals. The recognition of the polyclinics as training centres deserves additional state funding of manpower and materials, in the same way as HMDP programme for specialists manpower development is supported by state funds.

TIMELINESS

In the reformed national defence system, both the restructured hospitals and the polyclinics would each and together play complementary roles in concert with the GPs and private specialists healthcare system. There is no better time than now as the healthcare reform is underway to redefine the roles of the providers to achieve an affordable, sustainable healthcare system for all Singaporeans. Food for thought for government, administrators, healthcare providers and patients. ■