DUKE NUS GRADUATE MEDICAL SCHOOL SINGAPORE

Alumni Matters

April 2014

WHAT'S UP, DOC?

PRINT PDF VERSION

Surviving Residency, the Initial Years

By Dr Tina Tan, Class of 2011

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One morning during clinical rounds, a new patient stated quite seriously, "I can't take Panadol. I'm allergic to it."
The Registrar promptly asked, "So what do you take for a fever, sir?"
"Paracetamol!" the patient replied.
Pause.
The Registrar kept his cool and assured the patient that he would only be given Paracetamol in view of his Panadol allergy.

>> READ MORE

Reflections on Polyclinic Rotation

By Dr Andrew Green, Class of 2012

I believe that one's experience as a clinician will never be complete without having gone through primary care. It was in this polyclinic rotation that I realized the true meaning of national healthcare – to provide caring service for a healthy nation. Primary care centers, especially polyclinics in Singapore, challenge doctors to use their heads and hearts in equal doses in a cost-effective time frame. The enormous number of patients that flood the polyclinics daily can be terrifying for a greenhorn doctor like myself. Will I be able to meet the numbers? Even if I do, will I be a safe doctor? If I can be quick and safe, will the patients be satisfied with my hasty consultations?

>> READ MORE

ALUMNI RELATIONS

Your Birthday Benefit

Happy birthday, all April-born Duke-NUS alumni babies!

We're introducing a new benefit for Duke-NUS alumni from April 2014 onwards!

As a valued member of the Duke-NUS family, this is just our way of saying that we remember you and would like to reconnect with you as you matter to us (hence this alumni eNewsletter is titled "Alumni Matters").

Receive a $10 voucher during your birthday month.
Email alumni@duke-nus.edu.sg about the collection of your birthday voucher.

Terms & Conditions:
• Voucher must be collected during your birthday month.
• Duke-NUS reserves the right to withdraw this birthday benefit at any time without prior notice.

Have You Updated Your Particulars?

Update your particulars to stay connected with the School and receive a special gift of a handy travel adaptor. While stocks last.
Email alumni@duke-nus.edu.sg for more details now!

ALUMNI GROUPS

Duke-NUS Medical Alumni (DNMA)

Our alumni members will be sharing their personal tips and medical experiences with the graduating Class of 2014 during the Capstone in May.

Join us for these sessions to catch up with your ex-classmates and share your Step 2CS and Step 3 experiences too.

Check your email for regular event updates like the Capstone alumni sharing session as well as other events eg. upcoming Annual General Meeting and Homecoming.

Not a DNMA member yet? Email alumni@duke-nus.edu.sg to register now!

EVENTS

PAST

- Duke-UNC Basketball Screening
- Duke-NUS Fiesta 2014

UPCOMING

- Duke-NUS Graduation Dinner
- Class of 2014 Graduation & Hooding Ceremony
- White Coat Ceremony for Class of 2018

NEWS BITES

- Recent Appointments at Duke-NUS
- Congratulations to Our NMRC Awardees
- Decade of Dzau Leaves DUHS "Well Prepared for The Future"
- Sally Kornbluth Named Provost at Duke University
- Heartwarming Story On "Dancing Jerry: Duke Alumnus, Pediatrician, Cameron Crazie" and Duke basketball

HUMERUS SECTION

The Duke-NUS Criteria for Exam Depression

By Dr Tina Tan, Class of 2011

A diagnosis of an episode of Exam Depression requires that the student has – over a two-week period – experienced two or more of the following symptoms. These must be outside the student's normal behavior. The presence of an upcoming exam that involves intensive, time-consuming, mind-numbing studying MUST be included in order to make this diagnosis.

1. Low mood – Do you feel sad when you study?
2. Disinterest – Do you not feel like studying, even if you have plenty of free time?
3. Irritability/Anxiety – Do you feel constantly agitated within a period of 24 hours every time you think of your exam/have to study for your exam/talk to others about the exam?
4. Fatigue – Do your patients in the wards experience exam fatigue and depression from being constantly examined by you and your fellow students?

If you have answered 'YES' to two or more of these questions, the criteria for Exam Depression are fulfilled. The student must seek immediate treatment or risk further auto-pilot decline and losing their sense of humor. Thank you.

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One morning during clinical rounds, a new patient stated quite seriously, "I can't take Panadol. I'm allergic to it."
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"Paracetamol!" the patient replied.
Pause.
The Registrar kept his cool and assured the patient that he would only be given Paracetamol in view of his Panadol allergy.

Another time, a nurse phoned me and asked: "Is this Dr Tina?"
"Yes, what is it?", I replied.
"Doctor, my patient's backside is itchy."
Longer pause.
I was very tempted to tell my caller that I would prescribe the remedy of "Scratch TDS". However, I bit my tongue and instead clarified the issue with the nurse before prescribing an appropriate medication.

I could catalogue whole journals of every funny or heart-breaking moment in my short medical journey so far. But for now, here is my list of four guiding principles if I had to go through the terrors of starting out as a House Officer or Junior Resident all over again:

1. Be Prepared for Anything

My first call happened on my second day of work. No tag-on calls or settling-down period. The clock struck 5pm, and the lives of several hundred patients weighed heavily on my inexperienced shoulders. Yet, I somehow survived the night, as did the patients. My MO tried to make a tutorial out of every new admission (thoughtful, but untimely, since it was 3am). My Registrar sat with me during a patient's MRI scan, giving me advice and reassurances (I called him out on it. Before 5pm, he'd told me, "Anything, just call. Anything." Famous last words!). I wrangled 50 minutes of sleep, survived post-call rounds with much yawning, and collapsed back home in my bed.

From sudden disappointments (your patient unable to go home because he spiked a fever), to pleasant surprises (a nursing friend offering chocolate eclairs to eat during your call), and anything else (being scolded by seniors from other departments, scolded by patients' relatives or scolded by nursing officers). The list goes on and on. Medicine is unpredictable because people are unpredictable. So be prepared for anything and everything to happen.

2. Diplomacy (and Having a Thick Skin) Never Fails. If It Does, Just Bite Your Tongue.

Much of the practice of medicine involves talking. If you aren't spending time explaining things to patients or their relatives, then you're glued to the phone speaking to the microbiology lab, the radiologist, the surgeon, or the medical sub-specialist. On some days, it seems all I ever did was sit by a phone and make countless calls. Otherwise, I would be sitting by a phone *waiting* to make calls.

What I still dread is making urgent calls to surgeons or radiologists in the night. Or having to beg the specialist to pretty-please-come-see-my-patient-because-my-consultant-said-so-and-I-don't-really-know-why. I've learned to start off these tough conversations with the most humble and sincere apologies and prepare myself to be yelled at anyway simply because the person at the other end can, given that s/he is more senior than me. My job is to sweet-talk my target specialist into doing something for me (sorry, I mean for my patient, of course). If this doesn't work, no sweat. I simply move on to the next phone call and the next unsuspecting specialist.

3. Do Your Best for Your Patients. But Sometimes, It Just Ain't Enough.

No matter how jaded or exhausted you feel, human lives are in your hands. An MO once told me: "We are Internal Medicine. We take care of everything; we coordinate everything." From the specialist consult to the allied health referral. Who can forget filling out AIC forms? The moment that patient becomes yours, it is your job to sort out their medical problems, social issues and post-discharge plans.

Yet, sometimes, no matter how hard you try, things just don't work out. Some patients die despite your valiant efforts. Some become worse after admission. Some never seem to leave the hospital because the nursing homes or community hospitals are choked to the brim. The blame doesn't rest with any one party, yet you feel somehow responsible. Don't despair, Junior Resident, because of number 4.

4. No Matter How Hard it Gets, Eat Well, Have a Good Laugh. Be Thankful for the Little Things. And Don't Forget to Shower.

Sleep will be elusive, especially when you're on call. But this doesn't mean you can't do other things in life. All of us are called on to care for people who have entrusted their lives to us. It is an incredible responsibility. But I think what really gets us through the blood, sweat and tears are the things that make us human. Laugh over funny moments, discuss wedding plans, take on home renovations, talk about our kids' schools, compare car prices, argue over politics, bond over meals. Ordinary things can help us forget the difficulty of battling diseases, limited resources, and "the system". It reminds us why we've chosen this path in medicine. It makes us smile when we see the gratitude in our patient's eyes, or when the consultant compliments you, or when your colleagues tell you, "you'll be missed".

I rounded off my housemanship with the horror of all postings: General Surgery. Please don't tell the surgeons I said so; they seem to love it with a passion that is beyond me. My personal experiences there warrant a whole article on its own. When that was finally over, I heaved a gigantic sigh of relief and started my Psychiatry postings proper. Amid studying for exams (and flying overseas to take them), running clinics, and learning new skills designed to help me in my chosen specialty, I've realized that the things I told myself about housemanship still apply as a Medical Officer / Resident. These probably will apply long after I've finished my training.

A consultant once told me that things don't get "easier" after housemanship. Sure, you have less scud work to do, you don't have to take that patient's GXM or give first-dose antibiotics anymore. But the responsibilities pile up as your knowledge and experience increase. Yet, some things do remain the same: anything can happen, diplomatic communications work (but not all the time), do your best for your patients, and please, do take a shower.

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- Reflections on Polyclinic Rotation

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In the first week I was at Toa Payoh polyclinic (TPY), I cursed myself every day for not being smart enough, caring enough, fast enough… and the list of my inadequacies goes on. I would ask questions for every single thing I was unsure of – a process that would slow down the work of other doctors. I was fortunate to have such patient mentors as Dr David Ng and Dr Elaine Tan. They were always happy to take me under their wings, teach me new things and share true nuggets of their vast experiences as primary care doctors. Slowly but surely, I started to feel comfortable albeit with much caution, as I know that complacency can bring about one's own downfall.

As a budding preventive medicine specialist, I realized the importance of my presence in a polyclinic setting is twofold: to be a proficient practitioner as well as a detective with his ear on the ground and sharp eyes to scoop up the good, the bad and the ugly of primary care in Singapore. Let us be frank: the polyclinic system in Singapore is far from perfect and I doubt it ever will be. Before the polyclinic, I was a hospitalist and there were many things that I thought the primary care could have done better. For instance, "stupid referrals" or "missed diagnoses". Now that I am in a polyclinic, I understand its limitations. What if there were smaller doctor to patient ratio? What if the doctors had more training time instead of being overworked? What if the allied health worker could step up and take on more responsibilities? What if more medications were subsidized or covered by Medisave? Would "stupid referrals" still be stupid if these issues were addressed? Would the rate of misdiagnosis be smaller if these questions were answered?

I am proud to have been a part of TPY, where the doctors and allied health team always work together to try to improve the system. Being aware of what is wrong is the first step to improvement. They are vocal not just about shortcomings but also about solutions. The Great Wall of China started off with one brick; with the right mindset and motivation, I believe these small improvements will make a difference in the future. The question is whether these small improvements are able to sustain the ever-growing and ever-demanding patients we have all sworn to lead, help and cure? Perhaps a change at the national level will be able to fully address these pertinent matters.

In short, I am thankful for the good experiences I've had in primary care. I will bring them with me as examples to apply in other institutions I will be posted to (as applicable, of course). I will keep the bad and the ugly in mind to ensure that in the future, something can hopefully be done about them.

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EVENTS

- Past Events
- Upcoming Events

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PAST EVENTS

- Duke-UNC Basketball Screening
- Duke-NUS Fiesta 2014

UPCOMING EVENTS

Check your email for regular updates and invitations to these events!

Duke-NUS Graduation Dinner

Date : 30 May 2014 (Friday)
Time : 7pm
Venue : InterContinental Singapore

Class of 2014 Graduation & Hooding Ceremony

Date : 31 May 2014 (Saturday)
Time : 4.30pm
Venue : The Academia Auditorium (Level 1)
Guest-of-Honor : Mr S Iswaran
Minister, Prime Minister's Office
Second Minister for Home Affairs
Second Minister for Trade & Industry
Keynote Speaker : Nobel Laureate Professor Robert Lefkowitz, Duke University

White Coat Ceremony for Class of 2018

Date : 15 August 2014 (Friday)
Time : 6.30pm
Venue : MOH Auditorium (Level 2)

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NEWS BITES

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Recent Appointments at Duke-NUS

Professor Thomas Coffman has been appointed Executive Vice-Dean in the Dean’s Office. Prof Coffman will continue his role as Director of the Cardiovascular & Metabolic Disorders Program.

Professor Wong Tien Yin has assumed the positions of Vice Dean of the Office of Clinical Sciences and Head of the Academic Medicine Research Institute (AMRI).

Professor Shirish Shenolikar has been appointed Interim Director of the Neuroscience and Behavioral Disorders Program. Prof Shenolikar has been a key member of both the faculty and research leadership of the school since 2008.

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