


By Dr Wong Chiang Yin, SMA President



# Confessions of a Hopelessly Inadequate Teacher/Interviewer/Mentor

One of the funny things about being in this profession is that after a while, you are asked to do things that you thought would never happen to you; and to which, you have not been trained formally to do. In the last couple of years, I have been asked to

- Give monthly tutorials to Public Health trainees assigned to me
- Be an interviewer for the Faculty of Medicine admission interviews
- Be a mentor to a bunch of freshly matriculated medical students

Teaching is everybody's business. That is implied in the Hippocratic Oath where it states it is one's bounden duty to teach the children of those who taught one medicine. Medical training is no longer a family business as such but teaching is still part and parcel of our duty as a doctor, regardless if one is in the private or public sector.

I remember vividly a private cardiologist who came back to teach our tutorial group when I was in third year of medical school. He lamented that we did not get to hear enough murmurs in our hospital and got us to go to his private hospital one evening to hear murmurs found in his Indonesian patients. This was strictly speaking not kosher but he had splendid rapport with his patients and they all consented to being examined by us without fuss. We got to hear a wide variety

of murmurs from his patients who suffered from rheumatic heart disease in the past, but with JCI, this is probably impossible nowadays. Since then, I have always wondered to myself why students are deprived of the wonderful clinical material that are found in private hospitals, as the patients there may actually consent to be examined by students and trainees, if only they were asked.

I often hear from my friends in the public sector that teaching is now an unrewarding experience. They are paid little to do so and the common complaint is that students and trainees nowadays expect to be spoon-fed with no signs of gratitude. I think some of this is probably true. But I guess teachers of my generation probably didn't think too much of us either when were undergoing training. In addition, I suspect that a student who pays \$18000 expects more than a student who paid \$3900 (during my time), not knowing that today's clinical or part-time teachers in the restructured hospitals are not paid very much more than a modest honorarium to fulfill their teaching responsibilities. I make it clear to my trainees I choose not to be paid anything for my tutorials – I don't even claim mileage so anything useful they learn from me is really a bonus. It's my way of managing their expectations of a hopelessly inadequate tutor. When I recall my training in public health, I realise that for the several years when I was a trainee in public health, my direct bosses [except for a part-time six month posting



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in the Medical Accreditation and Audit Unit (MAAU) in the Ministry of Health Headquarters] were all **not** public-health trained. They ranged from a Plastic Surgeon, an Orthopaedic Surgeon, an Ophthalmologist, a Respiratory Medicine Physician to a non-medical hospital CEO. I learnt much from all of them but not really in the classic “Public Health” sense. In the last year of my advanced traineeship, they assigned a supervisor to meet me once a month. So my traineeship was rather unorthodox and gosh, I had no idea what to do when I was landed with trainees. So I continued the practice of meeting them monthly and discussing topics like epidemiology, quality, health economics, health policy, research critique and so on. Truth be told, I actually learnt as much from them as they probably learnt from me. Public Health training needs discussion and even arguing.

The next privilege I experienced recently was to be asked to be on the admissions interview panel of the Yong Loo Lin School of Medicine. Here, we did receive training in the form of a briefing session. But even so, the weight of the job was daunting – because how we rate the interviewees helps to determine who becomes doctors. And of course what made the task more difficult was that there were more applicants than places. All of them had CVs that put me to shame. Many of them were far more accomplished, eloquent and mature than I ever was at 19, and there I was, supposedly an assessor of such talent? I think the interviewees’ anxiety was easily matched by my feelings of inadequacy. The good news is that the School now sends the interviewer’s data on how their assessment of applicants fared in comparison with other interviewers, and the data showed that I was not too far off. The bad news is that interviewers are not supposed to ask personally embarrassing or politically incorrect questions as was the case during my time. Personally speaking, I think applicants should be put under stress by being asked to answer such questions so that interviewers can assess how the applicants react. I seem to recall during my time many girls came out crying after the interviews but somehow many of them still gained admission. But times change and I suppose we must change with them.

This year, I was given the chance to mentor some students who had just matriculated. Many SMA Council members had taken up the

invitation from the Dean to mentor groups of students and I was one of them. Several students were assigned to me and again, I really wasn’t sure what to do except that in true Singaporean fashion.. I brought them out for a meal – a lunch at the Alumni Medical Centre and showed them around the SMA office. I even managed to sneak them into *Agong’s* Room on a Saturday afternoon and showed them The Room. Thankfully, Dr Chee Phui Hung (aka *Agong*) wasn’t around and these young men and (especially) women still have no idea of what real ragging means... (Sorry, *Agong*). I think it is important for students to have a sense of tradition and I hoped that one Saturday afternoon in SMA and the Alumni achieved something in that direction. One of the responsibilities of being a mentor includes advising “poor-performing” mentees on how to improve on their academic performance. But as I told a NUS staff recently, having scored 4.73 out of 10 for my first anatomy test in M1 and being a C and D student in medical school, I was in absolutely no position at all to advise these medics on how to improve academic performance.

I often wondered to myself, should I even be doing teaching, interviewing medical school applicants or mentoring (or shall I say, “appear to be mentoring”) students? Will I do more harm than good? For now I really don’t know. Only time will tell. Sometimes things happen in full circles. For my Family Medicine posting in fourth year of Medical School, I was posted to a GP who practiced in Orchard Road (He still does). He was a good teacher. He was also always very busy doing administrative stuff like signing cheques and documents in between patients and during lunch when he treated my classmate and I to lunch at a nearby restaurant. It turned out he was the Honorary Secretary of SMA then. He left quite a deep impression on me. I told myself then that all this SMA work seemed like a bad deal but later on, I realised someone’s got to do the job to keep this profession going. And I guess the same goes for mentoring and teaching students and trainees. No matter how inadequate one may feel, someone’s got to do the job and keep the virtuous circle going, bad deal or otherwise.

Finally, I do not know if this is reward or punishment but my mentees have now started a Facebook group called “Dr Wong Chiang Yin’s Mentees”. I think it’s probably a bad joke...

Nonetheless, I hope more of us can get involved in teaching and mentoring. Happy New Year! ■

