

t was a huge relief to have finished the first year, in which a deluge of information was given and consumed. However, as the start of the clinicals drew near, the trepidation of being thrown into the real medical classroom escalated. It did not help that my first clerkship was Internal Medicine in Singapore General Hospital.

Retrospectively, internal medicine is a great clerkship to start with. It gives you the breadth of knowledge and the skills that are relevant to the remaining clerkships. This also means dealing with higher expectations from subsequent mentors/tutors/consultants who will inevitably say, "Oh you have done internal medicine so you must know a lot of things right?"

Of course, the first batch of students in the internal medicine clerkship had barely any idea what to expect. However, the advantage was that clerkship directors and tutors gave time for us in the first week to orientate ourselves and learn how to be inquisitive and yet not

disrupt the hospital workflow.

I spent four weeks with the endocrinology team, with Dr Daphne Khoo as my mentor. I recalled Dr Khoo as a tutor in practice course in year one, who taught us history taking and physical examination for endocrinology conditions. She was also the examiner for one of my stations in the practice course examination in which she looked on reassuringly as I examined the thyroid of the standard patient. Hence, I started those four weeks with the thought that I was going to know everything about endocrinological diseases in four weeks! Well, it was not possible to learn everything in four weeks but I did learn a lot.

If I have to give an analogy for Dr Daphne Khoo, I will akin her to Moses who parted the Red Sea. Let me explain. As there are many patients to be seen in the morning rounds, there will be the ubiquitous endocrinology team that roams the wards to make sure that its patients are on the path to recovery. This team consists of nurses, junior doctors and

senior doctors who will ensure that patients are optimally managed and that students learn what they must know. Then you hear whispers that Dr Khoo is approaching. True enough, Dr Khoo (Moses) walks in and the crowd of nurses and doctors (Red Sea) parts to let her have access to the patient, the notes and the computer. Dr Khoo exudes that sense of awe and respect in you with her depth and breadth of knowledge, keen eye for detail and sharp medical acumen.

What makes Dr Khoo a terrific mentor is that besides being knowledgeable, she takes time to know her students as people with interest and hobbies. She is a lady of many responsibilities but there is always time for tea or lunch. It was during such informal sessions that I got to know Dr Khoo as an engaging conversationalist, well-versed in topics ranging from food to politics and also a lady who has successfully juggled both career and family. Her advice? Learn as much as possible but don't forget to date.

## medical students' Mailbox

The second year flew by like a whirlwind and research year began. Swapping diagnoses for hypothesis, case notes for research proposals, it was no doubt a whole different ball game. We could not complain that we did not know what to expect for research year as the preparations actually began halfway into the second year. Despite every student scrambling and jostling to find a mentor and a project close to their personal interest, everyone was satisfied with their project topics at the end of the day and it couldn't have happened if not for the very approachable and flexible mentors we met. With that, we wished one another well and all of us went to different parts of the world to embark on our third year research journey.

Having successfully completed a research thesis in my final year as an engineering undergraduate, I did not believe research year would be any different. I was completely wrong.

Unlike that of my undergraduate project, I had to come up with my own research project, testable hypothesis and actually submit a proposal for NUS-IRB for approval, all of which had to be completed in the first three months. Fortunately I could not have asked for a more patient mentor than Dr Young Kyung Do. Having stepped into a new realm of medical research, I had without doubt asked questions that ranged from the completely banal to perhaps slightly intriguing. We went through countless iterations of proposing an idea, getting rejected politely, and coming up with a new idea over again. Dr Young was only full of encouragement and constantly reminded me that he was sure I would do well and succeed... eventually. I remember I used to flip through medical journals, wondering how the most interesting yet relevant topics just pop into the heads of those researchers. The truth is they don't! An immense amount of time is spent in gaining knowledge

about what has already been known and the current work being done on that particular field before recognising the gap in research that needs to be filled.

I am glad that I have met two great mentors to guide me in my clinical and research years. Thanks Dr Khoo, for being a role model and a great teacher. The best way to learn medicine is via the patients and this has never been truer than in the clinical clerkship. I will never forget diabetic ketoacidosis because I had a vivid, real-time lesson in the A&E with a patient with DKA, from his initial presentation to resolution. Thanks also to Dr Young, who dedicated a lot of time and effort to mentor me for the past three months. I believe I will have a very wellrounded and fulfilling research year under your mentorship. SMA

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