



Zhi Ying (second row, second from right) and her peers from clinical groups 33 and 34 at Singapore General Hospital celebrating a birthday

Halfway There!

By Chie Zhi Ying

When the chime of the last bell rang in my ears, I felt a huge load lift from my shoulders as I exchanged glances with my classmates. We were sitting at the special outpatient clinic at the National University Hospital after the multi-station clinical exam. Certainly, it was more than just relief. The Yong Loo Lin School of Medicine Class of 2013 had gathered here to complete the last lap of our Year 3 bar exam, having just completed our brain-sapping theory papers merely a week plus ago. Going for an exam on a bright Sunday morning was far from anyone's wishes, but that was only because Polling Day (7 May 2011) clashed with our original exam date, and so it had to be rescheduled to 8 May.

Imagine the hustle and bustle in the

auditorium as everyone in the first session (there were four sessions in all) exchanged their nerve-racking experiences with the multi-station exam excitedly. Indeed, the previous night had been a fretful one as we were on tenterhooks over our impending exam, as well as the election results. Be it smiles or frowns, one thing was clear – our much-awaited break started at this very moment.

Looking back at my third year of medical school, it has been a whirlwind experience of learning and growing up. The school has taken great pains to restructure the Year 3 curriculum and assessment such that we will hopefully emerge well-prepared and well-trained for the new residency programme. Each time we discussed exam topics and formats with seniors, they inevitably gave us looks of “I really pity you”

and “I wish you every bit of good luck”, mainly because the school's expectations of Year 3s have risen quite a bit. The multi-station exam was in every sense MBBS style, consisting of six clinical stations that covered not only long and short cases, but also counselling of patients, reading x-rays and ECGs. The school's decision to impose a ban barring students from wards saw many of us flocking to hospitals to clerk patients before the deadline. Many of us also gathered in groups to practise clerking each other, which turned out to be a fun learning experience!

One major change that we saw across all our postings was the need for students to be proactive members of the ward team. Attendance was noted by the team which assesses students' competence and level of participation. Therefore, my batchmates and I went for ward rounds conscientiously, unlike previous batches who usually advised us to only join rounds if you can “make sense of most things”. When I started off with General Surgery as my very first posting, I was left clueless and bewildered most of the time during rounds, mainly due to my own huge gap in knowledge. But this gave me a genuine picture of what I would be doing a few years down the road, as a house officer/resident grabbing case sheets, scribbling down furiously whatever the seniors have to say, while trying to answer bugging phone calls simultaneously. To top it off, you desperately scan through your ever-increasing list of patients, trying to decide who to discharge or to transfer to other teams, all at the same time. Having multi-tasking skills is a prerequisite in any doctor. Good stamina coupled with an energetic mind also helps keep a doctor going after a super busy night call.

Quite often, I was petrified of being a hindrance to the managing team. The only little things I could do were to help draw curtains, grab case files, and be a mobile storage unit (my white coat is the perfect place to stow gloves, gels, stethoscopes and other tools). Rounds aside, the teams were generous with teaching despite their busy schedules, and I enjoyed the many interesting conversations over sumptuous breakfast treats. I really take my hat off to the surgeons who don't seem to get tired and are forever so dedicated to their patients.

Being new and inexperienced in a busy

ward can sometimes be a hazard. I recall one occasion when my clinical group mate and I were trying to make ourselves useful to the ward team by being “vigilant” about their needs. The moment the team asked for a “computer on wheels” (aka COW, which digitalises patient information), we dashed to pull it into the ward. Being overenthusiastic, we failed to notice that it was charging and had pulled it along blindly without removing the plug from the socket. Naturally, the COW shut down. One of the nurses exclaimed in horror, “Oh dear, look what you have done?!” Our hearts froze and we were just in time to see three metal pins of the plug detach and get stubbornly stuck inside the socket! “Crap!” we muttered unanimously and exchanged sheepish glances. The nurses gave us a good dressing down for our recklessness and demanded that we pay for the damage. My solution: I pushed the plug back tightly into the socket, hoping to extract the pins back into the plug. I succeeded on the third try, much to our relief. What a start to the day!

Morbidity and mortality (M&M) rounds never fail to fill us with awe. Sometimes, when professors and other consultants got caught up in a heated debate about what went wrong during surgeries, we students would be jerked awake from our state of sleepiness (M&M rounds are painfully early). It is simply too exciting to miss the fiery display of mental prowess and wit!

Perhaps the most exciting and mindboggling part of the posting was the grand ward round. Held once every week,

students attached to the team are required to present cases to the entire department while the seniors discuss cases and give teachings to junior doctors. Picture a room filled with over 30 people, all listening intently to whatever you, a noob, have to say about the cases. There would be pin-drop silence (save for the beeping of the vitals monitors) as you “smoked” through the presentations and later, the question and answer sessions. Oh well, at least our “smoky” answers did some good to break the mundaneness of life in the hospital (I hope we were comical enough). On a more serious note, I must say the grand ward rounds are excellent times for students to build their confidence in giving presentations and to practise thinking on your feet. It has been a great privilege to have seniors listening to us and sharing their experiences and wisdom.

Orthopaedics came next, and I guess nothing sums it up better than the *modus operandi* of “look, feel, move”. Whatever weight I lost during the Surgery posting was probably more than compensated for in this rotation as we were slightly more relaxed, and therefore had the luxury of pigging out. I remember eating noodles, *thosai* and delicious pancakes all in one meal and still being hungry for more. Clinics were awesome as we got to see cases ranging from polytrauma to joint pains and lumps and bumps. It was the posting where everyone practised on one another or on our self-sacrificial family members in order to get the physical examinations right. We also had great fun learning how to make the various plaster casts used to hold fractures, and even kept them as souvenirs!

Soon after, we were up for General Medicine posting which many before us warned about the lack of time and the overwhelming content knowledge to grasp. Nevertheless, it was during this posting that I slowly came to appreciate the amazing algorithms of clinical management. It was inspiring! We also got to see patients coming in with every possible problem in the various human organ systems. For instance, we visited psychiatric patients housed in simply furnished wards located on the ground floor with no alcohol hand rubs,

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My all-girls clinical group with our senior Dr Serene Tan (second from right, currently a first year resident) at Tan Tock Seng Hospital

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no curtains (they use screens) and minimal equipment, all for obvious safety reasons. I met cases of attempted suicide (paracetamol overdose) and wondered sadly to myself why youngsters nowadays took their lives so lightly. We saw Code Blue activation for sudden patient collapse. At other times, senior doctors would come in to break bad news to patients' relatives, and I admired their tact, calmness and professionalism.

Through talking to patients, I learnt not only about diseases, but more importantly, human behaviours and emotions. Patients who come in with multiple psychosomatic complaints are in fact very depressed and desperately need a listening ear. Patients who rant at you are not as bad-tempered as you thought, as they only became so due to severe discomfort and bottled up woes. To that, I salute the many doctors who reassure and comfort their patients tirelessly.

When we reached the Family Medicine posting, we rejoiced at the much welcome break. Most of us made good use of the time to pack in some revision of previous postings, and to strengthen the otherwise rocky foundations of clinical knowledge. The beauty of being a family physician lies in having more time to interact with and counsel patients. I learnt the ICE (ideas, concerns, expectations) model which proved to be very applicable to all disciplines. For how else would you serve your patient well without first knowing their ICE? The short but certainly rewarding Palliative and Rehabilitative Medicine attachments also made me cherish my loved ones more.

Paediatrics was the last lap of my learning journey before the year ended, but it was an equally enriching experience. Fresh on my mind was a young girl coming in with non-accidental injury, aka abuse. Beneath the sweet angelic face lay a sad story of family violence and neglect. We students soon became her doting “elder brothers and sisters”. I played with children and babies who were heartlessly abandoned by their parents, and callously deprived of the love and warmth that they so desperately need. It breaks my heart to see kids suffering from severe chronic diseases, who

will never be able to do what normal children enjoy. Never mind about spoiled kids. The thing about children is that no matter how difficult they may be, they are quick to forgive, forget and accept. The purity in their clear eyes, their



L to R: Zhi Ying, her clinical group mate Heng Yan Shan, registrar from the Department of Medicine at National University Hospital and German elective student Vincent Kanbach

innocent smiles and joyful exclamations never fail to brighten my day. We managed to hone our skills in clerking and patient management much more in this posting, thanks to excellent tutors and teachings.

As Year 3 draws to an end, I would like to thank all my tutors and seniors for making my first clinical year such a memorable and meaningful one. Not forgetting my peers who helped and supported me in whatever ways they could, adding fun and laughter to the busy postings. I love this quote by Sir William Osler, “Live neither in the past nor in the future, but let each day's work absorb your entire energies, and satisfy your widest ambition.” No matter what the future holds, I shall strive to live life to the fullest and certainly, help my patients to do so as well. **SMA**



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