

## Preparing our trainees in Outram Community Hospital for the MMed (FM) exams

by Dr Ng Liling and Dr Loo Yuxian

*Know thy self and know thy enemy. A thousand battles, a thousand victories  
~ Sun Tzu*

As the count down to the exams for Masters of Medicine (Family Medicine) looms near, our trainees start to prepare themselves for the battle that is coming. As with all training, that involves practice and strengthening of their armamentarium. Our trainees in Outram Community Hospital (OCH) undergo a rigorous programme of weekly tutorials that cover different components of the exam.

It was not too long ago that I had gone through the same MMed (FM) exam. Although I had delayed its completion due to health reasons, I was lucky to have friends to do the practice drills with me then. Friends who passed the exams a year earlier, were akin to pacers. They encouraged me to continue my journey through to the finish line. Since coming to Outram Community Hospital, I had the opportunity to continue this legacy for others who are going through a similar journey.

I managed to speak to our 3 trainees - Dr Lai Weina (WN), Dr Foo Jongyi (JY), and Dr Edmund Chan (EC) - on their thoughts about the exam preparation.

**College Mirror (CM):** How did the exam preparation help you in your exam journey?

**Dr Lai Weina (WN):** The practice of mock consult was organized and exposed the trainees to a variety of cases. Constructive feedback given by the tutors helped to improve and brush up our communication skills.

**Dr Foo Jongyi (JY):** The exam preparation gives me the experience of practising mock consultations with my fellow colleagues with our seniors serving as our examiners. It's a good practice as I can see where my weaknesses are and try to improve on them.

**Dr Edmund Chan (EC):** The practices helped me to prepare for the real exam. By simulating the actual exam situation, I believe it would help to reduce the stress and tension experienced during the actual exam itself.

**CM:** What were your takeaway points during this time?

**WN:** It is important to simulate the exam setting and keep practicing for the consultation stations. I learnt to be systematic yet avoid check listing. I realised I have to know the purpose of each consultation encounter, e.g. whether the clinical problem is a diagnostic or therapeutic one. I

also learnt that being calm in the heat of the moment and having effective communication skills are extremely crucial.

**JY:** I have learnt the importance of being confident and calm during the exam.

**EC:** I learnt how to do a targeted physical examination and to provide a holistic management plan, the same way as I would manage my patient in an outpatient setting.

**CM:** What would you want to share with fellow candidates taking the exam this year?

**WN:** Frequent practice increased my confidence leading up to the actual exam. It is important to have effective time management and frameworks for common clinical problems. It is also important for me to have sufficient practice time to improve my

physical examination skills.

**JY:** Practice makes perfect. It is important to have an open mind when you go into the consultation stations. Lastly, I think it's crucial to be confident and to do one's best for each station.



Dr Lai Weina and Dr Ong Chong Yau doing a viva session of 40 cases with Dr Edmund Chan



Dr Foo Jong Yi, Dr Lai Weina, Dr Edmund Chan and Dr Tieh Suat Ying receiving tips from Dr Loo Yuxian during a tutorial.

**EC:** The examination is a long journey. It is good to start early and be consistent.

**CM:** How has your own FM journey been since you joined Outram Community Hospital?

**WN:** I am grateful to be guided by good tutors and helpful colleagues. They are always willing to help make sure that we are on the right track. I am also glad that there are ample opportunities to practise for physical examination in the community hospital setting.

**JY:** The opportunity to practise Family Medicine in a community hospital setting has been a very good experience for me. I got to learn many new things and become a better family physician.

**EC:** Since joining Outram Community Hospital, it has helped me focus on each patient's holistic wellbeing and his interaction with the community, thereby providing person-centred care that I can be proud of.

■ CM

## What is iPCARE?

Interview with A/Prof Lee Kheng Hock and Dr Andrew Wong

**College Mirror (CM):** How did this idea come about?

**Dr Andrew Wong (AW):** iPCARE stands for Integrated Primary Care for At Risk Elderly. The programme aims to re-connect patients who are discharged from community hospitals back to the GPs in their neighbourhood. The community hospital will continue to support the patients and the GPs with case management and other backend support.

Many of our patients from the community hospitals are elderly and possess multiple comorbidities, spanning bio-psycho-social domains. Though stable upon discharge, they have ongoing complex care needs and are at a high risk of deterioration, especially upon the initial weeks to month of discharge. Functional decline, worsening disease trajectory, falls and increased caregiving burden are just some examples of the ordeals our patients face. This may necessitate subsequent trips to the emergency department and this put a strain on our healthcare system.

From case studies, our team realised that many of the problems our patients face can be averted if they are

reconnected to good primary care provided by private GPs practicing in the community. All they needed was some additional resources and support such as case-management, allied health, nursing and peer support by family physicians working in community hospitals.

**CM:** What did your team do to make this happen?

**AW:** My team consists of 3 case-managers who are registered nurses, a physiotherapist, a medical social worker and an administrative assistant. All recruited patients will be given a 24/7 helpline to our BVH healthcare team and be tagged to a case-manager who will contact them 1-3 months post discharge until they have been re-connected to a GP. During this transitional period, the team will help to sort out their medical issues, engage in health coaching, home safety review, assess caregiving competencies and reduce unnecessary medications. This may take the form of home or clinic visits. Our wound nurse and therapists are also engaged to sort out their nursing and therapy needs accordingly. All these are done in preparation for transition to primary care provided by a GP.

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