

The Mommy Returns

by Dr Lim Peng Peng, Homecare Doctor, St Luke's Eldercare (SLEC)

when I hanged up my stethoscope back in 2008, I never imagined it would be a good eight years before I picked it up again. At that time, the important decision my husband and I made for me to stop work temporarily stemmed from our unwillingness to leave our two year-old toddler daughter and newborn baby in full-day child/infant care. We were also convinced that it was paramount that one parent to be there for our children in their formative years as far as possible. I had intended to return to practice after three or four years when both my children would be a little older, but along came my third child and I continued to stay away from practice for a few more years.

During my third year stint as a full time stay-at-home mum (FTSAHM), I had the opportunity to delve into a project completely unrelated to the medical field. Along with another mummy friend, we started and operated a small swim school for babies and toddlers. Armed with zero background knowledge and training in business management, the endeavour was a formidable one. Nonetheless, the myriad of practical MBA lessons garnered, ranging from negotiations for lower rental, staffing issues to public relations, amongst many others, was priceless. These were coupled with some truly amazing friendships formed with people from an industry as far removed from the medical circle as could be, in the form of swimming instructors, aunties and students on the administrative team. Altogether, they added much colour and glitter to my world during my break from being a doctor.

Time flew by, and in the blink of an eye the youngest of my brood was joining his older siblings in primary school. Thoughts of returning to medical practice surfaced as I realised that all my mornings would be freed from child-minding. The desire grew stronger as I began to ponder anew where and how I could re-enter the workforce. It was then that I had a serendipitous meeting with a medical school classmate J one evening. Over our quick catch-up while settling dinner for our children, she shared that she was working part-time at an eldercare organisation – St Luke's Eldercare (SLEC) – as a homecare doctor. Her work arrangement was an ideal match for what I was hoping to do then – mornings only so that I could still attend to my children's needs in the afternoons, namely being a glorified driver and tuition teacher. Coincidentally, SLEC was looking at hiring more homecare doctors, so I decided to give it a try; sent in my resume, went for the interview and before I knew it, I was excited to receive a back-to-work start date!

I began the preparations for returning to work such as

getting my medical malpractice indemnity back in force and ensuring that my practicing certificate was renewed and valid. Fortunately, I had kept pace with practice certification requirements all the time while away from medical work by attending CME lectures and doing long distance learning courses. Then, there was the ultimate excuse for a lady to go shopping – for work-clothes – and undertake a wardrobe makeover!

I tagged along a few home visits with my friend-now-colleague J before I started work officially, but I was still filled with trepidation when I made my first solo visit. I was worried that I would be stumped for a diagnosis or forget the dosages of medication to be prescribed or be unable to help the family in any way. However that first patient encounter went just fine, to my great relief. I realised thereafter that I had been missing having meaningful interaction with a patient and his family all the time I was away from practice. It was good to know that I could very tangibly bring some comfort and care to him and his caregivers.

I also discovered that I had missed being part of a multi-disciplinary team; it felt wonderful working once again alongside a dynamic team of like-minded health care workers.

Transiting back to practice definitely has its challenges - filling the gap on medical knowledge for eldercare being one of them. I made a couple of trips to the medical bookshop to procure books on Geriatrics and started paying attention to countless newspaper articles on the silver industry and the country's ageing population, all of which now became relevant to my work. Another challenge is that there is now an additional hat to juggle – that as a doctor – on top of being a mother, wife and daughter. However, being part of an organisation that allows flexibility and family-friendly work arrangements has really helped and I am immensely thankful for that.

As the saying goes, there is a time and season for everything and I believe that now is the season for me to return to the workforce again with my children happily in primary school. I have no regrets taking that pause in my career to take care of the family; the children needed me in their early years and the amount of time spent with them was extremely fulfilling and very much treasured. Those years were definitely not wasted as many people saw it. The ability to multi-task and organise a household as a FTSAHM certainly are useful skills to carry into the workplace; they aid me in my scheduling of patient appointments and managing workload in a time-efficient manner. The patience cultivated in the care of my

children is also much needed in the care of the elderly. Dealing with challenging customers previously in the swim school business has also honed my interaction skills and boosted my confidence in approaching and conducting delicate conversations with family members and patients.

A little courage definitely needs to be in place for a FTSAHM returning to medical practice after so long. However, it is not quite as daunting as it had seemed to be, and today I find myself thoroughly enjoying my work in my capacity as a homecare doctor. Indeed, the extra wisdom gained from my life experiences as a person in my years away from work have helped me to be a better doctor than when I had just left the workforce. ☺

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FAMILY PRACTICE SKILLS COURSE

Managing Complex Patients in Family Medicine Settings

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #70 on “Managing Complex Patients in Family Medicine Settings”, held on 22-23 July 2017.

Expert Panel:

A/Prof Lee Kheng Hock
Dr Low Sher Guan Luke
Dr Xu Bangyu
A/Prof Goh Lee Gan
Dr Agnes Koong
Dr Tay Wei Yi
Dr Matthew Ng

Chairperson:

Dr Pang Sze Kang Jonathan
Dr Yeo Cheng Hsun Jonathan

Photo Quiz

Contributed by Dr Nicholas Foo Siang Sern, Editorial Board Member

A 50-year-old gentleman, with no prior medical history, comes for a seemingly routine consultation with symptoms of an acute upper respiratory tract infection. However, the clinical findings on chest examination prompt the doctor to retake the history, examine the patient's hands and order a chest X-ray.

QUESTION

Describe the findings seen on:



1. Examination of his hands



2. Chest X-Ray

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