

Mind Body Interest Group - Interview with A/Prof Cheong Pak Yean FRCP, FCFP, FAMS, Master Counselling

Interviewed by Dr Jean-Jasmin Lee FCFP(S), FECSM, FAMS

In the March 2019 issue, we gave readers a glimpse of the first workshop for the new Mind Body Interest Group (MBig) held by the College of Family Physicians Singapore. Here, Dr Jean-Jasmin Lee speaks to A/Prof Cheong Pak Yean and Dr Angela Tan - whom together with Dr Ang Seng Bin and herself - have made MBig possible.

College Mirror (CM):

Hi Prof, Thank you for taking the time to be interviewed for CM. Could you tell us how long have you been counselling patients in your clinic?

A/Prof Cheong Pak Yean (CPY):

Psycho-social issues must be addressed with the body in family practice. I was not trained to do that in internal medicine. I acquired ad-hoc skills in practice but found it inadequate. So in 2004, I enrolled in a 2-year Masters programme in professional counselling which included attachments to psychotherapists. I began to integrate the clinical skills I learnt with my usual consultation.

I started with the usual one-hour plus protected counselling sessions for some of my patients and soon gained enough context to bridge the paradigm divide. You may say that I now counsel every patient I see, not just those with psychosocial issues. Every patient has a body, mind and family. Every encounter thus has a formulation to understand the reason for encounter and a diagnosis to explain the presenting complaint. No time is a problem but no skill is even worst.

CM:

So Prof, what sparked your idea of forming a Mind Body Interest Group (M-Big) for Family Physicians?

CPY:

The system I developed to engage both body and mind as a clinician soon extended to my role as a teacher in Family Medicine. Together with A/Prof Goh Lee Gan and Dr Ong Chooi Peng, we wrote a first book called 'Counselling within the Consultation' in 2015. We soon realised that to practice the combined medical-counselling consultation, lots of extra time and experience is needed.

We then came up with the notion of just extending the processes of the usual consultation when needed, as needed. The reality is that not every consultation and not every part of the consultation needed extension to the psycho-social realm. We elaborated on that in a second book. 'The Extended Consultation, Mind Matters!' published in 2017. A family medicine skills courses was conducted by the College last year and the course materials published in the Singapore Family Physician¹.

MBig is formed to continue the training in the extended consultation approach in areas like continuing care, sexuality, end of life issues and many other settings of family medicine. We hope that family physicians would soon be familiar with the concepts of extended history, examination and investigation of the mind, then formulate after understand the genogram and salient time-line of life events. Psychosocial interventions can then be used in addition to the usual medicine and management prescribed. This is in addition to the skills we learnt from psychiatrists to handle patients with mental disorders.

CM:

From your many years of experience in family medicine, do you think sexual issues are commonly seen in GP practice?

CPY:

Sexual issues underline many facets of holistic care in various stages of life. Adolescents have gender identity and sexual relating issues. Young adults have issues of intimacy and sexuality and at times, problems with infectious diseases. Couples have problems of fertility, intimacy and gender roles in parenting.

These issues may not be directly broached but family physicians should have the skills to identify, understand, and manage. And if needed, refer patients for appropriate care. There are boundaries extensions and intrusions to be navigated and specific skills to be learnt. We are fortunate that in the FM fraternity, some colleagues have been formally trained and certified.

CM:

Thank you, Prof!

REFERENCES

Singapore Family Physician Vol 44 No. 1
The Extended Consultation.

<https://www.cfps.org.sg/publications/the-singapore-family-physician/article/1190>
accessed 20th Jan 2019

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Interview with Dr Angela Tan MMed(FM), FECSM

College Mirror (CM):

Hi Angela, thank you for accepting our interview. Can you tell us more about yourself and your job scope as a family physician?

Dr Angela Tan (AT):

Hi Jean, I completed my MMed(FM) in 2012 and left polyclinic in 2011 to join AMKCH where I worked for 3 years. I was a GP in a private clinic till 2 years ago. Presently I locum for the Home Nursing Foundation and Singapore Cancer Society. I do home visits for geriatric and palliative patients. As for my Life coaching practice, it's really assignment based so sessions can vary from zero to 40 hours in a week. I also teach at the LKC School of Medicine as a House Tutor and Communications training facilitator.

CM:

What made you take up Life Coaching course? How many years was the course?

AT:

I was a client of a coaching program and I got a lot out of it. I had some doubts as a young doctor, wondering if I was up for the job that was demanding so much out from me. There seemed to be a vastness of knowledge and the need to be meticulous, almost perfect. I wondered if I could handle difficult situations for example distressed patients or families; while coping with the loss of my beloved grandmother whom I couldn't save from cancer.

Through the coaching program, I was able to distinguish and separately deal with the loss of my grandmother and my personal confidence as a young doctor I started to ease into working myself to be a better doctor positively instead of living in fear and doubts.

My coaches were exemplary examples of how life should be lived and inspired me to be like them. They were making the best use of their lives and chasing their dreams, having a career that earns them money all at the same time.

I also felt that my interactions with patients will be improved if I can build rapport with more ease and understand how the human psyche worked better.

These led me to train myself in coaching skillsets. The preliminary training took 6 months, and it took me many years of training and more than a thousand coaching hours to be the professional certified coach and trainer that I am today.

CM:

Can you tell us more about Life coaching? When did you start doing this and how have you found it so far?

AT:

I started practicing as a life coach when I was a first year medical officer after I completed my first coaching program as a participant.

Life Coaching has broadened my life in many aspects as I get to work on myself and uncover my own personal blind spots or comfort zones, personal values which gave me the empowerment to live life more courageously and continually expanding myself as an individual. I also got to work with many other individuals, couples and groups from various walks of life. This gave me a better understanding and appreciation of various people experienced their life and the challenges they go through. I am continually inspired by my clients who were able to overcome their challenges to achieve their dreams and make a difference for themselves, often impacting their loved ones positively at the same time.

The above greatly influence the way I view life and death and brought a lot more depth in my teachings with medical students and conversations with my dying patients in the palliative care setting.

As for how coaching is done; it's through conversation and can involve light activities. It's about getting clients to see their personal truth, acknowledge the parts that are not working, overcome their mental and/or emotional blocks, thereby allowing them to be their truer selves and overcome their challenges at hand.

CM:

Do you feel sexual issues are commonly seen in family medicine?

AT:

It is a common thing amongst the patients who walked into our consult room, but not often "Seen" as it takes rapport, trust, time and some skills, importantly they want to care more about this human being sitting in front of us to be able to bring up sexual issues. It is something that patients wish we can ask more of but physicians we are often quite shy in doing so.

Most of the cases I encountered did not start with "Dr, I have a sexual issue". They usually present with common ailments like URTI, GE, headache etc. Women with symptoms of vaginismus, men with psychogenic erectile dysfunction, women with fear of conceiving after a miscarriage, men shying away from intimacy with wives due to a visiting a paid sex worker etc etc...all these are more common than we think; if we really care enough to listen.

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CM:
So Angela, what inspired you to start Intimacy coaching practice? Tell me more about this, how long since you set it up etc

AT:
As a life coach, I often have to work with clients with relationship issues, and these are coupled with physiological sexual issues as well. I saw that by further my training in sexual health I will be able to help my clients better. Also in the family practice setting, it is common to have patients with sexual issues that is not spelt out as the presenting complaint.

Previously, I did a search for people with expertise in this domain but realised there is very limited support locally. And that prompted me to get myself trained and start a practice as such.

I officially set up the practice after obtaining my fellowship with ESSM last year.

CM:
Thank you for sharing with us your special journey as a family physician. I understand you and your husband are expecting your first child in February 2019. We wish you and your family all the best and safe delivery!

■ CM

Quo Vadis Cancer Survivorship Training

Interviewed by Dr Fok Wai Yee Rose, MCFP(S), Editor (Team A)

Cancer survivors are increasing in numbers, thanks to the capabilities of modern healthcare technology. There is a need to involve the primary care physicians (PCPs) to play a big role in caring for this group of people. NCCS (National Cancer Centre Singapore) has planned a Cancer Survivor Care Outreach Programme for PCPs. College Mirror interviewed A/Prof Goh Lee Gan, Director of the Institute of Family Medicine, College of Family Physicians Singapore for his views.

College Mirror (CM):

Hi A/Prof Goh, thank you for supporting our National Cancer Centre Singapore (NCCS)'s education outreach to Primary Care Physicians (PCPs) and for accepting the College Mirror invitation for an email interview.

A/Prof Goh Lee Gan (GLG):

Thank you Rose. It is my pleasure.

CM:

What do you think about the importance and relevance of community cancer survivorship education?

GLG:

Cancer survivorship is the next Cinderella in medicine, meaning that just like the fairytale Cinderella – Cancer survivorship as a subject of medical importance went through undeserved neglect and is about to spring into significance in our day-to-day practice. I am happy to see that NCCS is taking a lead in connecting cancer care with the primary care provider community.

As Dr Chng Joo Wee has pointed out in a recent editorial in the Annals of Academy of Medicine Singapore: "Patients with cancer today are doing better than they ever have been in the past... Indeed, cancer is no longer a death sentence for most, and some declare that it is the new chronic disease."^[1]

But cancer survivorship is also not plain sailing. The patient may not be perfectly well and there is a need for developing a multidisciplinary care team to take good care of them.

CM:

Would you like to share with us how cancer care education has evolved from Prof John Wong's conversation with you in the 1990s till now?

GLG:

Yes. I remembered Prof Wong visiting me in the then Department of Community, Occupational, and Family Medicine (COFM) located at level 2 of NUH building. He was ahead of his time. He saw the importance of getting the PCPs involved in cancer care. That was more 30 years ago. The general wisdom is a good idea takes a generation to bear fruits.

Cancer care education progressed from disease therapy and care of patients from the effects of cancer and the effects of therapy as well. Those of us who have been clinicians for some decades also learnt from our patients first-hand the joy, trials and tribulations as they journey beyond snatching them from the jaws of death.

A teacher of mine lived some forty years after his NPC was successfully treated with radiotherapy. He lived on to teach generations of doctors. Then the late effects of radiation therapy set in and he struggled several years with that.

CM:

How do we go about upskilling the PCP to meet the challenges of complex care like in cancer survivorship?

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