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CM:
Can you share what are the essential components of a good and successful education programme? How do we evaluate and sustain such a programme?

LKH:
I do not believe in art for art's sake when it comes to education. Medical education and training must always have an end in mind and the product must be fit for purpose. "Purpose" itself changes with evolving needs of the patients we serve. The greatest challenge to successful programmes is when we become too enmeshed in our own theories which run the risk of becoming an idealized dogma of what family medicine should be. It then becomes de-linked with the needs of the community. Education should be based on the competency required to meet the healthcare needs of our population.

The acid test of a good and successful programme is the degree to which the product fit the purpose. I know it may be sound too mechanistic but it really is not, if we define purpose as the professional and compassionate care of patients.

The evaluation of education programmes should follow principles of implementation science. The outcome is the product of 3 factors:

The quality of the education programme, the way training is implemented/delivered and the support /resources available.

The best designed programme that is poorly implemented or given inadequate resources is doomed to failure.

Educators must therefore consider less-interesting things like logistics and financial viability if they really want to have a good and impactful programme.

CM:
Can you share any advice for budding educators who want to go the extra mile, like what you have achieved?

LKH:
My best advice is don't aim for awards. Award is nice but correlation is poor. At best, awards are associated with being a good educator. There is no evidence of a causal relationship between awards and being a good teacher. Focus on the learners and focus on the purpose. Academic promotions and awards will eventually come your way if you persevere along the career path of an educator.

If you really want to be a truly excellent educator, then be careful. Life may be hard and you will face resistance at all levels. You are likely to be misunderstood by your seniors and peers. Promotions and awards will not be easy to come by. If you are true to yourself, you may even be passed over for promotions or awards. That itself might even be a sign that you are truly excellent.

History taught us that Confucius was humiliated by the Duke of Lu and went on a self-imposed exile. Socrates was not given an apple but a glass of hemlock after being found guilty by the establishment for corrupting the minds of the youth. Sometimes the exceptionally good teachers are not appreciated. Best strategy is to stay true to your values but live to fight another day. Follow your passion and what you believe in. Should the accolades come, just be thankful and carry on.

CM

Kind Intentioned Advice Misplaced

by Dr Angela Tan Qiuli, Family Physician in Home Care Practice

"Primum non nocere", aka, "first, do no harm".

It is an ethos that we doctors abide by. However, there could be cases that our kind-intentioned advice end up causing distress to patients. My recent breastfeeding journey (as a new mother) has allowed me to witness how some mothers became so distraught, after receiving inaccurate advice given by their doctors and started labeling these clinics as non-breastfeeding friendly.

Dr Angela Tan

Life for any new parent, is daunting. Evidence-based support is what will probably lead parents through this challenging period. Failure to breastfeed for mothers who intend to, causes an increase in the risk of post-partum depression[1]. Successful breastfeeding mothers have noted to have a decrease in the risk of post-partum depression[2]. Hence, to better enable ourselves to provide accurate care for breastfeeding families, we as a professional body need to be mindful of the 3 common misconceptions below:

1. *"Pump and Dump"*

As healthcare professionals, we often err on the side of caution. Hence, we are concerned of the effects of the medications prescribed causing harm

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to the breastfed baby. We tend to advise mothers to "pump and dump". In fact, most medications especially those for common aliments are deemed safe for breast feeding due to the minute amounts that is transferred to breastmilk. As a general rule, most drugs are safe if they are prescribed to infants, are considered safe in pregnancy, not absorbed by stomach or intestines (e.g. IV routes) and not excreted into the milk (e.g. molecules too big to get into the milk). Breastmilk is also safe for mothers who has done plain X-rays, ultrasounds, CT scan with contrast media and MRIs[3].

"Pump and Dump" can be distressing for most mothers as they are likely to fall under the 1 of the following scenarios:

I) Mothers with "just nice supply". As the breast self regulate to produce just about enough for the baby 6-12 weeks post partum, every drop is deemed as "liquid gold". Hence, the distraught when asked to "pump and dump" and definitely worse for those who are low in supply.

II) Full time mothers. They usually provide breastmilk via direct latching as the pumping process takes up a significant portion of time (anytime from 30-60 minutes for 1 session, 4-8 sessions in a 24 hour period depending on age of baby), which equates to taking away a good portion of the 24 hours they have to care for their babies.

III) Direct-latched-babies. They have a strong preference for drinking milk only from the breast. They scream and cry murder when made to feed via a bottle which will inevitably add more anguish to the mothers.

Breastmilk is highly beneficial for babies, hence, it is most likely a better option to say "continue to breast feed" in most cases of common aliments than "pump and dump". If in doubt on the safety of treatment prescribed, useful resources such as Elactancia, InfantRisk and LactMed are available. Or simply prescribe a safer course of treatment.

2. *"Your baby's weight is on the lower percentile, please supplement with formula"*

In today's society where the ability to breastfeed is the epitome of a successful mother, this statement can bring a new mother to the rock bottom of her (potentially new) motherhood, worsening her postnatal blues. For newborns babies who has poor weight gain, it will be pertinent to check if breastfeeding is well established once pathological causes have been ruled out. Poor latch and low frequency of feeding are easily correctable causes and formula supplementation need not be the only solution. Referral to a lactation consultant will be highly fruitful in cases where breastfeeding is not well established.

For older infants, do check if baby is having good amounts of urine and bowel output, appropriate developmental milestones and behavior. If all seems well, and weight is not way off the chart, it is most likely not a major cause of concern. Some babies are just genetically smaller or put on weight later. Our comments might cause unintended distress.

3. *"You are having Mastitis, your milk will be filled with pus and should not be given to baby."*

Mastitis refer to the inflammation of the breast which may or may not involve bacterial infection. Clinical signs of mastitis include (a) tender, hot, swollen, wedge-shaped area of breast associated with temperature of 38.5C, (b) greater chills, flu-like aching, and systemic illness.

This is usually due to a duct/ area that is blocked/ plugged. Hence, the best treatment to relieve mastitis is to remove the clog, i.e., drain the milk. Did you know that the baby is by far the most efficient milk removing device ever known to date? Do encourage frequent latching[4] as prolonged milk stasis can trigger infective mastitis. Other methods to augment milk removal includes hand express or pump after feeding, applying heat pack prior to feeding and definitely referring to a lactation consultant for assistance.

May the above sharing help you better support breastfeeding families and evoke your interest and appreciation of this important phase for babies and their mothers.

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