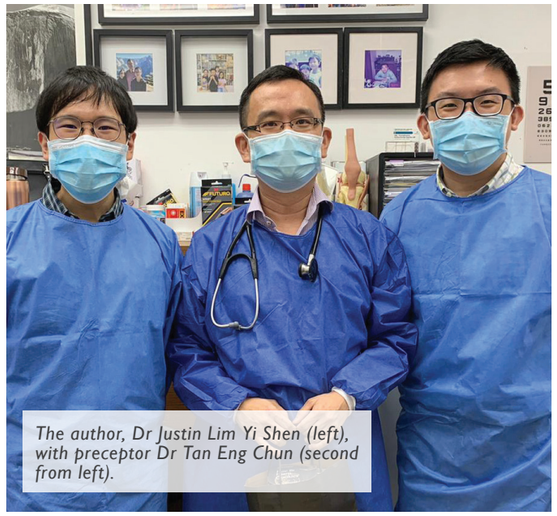
GP Attachment Experience During Peak of COVID19

by Dr Justin Lim Yi Shen



The author, Dr Justin Lim Yi Shen (left), with preceptor Dr Tan Eng Chun (second from left).

It is no secret that the COVID-19 pandemic has heavily impacted many of our postings in medical school. Especially in Year 3 and Year 4, during the initial phases of the pandemic, many of my postings were shifted onto Zoom, sometimes without much prior notice, to protect both students and patients from any potential nosocomial transmission of this deadly virus. Fortunately, by the time I went for my GP clinic attachment in June last year, the school had managed to make various adjustments to allow resumption of face-to-face attachments. Hence, I had the fortune of having a physical GP attachment at EJ Family Clinic & Surgery for one week.

Overall, I had a wonderful experience during this attachment. From a medical perspective, I learnt the value of a good history and physical examination. After all, doctors in GP clinics do not have access to the plethora of laboratory investigations and imaging studies that are available in hospitals, and can only rely on their clinical acumen and judgment to come to a diagnosis. Sometimes, a definitive diagnosis cannot be made. Here, I learnt the need to manage uncertainty in the outpatient setting; even if an accurate diagnosis is difficult to make without the requisite investigations, by adequately triaging the patient, ruling out any red flag conditions and giving return advice to patients, good patient outcomes can still be ensured.

Perhaps even more importantly, in the GP clinic, I learnt the value of truly connecting to patients as people, instead of focusing excessively on their medical diagnoses. In my time in the wards, I had gotten used to referring to patients as "that patient with Condition X"; after all, they were in the wards precisely for the management of that 'Condition X'. In contrast, in the GP clinic, many patients were long-term regulars, for whom the clinic was their first port of call whenever they suffered any ailment. The GP knew these patients and their families very well; before these patients entered his clinic, he would often tell us interesting facts or anecdotes about his patients, showing that he truly understood them as unique individuals beyond their presenting complaints. These good doctor-patient relationships had tangible implications on patient outcomes, as the GP was able to better encourage these patients to take ownership of their chronic medical conditions and be compliant to lifestyle changes and medications. After knowing these patients for so long, the GP also understood their baseline health well, and any sudden deteriorations would alert him to a possible serious underlying problem. Similarly, he would be aware if they had any hidden agendas. I remember one patient presenting with what seemed a lot like musculoskeletal chest pain. the GP remembered that this lady's husband, who used to be a regular at the clinic, had passed away from a heart attack just a few months prior. After a detailed examination, he paused and check with how she is coping with her husband's death. The patient started crying and the doctor went on to comfort and listen to her attentively. Hence, he understood what this patient truly needed was comfort and reassurance, and an opportunity to grieve about her husband's passing, and he was able to provide her with this requisite emotional support. I hope that I will be able to similarly connect with my patients this well when I go into medical practice.

Of course, despite the best efforts of the school and the clinic, the pandemic caused some challenges during this posting. The breadth of our exposure was slightly limited, as we were unable to see patients with COVID-related complaints, such as fever, cough and dyspnoea. Moreover, as there were two students attached to the clinic, due to the limited space within the clinic, at times, one of us had to observe from an adjoining room to adhere to the social distancing rules and restrictions, leading to a suboptimal experience for that person. We were also required to don personal protective equipment, which, especially over formal wear, could sometimes be cumbersome and distracting. Despite these challenges, however, the COVID-19 pandemic provided some unique learning opportunities. For instance, we saw how the clinic innovatively designed a makeshift room to contain potential COVID-19 patients by replacing the door with a transparent plastic board, with holes cut in this board for the person administering the nasopharyngeal swabs to pass his hands through. Moreover, we saw the processes through which the clinic segregated patients with and without COVID-related symptoms, and adapted one consultation room into a "fever area" for patients with potential COVID-19. Through these experiences, I hope that in the future, when we inevitably face another pandemic, we will be better prepared to adapt our practices accordingly.

Duke-NUS medical students with Dr Tan Eng Chun

Overall, I am fortunate to have had this great opportunity despite the COVID-19 pandemic, and I am thankful to both my school and the clinic for facilitating this face-to-face attachment. I hope that I will be able to learn from these experiences to become a better doctor, and I hope that, as we slowly learn to live with the pandemic, my juniors will also be allowed to have similar good experiences.

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Introduction to the GP Clinic Preceptorship Programme

by Dr Tan Eng Chun, MCFP(S),
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I have the privilege of participating in two of the local medical schools' private GP clinic attachment programme as a preceptor for the past 6 years.

Interestingly, Family Medicine seems to be the only discipline that collaborates with family physicians in private practice to mentor medical students in their medical training.

This arrangement provides an opportunity for the students to experience the role of the GP not only as a doctor, but at the same time in running a business.

The unique feature of GP work in private practice is the personal and comprehensive medical services provided by them. Many GPs not only take care of the patient; they often take care of the entire extended family.

It is not uncommon for cousins, uncles, and grandparents from the same family to see the same GP. The care is deeply personal, and the patient can often access or speak to the doctor, who is a phone call away. Often the GP is the one the family turns to navigate the increasingly complex medical system.

The care is also comprehensive. Many GPs take care of a family's needs from cradle to grave. This includes the entire spectrum of primary care from vaccination or developmental assessment when there is a newborn, to signing of death certificates when their elderly parents or relatives passed away.

Many GPs are also partnering other GPs within groups such as the Primary Care Network (PCN) and GP+ Co-operative to augment their care with the additional ancillary services, shared resources, and administrative support provided by these partnerships.

This model of care, with the strong and therapeutic doctor-patient relationship, is unique, and a role model for the students to learn from.

During the height of the COVID-19 pandemic, this programme was initially suspended, and later conducted using tele-consult due to safe management measures.

Fortunately, the school and clinics were able to make adjustments, and face to face attachment was resumed last year. Strict safe management measures, as stipulated in the MOH guidelines that include safe distancing and full PPE (N95/surgical mask, gown and gloves), were implemented to ensure that the students can learn in a safe environment.

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