

# Reflections from Family Medicine Review Course (FMRC) 2022

It has been an honour to be part of the FMRC 2022 organising committee. I found it encouraging to have like-minded family physicians working together to make this national review course a success. Deciding on the suitable topics was challenging given the wide breath of family practice and the need to cater for audience from different work settings. I learned the importance of effective communication as most plannings were done online and the course was also held over Zoom. We were thankful for the high turnout rate and the inspiring speakers. Last but not least, I would like to thank the College of Family Medicine and FCFP core faculty for all the support and guidance given to us.

*Dr Teo Chiang Wen*

The Family Medicine Review Course 2022 was held via Zoom over two consecutive Saturdays in May. A group of us had the privilege to be the organizers for this event, which in my view was a highly successful event with a good turnout. In order to come up with an appropriate theme and topic, the organizing committee looked back at previous years' FMRCs, as well as considered topics that would be current and relevant. After much deliberation, we decided to title this year's FMRC "Care from Cradle to Grave", covering a breadth of topics from Childhood (wheeze, dermatology) to Adolescent (mental health), Adult (exercise medicine), and Elderly (menopause, frailty). This was especially appropriate given Family Medicine as a continuum of care across all ages and domains.

Each member of the team contributed different perspectives to planning and managing the event, as well as access to sponsors and various speakers. I also had the pleasure of MC-ing the first day of the event with my co-host Dr Emily. I would also like to thank our supervisors who mentored us through this process, as well as the administrative team who assisted us with the logistics of registration and hosting the event online.

*Dr Emily Lee Pui Yan*

FMRC 2022 was conducted virtually over zoom this year due to the ongoing pandemic. This time, we organised it over two afternoons so that we could get more speakers in. It was indeed an enriching experience to plan for such a major event in the FM calendar, and I am excited to see what next year's FMRC brings!

*Dr Gwendoline Tan*

There are a lot of things that have to be done behind the scenes for an event to be successful. I am thankful for the seniors who have stepped forward to guide us in this process, as this is the first time many of us have organised such an event. Organising this course has given me a greater appreciation for those who have done so in the past and moving forward I hope to be able to share my experience with others who are also involved in planning similar programs.

*Dr Abigail Lee*

I feel that the right kind of support is vital to planning these events and that we need to expect to perform duties not usually required of an organising committee to get the event moving.

I also appreciated the value of having relevant contacts when it came to securing sponsors for such events.

*Dr Arvin Mahavijayan*

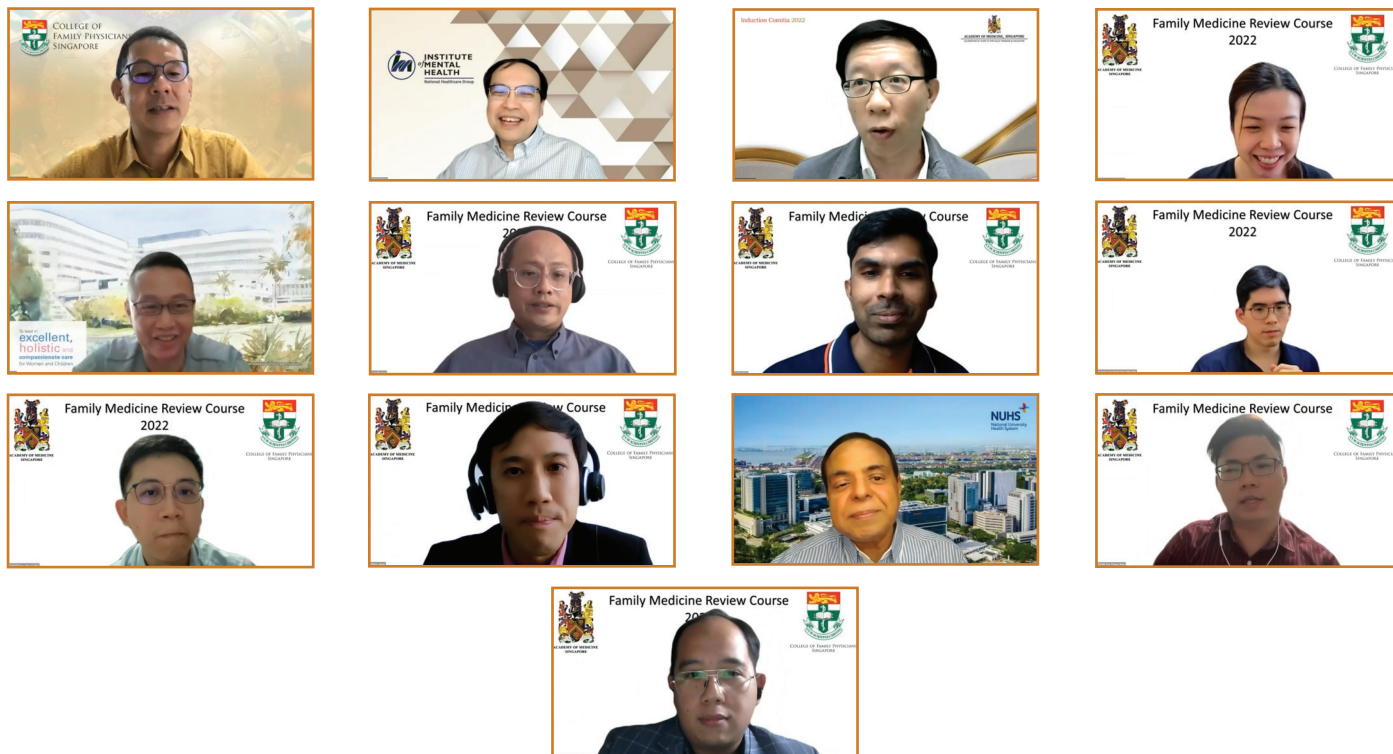
Initially, I thought it was difficult to organise such big event for 400-500 participants. There was concern on whether we can find the good speakers or sponsor for our event. Fortunately, my team was supportive and we helped each other to go through this process.

I was responsible to find Prof Daniel Fung, the psychiatrist consultant as our honourable speaker and I learnt to liaise with him to follow up on his slide presentation and to make sure his zoom was working well on the day of presentation. I was also one of emcee for the event that day and I have gained valuable experience in helping to facilitate the session. Overall, I feel proud for my team to have organised this event successfully and I think the overall feedback for the course is positive.

*Dr Foo Jong Yi*

In all, it was a memorable event that my group handled together. Team work was an important factor in ensuring the event went smoothly. Organizing this event was made easier when every member of the group chipped in to help. There was feedback that the event was well received and that participants managed to learn a lot from it. Speakers were also happy that the audience was interactive.

*Dr Lydia Chee Jia Yi*



## On Referrals

By Dr Chan Hian Hui Vincent, FCFP(S), Editorial Team Member (Team C)

“Doc, I want a referral..” To that opening sentence, the words “uh oh” rang out in my mind. Was it a referral on merit or on request? Will it be frivolous? Will the receiving specialist fall off his chair laughing? Or will this referral matter and make a real difference? How is it possible to promise writing this referral, with such a wide variety of outcomes. To answer yes or no (to that referral request), I need to take a full history, examine patient and do investigations.

At times, while taking history, we might realise that the issue can still be handled at primary care level by us. When such situations arise, I would usually try to explain the medical condition and the issues, and why the referral might not be needed at this time. That we can initiate treatment first and review accordingly. This explanation can be time consuming, and we can look silly when patient remarks “doctor, I still want the referral.”

By this stage, I would just write that referral with a sigh of resignation. Maybe patient knows something I don’t and anyway complaints might fly if I were wrong. And we don’t want the potential of making our SMC collages more busy than they already are. Should I say no? Well, I do that at times. But it has to be done rather diplomatically, with a risk of both sides getting agitated.

So the referral process is actually a complex exercise. It requires the skill of reading a patient’s body language and

decoding their words, to determine their ideas, concerns and expectations regarding the referral. It requires patience, which can be challenging in a busy clinic. We also need the skills of explaining our decision to patients in a clear and concise manner. Giving a long lecture, just doesn’t work out. Then there is the skill of writing that referral letter.

While chatting among friends, stories of hospital specialist disparaging referrals from primary care emerged. I suppose I would too, if I were a neurologist who received a referral to the effect of “Headache, please see.” That was a random example, and I certainly hope we don’t write like that. Perhaps a little more detail would be nice, and if the referral was demanded by patients, at least we should drop a hint of that to the specialist. We also have to be mindful that not all specialists have had a stint in primary care or polyclinics in their professional life, and may not understand work in our setting. Primary care doctors, on the other hand, have all trained in hospitals, so we have insight into the mind of a hospitalist as we write the referral letter.

Yes, I would consider referral letters to be an exercise in literature. Not only must that referral letter sound erudite, it must also make sense. And this difficulty is compounded in a case where the referral is not required, and yet demanded by the patient. As for cases where we are sincerely concerned, we have to write sufficient facts into the letter, with a clear clinical question for our other specialist colleagues to answer and assist us on. How we write, will convey the true flavour of the patient encounter on the day the referral was made, and why it was made.

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