## (HEALTHCARE) A VENGERS, A VENGERS, A SSEMBLE!

## Text by Dr Jipson Quah

The COVID-19 pandemic has utterly changed the way we live in the last six months. In my last editorial for the June issue, I suggested that COVID-19 is akin to Thanos, the scourge of mankind in Marvel's Avengers. As doctors from different disciplines and specialties, we are like an assembled team of superheroes (nothing like the Virus Vanguard please!).

The GPs and family physicians are represented by the Guardians of the Galaxy – well, because they continue to work tirelessly in long clinics despite heightened risks and decreased revenue. They also "guard" the community by conducting Swab And Send Home (SASH) clinics and running the Public Health Preparedness Clinic programmes, serving as the primary institutions of care.

Our polyclinic colleagues have been overwhelmed with a horde of acute respiratory infection cases, SASH requests and isolation facility deployments, on top of the already exploding polyclinic caseload. A bit like Groot and Drax the Destroyer, strong and stoic.

As part of the "Doctors in Training" issue, I would like to reflect on how Thanos has forever changed the way we, as doctors, learn and interact. Many of us have suffered as a result of Thanos' desire to decimate the population. Countless local and overseas postgraduate examinations, including the Graduate Diploma in Family Medicine (GDFM), have been cancelled or postponed. This inevitably delays specialist exits and promotions. Our public sector heroes, represented by Captain America and Captain Marvel, cannot be promoted to Major just yet.

Worse still, there are some among us who have been called back from Health Manpower Development Programmes (HMDP), with no make-up plans in sight as yet. As the pandemic situation progresses, it may still be a while before HMDP training institutions, especially those in the US, UK and Europe, welcome back HMDP fellows from Singapore. Just like Thor without his mythical hammer Mjolnir, our surgical colleagues are grounded, unable to fly or operate. Perhaps like in Marvel's Avengers: Endgame, they risk turning to booze and getting fat due to severe inactivity.

## Taking the battle online

On the bright side, Zoom/Webex/ Google Meet tutorials are probably here to stay. In my GDFM course, we used to have problems with attendance-taking at the module workshops, forming long snaking lines when the lecture was just about to start. Additionally, the presentations and speakers are invariably delayed during physical sessions, causing further disruption to our learning. With online tutorials, at least ten to twenty minutes can be saved, though it is usually spent waiting for everyone to settle down.

Online GDFM workshops also tend to move along faster, as participants are able to ask questions in an open chat room, which encourages speaker-audience interaction, minimises awkward silences and allows the presenters to focus on key questions. In a chat room, many colleagues are much more keen in asking difficult questions and the chat room format also allows for top questions to be sifted out for discussion. It has also probably been easier to "arrow" participants from the audience, with everyone's name and MCR number proudly displayed in the participants' list.

In a similar vein, our GDFM tutorials have also been conducted smoothly in an online setting. Although connectivity and/or sound issues may arise at times, I personally find that these online tutorials have been very well instructed. Tutors and tutees alike have coped well with the change in the method of instruction, despite the lack of face-to-face interaction; online tutorials have also reduced the problem of having to book an appropriate meeting place for the session each time.

As one of the largest postgraduate programmes, the GDFM has quite a sizeable attendance. During the circuit breaker period, we have been able to each save about one to two hours of travelling time to and from the tutorial or workshop locations. For a class of 500, that equates to about 700 man-hours. Assuming that the Guardians of the Galaxy are able to convert these hours into time worked at the community isolation facilities (paying at a rate of \$140/hr), that is about \$98,000 per week!

With the proliferation of online webinars, it has also been much easier to accumulate continuing medical education points. In the past months, in addition to GDFM lectures and tutorials, we have been treated to a buffet of webinars. Not only do we have superb updates on COVID-19 management, we can choose to attend webinars from all different disciplines. SMA recently conducted a hugely successful three-hour webinar on telemedicine, in conjunction with the Ministry of Health, Academy of Medicine, Singapore, College of Family Physicians Singapore and Enterprise Standards Singapore, and we had close to 1,800 participants, mainly comprising doctors. You will be hard-pressed to find a location that can hold that many participants, not to mention parking lot availability. (No need to pay \$12 parking fees and queue at the exit gantry for half an hour, where you can't honk the horn or cut queue impatiently because every car has an SMA decal and every driver is also a doctor.)

## **Necessary sacrifices**

With digital learning, we lose out on the ability to conduct handson sessions, which is absolutely imperative as we hone our skills as medical practitioners. Objective structured clinical examinations are a big part of our training. By now, there are many tutors who reminisce fondly about grilling their tutees and examination candidates, spurring them to greater heights of medical knowledge.

Lastly, I am sure many of us also miss seeing our friends and teachers in person, and sharing a catered tea-break with them (and sometimes multiple ones). Hey, Avengers need to eat too right? It would be really nice for the Avengers to assemble over food and education too, once we have settled Thanos. ◆

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