

# Novel Experiences Amid Disruptions

During the summer holidays, the Singapore Medical Society of the United Kingdom (SMSUK) typically collaborates with the three Singapore healthcare clusters – National University Health System (NUHS), Singapore Health Services (SingHealth) and National Healthcare Group (NHG) – to man booths and hold talks at the respective open houses. These were hosted online this year, with SMSUK assisting with the publicity. For NUHS in particular, we also held a Student Interaction Session over Zoom, where our members learnt from and posed questions to Dr Ada Teo (second-year resident in internal medicine) and A/Prof Shirley Ooi (senior consultant and designated institutional official of NUHS Residency).

To help our members be more versatile in communicating in Singapore's local languages, SMSUK also organises language classes. This year, we are honoured to have worked with two house officers, Dr Sudesna R Chowdhury and Dr V Lakshmi Dhevi, who graciously lent us their expertise and time to hold Bengali and Tamil lessons, respectively. Spanning three lessons each, the classes attracted over 30 participants this year. These little steps

in learning languages we are personally less familiar with will hopefully help us establish better rapport with patients and build a more welcoming, inclusive clinical environment.

Additionally, SMSUK organises annual Pre-University Talks for multiple junior colleges (JCs), outlining the application process for studying medicine and dentistry, and life in the UK. Despite the disrupted school terms and safe distancing measures, we wanted to reach out to students to aid them in their university applications. We successfully held six virtual talks in July, with an audience of 340 students from over 13 JCs. A handful of SMSUK members generously volunteered their time to share their experiences with the aspiring medical and dental students and enthusiastically fielded the many questions that were raised. SMSUK wishes all students the very best in their applications!

This month, we invite our members to share the refreshing learning experiences they each had during COVID-19.

– Tan Ying Hui, Editor, SMSUK

Text by Ravanth Baskaran

When my friends and I first got the notice that our school was shifting to an online system, we scrambled to book flight tickets back home. As my parents recently shifted from Singapore to India for work, I wanted to travel back to India and stay with them. However, India had imposed a ban on any visitors entering their country due to begin on the day of my flight. Hence, I booked a flight to Singapore.

I arrived in Singapore to an empty house, not having to serve any quarantine order or Stay-Home Notice. However, to remain socially responsible, I chose to stay in self-quarantine for 14 days as a precaution. As I tried to occupy my day with school work, I felt that I had completely lost the motivation to study due to the ambiguous nature of my assessment. I ended up attending Sustaining Medical Education in a Lock Down Environment lectures, Helping Overseas Medics' Education lectures, and Pulse Notes lectures as a way to

pass time, trusting that these would help me in clinical years to come.

However, I soon realised that my fundamentals were not strong enough to understand the clinical scenarios posed by the lecturers. So, in addition to the above-mentioned lectures, I decided to go through my syllabus to get a basic understanding. I did so by organising revision sessions for my juniors, which would force me to go through my past academic years' content, and I also sat down to review my current academic year's content.

To engage myself in the extracurricular aspect, I took up running as this was one of the only forms of exercise allowed during Singapore's circuit breaker, and clocked about 40 km a week. Once sports facilities resumed their operations, I started playing my favourite sport, squash, together with my friends. I wouldn't say I have been put in the best situation, but I am grateful for where I am now.



**Ravanth Baskaran,**  
Year 2 medical student  
at Cardiff University



Text by Marcus Chong

As part of my summer semester, I had originally planned to undertake a six-week student elective in Singapore at the Singapore General Hospital. When this got called off, I jumped at an opportunity to join an ongoing PROSPERO-registered systematic review instead. This study was investigating the most effective therapy in maintaining clinical remission for treatment-refractory moderate-severe ulcerative colitis. The team was led by Professor Daniel Hind from Sheffield, UK.

This was my first time assisting in anything as ambitious as this! From the very beginning, there were strange new terms to learn – RevMan, forest plots, Medline... the list went on. I was to update the review with an up-to-date systematic search of Medline and Embase, and thereafter follow through with all major steps in the systematic review process.

Three key moments stood out to me during my short stint with the team. First, I learnt how to use command line syntax to implement a sensitive search strategy for randomised control trials in Embase and Medline. It was especially challenging to translate syntax between Medline and Embase via OvidSP. I spent many hours troubleshooting the Boolean logic terms and field codes before realising that a single misspelling had been the cause of error messages confounding my search!

Second, I had plenty of practice at critical appraisal skills when extracting study data from 34 studies and undertaking a risk of bias analysis using the Cochrane Risk of Bias tool 1.0. This was the most tedious step in the process. Data extraction was mind-numbingly repetitive, and it was equally frustrating to comb through walls of small print in search of a single sentence describing study randomisation.

Third, I learnt the nuances of interpreting statistical results in systematic reviews – study heterogeneity, study quality and the size of effect estimates of arguably greater importance than mere p-values.

Secondary learning objectives included accurate outcome data extraction, collaborative study selection, using systematic review tools to generate forest plots, and using indirect comparison to compare risk ratio estimates.

I now have a newfound respect for clinician-researchers and statisticians. Guideline-based case management is a privilege that I take for granted, and this project was an eye-opening experience into the grind of synthesising evidence-based management. I now feel empowered and sufficiently well-informed to assist in future research; although to be honest, I might need a break from systematic reviews for now!



**Marcus Chong,**  
Year 3 Medical  
Student at University  
of Sheffield



Text by Isaac Kuan

During COVID-19, I worked as a COVID-19 interim year 1 (FiY1) doctor in Edinburgh.

I volunteered, like many others, to do our duty to support the National Health Service (NHS). This was the culmination of five years of training – now we could make a difference!

However, we were deployed into an NHS that was emptied of patients and overstaffed. Any dreams of glory were replaced by a potent awareness of how supernumerary I was. Often, I felt like a burden in the ward.

Thankfully, I was blessed with an incredibly supportive environment – long-suffering colleagues, encouraging friends and beautiful nature. Slowly, I found my place. And I found that I gained far more than I had given.

I did learn some medical content – diagnosing a myocardial infarction, seeing Gottron papules and verifying a death. Far more impactful was having a glimpse of the character needed to do medicine.

I learnt that people mattered. It was tempting to see patients as a list of jobs. But the best doctors and nurses humanised patients through the system – listening to a lady's traumatic backstory, calming a man distressed by venepuncture, placating a woman threatening to self-discharge. Their care and concern stood out in what could be an otherwise cold system.

I learnt that I mattered. So many were abundantly willing to help me adapt to the system and grow as a doctor. My seemingly insignificant contribution still supported a system that benefited patients. Ordinary though I was, I was blessed with colleagues who would help me make a difference.

In the final analysis, I learnt what so many have learnt during the turmoil of COVID-19 – the oft overlooked importance of kindness, gentleness, and patience to others and oneself. It was truly an undeserved privilege. ♦



**Isaac Kuan,**  
Alumni of University  
of Edinburgh