

## IN FOCUS



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Flattening the Hierarchy, Offers and Requests, and Trust

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# NHG Collective Leadership Conversations

## Flattening the Hierarchy, Engaging through Offers and Requests, and Building Trust

The NHG Collective Leadership Conversations is a series of facilitated conversations on building trust, engaging relationships, high performing teams and collaborations across the network. It aims to build common language and mental models amongst NHG's leaders at all levels, so that they may inspire and create an environment for collective leadership to thrive in teams, departments, and strategic projects within NHG.

Launched in 2018, the Collective Leadership Conversations had been conceptualised as a highly experiential and interactive face-to-face programme. The online iteration of the programme, relaunched in early 2021 after a COVID-induced hiatus, was specially designed to allow engagement and interaction in a virtual and safe setting for learning.

This series of articles will explore some of the key concepts and tools for enabling the practice of Collective Leadership (CL), and how they have been applied at the workplace.

### Flattening the Hierarchy

The concept of a flattened hierarchy is central to CL. This means that staff at all levels of seniority take ownership and responsibility over their work, and display initiative and leadership wherever the situation requires to solve a problem on the ground. This also entails staff in formal leadership roles e.g. managers, directors, CEOs, etc., acknowledging that staff working on the ground possess the expertise and know-how to provide solutions to problems.

Mr Balachandran Jayachandran, Principal Physiotherapist, Woodlands Health (WH), who attended the 2021 run shared that huddles practice in his ward amongst the different healthcare professionals to discuss patient issues have "traditionally been doctor-driven", and "participation by other professionals were limited".

"(However) We wanted everybody to take ownership of the patient and communicate freely to clarify and highlight things," he said. "That's why we decided to apply the flattened hierarchy in CL into our ward huddle.

"In order to do so, we formed an interprofessional team. As a first step, nurses were tapped to take the lead role as anchors and facilitators, as they are permanent, non-rotating personnel in the team.

"We also decided that if the patient's problem was rehabilitation-related, rehab staff would take the lead in the huddle to share about the patient, and if the problem was MSW (Medical Social Worker) related, MSW would take the lead. With this change, there is active participation from all professional groups."

### Knowing how to Engage with One Another: Offers and Requests

The CL Conversations are about relationships as a basis for organising work in a healthcare system, and learning how to engage productively with one another. At its heart, the curriculum for CL Conversations is built on a suite of tools for constructive conversations, and one tool that many participants found helpful was 'Offers and Requests'. This tool frames conversations as a series of speech acts, which function to commit the speaker and the listener to certain courses of action, and reduce miscommunications and misunderstandings. For example, a speaker may be in need of some assistance that the listener can provide, and he/she is encouraged to make the request explicitly to the listener, instead of hoping for some voluntary offer or that the listener 'catches the hint'.

In Requests, participants were reminded to make their requests clearly to communicate their intention, but also to bear in mind that a request could be met with an outright 'No', 'Yes', or a counter offer. Likewise, in Offers, participants are reminded to define clearly the terms of the help to be rendered in order to reduce confusion. CL participants were taught how to frame this as a dyadic exchange of 'Offers and Requests'.



### The Offers and Requests model

- Both parties are **committed speakers and committed listeners**
- **Mood** of the conversation is agreeable
- **Conditions of Satisfaction** of the request is clear and specific
- Both parties have **shared background of obviousness** on the conditions of satisfaction



**What helps us Trust Each Other?  
The Head, Heart and Gut**

Trust is another key theme running through the CL programme: trust at an intrapersonal level (in oneself), interpersonal level (one's team or group), and as well as at the systems level (trusting one's institution, trust in the healthcare system, etc).

Trustworthiness can be determined using distinct assessments, which are made at the cognitive (head), emotional (heart) and core identity (gut) level.

At the cognitive level, the person's capability and reliability are assessed (e.g. are you competent? are you dependable?).

At the emotional level, the person's integrity is gauged (e.g. do you really want to help me?).

And lastly the core identity level relies on our perception of the person (e.g. do you care? could I identify with you?).



Mr Balachandran Jayachandran

Mr Balachandran shared that he found the idea of trust stemming from the head (cognitive level), heart (emotional level) and the gut (identity), very "useful". "We introduced catch-up sessions with the team outside of the usual team huddles, to share and better understand everyone's role in the patient's journey," he said.

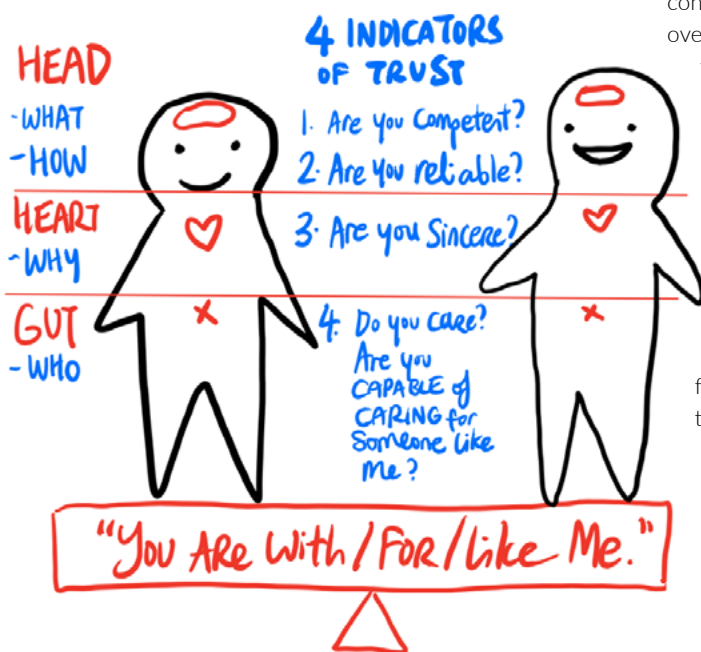
"With everybody knowing one another better, it was easier to approach each other and build trust among the team members. To sustain the change, we met the team regularly 'off huddle' and got their feedback to see how it was working.

"I find that using the CL approaches for building trust and flattening the hierarchy create openness among colleagues to share their views. There is a sense of psychological safety among the members to open up, and reduces the fear of being judged."

Fellow CL participant, Mr Ram Peruvemba, Chief, Rehabilitation (WH), shared that with approximately 100 WH staff currently nested at Tan Tock Seng Hospital (TTSH) and Khoo Teck Puat Hospital (KTPH) - until WH's opening in 2023, he found that many of the nesting arrangements are based on 'Offers and Requests' and 'Trust: Head Heart & Gut'.

"These (CL concepts) have been key to building good relationships with both sites, planning way ahead of time and phasing the nesting of new staff across both sites, as well as working with the nesting HOD's to ensure their clinical needs and our training needs are met," said Mr Ram.

# WHAT Helps us trust Each other?



The Trust model

"(And) With all clinical teams being stretched during COVID-19, building trusting relationships is important to ensuring that WH staff are integral partners with our nesting institutions in patient care."

Since its inception, the CL Conversations conducted by NHG College have involved over 520 senior leaders and system leaders from across NHG. At the institution-level, NHG institutions have also rolled out the CL programme for their managers and team leaders, featuring the same curriculum and suite of CL concepts and tools.

In our next instalment, we will feature two tools that our participants found useful for fostering psychological safety in their teams, and for bringing people together.



Mr Ram Peruvemba



## NHG Chief Resident Series:

# A Privilege to be 'Arrowed'

In this three-part series, we spoke to existing Chief Residents (CR) and graduates from National Healthcare Group (NHG) Residency to learn about their experiences as young doctors learning to lead their peers, balancing their lives between work and family, and honing their skills to become the physician leaders for tomorrow's healthcare.

In the first of a three-part series about CR training in NHG, we spoke to Drs Chow Minyang and Kelvin Li about their journey as young physician leaders, and now, as the current co-chairs of the NHG REAL (Resident Engagement And Leadership development) committee.

### 1. Can you share with us a little about your chief resident (CR) journey, and how it has shaped you as a medical practitioner, a leader, and a person?

**Minyang (MY):** I was both a CR for the NHG Internal Medicine Residency Programme and NHG Advanced Internal Medicine Residency Programme in consecutive years.

**Kelvin Li (K):** I was the Chief MO (Medical Officer) for Tan Tock Seng Hospital (TTSH) Ophthalmology in 2018, and Chief Registrar in 2020.

**MY:** The challenges in leadership have shaped me immensely and allowed me a platform to practise servant leadership, plan and negotiate with my fellow peers and leaders, as well as gave me a chance to innovate and steer my residency programme to greater heights. I am where I am today largely due to the network, experience and leadership opportunities given to me during my tenure as a CR.

**K:** The NHG Ophthalmology Residency Programme is a five-year programme, and I undertook leadership positions twice during my residency, which was perhaps particularly unique. That gave me time to reflect, build upon my skills, and try to do things better the second time around. On a basic level, I had to both clear my residency milestones (exams, postings, and surgical training), and manage the administrative CR duties concurrently. On a deeper level, it was a time of introspection and relationship building.

### 2. Both of you were very enthusiastic about hosting and organising the two-day CRIP (Chief Resident Induction Programme) in August last year. Can you share with us, what sustains your enthusiasm in continuing to give back to your juniors, despite your busy schedules?

**MY:** My enthusiasm stems from being able to teach and impart pearls of leadership, education and practical skills to our newly minted CRs. It is extremely fulfilling to be able to share my experiences and facilitate the sharing of senior leaders to benefit our young residency leaders.



The 2018 cohort at the NHG Chief Resident Induction Programme

They play crucial roles in their residency and it is my privilege to walk alongside them and help them fulfil their potential.

**K:** I believe that past experiences and lessons, when shared, generate a greater return than if it were just for the individual's learning. While the CR role is rewarding, the journey is not easy. For the individual, there are new sets of expectations, and time can often feel insufficient. Listening to advice from those who have tread the path can alleviate some of these anxieties. Moreover, an effective CR can enhance the posting experience and learning value for his/her fellow residents, making the batch a more effective and resilient one.

### 3. How did you get appointed to be the co-chairs of the REAL (Residents Engagement And Leadership Development) committee?

**BOTH:** We got "arrowed" (both laugh).

**MY:** I mean, we were invited by Dr Faith Chia (DIO, NHG Residency) to be co-chairpersons of the REAL committee.

**K:** But really, it's turning out to be quite a learning journey and I am enjoying every bit of it.

**MY:** It is a privilege to be involved with REAL and CRIP as we get to meet and groom many future batches of NHG CRs!

### 4. Was taking on the role of a CR extra taxing for you, on top of your clinical and family duties? How did you guys manage?

**MY:** Being a CR definitely involves time, tears, sweat and blood. The additional duties definitely did take time, but it was worth it. I managed to juggle these responsibilities with good time management. I have time set aside for clinical duties, administrative duties, personal study and relaxation and uninterrupted quality time to be with my family. I try to make every second count so I rarely have an idle moment!

**K:** The role of the CR is an additional load over and above the expectations of a same-year resident. I felt that I had to find new strategies to cope during my stint as a CR.

#### • Anticipate

One of the challenges is the random way problems seem to appear. Most of us are not used to these shocks. I found that by anticipating and thus preventing problems, I can reduce my anxiety and free up my time to deal with other issues. One example would be to check through rosters (even some that are not planned by yourself), to spot any errors which may manifest at a later date.

#### • Know that you are not alone

Being a CR is not a one man's job. It really is a community effort led by the CR. There are avenues

and manpower willing to help in times of crisis. Sometimes we fear asking because it makes us look incompetent or vulnerable. I think that assumption should be challenged.

#### • Not all mistakes are critical

Sometimes, it is inevitable that you slip up. That's OK, as long as the mistake is not critical. I have learnt to understand that there are some that you need not beat yourself over, and some that you really should have prevented. The mission lies in understanding which is which. If it is the former, move on quickly and try not to dwell on it too much. If it's the latter, then reflect, seek advice, apologise where necessary and most importantly, move on.

Time as a CR is as precious as you make out of it. The term is finite, but the experiences, lessons and relationships are infinite. Learn to enjoy the journey!



Dr Chow Minyang is an Associate Consultant with TTSH General Medicine Department. Dr Chow is currently the lead for Nanyang Technological University Lee Kong Chian School of Medicine Year 3 Medicine in TTSH, and a core faculty member of the NHG Internal Medicine residency programme. He has a passion for medical education and will be starting his Masters in Health Professional Education with the Massachusetts General Hospital Institute of Health Professionals in 2022. Dr Chow believes that medical education has the power to transform the way healthcare works, and is excited to be part of this transformative drive.



Dr Kelvin Li is an Associate Consultant with the Department of Ophthalmology at TTSH. He completed his residency training in 2021, and is currently pursuing a fellowship in Neuro-Ophthalmology. He has a special interest in adopting technology to improve healthcare, and will be studying for a Masters of Technology in 2022.



# NHG Leadership Moments

## Resilience and Learning in Health Organisations in the Wake of COVID-19



**"It (resilience) is not a quality that an individual or organisation possesses, but rather it is something that we enact in our behaviours and interactions with others."  
- A/Prof Christopher Myers**

new innovations learnt from vicarious learning, and to keep them as processes that can be used in the future.

### Enhancing Learning Going Forward

While systemic and procedural barriers may hinder sharing of experiences and insights – particularly across regional and professional boundaries, A/Prof Myers proposed that HCO leaders can think about how to promote peer-to-peer storytelling and experience sharing among team members within the organisation.

"This is something that happens organically already... we all like to get together and think about how we are able to accomplish our work, sometimes to complain about the difficulties... and both of them become mechanisms for sharing experiences, insights... building a robust understanding of what we might do," he said.

Cognisant that a mandate to have team members share their stories "on demand" might not be effective, A/Prof Myers suggests that HCO leaders can attempt in "making the conditions right" by creating designated spaces for these interactions to occur.

The other point that A/Prof Myers emphasised was on the motivating factor for individuals to learn from others. He shared that there is a "potentially untapped source of value in stories of others' exceptional success".

"We often think about these stories in binary... either failures or successes... but this hides the nuance and distinction that can be really valuable," he said. "There's degrees of how badly it went... and also how well it went."

Typical successes (i.e. we did what we are supposed to do, and it went exactly as expected) are not particularly motivating, but sharing exceptional or unexpected success or even failures can be.

A/Prof Myers emphasised that these strategies can be adopted when HCO leaders are building team or organisational learning practices, with the focus to strengthen those learning practices to develop resilience.

"It prepares us for responding to moments of uncertainty... that we know are going to arise in the future," he said. "It gives us some tools and established patterns of interactions that we can fall back on, so that we have a more robust set of behaviours and enactments ready to respond resiliently in the face of these challenges".

The COVID-19 pandemic has redefined what constitutes working, learning, and leading in healthcare organisations (HCO).

It has induced extreme uncertainty and volatility in HCOs, impacting the expected domains (e.g. clinical care), and revealing gaps in unexpected domains (e.g. supply chain, staffing, technology, finances, etc.), said Associate Professor Christopher G. Myers, Academic Director of Executive Education (Johns Hopkins Carey Business School), to the 243 managers and senior management during the National Healthcare Group Leadership Moments webinar held on 15 Nov last year.

"But it (the pandemic) can be instructive for managing uncertainty in the future... and leadership lessons to be drawn from it," he said, advocating for HCO leaders and organisations to use this "opportunity for shoring up our own skills", and to better prepare for any future challenges or uncertainties that may arise.

### Resilience to Uncertainty

When HCO leaders think of how organisations can "respond resiliently" to the uncertainty of an evolving pandemic, A/Prof Myers stressed that it is important to remember that "resilience" is something that leaders or organisations do.

"It is not a quality that an individual or organisation possesses, but rather it is something that we enact in our behaviours and interactions with others," he said.

Hence, for an organisation to respond "resiliently" in crises, a great deal of rapid learning by everyone within the organisation is required. Learning not only from the individual's experiences – who is going through the situation, but also from the prior experiences of others, which A/Prof Myers believes would help guide the organisation's responses when faced with uncertainty.

### Learning for Resilience

He highlighted that HCO leaders need to be cognisant of how "learning" is defined.

"When we think about learning at the level of a team, unit or organisation, we are not thinking about individuals learning on their own," A/Prof Myers said, elaborating that the "default response" should not be to deepen our own expertise, or "bring in someone who knows all the answers and solve the problem for us".

"It is about how we extend our learning practices to not just within ourselves, but into our interactions with and among other units in the organisation, other individuals, and think about how we can combine the knowledge and skillsets that we have," he explained.

### Vicarious Learning

In his study, A/Prof Myers noticed that teams who engaged in "vicarious learning" are able to perform more effectively, and are able to "better incorporate information and knowledge from outside the team to improve their performance".

Vicarious learning can be defined as learning by making meaning of another's experience through observation or interaction, he elaborated.

"The extent to which we are able to engage in vicarious learning means we could draw on a broader set of knowledge or resources, surface a wide variety of different perspectives, (and) integrate those in ways that would allow us to respond more resiliently to the challenges that unfold."

In the initial waves when the pandemic began to spread across the globe, A/Prof Myers and his team noticed that HCOs that were able to respond resiliently during the pandemic, were those that learned lessons from other HCOs that have been battling COVID-19 before them.

That is the key for organisations to develop resilient responses, and not having to reinvent the wheel, he said.

A/Prof Myers urged HCO leaders to think about ways to evolve and retain some of the

# Community Engagement: I Am Able!

Twenty-seven residents and faculty from the National Healthcare Group (NHG) Orthopaedic Surgery Residency Programme conducted a virtual motivation workshop for some fifty-eight Primary 3-5 students from the APSN Chaoyang School on Saturday, 18 Dec 2021, as part of the residency programme's annual community outreach.

The half-day workshop, co-organised by the NHG Orthopaedic Surgery Residency Programme and APSN Chaoyang School, had the residents and faculty engage the students in various activities such as goal sharing, managing emotions, arts and crafts, and a dance workout.



**NHG Orthopaedic residents took the students through various hands-on activities such as learning to tie shoelaces, arts and crafts, and a dance workout**

Dr Gloria Cheng, Chief Resident (NHG Orthopaedic Residency Programme) and a member of the NHG Resident Council Executive Committee, who initiated this workshop shared that the programme wanted to raise awareness about and dispel misconceptions towards persons with special needs.

"(That was why) we named our workshop 'I Am Able!', to reinforce and encourage the students that they are very much Able and capable of achieving their goals, in spite of their disabilities," said Dr Cheng, adding that she hopes her fellow residents and faculty have gained a deeper awareness about children with special needs.

Dr Muhammad Farhan Mohd Fadil, Programme Director (NHG Orthopaedic Surgery Residency Programme), who also participated in the workshop, shared that the idea to engage these children was a good way to give back to the community, and "beneficial to the residents and faculty".



**The 27 "Teachers" from the NHG Orthopaedic Surgery Residency Programme**

"While we (mainly) treat adults, a number of them do have special needs too," said Dr Farhan.

"The workshop has made us more aware of the spectrum by which individuals with special needs present, and now, we can make the additional effort to assess and engage our patients in the clinical decision-making process wherever possible, instead of 'speaking past them' to their caregivers with regard to their clinical condition."

Through his interaction with the students, Dr Farhan shared that children with special needs are not "very different" from other children.

"They may need a bit more support and help, but all kids need help to nurture their emotions and feelings, and every child has dreams and wishes for the future," he added.

"It was great that so many residents and faculty took the time out to come together and support each other for the workshop!" said Dr Farhan. "But unfortunately, due to COVID-19 restrictions, we were not able to do the physical workshop, which perhaps would have allowed for a more convivial atmosphere with the students!"

Dr Cheng added, "We (the residents) were delighted to be joined by some of our surgical faculty, including our programme director Dr Farhan."

"Initially, all of us were slightly worried about engaging the children throughout the entire workshop... but we were thankful for the guidance from Chaoyang School, namely Ms Huzaima, the Lifeskills Head, and

Mr Wong Ying Kin, the school psychologist, who advised us on the manner of delivery and communication, as well as to keep our content appropriate to the children's level of understanding," shared Dr Cheng.

"It was an enriching experience for us (residents and faculty), and we are grateful to the children and parents for putting their trust in us, and sharing some of their personal experiences during the workshop. I believe that with a united and compassionate community, the children can become Able and contribute meaningfully to society in the future," she said.



**From left: Dr Farhan and Dr Lee Wu Chean (R4 NHG Orthopaedic Surgery resident), playing games with the students**



**From left: A/Prof Wong Lee Yuen with Dr Gloria Cheng, taking the students through the goal sharing session**





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