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What AI Will (Should) Not Change: The Telos of Medicine

VOICES



Humanity at the Heart of Healthcare: Your World Through My Lens

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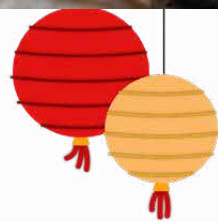
NHGEducation

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SHBC 2024

What AI Will (Should) Not Change: The Telos of Medicine - Part 2

At the 2024 Singapore Health and Biomedical Congress (SHBC), thought leaders from the National Healthcare Group (NHG) Clinical Education explored and discussed how technology, and artificial intelligence (AI) in particular, has enabled astonishing transformations in healthcare delivery. These advances also raise intriguing questions about the role of healthcare professionals in a healthcare landscape where AI is poised to take over many of the healthcare professionals' tasks by enhancing diagnostic accuracy, optimising treatment planning and thereby improving patient outcomes.

In this three-part series, we hear from Assistant Professor Chow Minyang, Associate Professor Aaron Ang, and Associate Professor Michelle Jong, as they delved into what mindsets, knowledge and skills our healthcare professionals will require in order to navigate and adapt to this AI wave. They also explored the implications of AI integration on healthcare delivery and education, where they suggested ways in which educators, learners and systems can leverage on technological advancements to meet the demands of the future.

In this second part of a three-part series, A/Prof Ang (Senior Consultant, Psychiatry, Tan Tock Seng Hospital) discussed about what aspects of medicine or care a physician should seek to retain and not inadvertently outsource to AI in the name of efficiency.

What Not to Outsource?

Sharing the same sentiment with fellow speaker, [Assistant Professor Chow Minyang](#) (Consultant, General Medicine, Tan Tock Seng Hospital) that AI's role is to make tedious work processes more efficient, to allow clinicians and educators to "return" and focus on the core purpose of healthcare – which

is to enable the holistic care of patients. A/Prof Ang stressed that efficiency should not be the end goal, but the means to facilitate the human connection.

He acknowledged that AI will generally lead to greater efficiency, "free(ing) up" more time for the healthcare industry. But it is what the clinicians and educators do with this "free time", he stressed, and what they "outsource" to AI, that will determine if they will be replaced by AI.

A/Prof Ang recounted a story told by renowned American academic and business consultant, the late Professor Clayton Christensen, in his book "The Innovator's Prescription" – about how Dell's pursuit of short-term profits led it to overlook its long-term goals, and ultimately led to its loss of the personal computer (PC) market share.

Dell thought that by progressively outsourcing its PC operations to Taiwan-based firm ASUSTEK or ASUS, it would reduce its costs while remaining profitable in the long-term. However, this plan (changed) when ASUS decided to offer cheaper and better computers under its own name, thus becoming Dell's competitor.

"Dell thought they were still in-charge, when they were not... They have outsourced their brains without realizing it," remarked Mr Christensen, quoted in a 2011 Forbes article.

A/Prof Ang shared that there is a tendency for healthcare professionals to actively outsource various aspects of care, "in the name of efficiency and cost effectiveness".



"We outsource communications with (patient) families to junior doctors or APNs (advanced practice nurses)... we outsource psychosocial aspects of care to the social worker," he said. "We are actually actively outsourcing (to different specialties) at the same time."

A/Prof Ang urged for clinicians to be cognisant of what aspects of care healthcare professionals are predisposed to 'outsource'.

He shared the parable of two young fishes – who were perplexed when an older fish asked them, "How's the water?". The story highlights how individuals may be unaware of their surroundings and things that are essential to their existence – like air is to humans.

"(So) what should we not outsource? What should we retain?", said A/Prof Ang. "How should we (then) innovate and create the newer identity or the ongoing identity of the doctor?"

He posits that returning to "the core, the heart, and soul of the medicine, the telos", will help doctors answer what aspects of care should not be "outsourced"; that would be returning to the purpose why they got into the medical profession in the first place, i.e. to care for patients.



A/Prof Aaron Ang highlighted the importance of retaining the human element and core purpose of medicine in this progressively AI-driven world

Returning to the Telos of Medicine

A/Prof Ang cited Professor Chin Jing Jih (Deputy Group Chief Executive Officer, Clinical & Academic Development, NHG) in his 2011 paper, about the common misconception (even amongst doctors) that associates the role and capability of doctors with technical competency alone, which often (inadvertently) places less emphasis on the non-technical aspects such as the doctor's role as the interpreter of "medical uncertainty and information asymmetry", and identifier



The nature of the individual is determined by how that individual stands in relation to others. Take away those relations and you are left not with a self stripped down to its essence, but a self stripped of its essence."

- Julian Baggini

of patient's vulnerability; all of which are still very much relevant even in this age of advanced medicine and information technology.

And in addition to that, A/Prof Ang also challenged healthcare professionals to "always use their technical abilities for the best interest of their patients", he said.

A/Prof Ang also cited Associate Professor Tan Kok Yang [Deputy Chairman Medical Board (General Surgery), Khoo Teck Puat Hospital] in his Straits Times opinion piece (on 21 May 2024), where he called for doctors to look beyond the medical (or technical) aspects of care, and rethink what "wellness" means to the patient.

"Wellness goes beyond medical repair. Medical decision-making based on existing evidence and guidelines does not adequately address the specific nuances of the lives of the people requiring the decision. Neither do the evidence and guidelines take into account considerations the social situation needs and wants of the individuals, as well as the caregivers," he said, quoting A/Prof Tan.

The HuMe Approach

A/Prof Ang proposed for clinical educators and physicians to refocus on practising humanistic medicine in a progressively AI-driven world. HuMe (for Humanistic Medicine) is NHG's educational response to a healthcare landscape that is progressively AI- and tech-focused. A/Prof Ang shared that the HuMe project focuses on three crucial foundations:

- (1) the ethical practice of medicine, which can only be practiced (or decided) by a human; and this is in alignment with what Health Minister Ong Ye Kung stressed in his speech at SHBC 2024 – that healthcare can be "AI-enabled or AI-enhanced, but not AI-decided";
- (2) the need for healthcare to go beyond

biomedical wellness, which resonates with A/Prof Tan's call for physicians to rethink what "wellness" means to the patient; and most importantly,

(3) HuMe needs to take a pragmatic approach to fostering relational skills such as empathy and shared decision making, so that healthcare professionals can incorporate them appropriately into their clinical practice.

A/Prof Ang shared that the realisation of the importance of relationships in healthcare in a technology-driven era served as the impetus for the establishment of HuMe. He elaborated that the relationships extend beyond the commonly understood doctor-patient in healthcare, to doctor-team, doctor-organisation, etc. A/Prof Ang ended with a call to action for educators to embrace a broader vision of education and training, to not only impart technical knowledge but also skills and mindsets needed for a relational approach to care, acknowledging that the human connection is foundational to much of the work in healthcare.

A/Prof Ang concluded with a quote by the modern philosopher Julian Baggini, which underscores the importance of relationships to the identity of an individual: "The nature of the individual is determined by how that individual stands in relation to others. Take away those relations and you are left not with a self stripped down to its essence, but a self stripped of its essence."

Click [here](#) to read the first part of this series on How AI is changing healthcare delivery and health professions education, and if it will replace clinicians.



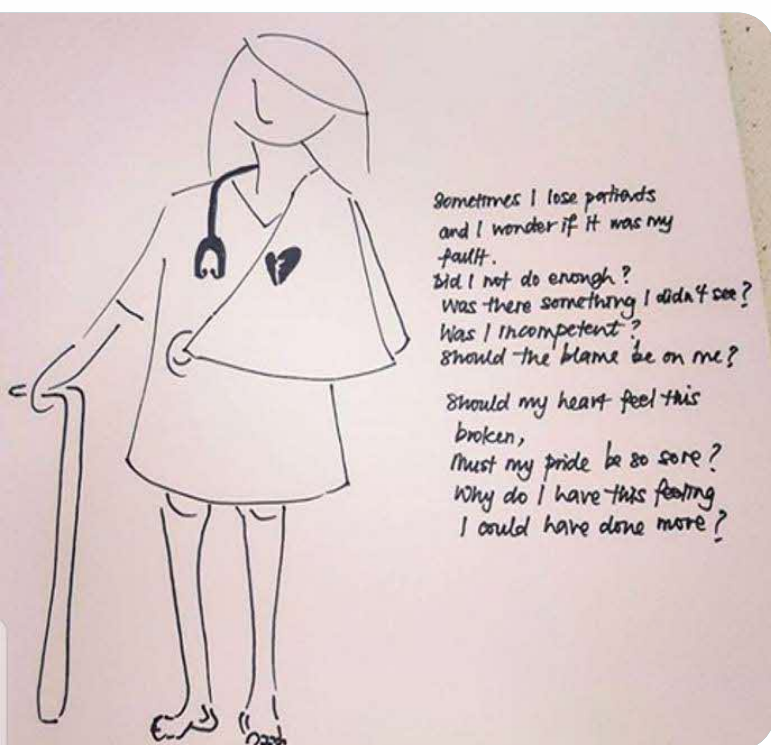
Humanity at the Heart of Healthcare: Your World Through My Lens

By Dr Winnie Teo

Participants of the Humanity at the Heart of Healthcare Webinar series were brought on a thoughtful journey incorporating reflective insights, introspective discussions and art as Ms Roxanne Chew, Senior Art Therapist, Woodlands Health (WH), and Dr Lim Wen Phei, Senior Consultant, Medical Psychiatry (WH) shared their recent paper published in the journal *Palliative Medicine* during the webinar which took place on 5 November 2024.

Their paper titled "[Psychological Health in Palliative Care: Thematic analysis of a psychiatrist's and an art therapist's clinical reflexive journals](#)", explored the use of lived experiences as a source of knowledge in understanding psychological health in the context of end-of-life care. The authors collaborated on a six month-long study which utilised reflexive and visual journaling as a form of self-care and professional growth, aiming to gain a deeper understanding of psychological health in palliative care.

In embarking on the study, Dr Lim shared that their aims were to uncover more about psychological health in palliative care, how patients experience psychological health at the end-of-life, and more importantly, how their work as clinicians influenced the provision of psychological health in palliative care.



A reflective sketch by Dr Lim Wen Phei

As part of the study, both Dr Lim and Ms Chew kept journals about their work in palliative care in WH between July and December 2019. In total, they included over 100 patient encounters in their journals, and documented their experiences with the patients, their families, clinical conversations with

healthcare colleagues, the reflections these encounters had engendered, and at times included art pieces such as drawings and photos to illustrate their experiences.

While the entire study had resulted in a multitude of data (including 36 artworks and 67 subthemes – or specific labels to describe the data collected), the authors shared nine prominent themes with the participants. These themes include factors associated with patients, clinicians, as well as relationships between them. Other themes included care and the healthcare system, as well as factors associated with society and culture.



Wreath of Flowers Drawn by Ms Roxanne Chew to symbolise the importance of interprofessional collaboration

Both Dr Lim and Ms Chew shared about patient attributes that they had uncovered in their study: attributes such as skills to navigate death, retaining personhood, and resilience. A key factor which they found in resilience and the patient's psychological health, was the ability to accept and adapt to change. Even as the patients struggled with their final journeys, they were able to retain their personhood by relying on critical coping mechanisms like humour, which promoted feelings of relief and mirth. The authors realised that humour is an important trait that helps to enhance communication, preserve dignity, and exert personhood.

Childhood memories, too, were important sources of comfort at this difficult time.

For the clinicians, they found that having a good grasp of cultural symbols was an important skill in achieving greater understanding of their patients, as dreams and cultural symbolism were often referenced and serve as vehicles for patients to communicate psychological distress. Dr Lim shared a story about a patient who had intrusive dreams about hearing a voice calling out her name. In Vietnamese beliefs, hearing one's name being called in a dream is a bad omen; and hence the patient's dreams showed that she was affected by how cancer had affected her life. Dr Lim, who is also Associate Designated Institutional Official (WH) for NHG Residency, pointed out that cultural competence in clinicians is thus important, because it facilitates identification of psychological needs, which may be otherwise masked.

Both clinicians also shared how journaling afforded them opportunities to revisit and reflect on difficult emotions, helping them develop insight and find renewed purpose in their jobs. Dr Lim shared an extract from the journal, which included a sketch of herself with a stethoscope, a walking stick and an arm sling with a broken heart on it. She shared: "Looking back at this sketch, I realised what a tough time it was for me. I was busy taking care of everybody, but nobody knew how to take care of me (the healthcare professional). It was indeed a painful but necessary journey in self-discovery."

Dr Lim and Ms Chew also discussed the importance of having a collegial and supportive work environment. They shared how "peer supervision and regular debriefings were helpful" for clinicians, when discussing "limitations and challenges and addressed difficult emotions". Ms Chew concluded that good psychological health (for both clinicians and patients) results from a robust and well-integrated care system that connects patients, families, care providers and support structures. Ms Chew shared a picture of flowers connected in a wreath which she drew to symbolise the importance of this interprofessional collaboration.

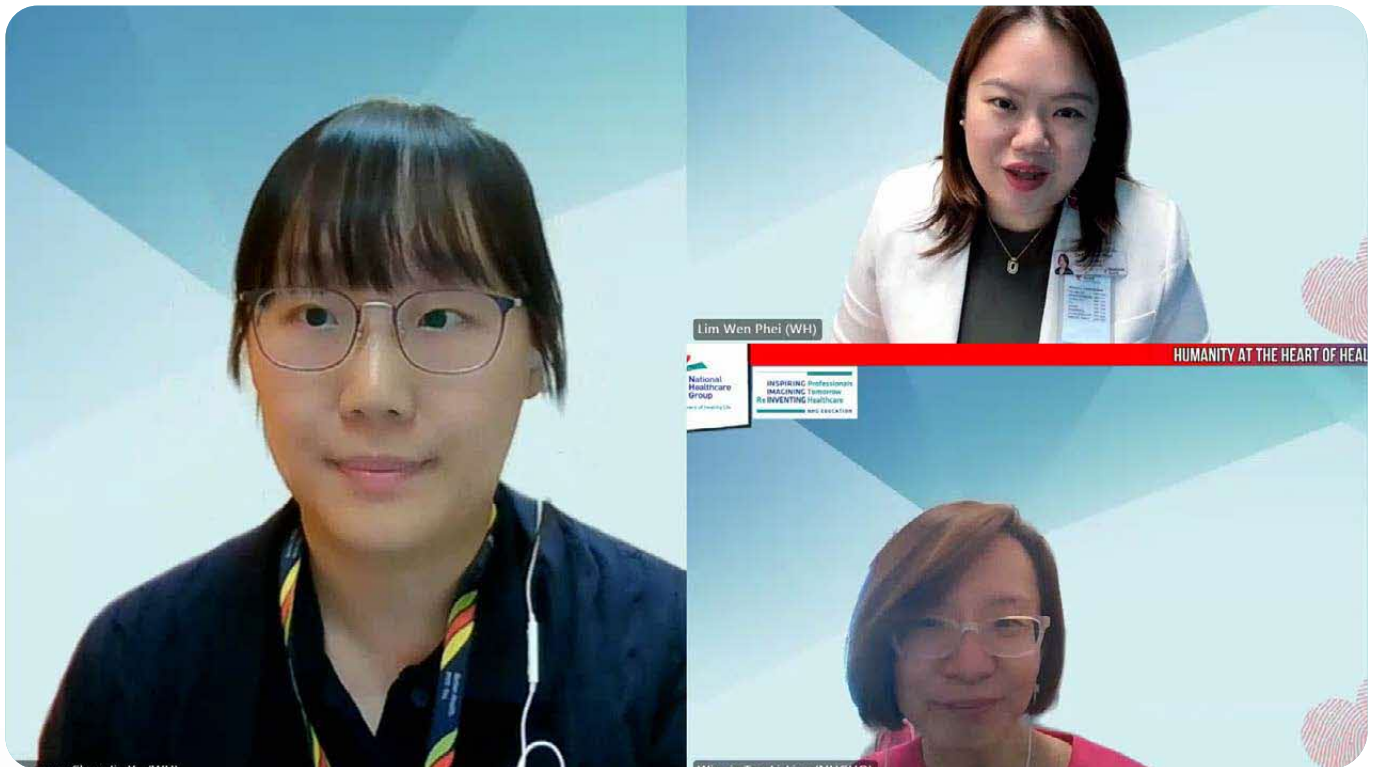
"Without the connection, a flower would just be a flower. When created into a wreath, it is more beautiful and stronger. The medical team must connect with the different allied health professionals and nurses to form an alliance and ensure that the patient has good physical and psychological care," she explained.



Looking back at this sketch, I realised what a tough time it was for me. I was busy taking care of everybody, but nobody knew how to take care of me (the healthcare professional). ”

- Dr Lim Wen Phei

At the conclusion of the webinar, the authors shared that as their patients approached death, they found that elements of being human became increasingly important as these contributed to a sense of psychological well-being. They urged for palliative care spaces to promote a sense of intimacy, connectedness, and relationships. Similarly, these elements were also necessary for the clinicians caring for these patients, because their own values, perception of psychological health, and their well-being also influenced how they could deliver good psychological care. In this, Dr Lim and Ms Chew championed for the creation of spaces where healthcare professionals can express and process their emotions, and for support infrastructures to help address clinician burnout.



Clockwise from left: Speaker Ms Roxanne Chew, Speaker Dr Lim Wen Phei, and moderator Dr Winnie Teo





Participants from the Nov 2024 onboarding session

Standardised Patients: The "Hidden" Teachers

Stepping into a clinical environment as a newly-minted healthcare professional (HCP) is daunting in itself, let alone having to interact with a myriad of patients; all unique, each experiencing different conditions and challenges.

This is where SPs come in, to bridge the gap between school and real-world for students and learners before they commence real-life clinical practice.

So who are these SPs?

SPs, also known as Standardised Patients, are actors who are trained to role play as patients or next-of-kin to provide health profession learners e.g. students, junior clinicians, etc., with an as-authentic-as-possible patient-HCP interaction in a controlled environment.

The SPs are typically engaged to role play in scenarios that train or assess different

aspects of the learner (e.g. medical students and allied health students) such as physical examination, history taking, and also challenging scenarios that resemble those that they may encounter in clinical settings such as high-emotional patient-HCP communications, and breaking bad news.

What these SPs do goes beyond acting (as a patient), conveying clinical information, and providing feedback when the learner requires one. They understand the given case, and personify the character (patient/family member) along with his/her pain, dilemma, predicament, etc. And all these require the memorising of key information, sufficient medical terminology or knowledge, use of appropriate body language, and the ability to remain in character throughout the role-playing session.

"I cannot emphasise enough, how important their roles are in facilitating the training and development of our learners to prepare them for real-life clinical practice," said Ms Sandy Tan, from the Tan Tock Seng Hospital (TTSH) Pre-Professional Education office (PPEO).

As the main coordinator for TTSH SPs, Ms Tan shared that there has been an increased uptake in SP applications.

On 18 November 2024, TTSH PPEO organised an onboarding session for new SPs which was led by two Master TTSH SPs – seasoned SPs, who have been with TTSH for seven and 14 years, respectively.



Master SP 1 sharing tips on how to get into character

The SPs-to-be were not only taught various role-playing skills and techniques, such as understanding their roles and purpose of being SPs, internalising their character, using appropriate body language, and also the importance of giving constructive and non-judgmental feedback about the learner's performance. "The most effective moment to provide feedback is immediately at the end of the role play session," shared Ms Tan. "It's more impactful and memorable."

"And this is extremely valuable, as it helps our learners hone their communication skills and improve their awareness as future healthcare professionals."



2024 PGY1 trainee going through a communications training session with an SP



I cannot emphasise enough, how important their roles are in facilitating the training and development of our learners to prepare them for real-life clinical practice."

- Ms Sandy Tan



The team from NHG Group Clinical Education

Group Clinical Education: Renewed Goals, Same Commitment

National Healthcare Group's (NHG) Clinical Education department (GCE) held its retreat last October, marking a significant milestone since relocating to the National Skin Centre Annex in May 2024.

Amidst NHG's ongoing leadership transition, GCE seized this opportunity to review and adjust its goals and mission, aiming to align more closely with NHG's new directions.

consolidation (and streamlining)", which may result in the redefinition of certain roles, and the reallocation of resources to new areas of focus. Hence there is a need for GCE to remain adaptable, and leverage on digitalisation and artificial intelligence (AI) to improve the department's efficiency and maintain its competitive edge, she said.

While digitalisation and adoption of AI are essential, A/Prof Jong underscored the importance of not losing sight of the humanistic aspects of medicine and healthcare delivery.

"We want to be able to marry both sides (AI and humanistic practice) in education," she shared, highlighting GCE's efforts to safeguard humanistic medicine in a progressively AI-driven work environment through the [HuMe-AiNE \(Humanistic Medicine – AI-Enabled Education\) framework](#). Formulated in collaboration with NHG clinicians: Associate Professor Aaron Ang, Senior Consultant, Psychiatry, Tan Tock Seng Hospital (TTSH), and Assistant Professor Chow Minyang, Consultant, General Medicine, TTSH, this education framework aims to equip current and future physicians with the skills to navigate a progressively AI-powered healthcare.



A/Prof Michelle Jong giving her opening address

Renewed Goals

The first portion of the retreat focused on GCE's macro strategic directions, where Group Chief Clinical Education Officer, Associate Professor Michelle Jong, shared and reiterated GCE's revised mission and vision to both senior and new colleagues alike. In essence, GCE aims to "improve the health of our patients and the community through the education of our present and future healthcare workforce"; and strive towards "Inspiring Professionals, Imagining Tomorrow, and Re-Inventing Healthcare" – which can also be summarised as "training the professionals for tomorrow's healthcare".

A/Prof Jong shared that with NHG and Singapore's healthcare undergoing transformative shifts, there will "likely be some



While the topics discussed were serious, there were lots of laughter and the energy was high at the retreat

Hearing from the Ground

To ensure a fruitful and productive retreat, a pre-retreat survey was conducted to get a sensing from the ground on the department's strengths, areas within the department that require improvement, and matters that are important to our GCE colleagues.

The retreat programme was crafted based on the responses received. Six common themes surfaced from the survey: wellness and office culture, career progression, technology and systems, job demands, training and development, and physical environment.

GCE colleagues spent the afternoon discussing and deliberating on the six areas, and facilitated conversations through a World Café-styled presentation. They then formed workgroups aimed at addressing the most pressing issues through ground-up efforts and initiatives in the upcoming year (2025).

"There are many good ideas that stemmed from the discussions, and even discovered certain things such as (Microsoft) Teams-related things that did and didn't work," shared A/Prof Jong during the closing of the retreat.



Team members were invited to reflect and share the respective skills that they require with NHG's renewed directions

"Thank you everyone for all your hard work today. It's been quite enriching for me to see all the enthusiasm in the room. And I'd like to wish everyone a good year ahead."



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