

A Newsletter of NHG Education JUL/AUG 2023

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### UNLEASH THE POWER OF TECHNOLOGY ENABLED LEARNING

YOUR THRILLING DIGITAL LEARNING ADVENTURE



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INSPIRING Professionals IMAGINING Tomorrow Re INVENTING Healthcare

NHG EDUCATION



# On-the-go learning: **Telegram Education for Surgical** Learning and Application using Gamification (TESLA-G)

By Mr Ahmad I. Jabir and Mr Eugene Seng

Medical students and doctors will soon be able to learn surgical concepts and knowledge through a mobile gaming app slated to launch this year.

The TESLA-G app, which stands for Telegram Education for Surgical Learning and Application using Gamification, offers users the opportunity to earn points and climb the leaderboards by challenging themselves and their peers to master surgical-related topics.



#### **TESLA-G** screengrabs

Designed by Dr Clement Chia, Breast and Endocrine Surgeon from Khoo Teck Puat Hospital (KTPH), and Assistant Professor Lorainne Tudor Car, from Nanyang Technological (NTU) Lee Kong Chian School of Medicine (LKCMedicine), TESLA-G utilises Telegram's game functionality, and evidencebased digital education principles to deliver gamified expert-curated content to its learners.

Dr Chia shared that he leveraged on Telegram to teach surgical knowledge during the COVID-19 pandemic to "bridge the decrease in clinical and ward exposure of students", and found Telegram to be a suitable digital educational platform for "busy individuals" such as medical students and junior doctors.

"It was well received, and the feedback has been very positive," he said. "The group has since grown to more than 1,000 student subscribers... and we were also awarded with the ALIVE (gAmes for HeaLth InnoVations CentrE) grant to further incorporate gamification into this Telegram education initiative.

"With the new funding, I took the opportunity to take this initiative to another level by collaborating with Asst Prof Lorraine, a pedagogy and digital health expert, to increase the interactivity and engagement of TELSA-G's content."

"Digital education tools offer a plethora of diverse and effective pedagogical opportunities, however digital health professions education resources tend to be passive and involve sharing information through slides or PDFs," said Asst Prof Tudor Car.

"(But) by incorporating spaced education, mastery learning, or gamification, we can make digital education tools more engaging, efficient, and proactive... I was delighted to collaborate with Dr Chia on this."

During beta testing, the app yielded positive results, with many users finding the app well-designed and easy to use, and achieving a total mean score of 82.8 per cent on the System Usability Scale.

"With the new funding, I took the opportunity to take this initiative to another level by collaborating with Asst Prof Lorraine, a pedagogy and digital health expert, to increase the interactivity and engagement of TELSA-G's content."

#### - DR CLEMENT CHIA

Medical students who tested the app also rated it as motivating and innovative. With one student sharing that, "(TESLA-G) provides a more fun (learning) environment, and the interface is more appealing and attractive (as compared to conventional quiz platforms)."

The team plans to commence the randomised controlled trial of the app against conventional quiz platforms in the second quarter of 2023, and is working towards commercialising TESLA-G in the near future.



Dr Clement Chia showcasing TESLA-G at the inaugural Art and science of Medicine Festival at Toa Payoh Hub

TESLA-G was also featured at this year's inaugural Art and Science of Medicine Festival at Toa Payoh Hub organised by NTU LKCMedicine in partnership with the National Healthcare Group.

The TESLA-G's team is supported by the gAmes for HeaLth InnoVations CentrE (ALIVE) grant and the assistance of students from both NTU LKCMedicine and the National University of Singapore Yong Loo Lin School of Medicine. The team is proud to be at the forefront of this technological innovation to empower medical students and surgical professionals in Singapore and beyond.

The gAmes for heaLthInnoVationscEntre (ALIVE) is a collaboration between LKCMedicine and its primary healthcare partner - the National Healthcare Group (NHG).



Interested in reading more about the TESLA-G Protocol and Publication. <mark>Click here for the full article.</mark>

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#### Humanity at the Heart of Healthcare Seminar Series by NHG Education Research

# The Unfamiliar Body: Understanding Non-Death Losses in First-Time Stroke Survivors and Family Caregivers

In the second session of the "Humanity at the Heart of Healthcare Seminar Series", Mr Shaik Muhammad Amin, Doctoral Researcher (Psychology Programme), School of Social Sciences, Nanyang Technological University, presented on the often-overlooked psychosocial, emotional, and spiritual impact of stroke. The research was supported by Tan Tock Seng Hospital (TTSH) and the moderator for the webinar, Dr Chan Lai Gwen, Senior Consultant, Department of Psychiatry, TTSH.

Stroke is reported to be the second leading cause of death and third leading cause of death and disability combined in the world. Between 2010-2019, the National Registry of Diseases Singapore reported the number of stroke cases to have increased from 5,890 to 8,849. Although the number of stroke cases in Singapore have increased, there had been a significant decrease in mortality rates after a stroke. Mr Amin shared that this meant that "more people are living with the disability from stroke, (with) their lives forever changed".

He highlighted that stroke survivors experience significant "non-death losses" - a theoretical perspective that describes encountering loss (not exclusively death-related), that brings about intense feelings of grief that can manifest in diverse forms. Stroke survivors experience these losses in several aspects of their lives such as their sense of autonomy, identity, normalcy, and the intimate roles they hold in familial and social settings. And these losses can impede physical recovery and negatively influence their quality of life and social functioning.

The family caregivers, who play a crucial role in supporting stroke survivors, also experience a drastic change in their lives, such as losses and challenges, often due to the feeling of unpreparedness when the caregiving role is thrust upon them.

Given the limited research in the Asian context on the losses from stroke, Mr Amin and his team conducted a qualitative study involving 30 first-time stroke survivors and their caregivers. Through in-depth interviews, the team explored their participants' experiences of loss, coping strategies, and recovery needs; from which they formulated the Family Coping at Stroke Onset Model.

Their study found that stroke survivors commonly experience a fractured sense of well-being, disruptions in daily living, and struggle to adjust to this changed identity and body (The Unfamiliar Body).





Speakers Mr Shaik Muhammad Amin (top) and moderator, Dr Chan Lai Gwen (bottom)

This foundational research also brought to light a complete dearth of interventions in stroke care. Mr Amin described this to be a prompt for the development of family-focused interventions that speak to the virtues of the Asian population. He stressed the importance of furthering research in diverse cultural settings to explore the feasibility of such intervention(s) in supporting stroke survivors and their caregivers.



Mr Amin and his team took the first steps into addressing these needs in their conceptualisation of the Aspirational Rehabilitation Coaching for Holistic Health (ARCH) programme. Designed using strength-based interventions such as psychoeducation, psychosocial support, and selfcompassion practices, ARCH aims to provide families recovering from a firsttime stroke with the necessary skills and support to process the trauma of experiencing a stroke, and learning to live amidst multiple losses, over the four-week programme.

In Week 1 (Soothing the Loss), stroke survivors and family caregivers are encouraged to acknowledge the losses that have transpired after the stroke and label the many emotions running through them.

During Week 2 (Embracing Impermanence), stroke survivors and their caregivers are guided to interpret their post-stroke losses within the framework of their existing knowledge for managing life's adversities (strengths, resources, and values), and identify changes that are most meaningful to them.

Week 3 (Empowering Daily Living) inspires stroke survivors and their caregivers in setting specific, measurable, and achievable goals to actualise the meaningful changes identified in Week 2.

And finally in Week 4 (Fostering Mutuality), stroke survivors and family caregivers bring together their individually derived strengths from the previous sessions to culminate in strengthened connections between them both. By promoting the concept of togetherness as a critical component for stroke recovery, the ARCH programme ultimately promotes the restoration of meaning and purpose as resources for families of stroke to cope with suffering. Mr Amin describes this process as having participants "look at their pain, gently softening that pain, and allowing it to coexist in their being".

By understanding these losses and their implications, healthcare professionals, policymakers, and society can work towards providing comprehensive support systems that address the holistic needs of stroke survivors and their caregivers. It is crucial to recognise and validate the emotional and psychological impact of stroke to promote resilience, recovery, and a better quality of life for those affected by this life-altering condition.

Mr Amin ended his sharing with this quote by British author and life coach, Mr Jay Shetty, "Maybe you're not healing because you're trying to be who you were before the trauma. That person does not exist anymore; cause there's a new you trying to be born. Breathe Life into that Person".



The Family Coping at Stroke Onset Model summarises the lived experiences of first-time stroke survivors and family care during the acute and subacute stages of stroke recovery

#### About the "Humanity at the Heart of Healthcare Seminar Series" by NHG Education Research

The theme of the "Humanity at the Heart of Healthcare" series considers the mobilisation of the arts, humanities, and social sciences in addressing pertinent issues within the healthcare ecosystem and the larger medical narrative.

For our coming seminar in November 2023, we will be inviting Asst Prof Michelle Chiang, School of Humanities, Nanyang Technological University, to speak about "Illness Narratives – Lessons for Healthcare Education". Dr Chiang's work focuses on illness stories, how they can inform or even challenge our ideas about health and healthcare. Our clinician discussants for the talk are Dr Joanne Kua, Programme Director for Geriatric Medicine in NHG Residency, and Dr Joyce Yap, Consultant, Geriatric Medicine, TTSH. Dr Kua and Dr Yap were collaborators on a research study using narrative inquiry, and will discuss the potential of narratives in medical education. Please <u>click here</u> or scan the QR code below to register your interest for the upcoming seminar series.



# NHG Education Webinar: The Lessons Learned in Self-Management Paradigm for Long Term Conditions

"Self-management (of one's health condition) is something that has not only gained traction in healthcare, but has become almost a dominant paradigm today," shared Associate Professor Konstadina Griva, Health Psychology/ Behavioural Medicine, Lee Kong Chian School of Medicine (Nanyang Technological University), at the National Healthcare Group (NHG) Education webinar, held on 15 February 2023.

During the webinar, A/Prof Griva stressed the greater need for more self-management interventions in Singapore, with the growing demand for healthcare services such as dialysis centres and hospitals, due to Singapore's ageing population and increase in non-communicable disease (NCD) cases, which she deems is not "economically sustainable".

She shared that while a lot of studies demonstrate that self-management yield significant benefits for patients suffering from NCDs (e.g. diabetes, cardiovascular diseases, etc.), most of the studies on self-management were designed for patients who are early in their disease and not for those in the later stage of their disease.

"This is no recipe for what constitutes a good self-management intervention", A/Prof Griva said, elaborating that the implementation of selfmanagement interventions are complex, and might not be applicable to all patients.



"It is about validating their (patients) autonomy and connecting with them first... and then once this is established, we (healthcare providers) can create opportunities for them to feel more empowered, (and) to help them make more difficult choices for the clinical endpoints."

- A/PROF KONSTADINA GRIVA

The type of medical treatments administered varies from patient to patient, and "the key thing about treatments is that they are quite demanding", she said, referencing her studies with patients suffering from renal disease such as diabetes and chronic kidney disease in the UK and Singapore.

A/Prof Griva explained that when designing self-management interventions, there are many components and considerations to ensure that the patients (and/or their caregivers) are able to effectively administer the treatment at home. And she also urged for healthcare providers to adopt a collaborative and patient-centred approach, focusing on engaging their patients, understanding their struggles and concerns, and guiding them to make the choices that are relevant to them; moving away from the didactic model, where patients assume a more passive role, as submissive recipients of care.

A/Prof Griva believes that the collaborative approach allows the patients to feel empowered, as it draws upon their strengths and wisdom from their life experiences, and places the



From left: Invited speaker, A/Prof Konstadina Griva, and moderator, Dr Ranjana Acharya

The treatment itself (e.g. bilateral peritoneal dialysis) is usually not a straight-forward process, as it requires great care and proficiency on the part of the patient and/or the caregiver in administering the treatment to prevent any complications.

In addition to that, the patients will also have to take multiple types of medication, and follow strict diets, all of which places a "very huge treatment demand on the patient", she said.

#### "It is pretty much a full-time job."

And for patients who are suffering from endstage kidney disease, and/or with multiple co-morbidities, the self-management process becomes even more complex, and often contributes to the emotional distress of a patient - who may not even be confident to selfadminister the home-based treatment.

While A/Prof Griva agreed that there will be "economies" of self-management initiatives such as the patients' "flexibility of autonomy" (of administering their treatments at their own convenience), and the possible decrease in demand for healthcare services, she noted that it may inadvertently lead to other nondisease-related distress arising such as the patient and/or their caregiver(s) feeling burnt out, isolated and depressed, with the reduction in social interactions.

Hence, A/Prof Griva stressed that when designing and introducing interventions such as selfmanagement programmes, empowerment, patient education, etc., it is vital for healthcare providers to take into consideration how these interventions can be translated into services that are helpful and supportive for the patients.

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healthcare providers in the role of a health "guide" – rather than a "health expert", where they equip the patients with new skills that may be useful in helping them make their own decision about the treatment(s) offered to them.

"This softer approach accepts that patients may make choices that may not be optimal for clinical endpoints, (but) could be optimal for their life circumstances," she said.

"It is about validating their (patients) autonomy and connecting with them first.

"And then once this is established, we (healthcare providers) can create opportunities for them to feel more empowered, (and) to help them make more difficult choices for the clinical endpoints."

#### ican the QR code or <u>click the link</u> to access Associate Professor Konstadina Griva's webinar recording on NHG \*eLEARN.



\*NHG eLEARN is only accessible to staff from NHG and its institutions.

# Reaching Out to Seniors Through Fun and Games



Seniors having a photo opportunity with joint Guest-of-Honours (back row, third and fourth from left) Mr Alex Yam and Mr Vikram Nair

Over 120 newly-minted residents, programme directors, and administrative staff from National Healthcare Group (NHG) Residency engaged with some 100 senior citizens in conversation, fun and games at ACE the Place Community Centre in Admiralty, as part of NHG Residency's annual community engagement day (CED), on Saturday, 15 July 2023.

Grouped with the seniors, the residents spent the morning getting to know the seniors better by participating in a slew of fun-filled activities such as painting bear keychains, playing carnival games, and singing along to live performances of nostalgic songs like 月亮代表我的心 and Dayung Sampan.



Entrant residents spent the morning getting to know the seniors better through fun and games



This year's entrant residents, and the team from NHG Residency

Visit our <u>Facebook Page</u> or <u>Instagram</u> to view more photos from the event.

Co-organised by NHG Residency, North West Community Development Council, New Life Community Services, and Woodlands Health, the annual event aims to provide entrant residents (junior doctors) who are commencing their specialist training in NHG with the opportunity to engage and better understand the community that they are serving outside of clinical settings.

"I'm very happy for this collaboration, as most of you would be aware that we launched the Healthier SG initiative, (and) this is an initiative for us to relook at how we do health(care) in Singapore," said North West District Mayor, Mr Alex Yam, who was one of the guests of honour.

"And events such as this, give us an opportunity to better understand the needs of our community, especially our elders."

Member of Parliament, Mr Vikram Nair, who also graced the event thanked the NHG residents for taking time to spend their day with the seniors, and for organising the event.

"I think our seniors really appreciate that, as this is not an easy thing to put together," he said.

In her address, Associate Professor Faith Chia, Designated Institutional Official, NHG Residency expressed her hopes for the residents to become well-rounded doctors, who are not only competent in their core specialties, but also future-oriented leaders, guided by values, ethics and ethos.

"So why community engagement?" she said.

"Giving back to the community is something that is important to us at NHG Residency.

"We want to see our patients where we are... (but) most importantly, we want to see our patients as people, they are not just medical conditions (to be treated). They have stories, hopes, obstacles behind them... and it would be really good to have this sort of relationship with our patients. And this (CED) is an opportunity for us to do that."

"I feel that sometimes we (doctors), in our busy work (and) the clinical demands, we forget that the person we are caring for is actually somebody with a story, a family, their own anxieties," echoed Senior Resident (NHG Geriatric Residency Programme), Dr Muhammad Faisal Bin Johandi, who initiated this year's CED.

He shared that the CED was a deliberate attempt to being CED back to the community.

"I wanted to bring this reality to you, especially at the start of your training, and hope that it is not something that we ponder on later on, but something that we realise and remember as we embark on our journey towards being specialists and medical professionals," said Dr Faisal to the residents.

"And I hope that you will also learn something about yourself – that you can be a better person, better clinician, and a better member of society."



