

UPCOMING EVENTS

Education Overseas Expert Programme "Adaptive Expertise"

with A/Prof Maria Mylopoulos

Lunch Lectures: 20 – 23 March 2017
Workshops: 22 – 24 March 2017
Round Table Discussion : 24 March 2017

TTSH Theatre – 20 March 2017, TTSH Annex 2, Community Hall (21 – 24 March 2017)

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20-23 March 2017

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HAPPENINHGS



Eighth Cohort of Clinical Pharmacists Graduates

The Clinical Pharmacist Preparatory Programme welcomed its eighth cohort of Clinical Pharmacists Graduates at a luncheon held on 14 November 2016. [Read more](#)



Three Times the Charm

The Department of Anaesthesia, Intensive Care and Pain Medicine, Tan Tock Seng Hospital received the prestigious Clinical Training Excellence Award for the third time at the 2016 NHG-NUS Medicine Appreciation for Clinical Teachers Award ceremony.

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IN FOCUS

FOOD FOR "TAUGHT"

"Lunch," said Mr Chong Chun Meng, Senior Radiographer, Tan Tock Seng Hospital, was the best time to conduct the 'lunch-and-learn' professional development workshop for 130 National Healthcare Group radiographers.

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FACE TO FACE

Evolving Evaluations: A Conversation with Professor John Norcini

Professor John Norcini, President and CEO of FAIMER (Foundation for Advancement of International Medical Education and Research) shared with us his six-year relationship with the National Healthcare Group Education.

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VOICES

Electing to Change

For Adjunct Assistant Professor Endean Tan, the choice to break outmoded mindsets, and transform medical education lies in the hands of clinician mentors.

[Read more](#)



新年快乐

HAPPY LUNAR NEW YEAR!

Food for “Taught”

by Eugene Seng

“Lunch,” said Tan Tock Seng Hospital’s (TTS) Senior Radiographer, Mr Chong Chun Meng, was the “best” time to conduct the ‘lunch-and-learn’ professional development workshop for 130 National Healthcare Group (NHG) radiographers.

Mr Chong, who spearheaded the workshop, said that it was the opportune moment to conduct the workshops, as a large pool of radiographers congregate at TTS during the one-hour lunch break. And to ensure that the one-hour window was maximised, he included lunch to save the radiographers from having to get their own. “That was how it became ‘lunch-and-learn,’” he added.

An initiative by TTS Education Director, Associate Professor Tham Kum Ying, the ‘lunch-and-learn’ workshop was created



to help upscale the clinical knowledge and teaching abilities of its pool of radiographers, which centred on a variety of topics such as teaching pedagogies, approaches and engagement methods.

“The radiographers were willing to teach, just that there was a knowledge gap,” said Mr Chong. The radiographers knew that they possess the clinical skills, but lacked teaching skills, he added. “That’s the gap we were trying to fill.”

Determining the course(s) to send the

radiographers to was the easy part, scheduling them for it was the challenge. “External courses were available, however it does not run on a weekly basis,” Mr Chong said. He explained that even if weekly courses were available, and four radiographers were to attend each week, it would take over a year to cover all 130 radiographers. Hence, it made more sense to Mr Chong that the Department of Diagnostic Radiology (DI R) designed and conducted its own in-house workshops.





With the help of NHG Polyclinics Nurse Educator, Ms Christie Anna, Mr Chong received access to a wealth of resources: Ms Anna’s professional development training expertise; and existing training materials from the nursing department, which he easily adapted and contextualised to radiography.

To better shape the content to meet the learning needs of the radiographers, Mr Chong collaborated with the education research arm of NHG Education, HOMER (Health Outcomes and Medical Education Research), to identify the key shortfalls in the radiographers’ teaching approach and methods. This helped ensure that the shortfalls were addressed during the workshop, and the content relevant.

Fearing that the one-hour timeslot was insufficient for the radiographers to digest the information, Mr Chong engaged the assistance of NHG College to condense the training materials into six “bite-sized” parts, which would allow for effective learning to take place, and most importantly, the application of the concepts into daily practice.

The ‘lunch-and-learn’ workshop was well-received amongst the radiographers. Mr Chong noticed that upon completing the workshop, the radiographers now

know how to develop and apply different approaches in their teachings; breaking the lessons, tasks or concepts down into specific parts which would aid the students learning and progression.

Two of the most noticeable changes were the increase in positive student feedback on the radiographers’ teachings, and radiographer-student engagement. Some of the returning students shared that “the radiographers’ attitudes towards teaching is different”, said Mr Chong. “We are getting a lot more feedback from the students like, ‘the radiographers asked me questions on how I think about a certain case, and how I actually make sense of certain things’”, he shared. “The students are writing down more of the desired kind of behaviour that we (DIR) want, and what we hope to achieve with good educators.”

An unexpected outcome from the ‘lunch-and-learn’ series was the increased interest to teach amongst the radiographers. As of now, seven radiographers have volunteered and signed up to be clinical educators for the new Diagnostic Radiography undergraduate programme at the Singapore Institute of Technology.

“Everyone has a clear understanding of

what a teacher is now. What they need to teach, what the students need to learn, and how the students learn,” said Mr Chong. He added that with the success of the ‘lunch-and-learn’ workshop, there may be plans to integrate it into future on-boarding programmes for incoming radiographers. “The new radiographers need to know that when they enter the department, they are expected to teach. And we want to equip them with the right tools right from the start,” he concluded.

Mr Chong Chun Meng is a senior radiographer at the Department of Diagnostic Radiology. He is also the clinical educator lead at TTSH’s Pre-Professional education office. He manages the clinical education of students from all 3 local radiography schools and oversees faculty development among radiographers and radiation therapists in TTSH. He is currently heavily involved in the development and delivery of the brand new bachelor programme at the Singapore Institute of Technology.

Evolving Evaluations: A Conversation with Professor John Norcini

by Dr Winnie Teo



We had the opportunity to speak to Professor John Norcini, President and CEO of FAIMER (Foundation for Advancement of International Medical Education and Research) about his six-year relationship with the National Healthcare Group (NHG) Education. Prof Norcini who introduced work-place based assessments to NHG, shared how his views on NHG's shift from summative to formative assessments, and how evaluation and assessments are changing in this era of big data.

How did you get to know us, NHG?

I was invited by Associate Professor Tham Kum Ying to start (the professional development workshops). She invited me over to Singapore to give a workshop on evaluation and assessment, something which I've worked with much of my career. It started with that, focusing on workplace-based assessment (WBA). So that's where my relationship with NHG began.

Looking back over the past six years, has the focus of

the NHG Education office changed?

NHG has changed dramatically over time. I think when I started, much of the assessment was focused on doing summative assessments; and now there is much more focus on doing assessments to support formative learning. The ability of the folks to do things like provide feedback, changed dramatically; there has been incredible development.

The other thing that is dramatic was when we started with the physicians, and now we've gone beyond the method that

I came here for, branched out into several other methods. And we've also branched across many of the health professions such as pharmacists, podiatrist, etc.; which has been incredibly exciting for me.

It is really fascinating for me to have the opportunity to talk to people from other professions; to learn what is important in their profession, to begin to understand the commonality across the various professions and things that everyone values.

Since we've expanded from evaluations for the medical professions to the allied health, nurses, what needs to be tweaked when you expand the programme?

I think that some of the fundamentals are the same, regardless of the professions; the ability to communicate, get along with colleagues, all of those things are common across the professions. But the actual nature of the work is different and that helped me to determine the requirements; not for the methods, but they all need to be tailored to the particular professions. It's not rocket science, basically you are watching somebody, you evaluate them, and provide feedback. It's more about what aspect of the person [in that profession] that you are observing, and the kinds of judgement that is made which differs from profession to profession.

How would you do it differently for nurses and doctors? How would a nurse's evaluation be done in comparison to the doctors?

I am not sure if it would be dramatically different; nurses' in-patient "encounters" are the same as doctors; what differs perhaps, are the skills you would be looking for. There are also commonalities, when you watch that encounter both are looking for communication skills. At the core there are similarities, but they

express themselves differently.

If we were to just broaden beyond people who deal with patients, and bring it to the other people in healthcare i.e. the administrative and support positions; is there a way to draw the same principles that you have of evaluation and assessment?

Absolutely! No question. One of the instruments or methods that everybody is using is 360 degree evaluations, I mean that's started in the business world and then came to healthcare professions education; so it's a natural for these positions, but beyond that, if you look at jobs in general, you have people engaged with tasks, and observing people as they engage with the tasks that are part of the job, evaluating it and then providing some feedback around it; is a framework that cuts across everything, that everybody does everywhere.

The process is identical and the questions that you ask in the surveys might be a little different.

In a 360 assessment, what you care about mostly are communication skills; working with other people, in a professional collaboration, leadership and management; all those things cut across just about everything that everybody does. There are great areas of commonality.

Looking at NHG, and comparing to the other countries that are also trying to institute this American-style residency medical education, how do we compare?

There are a couple of things, first of all, many places are not trying to adopt the American-style of medical education; we [FAIMER] actually think what's happening is an "international-style",

not American-style, Singapore has adopted the accrediting models and training models of the US in terms of the ACGME and all that. But in terms of the underlying things you are doing principles of assessment and teaching, they really are universal and not American. And I think Singapore is well in-advance of many places in terms of caring about things like feedback, informative assessment, and carrying it out; not American-style or international-style, but a style that suits Singapore.

I see Singapore among the leaders, there's a special cultural style here that it doesn't necessarily exist everywhere; much of the sense that if the [Singapore] institution decide to move in a particular direction, people cooperate in that direction. In other places, there isn't that collective will, and the sort of individualistic characteristic getting in the way of getting things done and making changes.

I think Singapore is a special place, you have both the resources and willingness to make this change.

Do we always need separate type of assessments? E.g. summative and formative, can you design an instrument that can be used for both?

The instruments are probably similar or the same, what's different is the way people react to them, different effects. For instance, if you were to do a Mini-CEX (Mini Clinical Evaluation Exercise) with a trainee, and if the trainee knows that the information is going into his or her portfolio, where a judgment is going to be made at the end of the day based at least in part on that information, they would approach the whole thing differently; in contrast to, if they think that this is for their education, and data or scores not taken as judgment about them.

The sort of free flow, learning and feedback becomes different. If I know that you [as an assessor] are giving me feedback, using that to evaluate me, I'm

going to take a very different view of that feedback, whereas if you are sitting here and teaching me, I would be willing to explore, to be more ignorant, share my lack of understanding; in ways that would be more reluctant to exhibit if you are going to make a judgement about me.

Is the culture of psychological safety important in these assessments?

Yes, it really goes to purpose, it's really important that the purpose of the assessment be clear. And I also think it's important that there only be one purpose –not having the ulterior motive to assess someone else. It is important that if you do formative assessment, you do formative assessment, it must be clear. It's not that you don't give feedback based on some of these assessments; it's not that you can't be useful; it does change the psychological space, I think it makes a difference.

What sort of the assessments do you think are in the horizon now? How is evaluation and assessment going to change in the future?

I actually do not think that it's going to change dramatically. There are 2 or 3 things that would be happening over the next few years that might influence it; the first is the increasing use of simulation and sophistication of simulation; that is going to make a significant difference in the way assessment is done, it has already made a difference and will continue to make a difference. The other thing that I think is going to make a big difference is the increasing capture of patient data and activities in large online data sources, because I think that information ultimately play a much bigger role in the evaluation of physicians and other healthcare providers. So I see big data, the increasing access and use to that data is important, as well as the growing sophistication of simulations and the ability to do things that we do now in other ways.



Prof John Norcini interacting with the participants during the Workplace-based Assessment workshop held in November last year.

In recent years, the inclusion of cultural competency in assessments is quite prevalent, especially in the US, due to the increase in greater patient diversity that is being seen, how do you test for cultural competency?

I think that's a real challenge, even in Singapore... We are more polarised in the US, that makes it more challenging and in some ways more important to assess that kind of competency. I've always marvelled at your peaceful co-existence of the ethnic groups in Singapore.

One of the things that inadvertently happen is the folks who are not of the main cultural group end up feeling scrutinised, as though they are different, so it's a real challenge. One of the keys to doing that properly is to ensure that the trainees e.g. medical students, all the professions, etc., are diverse to begin with. Because they really learn from each other, that is the key to getting it right. It's not any course you gonna give; it's not really any assessment that you have to do; it's getting the right people into the room to ensure that the students represent the population and the faculty as well.

How do you find a balance between imposing a western view of what medical education should comprise, and being sensitive to

people's beliefs about what their health involves [which are culture bound], how do you institute a universal programme for medical education?

I don't think that having a universal medical education programme is a good idea, having common core values across different culture or places is a good idea; but I don't think it can be that way exclusively. There is a general movement towards social accountability that is extremely crucial. I think you start with the patients, the population and the area it needs and you work back to education from those patients, so you are accountable to those.

There's a general sense that there is a mismatch in many countries between the kind of doctors and nurses being produced and the needs of society. So in some countries like mine, there are not enough primary care providers but there are a large number of specialists. Those kind of balances need to be worked out over time, so starting with the patients and then working backwards I think is an accountable way to manage this, now in doing that I think that there will be similar commonality, and it focusing on that as the global piece I think is a positive. But I think that if we are only global, we will serve the needs of no particular patient population as well as we could.

About Professor John Norcini

Prof John Norcini is FAIMER's President and Chief Executive Officer. Before joining FAIMER, he spent 25 years with the American Board of Internal Medicine serving in various capacities, including Director of Psychometrics, Executive Vice President for Evaluation and Research, and finally, Executive Vice President of the Institute for Clinical Evaluation.

Prof Norcini's principal academic interest is the assessment of physician performance. Current major research interests include methods for setting standards, assessing practice performance, and testing professional competence. His research also focuses on physician migration and workforce issues, as well as the impact of international medical graduates on the U.S. health care system. Prof Norcini serves on the editorial boards of five peer-reviewed journals in measurement and medical education, has lectured and taught in dozens of countries, and has published extensively.

About FAIMER

(extracted from the FAIMER website)

FAIMER (Foundation for Advancement of International Medical Education and Research) is a non-profit foundation committed to improving world health through education.

FAIMER was established in 2000 by the Educational Commission for Foreign Medical Graduates (ECFMG®). In partnership with ECFMG, FAIMER promotes excellence in international health professions education through programmatic and research activities.

To find out more about FAIMER, please visit: <http://www.faimer.org>

Electing to Change

by Adjunct Assistant Professor Endean Tan



For Adjunct Assistant Professor Endean Tan, the choice to break outmoded mindsets, and transform medical education lies in the hands of clinician mentors.

I won't be abashed to say that Tan Tock Seng Hospital is a magnet for medical students (studying locally and overseas) when it comes to electives. I have had the honour of hosting many students over the past few years, and have come to learn about what they look for in these postings. Perhaps I could share some of my observations and suggestions for those who may have the fortune of hosting students in the near future.

Electives generally fall outside scheduled teaching sessions/postings, so tutors and students alike have a lot of freedom to decide what they'd actually like to do. Given this, it's not surprising that many tutors prefer to be unfettered by the constraints of a traditional teaching programme. Students, however get rather anxious as they have to jump through many hoops to secure an elective; they have to consider which specialty they want to be attached to, then decide on a tutor, and plan their time around the tutor's availability (assuming approval has been obtained), and hope that everything fits together in the time frame demanded by their schools. Overseas students have all this plus the added burden of travelling to Singapore, and completing a mountain of paperwork on both sides.

We can try to make it easier for students, who are already on tenterhooks. Tutors can try to accept students throughout the year – you never know how you might change a student's life (and even win one over) by accepting an elective request out of the usual planned periods. We can continue to try to streamline the process(es) that our students go through; for example, we can add online payment platforms (if payment must be exacted). We don't need a 6-month notification period; in this day and age, schools can verify their students almost instantly by email (in fact, the Singapore Medical Council and the Medical Royal Colleges of the United Kingdom prefer this mode of verification). Perhaps one quick change we can make as tutors is to acknowledge every email that comes our way – within 12 hours if possible. We were students once; imagine being tossed on an email heap waiting for a reply that may never come.

As to what each elective entails, that is very much the domain of the tutor. But I would suggest breaking free of traditional bonds. I try to get my pre-clinical students to logically figure out clinical outcomes on the basis of what they've learnt; I get the fourth-year elective students to function like a house



Adjunct Assistant Professor Endean Tan is a Consultant in General Medicine and is leading the newly-established Acute Internal Medicine Service in Tan Tock Seng Hospital. He is heavily involved in undergraduate and postgraduate medical and nursing education, has a penchant for turning each ward round into an intellectual exercise, and is always trying to figure out what the next improvement is going to be. Asst Prof Tan strongly believes that the true measure is not what has been taught, but what has been learnt; and it is this that guides his day-to-day interactions with fellow learners.

officer; and I ask my Student Interns to step up and make supervised decisions I would expect of a Medical Officer. And when I have the opportunity to host pre-university students, I try to relate what they may already know to help them understand why a patient might have dilated pupils when taking anti-diarrhoeal medication.

Students are brilliant at coming to logical conclusions if you pave the way for them, so spoon-feeding is hardly necessary. In fact, if you ask the right questions, they will not need to “consult” a search engine; and this will certainly result in focused, logical exposition.

And never, ever, hide the ball. This is a decidedly “un-educational” way of teaching. For example, “what is upper limit of the laboratory range for lactate dehydrogenase (LDH)?” While this may be relevant for determining if Light’s criteria have been met, to expect anyone to recall an obscure value is unhelpful in essence.

Worse is to continue badgering the student: “Come on, I’m sure you know it. No, higher... Not so high! Come on!” Far more relevant is to ask why the LDH may be higher in an exudative effusion as opposed to a transudative one.

Finally, remember that your students experience four tensions in any learning situation: instructor-learner, learner-material, learner-to-learner, and environmental. Be approachable and draw your student(s) in. Do not attempt to transfer information by pure recitation (a demonstrably poor way to teach), and make sure the material is useful to the student – as enshrined in the specific objectives of the elective, examinations, or Medicine in general.

You may need to play a policing role if a student disrupts the learning of others (hopefully a rare occurrence); be gentle but firm, allowing each student the opportunity to participate. And although the environment is sometimes beyond our control, you can make it easier by ensuring that sensitive discussions are held in a less frequented place, or by explicitly allowing your students to remove their white coats in the meeting room, etc. In other words, whatever you might do to make your patients feel at ease can also be easily applied to your students.

There is some structure after all to an otherwise unconstrained elective attachment. Impose a gentle framework so that your students aren’t too lost, and can get traction with you and the things you are going to learn together. As a wise friend of mine recently remarked to me: “Someone can be really really smart... but if there isn’t kindness, there’s nothing much to be in awe of”. Be an awesome tutor today!

Eighth Cohort of Clinical Pharmacists Graduates

by Toh Yan Hua and Eugene Seng

On 14 November 2016, the eighth cohort of the Clinical Pharmacist Preparatory Programme (CPPP) celebrated their graduation at a luncheon co-organised by the National Healthcare Group (NHG) and the National University Hospital (NUH).

Graced by Mr Wu Tuck Seng (Deputy Director, NUH); Ms Chan Soo Chung, Executive Director, NHG Pharmacy; and Ms Yvonne Ng, Senior Director (Education), NHG, the graduation luncheon also commemorated the concerted effort and dedication of the CPPP committee members, clinical supervisors, tutors and examiners.



“I’m very heartened to see the commitment our faculty put into training the next generation of Clinical Pharmacists (CPs) for the care of our patients. It is truly fulfilling our mission of improving the health of our patients and population through continuous healthcare education and professional development,” said Ms Ng in her opening speech.

First launched in 2010, the CPPP was formed to address the increasing demand for skilled clinical pharmacists within NHG’s institutions. Through the nine-month programme, the junior pharmacists will receive the required technical knowledge and clinical practice skills to practice as a CP. And upon graduation, the CPs will be able to provide evidence-based, patient-centred medication therapy management in a multi-disciplinary context.

“The rigorous training and evaluation method for the course has strengthened my ability to critically evaluate a patient’s drug regimen and its suitability,” said CPPP graduate Mr Gareth Yeo from NHG Pharmacy.

Fellow CPPP graduate, Mr Franky Cheo from the Institute of Mental Health said that the programme helped him gain more confidence in discussing clinical cases with doctors and nurses; he also found the acquired knowledge applicable in his daily practice. “I thoroughly enjoyed every teaching session and conversations I have had with them. I hope that more aspiring clinical pharmacists will benefit from this course,” he added.



Ms Yvonne Ng (left, 3rd from the bottom), Mr Wu Tuck Seng (wearing a blue tie), Ms Chan Soo Chung (bottom right) and Mr Ng Boon Tat (wearing a red-striped tie) with the graduates from the 8th cohort

Three Times the Charm

by Eugene Seng

For the third year running, the Department of Anaesthesia, Intensive Care and Pain Medicine, Tan Tock Seng Hospital (TTSH) received the prestigious Clinical Training Excellence Award at the 2016 NHG-NUS Medicine Appreciation for Clinical Teachers Award ceremony on 22 November 2016.

Medical departments must meet the posting and teaching effectiveness scores of 3.8 (out of 4) and 4.5 (out of 5) and above, respectively, for two consecutive years to qualify for the award.

“Across the entire Singapore, only a handful of departments will receive this departmental Clinical Training Excellence Award (CTEA); well done and congratulations,” said Associate Professor Yeoh Khay Guan, Dean of Yong Loo Lin School of Medicine, National University of Singapore.



Some of this year's award recipients.

“We (NHG clinical educators) are extremely grateful for the opportunity to teach the students, and we share a common cause, driven by the same desire to want to give the best to our medical students,” said Associate Professor Alan Ng, Clinical Educator Lead (Medical), TTSH, reaffirming NHG’s commitment to teaching, guiding and nurturing the medical students that walk through NHG’s doors. “It’s a great privilege to be able to teach and influence them, as they are our future generation of doctors.”

During his speech, A/Prof Yeoh shared that based on the 87 per cent of graduating students who responded to the Graduate Exit Questionnaire, 95 per cent agreed or strongly agreed that they are satisfied with the quality of medical education that they have received over the five years in medical school. “Thank you to all the teachers that contributed to this, and congratulations. I think this is an outstanding outcome.”

“The Department of Infectious Diseases, Institute of Infectious Diseases and Epidemiology, TTSH, which received the Clinical Teaching Merit Award this year, will qualify for the CTEA if it maintains or exceeds its current posting and teaching effectiveness scores next year,” said A/Prof Yeoh.

He added that there was a marked improvement over the posting and teaching effectiveness scores across all National Healthcare Group (NHG) institutions, and made special mention to NHG Polyclinics for its continued efforts in delivering exceptional performance, attaining high posting and teaching effectiveness scores of 3.8 and 4.6.

Other awards given out during the presentation included the Dean’s Award for Teaching Excellence, Junior Doctor Teaching Award and the Special Recognition Award.



From left: Associate Professor Yeoh Khay Guan, Dean of Yong Loo Lin School of Medicine, NUS, presenting the Clinical Training Excellence Award to Associate Professor Alan Ng (right), Clinical Educator Lead (Medical), TTSH.



Clinical Training Excellence Award

Department of Anaesthesiology, Intensive Care and Pain Medicine, TTSH

Clinical Training Merit Award

Department of Infectious disease, Institute of Infectious Disease and Epidemiology, TTSH

Dean's Award for Teaching Excellence

Adjunct Associate Professor Lee Keng Thiam
Head of Department, Senior Consultant,
Orthopaedic Surgery, TTSH

Adjunct Associate Professor Lye Chien Boon David,
Senior Consultant, Infectious Diseases, TTSH

Clinical Associate Professor Siow Jin Keat,
Senior Consultant, Otolaryngology, TTSH

Dr Tan Siang Hui Colin,
Senior Consultant, Ophthalmology, TTSH

Dr Wong Chen Seong,
Consultant, Infectious Diseases, TTSH

Dr Lee Ching Ching,
Senior Consultant, Emergency Medicine, TTSH

Clinical Associate Professor Low Yin Peng,
Emeritus Consultant, Orthopaedic Surgery, TTSH

Adjunct Associate Professor Sim Kang,
Senior Consultant, General Psychiatry1, IMH

Dr Tan Hsien Yung David,
Consultant, Family Medicine, NHGP

Adjunct Assistant Professor Lim Yen Loo,
Senior Consultant, Dermatology, NSC

Dr Pan Jiun Yit,
Consultant, Dermatology, NSC

Junior Doctor Teaching Award

Dr Phua Chu Qin,
Senior Resident, Otorhinolaryngology, TTSH

Dr Timotheus Ooi Yongping,
Resident, Respiratory & Critical Care Medicine, TTSH

Dr Tong Yu Yang Terence,
Resident, Internal Medicine, TTSH

Dr Tan Jian Li,
Resident, Otorhinolaryngology, TTSH

Dr Tan Chee Hian,
Resident, Haematology, TTSH

Dr Cheng Junsheng Jaryl,
Resident, General Medicine, TTSH

Dr Joshua Koh Yu Le,
Medical Officer, Emergency Medicine, TTSH

Dr Chong Cui Lian, Vanessa,
Resident, Infectious Diseases, TTSH

Dr Lim Peiwen Jane,
Medical Officer, General Surgery, TTSH

Dr Lim Hua Liang Joel,
Senior Resident, Dermatology, NSC

Dr Zhang Zhi Peng,
Family Physician, Family Medicine, NHGP

Special Recognition Award Recipients

Dr Chiu Li Qi,
Consultant, Emergency Medicine, TTSH

Dr Faith Chia Li-Ann,
Senior Consultant, Rheumatology, Clinical
Immunology & Allergy, TTSH

Dr Huey Cheong Wei,
Consultant, General Surgery, TTSH

Dr Koh Nien Yue,
Senior Consultant, General Medicine, TTSH

Clinical Professor Low Cheng Hock,
Emeritus Consultant, General Surgery, TTSH

Dr Seow Cherng Jye,
Consultant, Endocrinology, TTSH

Clinical Associate Professor Suresh Sahadevan,
Senior Consultant, Geriatric Medicine, TTSH

Dr Tan Zie Hean Endean,
Consultant, General Medicine, TTSH