

# LEARNINHG

A Newsletter of NHG Education

## UPCOMING EVENTS



23-24 September 2016  
MAX Atria@ Singapore Expo

Follow the link to register and find out more about SHBC 2016 : <http://shbc.com.sg/>

## NHG Teachers' Day 2016 Education Teaching Awards

2 September 2016  
12 PM to 2PM  
Tan Tock Seng Hospital Atrium

## HAPPENING

### Professional Development Courses for NHG Radiographers Under New MOU



An MOU was signed between National Healthcare Group and London South Bank University on Thursday, 23 June 2016, to promote the continuous professional development of NHG radiographers.

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INSPIRING Professionals  
IMAGINING Tomorrow  
Re INVENTING Healthcare

NHG EDUCATION

## IN FOCUS Back to the Concrete Jungle

What had I got myself into? It was at the end of summer when I landed for the first time in Tasmania, Australia. This was where I spent my next five defining years growing, studying, and learning more than just medicine.

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## Paving the Way for Psychiatric Pharmacists



"I'm excited that pharmacy residency is finally happening," said an ecstatic Mr Ng Boon Tat, when he learned about the Ministry of Health's plan to introduce pharmacy residency programmes in 2016. [read more](#)

## FACE TO FACE

### Guiding the Next Generation of Doctors (Part I)

Learning and "teaching" concurrently might be a tedious task, however to a group of PGY1s, teaching is an avenue where they could share and pass on the guidance and knowledge they received from their seniors.

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## VOICES Sharing and Learning Beyond our Shores



Sharing and learning medical skills and knowledge transcends the walls of the wards, clinics and even the boundaries of our shores. My recent volunteer trip to Indonesia opened my eyes as a young doctor.

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# Back to the Concrete Jungle

by Dr Praseetha Nair, NHG Emergency Medicine Year 2 Resident



*Dr Praseetha (in purple) and her friends at Mt Field National Park in Tasmania*

It was at the end of summer when I landed for the first time in Tasmania, Australia. I remember it was night, and it was so dark, I was afraid we weren't going to land on the tarmac! The drive from the airport was scary – all we could see ahead was an empty road, lit only by the high beams of the car, and behind us was darkness. What had I got myself into?

Tasmania is the polar opposite of Singapore; where Singapore's landscape is full of tall skyscrapers, the tallest building in all of Tasmania stood a mere 19 stories high! And this was where I spent my next five defining years growing, studying, and learning more than just medicine.

I was no doubt disappointed when I didn't get accepted into a local medical school. My mother and uncle encouraged me to look beyond our shores. Why Tasmania? I wanted the whole overseas experience – a place as different to Singapore as I could imagine. I knew nothing of Tasmania except for its beauty the pictures boasted! I chose Australia for more practical reasons as well – it was close to home, the climate was not vastly different, and the currency definitely easier on the pockets!

Having 'been there, done that', I would definitely encourage studying overseas. Coming from a rather cloistered life in Singapore, it taught me independence, resilience, and most importantly it gave me a different perspective of living outside home and Singapore.

The practice of medicine is inherently the same in Singapore and Australia. I spent my clinical years in Launceston, a city north of Hobart –the capital city of Tasmania; home to a population of 74,000. The Launceston General Hospital (LGH) where I trained was a 380-bed public hospital that aimed to provide acute care services to much of Northern Tasmania.

As a medical student, I remember patients being ever ready to allow us to examine and even perform simple procedures on them, such as venepuncture, intravenous cannulation, and arterial blood gas sampling. Most were glad and felt that it was their duty to be an integral part of our (medical) education.

In Australia, patients rely mostly on their primary care family physician. In the more rural towns, their family physician is their first port of call, since the nearest hospital is around

two to four hours away. Many of the physicians could perform basic procedures such as nail avulsions and suturing simple lacerations, and manage uncomplicated pregnancies, but not complicated procedures such as traumatic brain injuries, severe burns, or cardiothoracic cases. In such cases, patients had to be flown to a tertiary centre in Hobart or Melbourne to seek treatment.



*Dr Praseetha giving a talk at the 2016 NHG-SMSANZ Open House*

On completing medical school, I made the decision to return to Singapore to work. No one could prepare me for the challenges I would face. When I spoke to friends working here, one thing stood out – it was going to be tough! So when the going got tough, here's what I learnt and did:

### 1. **Be hardworking**

We (medical graduates) all got into medicine knowing it was not going to be an easy journey. We're resilient simply by virtue of the fact that we got through those gruelling years – this is just the next step.

### 2. **Ask for help**

For me, I had no qualms in making it known I was new to the Singapore healthcare system. My fellow house officers were a great asset and a wealth of information.

### 3. **Learn**

The learning opportunities on the job are aplenty; it depends on who/what you're willing to learn and see. Nurses, nutritionists, and therapists have much to offer not just fellow doctors.

### 4. **Take care of yourself *Physically and Mentally***

Half way through my houseman year, I took a break and ran back to Tasmania for a holiday! I realised from my friends that working as an intern there had its own set of challenges. As we shared our experiences, we all felt immensely better!

While Australia had much to offer, none of my family lived there. Had I stayed back in Australia, I would have eventually had to move interstate to work in a bigger, tertiary hospital. Even so, specialist training positions were not guaranteed - neither was it in Singapore. However, with the Singapore medical field burgeoning with developments, opportunities would be aplenty.

Would I encourage young ones to pursue medicine overseas? Certainly. Would I encourage them to return to Singapore to work? I have no regrets; but it is a decision not to be taken lightly. Decide only after speaking with family, friends and weigh your options. Going to Tasmania was one of the best decisions I had made for myriad reasons; and so has been my decision to return home.



*Dr Praseetha (left, second row) at the IMPACT UTAS Bollywood themed charity dinner*

# Paving the Way for Psychiatric Pharmacists

by Eugene Seng

"I'm excited that pharmacy residency is finally happening," said an ecstatic Mr Ng Boon Tat, when he learned about the Ministry of Health's (MOH) plan to introduce pharmacy residency programmes in 2016. Mr Ng is a Principal Pharmacist (Clinical) of the Institute of Mental Health (IMH) and the Programme Director (PD) for the inaugural National Pharmacy Residency Programme in Psychiatry.

Being among the first Specialist Pharmacists (in Advanced Pharmacotherapy - Psychiatry) in Singapore, Mr Ng explained how the new programme creates a directed path for aspiring specialist pharmacists to pursue their specialist training.

Unlike the young pharmacists of today, Mr Ng did not have the opportunity to enrol in a training programme such as this in Singapore during the early days of his career. It was only much later (seven years) that he received the opportunity to pursue his residency training in psychiatric pharmacy in the US. In the past, the absence of a structured training programme meant that pharmacists who wanted to specialise via residency training had to complete their full-time training overseas.

Helmed by NHG and accredited by MOH, the new psychiatric pharmacy residency programme is modelled after the residency training standards of the American Society of Health-System Pharmacists, and contextualised to the local setting. The structured curriculum will equip residents with the advanced clinical and pharmacotherapy skills, resources and knowledge required in a specialty; all within the span of one year. Sharing his own residency experience, Mr Ng said: "The amount of things that I learnt in that one year of residency training in the US, far exceeded all that I've known the years before."

High expectations have been set for the first psychiatric pharmacy resident who will be commencing training in July 2016. Apart from accomplishing residency training objectives and graduating successfully from the programme, the resident will be expected to excel in at least one year of post-residency practice, and complete a post-graduate degree before being eligible to apply for specialist accreditation.



Although the work-study load may be demanding, Mr Ng contends that the new knowledge gained from the post-graduate training will complement the resident's clinical knowledge and residency equipping, benefitting patients with a more holistic management of their mental and physical health.

As the PD, Mr Ng aims to train well-rounded residents to become more than specialists in psychiatric medications and pharmaceutical care, but clinical leaders, educators and researchers. "Most importantly I want to train them to be better than me," he said. "My long term plan is to have the residency programme meet international standards, and for the Institute of Mental Health to be recognised as an international training centre for pharmacists who want to pursue psychiatric pharmacy training."

Mr Ng hopes that the resident would embody three attributes upon completing the programme: Firstly, to embody the best of professionalism and ethical values; secondly, to gain mastery of psychiatric pharmaceutical care; and lastly, to be a problem-solver. "The greatest skill is not acquiring information but to identify problems, analyse critically and solve them. In this age of technology, what differentiates pharmacists from a drug informatics application is their clinical judgement in solving real life problems," he said. "The best reward and ultimate achievement to those who completed the training, is how he/she will be able to add value to their organisation."

# Guiding the Next Generation of Doctors (Part I)

by Eugene Seng

*Learning and “teaching” concurrently might be a tedious task, however to a group of PGY1s, teaching is an avenue where they could share and pass on the guidance and knowledge they received from their seniors. In this two-part special, we had the opportunity to speak to four of this year’s PGY1 teaching award winners, who shared their thoughts on why they went out of their way to teach medical students amidst juggling their chaotic schedule.*



(From left): Dr Marvin Loh, Dr Ang An Shing, Dr Timotheus Ooi and Dr Margaret Zhang.

## Congratulations! How does it feel to receive the PGY1 teaching award?

**An Shing (AS)** : I am quite honoured to receive it, honestly a lot of our colleagues are quite involved in the teaching, it’s just that we are “luckier” to be recognised. I think this award will spur us on to help out more students and incoming HOs (House Officers). We benefitted a lot when we were medical students; the HOs were always very nice to us, that’s why we are happy to do this.

**Timotheus (T)** : I feel grateful and happy

to receive it, a bit surprised also. As an HO it’s very difficult to find the time to teach, a lot of the things you learn on the job and I suppose the reason why I teach is because I feel for the students. I was in the same position the year before, and it’s always easy when someone tells you answers straight out and you learn; it’s more fun when you do it that way rather than just learn it from the book. I’m just grateful to the teachers who taught me, it’s a culture we have to continue.

**Marvin (MV)** : I am very happy to receive the award, but also quite surprised because there are so many of us teaching; it’s more luck, and it’s definitely a

privilege. I think one of the reasons why we all teach is because medicine is so broad and there are so many things to chase after. We know the exam fears that people can have, that’s why we try to help our juniors to not repeat the same mistakes, to let them know that there are people looking out for them; and that’s exactly what our seniors did.

**Margaret (MG)** : Actually I was more shocked than anything, I didn’t think I specially set aside a lot time to teach, it’s just that I try to teach them along the way like my mentors did before, so I guess I felt appreciated for that.

## You are still learning the ropes as young doctors, how and what do you teach?

**AS:** Mostly, when the students follow us, particularly after rounds, to see the stuff we do e.g. blood test or certain investigation, we explain to them why we order certain tests, and from there they pick up the clinical knowledge the textbook doesn't teach; that for me was one of the ways that helped the students.

**MV:** It is really to focus on acute emergencies that are likely to see on call. I also realised that learning via cases are very important, so these are habits that I try to ask my juniors to follow up after every case they see, especially the interesting cases; so through the whole course of actively following up they learn a bit more.

**T:** I think for us (Post-Graduate Year One - PGY1s) it's not really like "teaching-mode-learning-mode" it's more like these students are my friends, who might not know certain things so whatever you know, you just pass on (to them), it's just like helping a friend out.

## What is your teaching approach like? Do you teach based on the situation, or teach what you feel the medical students are lacking?

**MG:** The most significant time is when I am on call; I think it's the best time to teach, because the medical student will clerk with me, and I will tell them how their presentation is lacking. Then I will just run through questions with them MBBS style and ask them about labs, investigation and management; as that's how I taught. I thought it's more relevant as well because the patient is there, and the exercise is also pertinent for exams.

**AS:** Mine is more scenario-based, I think it's easier for students to remember when they can put something to what they have

learnt, like a patient's face, what they learn from the patient, and the particular problem they faced. With the whole scenario it's much easier to digest, that's how I learnt and benefitted as a student.

**T:** I would say it's a combination of both, I think it depends on which specialty you are in; for example in rheumatology, you read about all these cases but to actually see them is a whole other ball game; cases like these would be more opportunistic. Sometimes, the problem with opportunistic learning is that no opportunities arise. That is why when you encounter interesting cases just prepare some slides, take some photos... so whenever you are in a drought of cases, you can always bring up some slides, or just talk about a recent case.

**MV:** Generally I find that most of the students I've faced are very strong in theoretical knowledge. However, when they are in front of a patient, it's about whether or not they are able to pick up the relevant signs. Some of them are able to do so but even if they can pick it up, they are still not very confident of a definite diagnosis. A lot of times it is about reaffirming them to trust their gut instincts and reasoning. I don't look so much at the knowledge part, but more on how they approach problems.

## What are the positive aspects of teaching?

**AS:** The feeling that you are giving back and you hope that they pass it on as well, because I'm very grateful that my seniors taught me and I just want this to continue. At the end of the day, if we don't teach each other then there are a lot of key things that would be lost along the way. So try to preserve it as much as possible.

**T:** I think the greater satisfaction I have in teaching, it's probably when you're asked a question and they have the same misconceptions as you did, but this time you are able to tell them what the truth is. And then later they pass it on to

their friends, because in a way everyone is learning and helping each other to improve. From time to time you see the really good students like the "dean's-listers", and then you just talk informally and they might even share some knowledge about things that you may not know about or some new research, then you will have a very dynamic dialogue that is fun.

**MV:** When you can teach, you need to know something well yourself, be able to summarise it. This also helps us to revise, or else we would forget it very quickly too.

**MG:** Actually, I like it when they ask me a question. They make me think things that I've never considered, a different angle I've never considered before. And after they ask me questions, I will go back and read more about it myself lah. Then I tell them to go back and read about it, and the next morning I quiz them. I also learn something from what they tell me, so yah, I think that's pretty cool.

*To be continued...*

In the next issue of LearniNHG, the PGY1s share their thoughts on learning, their inspirations and the traits of a good mentor.

# Sharing and Learning Beyond our Shores

by Dr Muhammad Nursuhairi Bin Sumarni, NHG Emergency Medicine Year 3 Resident



(From left): Dr Muhammad Nursuhairi, A/Prof Tham Kum Ying, A/Prof Tay Seow Yian and Dr Ooi Chee Keong (Photo credit: Dr Muhammad Nursuhairi)

Sharing and learning medical skills and knowledge transcends the walls of the wards, clinics and even the boundaries of our shores. My recent volunteer trip to Indonesia on 30 May 2016, opened my eyes as a young doctor.

I was part of a four-person team – led by Associate Professor Tham Kum Ying, Adjunct Associate Professor Tay Seow Yian and Dr Ooi Chee Keong – sent by Tan Tock Seng Hospital (TTSH) Emergency Department (ED) to Lamongan, Indonesia, to aid in the training of new Advanced Cardiac Life Support Instructors, and assess the progress made by the newly established Muhammadiyah Life Support Training Centre (LSTC).

Through my interactions with the participants, they revealed that there wasn't a standardised approach to a collapsed patient in Indonesia as there are different governing bodies without proper oversight in this area.

Hence, our assistance in building up the capabilities of the Muhammadiyah LSTC so that they may continue to teach Basic Cardiac Life Support (BCLS) and

Advanced Cardiovascular Life Support (ACLS) to other participants would go a long way in providing a standardised approach that is easily understood and applied among healthcare workers in Indonesia.

During the visit, the team interacted with numerous participants, many of whom

were from the provinces of East Java, and learning the concept of BCLS and ACLS for the first time. The participants demonstrated potential and were enthusiastic to learn and apply the new knowledge acquired. We also discovered that a past participant managed to save a collapsed patient using the skills that were previously taught to him at an earlier BCLS/ACLS course.

There was a mixture of both theory and practical sessions for BCLS and ACLS. Upon gaining certification as BCLS and ACLS providers, the participants were then trained to assume the role of an ACLS instructor. This required them to deliver lectures and practical demonstrations to their peers and future students. Subsequently, they were given advice and constructive feedback regarding their performance in order to mould them to be competent instructors in the future.

On a personal level, being able to observe A/Profs Tham and Tay, and Dr Ooi, conduct the teaching sessions was an eye-opener. It highlighted the importance of applying any new knowledge in a practical manner, and I look forward to putting these skills into practice.

Part of our responsibility as residents requires us to guide and teach medical students and colleagues. Hence, being



Participants learning how to apply CPR and AED (Automated External Defibrillation) (Photo credit: A/Prof Tham Kum Ying)

exposed to the different teaching styles and pedagogical approaches during this trip provided me with the necessary tools which would aid me in my duties and help to convey information in a manner that is easily understood by others.

I think it is extremely beneficial for residents to attend or volunteer for overseas activities such as this, as we are able to obtain a greater exposure to the different healthcare systems from the different countries and appreciate their strengths and weaknesses. By getting a greater world view, we will be able to apply best practices and traditions from each country into our own system and hopefully, build upon our strength as a healthcare institution.



*Participants learning how to apply the Bag-Valve-Mask ventilation  
(Photo credit: A/Prof Tham Kum Ying)*

*Dr Muhammad Nursuhairi is currently a Year 3 Emergency Medicine Resident at TTSH. He has a special interest in teaching and sharing medical skills and information with other healthcare professionals and colleagues.*

## Professional Development Courses for NHG Radiographers Under New MOU

by Eugene Seng

A memorandum of understanding (MOU) was signed between the National Healthcare Group (NHG) and London South Bank University (LSBU) on 23 June 2016, to promote the continuous professional development of NHG radiographers.

The MOU signed by Professor Chee Yam Cheng, President of NHG College and Professor Warren Turner, Pro Vice Chancellor and Dean of LSBU's School of Health and Social Care, will see both institutions collaborate on a joint curriculum, offering post-graduate courses in medical ultrasound, mammography and image recognition.

"We are particularly pleased to be developing this work with NHG's committee, and look forward to working more closely with the radiography colleagues from Tan Tock Seng Hospital, and the National Healthcare Group Diagnostics who are highly regarded among known to us," said Professor Lesley Haig, Head of Allied Health Sciences, LSBU, in her address.

"Our radiographers will be able to enhance their learning experience by balancing both the academia and clinical practices which they faced on a daily basis," said Dr Tyrone Goh, Senior Director, NHG Diagnostics in his opening address.

He added that the courses offered will empower NHG radiographers with the essential clinical knowledge and skills to recognise the radiological significance of common diseases, helping them to operate on top of their licence.



*Professor Chee Yam Cheng (left), President of NHG College, and Professor Warren Turner, Pro Vice Chancellor and Dean of LSBU's School of Health and Social Care, exchange documents after the signing the MOU.*

"We hope that the skills will provide opportunities to enhance the career development for radiographers," said Prof Haig. "So that they may increasingly play that part in improving service effectiveness and efficiency, and ultimately in helping to ensure as part of a multi-disciplinary team, an excellent provision for the patients in their care."