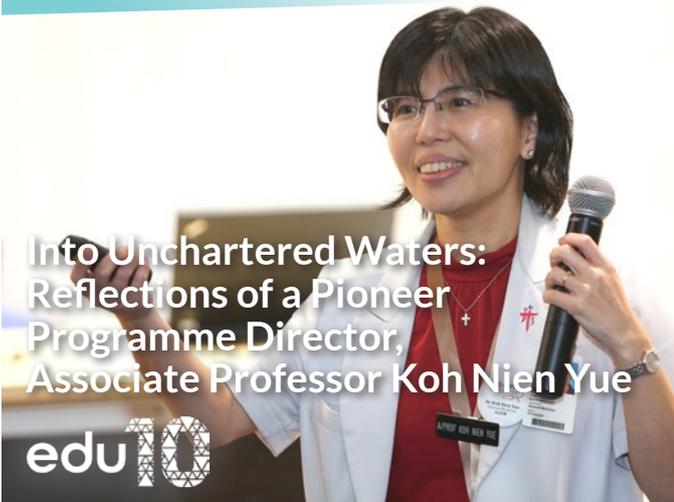


## IN FOCUS



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Reflections of a Pioneer  
Programme Director,  
Associate Professor Koh Nien Yue

edu10

## e-HAPPENINGS



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NHG Education 10<sup>th</sup> Anniversary

INSPIRING Professionals  
IMAGINING Tomorrow  
ReINVENTING Healthcare  
NHG EDUCATION

# Into Uncharted Waters: Reflections of a Pioneer Programme Director, Associate Professor Koh Nien Yue

In the last of a four-part NHG Education 10th Anniversary (edu10) series, we spoke to inaugural NHG Internal Medicine Residency Programme Director, Associate Professor Koh Nien Yue, who shares NHG Residency's stormy journey, the distressing times and how she and the residency team weathered through it.



A/Prof Koh (right) receiving the Special Recognition Award from A/Prof Yeoh Khay Guan, then Dean of Yong Loo Lin School of Medicine, NUS

**Hi Prof Koh, may we know who approached you to be the Programme Director (PD)?**

I was approached by A/Prof Tham Kum Ying, who was the TTSH (Tan Tock Seng Hospital) Associate Dean then, in 2009 to take on the role of the PD.

**What was your initial reaction?**

Why me?!?! (laughs)

**What were some of the tense moments and challenges that you encountered during your time as PD?**

There were many actually as residency was unheard of in Singapore before this, and there was naturally resistance to change. It did not help that ACGME-I's US standards and processes were different from Singapore's practice.

The shift of MOPEX (Medical Officer Posting Exercise) changeover date from May to July to align with the residency training start date - came as a surprise for us, and in a short time frame, we had to change the residency posting schedule, balance manpower requirements, placate HODs and residents. We were also dealing with MO (Medical Officer) manpower shortage nationwide then.

It was quite tense doing Residency roadshows before the launch to various departments in the hospital to explain the new training framework, new vocabulary, new processes and new policies. This was often not very well received.

**How did you overcome it?**

To effect change and launch a brand-new programme with a brand-new system is a huge task, to say the least. As I look back at our journey, there were many factors and people who made this possible. It's about having the right people on board, and sincerity.

The solidarity, dedication, friendship and mutual support amongst the clinical core faculty members and chief residents; the long hours and efforts that the administrative support team invested to ensure that the faculty and residents were well supported during teachings, meetings, retreats and accreditation exercises; but most importantly the same vision and mission that we all shared helped us to weather through all storms.

And sincerity wins the day - despite negative sentiments, many witnessed the efforts which the residency team made and eventually recognised that the greater mission was to improve post-graduate training to the benefit of ourselves (for succession planning), our patients and our healthcare system.

**Share with us some of the most "fun" or exciting moments as PD?**

The most exciting moments ironically emerged out of the most distressing times - excitement came when we innovated and found good solutions to overcome challenges. I remember the excitement we had when we found that we could create a competency chart to reflect the residents' performance and improve the efficiency of clinical competence evaluation for a large group of residents. The competency chart remains in use till this day.

**What was your most proud achievement as a PD?**

I always saw the achievements of the programme as the collective effort of everyone. Hence, let me say that the proudest achievement as a team is the good accreditation results which we achieved - the only programme with no citation in 2010 and the only local Internal Medicine Residency Programme which achieved a four-year accreditation cycle (the longest) in 2012.



A/Prof Koh giving her programme talk at the 2014 NHG Residency Career Day



A/Prof Koh at the 2011 Graduate Medical Education Committee Retreat



The team also felt the sense of achievement when we saw our residents grow from fresh graduates out of medical school to competent clinicians and leaders.

**We understand that the late Prof V was part of the first five PDs in NHG Residency. Share with us some of the most memorable moments that you had with Prof V.**

I remember him as my “check and balance”. Being a physician, I tend to worry a lot more and can be rather obsessive about certain details. I also have a tendency to “mother” (fuss over) the residents too much (laughs). Mr V’s frank remarks during GMEC (Graduate Medical Education Committee) meetings kept me grounded – residents are not children and we should always consider the practicalities when we put forth new initiatives.

**What’s the advice you would give to the current team of PDs, and what do you hope they will achieve?**

First the people, then the mission – always get the right people on board. If you cannot get the right people, then make the people you have the best they can be.

Remain sincere and true to your mission and vision. When your heart is in the right place, everything will follow.

Associate Professor Koh Nien Yue is a Senior Consultant at Tan Tock Seng Hospital, and Year 3 Assistant Dean for the Nanyang Technological University Lee Kong Chian School of Medicine. She has been actively involved in the education of medical students, nurses, allied health, house officers, medical officers, and residents since 2004. She continues to be actively involved in post-graduate training and has remained as the Chair of the Programme Evaluation Committee for the NHG Internal Medicine Residency Programme. A/Prof Koh is also an accreditor for specialist training programmes, under the Joint Committee on Specialist Training, Ministry of Health.

# HOMER 2.0: Redefining Health Professions Education Research

By Mr Issac Lim



## About HOMER, history and our philosophy

Do you know that major teaching hospitals have been consistently found to deliver higher quality of care than non-teaching hospitals? This is quite counterintuitive, if you think about it. Teaching hospitals involve trainees in the delivery of care in an environment with high workloads, and more complex and heterogeneous case mixes. How do teaching hospitals achieve this feat? Clinicians in public healthcare institutions constantly juggle high service loads, teaching responsibilities, and research. This is where HOMER, which stands for Health Outcomes and Medical Education Research, comes into the picture.

HOMER started sometime in 2010 and was formally incepted in 2011, in step with the reform of specialist training in Singapore. Our mission consists of two parts. The first part is focused on research to produce the evidence to inform educational practices of healthcare professionals in NHG institutions to produce excellent clinicians; the second part is focused on building the capabilities and capacities of our clinical educators and learners to not only be discerning consumers of research, but also researchers that push the frontiers of health professions education (HPE).

One of our greatest challenges of conducting research in an applied environment, but also a source of great satisfaction, is the need to identify and conduct research projects that can contribute to both knowledge and practice concomitantly. Additionally, at HOMER, we pride ourselves in the partnership-mentorship model of research. This approach enables us to work closely with clinicians, administrators, and policy makers to develop research designs, and also create opportunities to work with neophyte researchers to build the next generation of researchers.

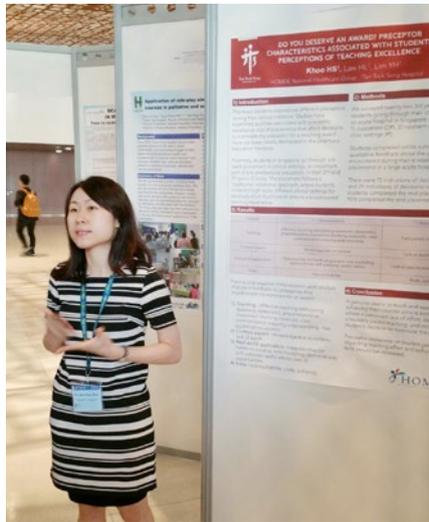
Because of our focus on developing capabilities and capacity in NHG, we started the HOMER Grant soon after our inception to encourage neophyte researchers to step up. I am very proud to say that we have since given out 102 small grants to an extremely diverse group of clinicians and administrators.

## The future of health professions education research

Currently, HPE research focuses rather narrowly on education activities. The reality is that HPE is embedded in a much larger ecosystem of patients, caregivers, healthcare professionals, administrators, and policy makers. The future of HPE requires us to move from a healthcare institution centric model to a community centric model in which we need to attend to the entire spectrum of care.



First live stream of the 2017 HOMER Meeting



HOMER Principal Research Analysts, Drs Charmaine Krishnasamy (left) and Khoo Hwee Sing presenting posters at the 2017 and 2016 Association for Medical Education in Europe (AMEE)

The next phase of HOMER, which we call HOMER 2.0, is focused on transforming health through knowledge. We will focus on improving the health of our populations by conducting, translating, and enabling high quality and impactful research to inform practices, interventions, and policies. Our basic modus operandi will remain the same: To conduct research that is both relevant and rigorous, and to work closely with stakeholders and partners in the ecosystem, and to nurture researchers of the next generation. But there are new opportunities that we will capitalise. Advances in the areas of big data, machine learning, biomedical and social sciences, present unique opportunities for healthcare that are not previously available. The interdisciplinary nature of our team makes us well positioned to take advantage of these advances to make a difference to healthcare in Singapore in a unique way.

## ► "HOMER at a Glance"



Mr Issac Lim was instrumental in setting up HOMER in 2010. He is a social scientist with advanced training in education, organisational behaviour, and sociology. He is conversant with conceptual and methodological tools from diverse epistemologies and deploys them to solve theoretical and practical puzzles. His main research interests are at the intersection of organisational behaviour, health care management, and social network analysis.

# Serving Beyond The Call of Duty, and Country

Dr Nur Nadiah Binti Haji Awang Jeludin, a first-year ophthalmology resident with NHG Residency and is from Brunei, shares her story of going beyond the call of duty, stepping up to aid in the frontline efforts against our fight against COVID-19.



Dr Nadiah (front row, first on the left) and her colleagues at NCID

**Congratulations on being recognised as one of NHG Residency's MVP (Most Valuable Player) for your efforts and support that you've rendered at the National Centre for Infectious Diseases (NCID) during this COVID-19 crisis!**

Thank you! I feel honoured on the nomination and recognition, nevertheless, we should also continuously recognise the other healthcare professionals out there in the frontline who have made great sacrifices during this difficult time.

**We understand that you did not hesitate to step up and help in the frontlines at NCID, can you share a little bit more about that?**

I would say I did not hesitate, I feel that it is part of our duty as healthcare professionals and doctors to offer our services and expertise.

There were some concerns initially as this was a new experience; since I had mostly been working in the NHG Eye Institute @ Tan Tock Seng Hospital. For example, whether we will be protected if anything were to happen, or does the medical insurance cover us. However, as I soon as I started with my duties in NCID, I felt some relief on the procedures that were in place including the equipment and personal protective equipment available.

**Can you share your experience working in the frontlines at NCID?**

We were essentially running an emergency department for suspected COVID-19 cases, taking thorough history of patients' travel(s), their exposure to persons with positive COVID-19, or suspected cases, and doing targeted examinations. And having been in a surgical specialty for some time, and returning back to an acute medical care setting under such circumstances can be quite daunting, but you feel this sense of teamwork and camaraderie amongst all the healthcare professionals. I am thankful for the experience I received whilst working at NCID, the great support from the senior doctors, including the registrars and consultants, and to be able to learn firsthand how the screening centre was run, and its great facilities.

## COVID-19 SPECIAL



**What went through your mind when you found out that there is also an increase in numbers of COVID-19 cases back home in Brunei? Did it prompt you to want to head back?**

I was mainly worried for family back home, especially for my elderly parents, when the number of COVID-19 cases back home spiked. Thus, I had daily video calls to my family and it helped a lot in alleviating my concerns.

Like fellow Bruneian doctors, I have recently been called back to my home country to work and help out with the COVID-19 situation back home. Thus, I had to defer my residency training till the COVID-19 situation settles in Brunei, before returning to continue with my training.

**How has your residency training experience been thus far?**

I've completed nine months of training in Singapore and it's still a long way go. I feel people here are very motivated and very career driven, and at the end of the day they want to be the best for their patients and I am inspired by this.

**Do you have any advice or words of encouragement for all the medical staff who are working during this outbreak?**

I would like to thank everyone who is directly or indirectly working to keep us all safe during this Covid-19 pandemic. Let us never lose hope and faith during this extremely trying time. We will survive this together!

# Pushing Boundaries of Education in NHG Education's First Webinar Series

By Ms Vera Sim and Mr Eugene Seng

## Webinar Speakers and Topics

Speakers				
 <p><b>Distance Augmented Real-time Training (DART) for Medical Students</b></p> <p><b>ADJ A/PROF YIP CHEE CHEW</b> Education Director, Khoo Teck Puat Hospital</p>	 <p><b>ICT Enabled Learning Tools to Engage Health Sciences Students for Full Home Based Learning</b></p> <p><b>MS TINA SOO</b> Senior Education Specialist / Senior Lecturer, School of Health Sciences, Ngee Ann Polytechnic</p>	 <p><b>Collaboration with Philips on Simulation Training for Diagnostic Radiography Students</b></p> <p><b>A/PROF LUIS LANCA</b> Associate Professor / Programme Director (Diagnostic Radiography &amp; Radiology), Singapore Institute of Technology</p>	 <p><b>Setting Up Off-Site Contingent Module for Final Year Pharmacy Students</b></p> <p><b>A/PROF CHAN SUI YUNG</b> Associate Professor, Department of Pharmacy, National University of Singapore</p>	 <p><b>It's More than Technology: A Consistent, Whole University Approach</b></p> <p><b>A/PROF MAY LIM</b> Associate Professor / Director, Centre for Learning Environment and Assessment Development, Singapore Institute of Technology</p>
Moderator				
 <p><b>ADJ A/PROF WONG TECK YEE</b> Academic Director, National Healthcare Group College Senior Consultant, Tan Tock Seng Hospital</p>				

National Healthcare Group (NHG) Education conducted its first webinar on 27 May 2020 with more than 100 participants. Speakers from five education and healthcare institutions were invited by NHG College to share about what they did to minimise disruption to their learners' training during this COVID-19 pandemic.

### Practicing Physical Skills @ Home

Associate Professor Yip Chee Chew, Education Director (Education Development Office), Khoo Teck Puat Hospital, kick-started the webinar with a talk about the Distance Augmented Real-time Training (DART) programme which was designed to help medical students doing ophthalmology rotations practice psychomotor skills and basic eye examination skills at home during the COVID-19 period. Developed based on two pedagogical principles – self-directed e-learning, and face-to-face teaching— DART helps learning without cognitive overload, supports retaining of knowledge and stimulates the students to think deeper, he shared.

"You need to have good design, principles, make sure that your instructional design is effective and pedagogically sound," said A/Prof Yip. "Technology is a means and not an end. It's just only a way to help you teach."

### Rethinking Assessments

Ms Tina Soo, Senior Education Specialist and Senior Lecturer, School of Health Sciences (SHS), Ngee Ann Polytechnic (NP), shared how SHS supported their 1,800 students and modified the curriculum when they shifted to full home-based learning.

Ms Soo said that while NP has a suite of digital tools, resources and tutorials made available to students and faculty to facilitate learning and teaching, "it was the decision on which digital tool(s) to use to engage and assess the students that was important".

"A sound pedagogy is really important... it's not the technology that drives pedagogy but it's the assessment that drives pedagogy," Ms Soo emphasised that tweaks were made to assessments, shifting the focus to online participation, collaborative learning, and increasing the weightage of the formative and summative assessments.

Speakers Associate Professor Luis Lanca and Associate Professor Chan Sui Yung faced the same issue where their final-year students were unable to complete their last clinical module at the hospitals and pharmacies before they graduate.

A/Prof Lanca, Programme Director (Diagnostic Radiography & Radiation Therapy) at the Singapore Institute of Technology (SIT) shared that while the radiography students were fortunate to receive hands-on experience operating imaging equipment and simulating clinical practice at the Philips APAC Centre as an alternative clinical placement, the curriculum and assessments had to be tweaked to ensure that the students acquire the necessary experience and competencies when they graduate. Hence, students were required to submit an e-portfolio to demonstrate their learning development from year one to four, and a reflective report.

A/Prof Chan, Department of Pharmacy, National University of Singapore, shared that her team had to design a contingent module to ensure that their final-year pharmacy students were able to complete their Pre-Employment Clinical Training (PECT), partially fulfil their Pre-registration Pharmacist Training, and graduate as planned, while at home.

The students were expected to do self-learning at home with daily assignments consisting of topics similar to their on-site clinical training, but with increased intensity, she emphasised.

"We (educators) are to plan and not panic, to communicate, we have to be honest and open, show empathy especially to our students, (and) be resilient," she advised.

## Transformation not Migration

Associate Professor May Lim, Director, Centre for Learning Environment and Assessment Development, SIT, shared that the university adopted a standardised approach for remote teaching called 'Technology Enhanced Learning Plan', which focused on building its faculty's technical competencies, preparing guides and having constant communication with students to address their difficulties and concerns.

She stressed that beyond technology and infrastructure, it was crucial for the university to be consistent in its approach, student centric, support faculty and create a safe space for them to share successes, mistakes, tips and most importantly, rethink the learning goals.

"Merely moving something from paper to the computer is migration, it's not transformation," said A/Prof Lim, who sees COVID-19 as a window of opportunity to do things differently. "If you are really thinking about transformation, about making assessments more authentic, there are so many different ways to do open book exams and so on."

"Transformation requires you to think through how are you going to teach, what are the pedagogical principles behind, and how you use technology to help facilitate and deliver that," echoed A/Prof Yip.

"Things happen very fast... we have to be very flexible, we need to adapt very fast to the new situation, there are many issues related to COVID-19 that we did not expect... and as educators, we have to be problem solvers," A/Prof Lanca said.

Ms Soo stressed that "having empathy for self-care and for our students, understanding that this is a very trying time, everybody is trying to do their best... and having a positive mindset helps in this trying times".



NHG Education Webinar Series moderator A/Prof Wong Teck Yee (Top left), and invited speakers (Clockwise from top right) Ms Tina Soo, A/Prof Chan Sui Yung, A/Prof May Lim, A/Prof Luis Lanca, and A/Prof Yip Chee Chew

# NHG Residency Virtual Welcome: Understanding the Community through Food Insecurity

By Ms Vera Sim



Residents, faculty and administrative staff interacting and sharing their thoughts in virtual breakout rooms

On 4 July 2020, a virtual welcome was hosted for some 170 new National Healthcare Group (NHG) Residency medical residents, in lieu of the annual NHG Residency Community Engagement Day due to COVID-19 measures.

While the residents were not able to physically engage with the community to learn more about the people they serve, they gained insights on food insecurity in Singapore and its effects on individual health and wellbeing shared by invited speaker, Ms Nichol Ng, co-founder of The Food Bank Singapore and president of One Singapore.

“One important thing that we (doctors) often don’t think about are the social determinants in health,” said Dr Faith Chia, Designated Institutional Official, NHG Residency, in her opening address. “Sometimes it’s not just the choices that we make in life, it’s what you experience that determines your health in the future.”

Ms Ng cited a study done by the Singapore Management University in 2018, which found that only 2 per cent of the 236 households interviewed were food secure, while 98 per cent faced some form of food insecurity “at some point in their lives”, and she added: “they can (also) come from 5-room flats, 1-room flats, (and) even landed properties”.

Food insecurity surged when the circuit breaker measures kicked in, shared Ms Ng. “In 2019, we (Food Bank) gave out 802 tonnes of food. But just in the circuit breaker period (April to June 2020) we gave out 560 tonnes of food, and we are only seeing the tip of the iceberg.”

“This is an important reminder for us when we’re in the hospitals, polyclinics, or in the other institutions. We (doctors) often think about how can we help with the expensive medical bills, and we forget that the funding for healthcare cannot be separated from the funding for their (patients) social side of things because someone who struggles to pay for their medication is also going to struggle with everything else,” said Dr Chia, and reinforced the importance for

residents to “see our patients as people” and not simply people with medical conditions that needs to be treated.

During the virtual breakout discussions, Dr Nicole Cheong, a first-year family medicine resident, shared that, “We (doctors) really need to focus on not just about the medical issues, but also how the lack of food can the patients medically, for example gastric pains, (and) we can ask them if they managed to take regular meals because that’s one of the things that affect it.”

Dr Darren Choy, an ophthalmology resident, suggested that individually, residents can take the initiative to check on their patients during reviews to see if they require help, and to link them up with the appropriate social service agencies.



Dr Faith Chia giving her opening address



Ms Nichol Ng during her talk on food insecurity in Singapore



The NHG Residency virtual welcome organising committee

# COVID-19: Psychosocial Care in Acute and Community Care Areas Webinar



Psychosocial repercussions on the collective mental health of patients, caregivers and healthcare workers are already felt worldwide with the ongoing fight against COVID-19. The attention on personal mental health and care has never been greater, with the ramping up of services in counselling and social work in Singapore.

Some of these issues were highlighted in the first webinar organised by Tan Tock Seng Hospital (TTSH) Department of Psychiatry, with support from National Healthcare Group (NHG) College on 26 May 2020.

The webinar, which attracted some 150 participants, sought to share learnings and experiences on addressing the psychosocial care provided in acute and community care areas, and steps taken to reduce strain on the healthcare system.

Moderated by Associate Professor Sim Kang from the Department of Mood and Anxiety (West Region), Institute of Mental Health, five invited speakers from various healthcare institutions shared their first-hand experience in addressing COVID-19 related psychological issues amongst hospitalised patients at the National Centre for Infectious Diseases (NCID), migrant workers, healthcare workers and within community care facilities.



## The list of speakers and their topics:

1. Dr Chan Lai Gwen (Consultant, Department of Psychiatry, TTSH) - "Psychological issues in COVID-19 patients"
2. Ms Ho Lai Peng (Principal Medical Social Worker, Allied Health Services & Pharmacy – Care & Counselling Department, TTSH) - "Psychosocial Needs Encountered in Acute wards of NCID"
3. Dr Benjamin Kuan (Head of Medical Services, HealthServe) - "Culturally Attuned Care of Migrant Worker Patients"
4. Dr Lim Wen Phei (Consultant [Medical Psychiatry], Department of Integrated Care, Woodlands Health Campus [WHC]) - "Sprint or Marathon? Supporting Staff in the Frontlines"
5. Dr Rochelle Melina Kinson (Head, Psychiatry Department of Integrated Care, WHC) - "Setting Up Psychosocial Care in Community Care Facilities"

The webinar received very positive feedback from the participants, with some sharing that the talks provided them with the opportunity to reevaluate patient care delivery, and the provision of support for the various groups.

< Psychosocial Care in Acute and Community Care Areas webinar moderator Adj A/Prof Sim Kang (top left), and speakers (clockwise from top, centre) Dr Chan Lai Gwen, Dr Lim Wen Phei, Dr Rochelle Melina Kinson, Dr Benjamin Kuan, and Ms Ho Lai Peng