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Caring for those who Care

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VOICE, JUSTICE, and POWER:
Employee voice in the workplace

20 April 2017, 12-1:30PM
TTSH Annex 1, Pearl's Hill Room (L2-S-M011)
IMH Block 2, Centre for Mental Health Education, Smart Lab
To register: bit.ly/meeting02

f NHG Education

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INSPIRING Professionals
IMAGINING Tomorrow
Re INVENTING Healthcare

NHG EDUCATION

Caring for those who Care

BY EUGENE SENG

Healthcare professionals are trained to provide holistic (physical, social and mental) treatment and care to their patients, but who is looking after theirs?

While the signs of physical and social ailments are easier to recognise, mental well-being may not; as it may be concealed due to the fear of stigmatisation, or even manifest as physical and/or social ailments instead.

"There is scant data about the mental well-being of clinicians [doctors, nurses and allied health professionals] in Singapore because there is not much conversation going on," shared Associate Professor Nicholas Chew, Chief Education Officer, National Healthcare Group (NHG), during his talk on 'Burnout' at the 14th APMEC (Asia Pacific Medical Education Conference).

Could it be due to the perception that healthcare professionals are considered health role models, hence they would know how to treat themselves? Or could it be due to professional fears such as being stigmatised, that inhibits one from seeking help?

"Interestingly, healthcare professionals are among the last to own up to ill health," said Adjunct Assistant Professor Habeebul Rahman, Senior Consultant (Psychological Medicine), Tan Tock Seng Hospital (TTSH), who leads the TTSH Staff-Support-Staff (3S) programme – a peer support programme that provides emotional first aid to staff facing crisis. "Healthcare professionals in general, make the worse patients!" he quipped.

Dr Habeebul explained that that personality factors such as perfectionism, high standards and expectations, often drive medical staff to brush off early signs of mental issues such as burnout. And the deep seated stigma of being perceived as "weak" also attributes to one's hesitation to seek help.

A/Prof Chew suggests that burnout is a soft entry point into discussions on mental illness. "While burnout is not a mental illness, it provides us a way to start a conversation about how clinicians are struggling with psychological stressors at the work place," he said.

The NHG Internal Medicine (IM) Residency Programme, led by the programme director Dr Faith Chia is currently doing a study on the prevalence and factors of burnout. Preliminary findings showed a

high level of burnout in the IM residents, which is of concern.

She stressed that the effects of burnout is not only detrimental to the healthcare professional but the patient as well. "You [healthcare professional] become distracted, make poor decisions, and slowly lose your ability to engage the patients [emotionally]; and upon realising the lapse in performance, you begin to feel upset with yourself; creating a vicious cycle," she explained. "This may lead to absenteeism, leave of absence, early 'retirement', health issues or even addiction."

Dr Habeebul explained that "being burnt out isn't about one's character or ability". He defined burnout as a "syndrome" comprising of a collection of various feelings and states that can be felt both psychologically and physically.

Ms Lek Jie Ying, coordinator at 3S, elaborated that the psychological signs include feelings of despair, hopelessness and helplessness. She added that in some instances, "the experience closely resembles depression; and the physical symptoms may include loss of appetite, loss of weight, poor sleep, or even gastric pains".

Using the Maslach Burnout Inventory as a reference, Dr Habeebul noted that three main components of the burnout syndrome include: emotional exhaustion, depersonalisation and reduced personal accomplishment. However, not all components need to be present for burnout to be diagnosed; in his study, he found that 56 per cent of physicians experience at least one component of burnout, and 17 per cent in all three.

"There are numerous causes that contribute to burnout. The incredibly complex and unpredictable aspect of healthcare such as attending to patients who are ill, badly hurt or who do not survive despite the best efforts of the medical staff; coupled with workplace tensions, and the occupational hazards of being in the healthcare industry, may prove to be overwhelming for some professionals [especially the more junior ones] who do not have well-developed coping mechanisms," said Dr Habeebul.



**From right:
Assistant
Professor
Habeebul
Rahman
and Ms Lek
Jie Ying**



From left: Dr Faith Chia (seated) looks on as Internal Medicine Resident, Dr Sabrina Lau, present their study on 'Burnout' at the Graduate Medical Education Retreat

Adjunct Assistant Professor Habeebul Rahman works at the Tan Tock Seng Department of Psychological Medicine as a Senior Consultant Psychiatrist. He is a member of the Royal College of Psychiatrists, and has a Diploma in Psychotherapy, which is his area of interest. Dr Habeebul has been appointed to the Board of Visitors to The Office of the Public Guardian, and is also an Assistant Professor at YLL School of Medicine and Lee Kong Chian School of Medicine. Prior to attaining specialist accreditation, he completed a thesis on resilience within doctors, and serves as Chairperson of TTSH's peer support programme (3S).

He stressed that healthcare leaders "should not wait until the time when staff are in a state of learned helplessness where they no longer feel able to effect change in their work environment, before intervening and administering treatment".

Dr Chia echoes this sentiment: "I think we [healthcare leaders or senior practitioners] need to recognise that burnout is a real issue, and not adopt the mindset that the problems are the result of mentally weak 'strawberries' [Strawberry Generation], as they are experiencing physical and psychological effects from burnout."

"As we in healthcare are expected to help our population prevent the onset of disease(s), we should also adopt the same approach to our healthcare professionals; preventing burnout before it happens," said Dr Chia.

Both Drs Habeebul and Chia agreed that there is a pressing need to increase the awareness of burnout amongst healthcare professionals, and the social support available to them; so that they would be able to recognise the signs and seek assistance, should either they or their fellow co-professionals experience burnout.

"If we take the perspective of a learning organisation, it is about how we start having conversations about burnout, and the important conversations needed to actually understand what the size of the problem is, and how we deal with it," said A/Prof Chew.

Dr Faith Chia is a Senior Consultant in the Department of Rheumatology, Allergy and Immunology, Tan Tock Seng Hospital. Upon completion of her advanced training, she did a fellowship in musculoskeletal ultrasound and inflammatory arthritides in the Centre for Rheumatic Diseases in Glasgow, Scotland. Dr Chia is actively involved in undergraduate and post graduate teaching, and is currently the Programme Director for the NHG Internal Medicine Residency Programme.

About 3S (Staff Support Staff)

Tan Tock Seng Hospital '3S' (or Staff Support Staff) was set up in 2007 as part of a Ministry of Health's (MOH) HMDP (Health Manpower Development Plan) initiative to introduce peer support programmes in all the Restructured Hospitals. 3S provides support to staff for most issues, with the exception of financial and/or housing issues. All 3S coordinators and volunteers have received training in Mental Health First Aid, and Critical Incident Stress Management. Staff can either contact 3S directly, or through their supervisors. All sessions will be kept confidential, unless possible harm to self or others is deemed imminent.

Contact 3S at 9720-8515, or email staff_support_staff@ttsh.com.sg

Learning it 'Right' from the Start

BY EUGENE SENG

Venipuncture or 'drawing blood' is more than just puncturing, extracting and collecting the blood from the veins. According to Ms Clarence Eduardo Diesto, a Phlebotomist and clinical support technologist at Tan Tock Seng Hospital, knowledge, technique and practice, are required to ensure that the correct vein is punctured and minimal pain is felt during the extraction process.

Ms Diesto shared that her first-hand experience as a patient -when an MRI dye was incorrectly administered to her arm, causing a part of her arm to swell to the size of "half an apple"; reaffirmed her conviction that healthcare professionals should receive proper training when performing cross-disciplinary skills.

Ms Diesto, who leads the venipuncture training programme for medical students at Nanyang Technological University Lee Kong Chian School of Medicine (LKCMedicine), Patient Service Associates, and nurses, stressed that learners will not receive the right fundamentals through on-the-job training.

"In the past, medical students had to learn [how to perform venipuncture] in the actual environment. Imagine being asked to perform venipuncture on a patient for the first time; having inadequate skills set and lacking self-confidence," she said. "Making the process very awkward."

However, now that the LKCMedicine medical students are trained and taught the correct venipuncture techniques, and having to clock multiple sessions with a dummy arm before performing their first venipuncture, Ms Diesto noticed a "big difference" in the students' confidence when they perform the procedure. "[Now] it's more about assessment of technique and verification of skills. Having spent hours of training, I could see that the students are more optimistic in applying their knowledge and skills in the actual work setting."

She noted that aside from acquiring a new skill, the shared "common language" gives clarity to communication between healthcare professionals from different fields, and the learner also adds value as an employee.

Recognised for her efforts, Ms Diesto was presented with the inaugural National Healthcare



Ms Diesto looking on as a student tries her hand at venipuncture.

Group Inter-professional Teaching Award along with 13 other healthcare professionals. "It's very rewarding to know that I get to impart my skills and knowledge to medical students and clerical staff. I hope they can find the opportunity to put it in good use. Who knows, maybe some of them will take up phlebotomy in the future!" she quipped.

Ms Clarence E. Diesto is the head supervisor of Laboratory Medicine's Phlebotomy Services at Tan Tock Seng Hospital (TTSH), and a member of the Hospital Quality Improvement Project's Committee. She is involved in phlebotomy education and training to more than 200 healthcare professionals that includes nurses, medical technologists, doctors, and phlebotomists.



Leaders: Born or Made?

BY ADJUNCT ASSOCIATE PROFESSOR LIM WEE SHIONG AND Ms POH CHEE LIEN

Are leaders born or made? This is a popular conversational topic over casual dinners and formal cocktail parties. They reflect two prevailing yet contrasting mental models of leaders and leadership development.

On the one hand, there is a widely-held belief that leaders are born, not made. Charismatic larger-than-life figures such as Winston Churchill, Steve Jobs and Lee Kuan Yew readily come to mind. Theories consonant with this school of thought include trait theories and charismatic leadership. In contrast, the universal model of leadership emphasises that leadership is a widespread phenomenon that can be learned, and that training to accomplish this should be instituted.

Twin studies by Richard Arvey and colleagues have estimated that leadership is about 2/3 “made” and 1/3 “born”. These findings suggest that leadership is not predominantly pre-determined by one’s underlying personality, but rather, it involves a set of learned skills and competencies, and an attitude fostered by habits of mind. If we believe that leaders were all (or mostly) born, then our efforts would be



directed towards identifying and selecting leaders for “special” grooming, instead of broad-based leadership development programmes targeting different levels of leadership.

This therefore begs the fundamental question of what constitutes our personal definition of leadership. Mr Lim Siong Guan, who has trained many batches of leaders in the civil service, sums it well with his framework of progressive leadership, which he proposes four stages of leadership development: moving progressively from leadership from the front (I do, you watch), through leadership from the side (we do), to leadership from behind (you do, I watch) and finally, leadership from within (you do); illustrating



the fact that the leader needs at least a follower.

The first follower theory according to Derek Sivers at the 2010 TED (Technology, Entertainment, Design) conference, states that an individual is transformed into a leader when the first follower magnifies the credibility of that individual's idea, and reduces the social risk for the third and subsequent followers. This theory inevitably emulates another two aspects of leadership – being at the right place at the right time where an individual's innate capabilities can shine forth to attract the first follower, and the ability to rally people towards common goals.

Indeed, to meet the increasing complexity and demands of patient care, it is imperative that the professionals of tomorrow's healthcare go beyond excellence in technical skills to internalise the identity and practice of effective leadership. To this end, the Interprofessional Leadership Programme (IPLP) is at the vanguard of a movement to equip ground leaders across NHG (National Healthcare Group) with the necessary relations-related and change-related leadership skills, and supporting them in their journey as emerging leaders. Premised on the universal model of leadership, the IPLP seeks to develop engaging leaders, and an engaged workforce to meet the challenges of the Regional Healthcare System by building the foundations of a "Relationship Healthcare System."

So, are leaders born or made? Rather than framing the question as a false dichotomy, we instead propose that leaders are born AND bred. While our

underlying personality may undoubtedly have some influence on our style and mode of leadership, it is our firm belief that with the necessary skills, right attitude, and a supportive environment, coupled with loads of deliberate practice, we can all be effective leaders within our sphere of influence, and attract our first follower.

Adjunct Associate Professor Lim Wee Shiong is Senior Consultant at the Department of Geriatric Medicine, Institute of Geriatrics and Active Ageing, at Tan Tock Seng Hospital (TTSH), and Faculty Advisor to HOMER (Health Outcomes Medical Education Research). He is the vice-chair of the curriculum development team of the Interprofessional Leadership Programme. His current research interests in health professions education include interprofessional teams and leadership; outcomes-based program evaluation; and mixed methods research.

Ms Poh Chee Lien is the Assistant Director of Nursing at the National Healthcare Group (NHG) Education Office, and the chairperson of the curriculum development team of the Interprofessional Leadership Programme. She is involved in faculty development, strategic planning and community workforce development for the NHG Education Office.

Bonding in the Safari

BY DR ONG JUN YAN AND EUGENE SENG

It was a day in the Safari for some 32 long-stay patients from the Institute of Mental Health, as they made their first visit to the Singapore River Safari on 21 January 2017.

Despite the rain, the smiles from the patients and the 31 psychiatry residents, faculty and programme director from the National Healthcare Group (NHG) Psychiatry Residency Programme, warmed the atmosphere as they were greeted by the wide range of wildlife at the River Safari.

Co-organised by the NHG Psychiatry Residency and the Singapore Young Psychiatrists and Trainees, the day trip marked the second NHG Psychiatry Residency Day. This annual event organised by the psychiatry residents dedicates a day for the residents and faculty to give back to the community.

"Since Psychiatry Residency Day started in 2016, it is hoped that this annual event will remind the residents about the responsibility for outreach to others beyond themselves; as well as provide a platform to foster greater bonds and friendship amongst the residents across the years," said Adjunct Associate Professor Sim Kang, Programme Director, NHG Psychiatry Residency, who participated in the event.

Dr Ong Jun Yan, NHG Psychiatry Resident, and organising committee member of the event highlighted that the close interaction with the patients in a non-clinical environment provided the residents and faculty a different perspective of the patients, a better appreciation of their life stories, and an understanding of the difficulties they face. "This experience served as a good reminder of how we should treat patients holistically as a person and not just be focused on managing the illness," she said.

