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HAPPENINGS



Training During COVID-19: Navigating,
Embracing and Reflecting



Giving Medical Students a VOSCE

FACE TO FACE



NHG Education, 2021 and Beyond:
Where Do We Go From Here?



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IMAGINING Tomorrow
ReINVENTING Healthcare

NHG EDUCATION

Revolutionising Learning from the “Patient’s Lens”



SIT students engaging in a classroom discussion while observing social distancing

First-year Singapore Institute of Technology (SIT) Diagnostic Radiography and Radiation Therapy students can now learn about the diversity, intricacies, and inner workings of the healthcare system, through the “patient’s lens” during the Professional Practice Placement (PPP) that Tan Tock Seng Hospital (TTSH) reinvented in October last year.

The PPP is a year-one trimester one module, that introduces the freshmen students to the healthcare environment, and also highlights the role of radiographers and imaging in various clinical settings. Tan Tock Seng Hospital has been helping the Emergency Department (ED) portion for this module since 2017.

Previously, students in groups of seven were required to attend a face-to-face session conducted by clinical educators from Diagnostic Radiography which included an introduction, physical tour and a debrief over a three-and-a-half-hour session that was held weekly.

Ms Felicia Oh, Senior Radiographer and Clinical Educator Lead (Diagnostic Radiography and Radiation Therapy) at TTSH, who spearheads this collaboration, shared that the previous PPP sessions focused on workflow for radiographers in the different areas in ED such as resuscitation bays, triage, nursing station, observation bays, and did not focus on the patient’s perspective and journey.

“Through many runs and reviews, we realised that the students faced difficulties connecting the dots when they rotated through the various stations during their tour around the ED,” she said.

And when COVID-19 struck, Ms Oh seized the opportunity to revamp the module with the assistance of TTSH Education Director, Associate Professor Tham Kum Ying.

“Given the uncertain duration of DORSCON orange, it was necessary to move the session to Zoom,” said Ms Oh. “This time round, we decided to design the programme from the patient’s own journey, which would show the relation between stations and the clinical flow, hence enabling the students to empathise from the patient’s perspectives better.”

With safe distancing measures in place, 115 first-year SIT students attended the new two-hour Zoom session facilitated by Ms Oh and her team. They were presented with case studies, re-enactments and real-life interviews with standardised patients, which illustrated the patient’s journey when they were admitted to the ED. The students were also required to participate in group discussions, and quizzed about the case studies at the end of the session.

Many of the students feedback that it provided them with a realistic perspective of ED and work life.

“This programme answered a lot of my misconceptions, and helped me to understand what goes on behind the scenes of ED,” said one student.

“Case studies were really helpful to contextualise the different experience that one may have as a radiographer managing different patients,” said another.

“We hope that this new approach is able to help the students better transit from being laymen to aspiring healthcare professionals, recognise the role of radiography, and most importantly to understand what the patients go through when they are admitted to the ED,” said Ms Oh, adding that they are “currently exploring to offer a ‘hybrid mode’ to future batches when COVID-19 subsides”.



Ms Felicia Oh (right) conducting a one-to-one clinical teaching session using the mobile x-ray machine



Ms Felicia Oh

Ms Felicia Oh is a Senior Radiographer and Clinical Educator Lead (Diagnostic Radiography and Radiation Therapy) at Tan Tock Seng Hospital. She holds a concurrent Associate Faculty appointment at SIT for the Bachelor of Science in Diagnostic Radiography programme. She attained her Masters in Medical Imaging Science, with a specialisation in Radiographic Image Interpretation from the University of Sydney.

NHG Education, 2021 and Beyond: Where Do We Go From Here?

By Associate Professor Michelle Jong



2020. It seemed like the world was spinning out of control in a blink of an eye. Suddenly, furrowed brows walked our corridors as people worried about many things. A census of what we had in physical assets and a review of our manpower.

As the world whirled around us, I remember distinctly the need to pivot manpower to fulfil new job roles which staff were not trained or practiced for. Despite the uncertainty and chaos, it was heartening to hear that staff from all over NHG imbue the mission of improving the health of our patients and our community.

The words which flowed to the education community were “this is where I am needed, teach me how to do the job”.

What got us to this point? A point where staff are comfortable to learn, unlearn and relearn.

Associate Professor Nicholas Chew (immediate past Group Chief Education Officer, NHG) rallied us with his vision of “Inspiring Professionals, Imagining tomorrow and re-Inventing Healthcare” through education. The structures and systems put in place to ensure that our formal learning was well established and robust both in the undergraduate sphere as well as in our residency programmes. Beyond that, our Learning Culture in NHG is evident in the ongoing improvements, transformation efforts in healthcare training and delivery which are already happening on the ground.

So what now? Reading tea leaves is always challenging, not least because I am primarily a coffee drinker.

These are the trends that are hard to ignore:

1. Singapore’s shrinking labour force
2. An explosion of new discoveries, new knowledge, new science, and new diseases
3. Learning tools have become more sophisticated and learning spaces and environments have changed
4. Healthcare delivery continues to transform and new jobs have been created with new skill set requirements
5. A recognition that clinical knowledge is not enough, we need to work together, harness teams and build personal and systemic resilience
6. A need to embrace our communities and their support networks in care and a need to upskill and activate them

The Learning ecosystem as we move forward needs to help us navigate these challenges, and beyond that, leverage on these as strengths in our systems. As healthcare professionals work in our clinical roles, they are transforming healthcare by learning. The learning translates into doing; that the doing translates into the better care for our community and whilst we care for the community, we learn to do better.

Some key strategic thrusts in our next lap would need to include the development of scientific foundation for the learning ecosystem, measures to assess the impact of education interventions, the effective dissemination of education interventions, formalising education interventions to equip the workforce for new roles in healthcare, include patients and their support networks in the education journey so they become activated members in the health ecosystem, and optimise all processes with the appropriate use of technology as well as human relationships.

It is a tall task and the journey ahead will no doubt be long and riddled with challenges. But it is important that we pause here to thank everyone for how far we have come. You have all made changes in Education and all your efforts count.

One of my colleagues favourite African quote is "If you want to go fast, go alone, if you want to go far, go together". I hope more will join us on this journey as we have far to travel.



Student-led Interprofessional round



NHG Residency Community Engagement Day

Associate Professor Michelle Jong, is a Senior Consultant in the Department of Endocrinology, Tan Tock Seng Hospital (TTSH), and the Group Chief Education Officer at National Healthcare Group (NHG). Concurrently, she is also serving as the Assistant Chairman, Medical Board (Education), TTSH; Chair of the NHG E-Learning Oversight Committee; and Chair of the Endocrinology Residency Advisory Committee. A/Prof Jong also holds various national-level education leadership positions at NHG, TTSH, and the Nanyang Technological University Lee Kong Chian School of Medicine.



Faculty Development Programmes

Training During COVID-19: Navigating, Embracing and Reflecting



Like everything else, residency training at the hospitals grinded to a halt when COVID-19 hit Singapore's shores, at least for a moment.

Even though training resumed shortly, albeit in different forms, an air of anxiety was felt amongst the residents amidst these uncertain times.

Dr Lee Pei Hua, Chief Resident, National Healthcare Group (NHG) Infectious Diseases (ID) Residency Programme, who was barely six months into her ID training, suddenly found herself going through "a new version of ID training... facing a new virus".



NHG Residency COVID-19 MVP was introduced in March 2020 to recognise residents for going beyond the call of duty during this pandemic. Dr Ricky Yung (pictured) was one of the first to be recognised



A/Prof Sim Kang, Programme Director, NHG Psychiatry Residency Programme, conducting an online teaching session

“The fear was real, fear of the unknown... of getting the virus... of separation from our own families,” said Dr Amanda Lim, Associate Consultant (Emergency Medicine), Tan Tock Seng Hospital, who was preparing for her specialist exit exam when COVID-19 hit.

“There was anxiety for sure... ‘what’s going to happen to my training?’, ‘will I ever finish my residency? I am already so close to the end.’”

With movement restrictions between hospitals and healthcare institutions, and safe distancing measures in place, this meant that clinical rotations were disrupted, face-to-face clinical trainings ceased, and examinations were delayed.

But in the same breath, without the junior doctors, residents and senior residents manning the frontlines, “we could not have managed the pandemic,” said NHG Residency Designated Institutional Official, Dr Faith Chia, who spoke at this year’s Asia Pacific Medical Education Conference.

‘Embracing’ the Challenges

Dr Chia said that it was challenging for her and the residency team to find that “balance between service to the nation (residents delivering patient care in the frontlines) during the pandemic”, and having

to ensure that residents can progress in their training with the restrictions in place, whilst “not compromising training standards”.

So instead of mitigating the impact that the pandemic has on residency training, Dr Chia and her residency team decided to embrace it.

She shared that thoughtful planning of resident deployments was crucial during this period as they were deployed to different venues to assist in the fight against the pandemic. “We adhered to the ‘allowable days of absence’ within a posting, for example when surgery residents were deployed to the screening centre... we developed learning objectives for the residents within their postings; and ensured that the residents continued assessments... and we linked them up with faculty during their deployments,” said Dr Chia.

“We were really worried for procedural specialties when elective surgeries were cancelled during the circuit breaker... our residents were not getting enough hands-on time,” said Dr Chia. “So we made up (the training gaps) with lots of simulation training.”

Opportunity to Do ‘Other’ Things

Dr Chia noted that despite the many challenges that arose during the pandemic, it also brought about many opportunities. The reduction of ‘business as usual’ activities was a good opportunity for ward consultants and senior residents to increase in-service teaching, for residents to do reflective learning, and for departments to plan for “catch up” when normal times return, she elaborated.

The mass adoption of online teaching and learning platforms such as Zoom, also created opportunities to do things which would have been considered challenging – due to budget, time or venue constraints – in normal times such as inviting overseas experts to give talks, or even creating a “national training system” for all surgical residents - initiated by all general surgery programmes in Singapore.

Dr Chia shared that she was also heartened to know that there was an increase uptake in residents being involved in scholarly activities, doing disaster planning, and also organising activities such as a blood donation drive where they could pay it forward to the community.

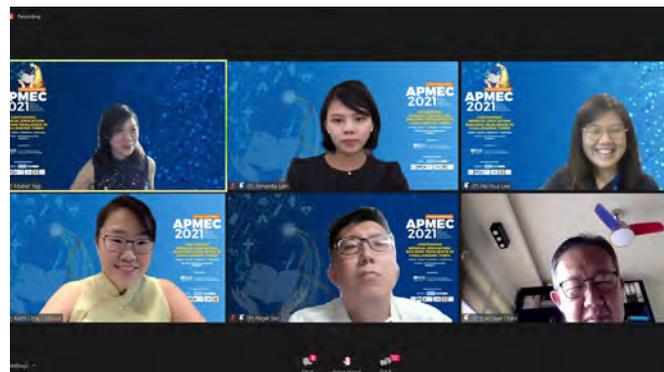
The Importance of Support

While a lot of effort was made to minimise the disruption to residency training, and manage the pandemic, Dr Chia stressed that resident wellness and “support cannot be emphasised enough” during these times.

“I felt unsettled, and I cannot imagine what the residents were feeling at that time, not knowing what’s happening to their training,” she said, adding that more than half of the residents surveyed felt anxious about their training and the situation.

What helped to allay the anxiety was that support was available to the residents, shared Dr Chia. “Our residents found that it was really helpful to know that their seniors were there with them side-by-side in their deployments.”

“I really felt all three Sponsoring Institutions (offering residency training in Singapore) worked well together as one healthcare system for our country, to support and foster each other’s residents,” said Dr Chia.



Drs Faith Chia (bottom left), Amanda Lim (top centre), and Lee Pei Hua (top right) speaking at 2021 Asia Pacific Medical Education Conference -‘Surmounting The Challenges of Residency Training and Assessment During COVID-19’ symposium

Giving Medical Students a VOSCE

For the first time, final-year medical students from the National University of Singapore Yong Loo Lin School of Medicine (NUSMedicine) underwent their Objective Structured Clinical Examinations (OSCE) revisions virtually.

This meant that all clinical assessments, including physical examinations, had to be done through an online platform, where the students were required to verbally describe in detail over Zoom – for example, the steps and actions that they would take when examining a patient, as if they were performing it in person.

Partnering with 74 National Healthcare Group (NHG) residents from across different disciplines, the Tan Tock Seng Hospital (TTSH) Pre-Professional Education Office (PPEO) organised the first-ever Virtual Revision OSCE (VOSCE) Workshop to prepare 290 final-year NUSMedicine students for their upcoming MBBS (Bachelor of Medicine and Bachelor of Surgery) examination, which was held in the first quarter of 2021.

This examination is a mandatory requirement to graduate from medical school, and is traditionally conducted both



Pre-COVID OSCE sessions



The VOSCE team (from left): Ms Jaelyn Sng, Ms Shalimar K Ramirez, Mr Larry Lan, and Ms Cecilia Anne Mahimy

face-to-face and hands-on. However, in line with the safe management measures in place due to the pandemic, TTSH PPEO meticulously planned the structure of the VOSCE and adapted all 12 VOSCE stations – consisting of a circuit of short (5 – 10 minute) stations – for a digital setting.

A needs analysis was conducted with the medical students prior to the planning of the VOSCE to identify their areas of concern, and question stems were also planned to address these needs, shared main VOSCE coordinator Dr Ling Hua Yen, a second-year NHG Internal Medicine resident, who designed the question stems and marking rubrics.

“It was a big challenge to conduct the OSCE online... The number of preparation work and dry runs needed were definitely more as we had to ensure that every examiner and participant had good internet connection, and to familiarise everyone with the platform functions and timings,” said Dr Ling, who was also in charge of recruiting the residents as examiners and standardised patients (SPs).

Several technical trial sessions were conducted, and comprehensive guides and checklists were also prepared for the residents to help them troubleshoot possible technical issues during the workshop.

While the adaption of the OSCE sessions onto a digital platform was a mammoth task, the team felt that the bigger challenge was having to administer and assess physical examinations over a virtual platform.

“I believe everyone would agree with me on this... The physical touch was missing,” said Dr Ling.

“As this (OSCE) is a clinical examination, it would be great if the students had the chance to examine patients physically. And even for the communication stations, being able to see the body language (up close) is very important as well.”

“(But) The most important thing is that we (residents) believe that at any level of training, being able to impart our knowledge to our juniors is crucial. After all, we are going to be colleagues at work!” she added.

“(The restrictions) definitely made us more creative in finding alternative ways to continue delivering worthwhile learning activities to our students in TTSH,” shared the administrative team supporting the workshop.

While the inaugural VOSCE had its fair share of challenges, many of the students who attended lauded the organisers’ efforts for adapting and conducting the OSCE virtually.

“The briefing and Zoom set up was extremely efficient and well organised!” one student remarked.

“The examiners and SPs were well-prepared, and provided us with good tips and feedback. The overall flow was smooth and I think it is really good considering it’s the first time conducting it on Zoom, so well done!” shared another.

► How was the virtual OCSE conducted?

- Similar to a physical OSCE, the virtual OSCE consisted of 12 stations (virtual breakout rooms), focused on the following medical specialties: General Medicine, General Surgery, Orthopaedic Surgery and Radiology.
- Grouped in six, students were assigned roles such as timekeeper, presenter, and observer, within their team.
- Each group was assigned to a virtual breakout room with at least one resident playing the role of an examiner; with some stations having an additional resident playing the role of a standardised patient (SP).
- Students were given 13 minutes to complete the tasks at every station, and rotated through all 12 stations.
- Students were assessed based on how concise and accurate they communicate their diagnosis, investigations and course of action, including the clinical skills segment, to the examiners.

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