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Sharing a Vision, Better Conversations

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NHG Collective Leadership Conversations: Sharing a Vision, Better Conversations

place. Likewise, when concluding a meeting or conversation, summarise and highlight main discussion points and follow-ups, and thank everyone for their inputs.

By simply taking a few minutes to 'take care of entry' before the conversation starts, and 'take care of exit' when the conversation ends, it will help create and foster psychological safety for the individual and the team.

Psychological safety is defined as the shared belief held by members of the team, where team members will not embarrass, reject or punish each other for speaking up (e.g. sharing ideas, raising concerns, highlighting mistakes, etc.).

By being in a psychologically safe environment, team members will feel more comfortable as themselves, be more open to collaboration(s) and willing to take risks, which would ultimately translate into more innovation and growth for the team and the organisation.

Taking Care of Entry	Taking Care of Exit
<ul style="list-style-type: none"> Welcome and introduce everyone, including their roles in the conversation Set context of why everyone is convening Check-in on how everyone is 	<ul style="list-style-type: none"> Summarise and highlight main discussion points State clearly the follow-up actions Thank everyone for their inputs

Ms Shirley Heng, Chief Nurse at Khoo Teck Puat Hospital, who attended the 2021 run shared that in the work of patient engagement, 'taking care of entry' and creating a psychologically safe environment for her patients and colleagues are vital for building trust and relationships with her patients, and the progress of their treatment. While 'taking care of entry' was not a foreign concept to her/her team, she said that it was refreshing to see it taught in a simple manner, adding that her team "summarised some of the tools, and incorporated them into orientation and townhall slides for nurses".

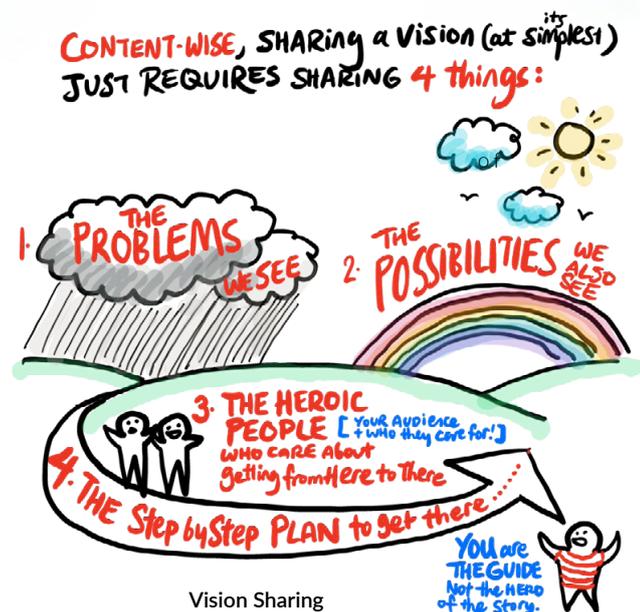


Ms Shirley Heng

"The collaterals, drawings, frameworks shared with participants enabled us to 'make it stick' with our staff. The tools were easily blended into our daily practice and meeting formats, and it enabled us to practice active listening with our colleagues," she said.

About the NHG Collective Leadership Conversations

Since its inception, the CL Conversations conducted by NHG College have reached over 550 senior leaders and system leaders from across NHG over 19 runs. At the institution level, NHG institutions have also rolled out the CL programme for their managers and team leaders, featuring the same curriculum and suite of CL concepts and tools.



Vision Sharing

The NHG Collective Leadership Conversations is a series of facilitated conversations on building trust, engaging relationships, high performing teams and collaborations across the network. It aims to build common language and mental models amongst NHG's leaders at all levels, so that they may inspire and create an environment for collective leadership to thrive in teams, departments, and strategic projects within NHG.

Launched in 2018, the Collective Leadership Conversations had been conceptualised as a highly experiential and interactive face-to-face programme. The online iteration of the programme, relaunched in early 2021 after a COVID-induced hiatus, was specially designed to allow engagement and interaction in a virtual and safe setting for learning.

This series will explore some of the key concepts and tools for enabling the practice of Collective Leadership (CL), and also features how some of the alumni of the CL Conversations have applied what they learnt back at their workplace.

Sharing a Vision: From Problems to Possibilities, Why and Who We Do It For

An exercise that many CL participants found useful was the vision-sharing exercise.

'Vision' here does not refer to the organisation's vision statement, but a more intimate and personal vision that speaks to people's motivations. In CL, participants were encouraged to articulate their personal vision about why they were in healthcare, the work they felt was important, and who they were doing it for.

Participants were given a simple framework to do this: first of all, their personal vision (as leaders) had to make sense to themselves, to individuals and/or team involved in the work

(connect to the head); it also had to be able to motivate people to come along (connect to the heart); and it had to resonate with their sense identity and values (connect to the gut).

Vision sharing in CL was framed in a very personal manner - like sharing a personal story: "why am I doing this?", "who am I doing this for?" and ending with a call for action. This was in stark contrast with how vision sharing takes place in most corporate settings - in a top-down, directive manner that often leaves team members feeling distant and unmoved.

In CL, participants found that when they shared their personal take on the unit's vision statement, it resonated with and inspired their team members.

Participants were then encouraged to help their team members identify their own aspirations for the team or unit, gain clarity of their passions and purpose, identify their relation towards stakeholders, and devise a plan of action to help them achieve their goals.

Ms Tan Siew Peng, Senior Nurse Clinician from Woodlands Health (WH), said that sharing a vision about the direction of nursing in WH was crucial in engaging her team.



Ms Tan Siew Peng

"We felt that this gave us opportunities to develop nurses further in their clinical role and their clinical professional identity," she said.

"Sharing this vision helped to instil this focus on professional identity development in my nurses, and having a collective vision gives the team a chance to engage all nurses in an open conversation."

Better Conversations: Taking Care of Entry and Exit

One of the concepts introduced early in the CL programme is to take care of one's 'entry' before 'entering' into or initiating a conversation or meeting. It is about setting context for the conversation, being mindful of how ourselves and the other person may be feeling before starting the conversation, making 'psychological' or 'emotional' space for everyone to acknowledge their frame of mind, or allowing them a few minutes to decompress and be present for the meeting.

This can be achieved by getting everyone to acknowledge each other in the room, followed by setting the context of why everyone is convening, and then checking with everyone to see if there are concerns about the conversation that is about to take

NHG Chief Resident Series: Broadening Perspectives Beyond Healthcare Clusters



In this three-part series, we spoke to alumni chief residents across different cohorts from National Healthcare Group (NHG) Residency to learn about their experiences as young doctors learning to lead their peers, balancing their lives between work and family, and honing their skills to become the physician leaders for tomorrow's healthcare.

In the second of three-part series about chief residents training in NHG, we spoke to current Chief Residents (CRs) Drs Lee Pei Hua, Lokesh Krishnaji Kolhe, and Kenny Lim about their journey as CRs and their experience going through the Singapore Chief Resident Programme (SCRCP).

1. Complete the sentence: When I was a junior resident, I saw the CR as:

Dr Lokesh Krishnaji Kolhe (L): ... someone that you will get 'arrowed' for many things (laughs).

Dr Lee Pei Hua (PH): ... the 'saikang' warrior- the one who does things which people are not keen to do, and the 'voice of people'- the one who speaks things which others not dare to say (laughs).

Dr Kenny Lim (K): ... someone who was very steady and level-headed.

2. Now that you are a CR, what are some of the misconceptions that fellow residents have of CRs?

PH: 'The chosen one' - who is the big bosses' favourite resident, or the 'opinionated' one - who enjoys doing all the jobs, leading the residency, etc. To be honest, some residents don't know the role/existence of CR (laughs).

L: High-flyer, too good for us (general residents) 😊, 'sure got job one!' (laughs)

K: Hmm... I wonder if my peers think I get secretly updated with all the latest news, circulars and guidelines (laughs). I actually get my information from the usual places; through the usual email blasts and circulars.

3. What are some of the challenges that you have faced, or lessons that you have learnt as a CR?

L: I am grateful for the opportunity to work with fellow CRs and especially our Resident Council EXCO. It's easy to be myopic when you are busy with your day-to-day routine, and being disconnected to

leadership or organisational directions. So, for me, the biggest differences were gaining a different perspective, and having an open mind about challenges (clinical or administrative) that come through.

It was great learning from various leaders across NHG during the few meetings I attended. And having faculty members and seniors on your side, and steer you in the right direction is immensely helpful.

Of course, all is not hunky-dory when it comes to being a CR. It's important to understand that you are the voice for your juniors and peers. Sometimes not knowing how to help someone with certain issues in the capacity as a CR, and time management can be challenging.

Being a CR means having new responsibilities in addition to my usual work and family life. Luckily, with supportive 'home minister' (wife) and my peers, I was able to tackle these issues.

PH: Time management - juggling between my busy clinical duties and duty as a CR; I suppose that I need to be more efficient (laughs).

I feel that people or soft skills are extremely important. You'd need to have good negotiation skills to be a good CR, because you need to manage people with different characters/personalities, as well as listen to our fellow residents in order to improve the programme.

It also started to make me think like a leader, understand the dilemmas of being a good leader, and realise that good leadership does not mean having to please everyone.

K: Sudoku skills from managing the roster. I also had the chance to view things from a broader perspective and learn how complex the entire healthcare system is.

Not being able to meet up in person during COVID was quite a challenge, as gathering feedback and following up on issues on the ground are still best done in person, compared to virtually.

4. You recently completed the Singapore Chief Resident Programme (SCRCP). Could you share with us some of the activities and insights that you've gained?

K: SCRCP was an eye-opening experience. I am grateful to have had the chance to meet CRs from the different clusters, network with them and learn from them.

L: The SCRCP is a year-long programme which holds monthly seminars focusing on team building, interpersonal relationship/communications,

leadership qualities, general healthcare overview, etc. Many parts of the programme were eye openers, for example, future direction of healthcare in Singapore, quality-based changes to value-based care, to name a few.

It was an incredible experience to interact with CRs from various specialties and institutions. I've learnt quite a lot of soft skills related to teamwork, problem solving, and communication.

PH: SCRCP provided a good platform for us to meet different people from different institutions, and connecting us together.

I have learnt so much, especially seeing things from different angles, and learning how to give feedback in a constructive way. It also introduced a new 'me' to myself. The activities also made me realise regardless of our personalities, or where we are from, we have to work together.

5. How has it changed you as a medical practitioner, a leader, and a person?

L: No huge change per se, but I'm more mindful about my surroundings, and have gained advice from seniors and other colleagues to anticipate potential opportunities as well as problems that may come my way.

PH: Medicine involves leadership. I believe in excellent leadership skills and management practices that will positively influence both patient and healthcare organisation outcomes. With the lessons I've learnt over the course of the year, it gave me a renewed conviction to improve certain things in my residency programme.

K: The programme has enabled me to think more broadly; to think further downstream on effects not only on our individual patients but also on how certain measures affect the system as a whole. Personally, I also learnt a lot from the many anecdotes from the programme; to think critically first and be brave enough to push for positive changes.

6. What are some of the lessons you will bring back to your workplace?

- L:**
- Be mindful of your role in this entire landscape of Singapore healthcare, think of the bigger picture more often than not
 - Be kind and compassionate to others always
 - Learn to listen to everyone - many times, even junior members from your team may have brilliant ideas which may help a large group of people
 - Do not be afraid to make bold decisions
 - Be aware of burnout and seek solace in things that would keep you going, such as religion, family, friends, hobbies, etc.

PH: There are a number of broad skill areas that are particularly important for leaders after gaining new knowledge about hospital

management, and I'd like to incorporate into my daily work such as strategic thinking, planning and delivery, people management, communication, and persuasion and influencing.

My ultimate goal is to be an efficient physician leader, as I believe that effective leadership would affect physician well-being, and a strong leadership would result in less physician burnout and higher satisfaction.

K: The importance of communication, as well as sharing a common vision while continually obtaining feedback and improving, so that we can bring the vision into fruition.

7. Do you see the value in training current and future generations of doctors and residents to embark on a similar journey?

L: Undoubtedly, this is strongly encouraged for interested participants. It has given me a much wider perspective of our healthcare landscape, and helped me to polish certain skills over the last year. In addition, the bonds formed with others is a rare opportunity for all of us who have been busy in our day-to-day lives.

PH: Yes, I think the most important thing is to look for the right people and start training them since young! So that they can send good vibes and influence 'reluctant' people (laughs). Some people grow up to be a leader, some might not, but those qualities may emerge if they undergo some 'training' or are given the opportunity. The 'chosen' ones must be willing to learn and continue the hard work.

K: It was a good learning experience outside of our usual clinical work. Learning about the healthcare ecosystem and the immense effort our seniors put into planning and improving outcomes, including our work environment and patients' experience, really put things into perspective. This provided us with much motivation to try harder to continue the efforts of our seniors in making a better environment for our colleagues and patients.

8. What advice would you give to your juniors and future nominated CRs?

L: Do realise that the mentors that 'arrow' us have plenty of experience with them, and there must be a (positive) reason you are being arrowed 😊. Be proud of receiving the opportunity. And remember that in medicine, the more we 'give', the more we gain. The journey has definitely prepared me to learn certain characteristics and skills that an ideal leader should have and the ways to achieve them.

PH: Again, it has to be right people with the same goals/directions. I feel most of the people I met at SCRCP did not volunteer, but when they were in it, they did a good job. This reflects that our seniors selected the potential future leaders wisely.

K: A wise senior once told me that you were probably chosen for a reason, and to find your own path.



Dr Lee Pei Hua is a senior resident in her final year of Infectious Diseases residency training. She graduated from University of Manchester in 2012 and obtained her membership with the Royal College of Physicians in 2016. Dr Lee was the Vice President of NHG Resident Council EXCO in 2019/2020 and a member of NHG Resident Council in 2020/2021.



Dr Lokesh Krishnaji Kolhe is a senior resident in his final year of Emergency Medicine residency training. He is currently at Tan Tock Seng Hospital Emergency Department continuing the COVID-19 battle, and as always, enjoying the team work and camaraderie. Dr Lokesh graduated from Maharashtra University of Health Sciences, India in 2010, and obtained his membership with the Royal College of Emergency Medicine in 2015.



Dr Kenny Lim is a senior resident in his final year of Psychiatry residency training. He is currently doing his elective posting at the Mood Disorders Unit and Neurostimulation Service at the Institute of Mental Health, and is concurrently chief resident of his residency programme. Dr Lim graduated from the National University of Singapore Yong Loo Lin School of Medicine in 2013, and obtained his membership with the Royal College of Psychiatrists in 2019.

NHG Leadership Moments: Redefining Resilience, Well-being and 'Us' in the Pandemic



Professor Paulin Tay Straughan (left) with webinar moderator Dr Rochelle Melina Kinson

"The pandemic has rewritten the rules and parameters within which society is governed," said Professor Paulin Tay Straughan, Dean of Students and Director (Centre for Research on Successful Ageing), Singapore Management University (SMU), to some 66 senior management and leaders across National Healthcare Group (NHG), during the NHG Leadership Moments webinar, held on 12 Jan 2022.

She added that whilst the pandemic brought about disruptions to our work and lives, it also presented a "clean slate" for society to build a better community and work "towards better states of well-being".

"Part of the contribution to stressors is that we don't talk about it." – Professor Paulin Tay Straughan

prof pandemic created a sense of loss of control, and that significantly impacted well-being, she said, urging leaders and organisations to refocus on the well-being of the people that they manage. "For me, it's my students, and for you, it's your team."

Prof Straughan highlighted that notions of well-being, work environment(s), and the meaning of work in sociology are social constructs without objective meanings.

"The meaning that these labels take depends on how we interpreted them, and the normative values that we attach to them," she said. "(That is why) we do not assume that we understand what stress is... and that everyone shares the same concerns."

"How do we then prepare ourselves to be sufficiently fit to take charge, at the very least, our own navigation?"

Prof Straughan defines well-being as a multi-dimensional, dynamic and robust construct that encompasses the economical, physical, mental, psychological and social states of well-being. She highlighted that a ground-up approach is critical to identify what well-being means to the individual, the stress triggers, and the available resources that can be tapped on to help mitigate the negative effects of stressors. To help its students navigate through this new normal, SMU launched the SMU Resilience Framework last October.

Redefining and Building Resilience

Adapted from Dr Bill Hettler's Six Dimensions of Wellness model, the SMU Resilience Framework aims to develop resilience in students based on six dimensions of wellness – physical, intellectual, social, emotional, career and financial.

Prof Straughan explained that because the "traits of resilience are not universally applicable... as it depends on your circumstances, the challenges you face, and where you are in your life cycle", the Framework had to be anchored based on what the students deemed important.

SMU adopted a three-pronged approach to help its students develop resilience:

- Education – to continue educating the students (imparting knowledge and skills, and shaping attitudes)
- Encouragement – to build a supportive community (providing professional and peer support)
- Experiences – to ensure that things that are taught or introduced to the students can be translated and applied to their everyday life (broadening students' emotional and psychological range through authentic learning environments)

Prof Straughan stressed that the "robustness" of the SMU Resilience Framework allows it to be

Well-being in the New Norm

"The (COVID-19) disruption requires us to pause (and reflect), and not apply our usual solutions that we tap on when we are dealing with stressor situations in the workplace," said Prof Straughan. "Because a lot of rules that bound us in the past are different now... we have to redefine our social relevance and significance."

The frequent disruptions brought about by the changes in rules and norms during the

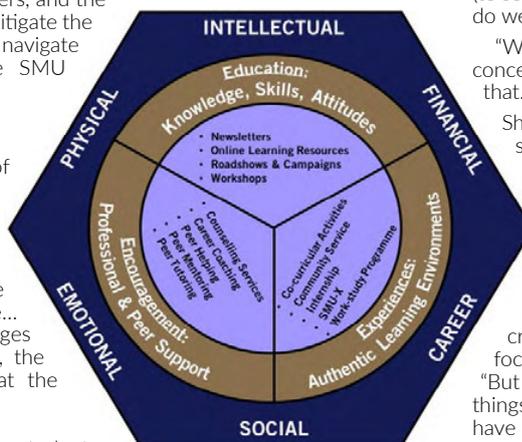
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The SMU Resilience Framework
Illustration credit: Singapore Management University

adapted based on the organisation's needs, as it focuses on identifying the dimensions that are important to protect the people and the community that the organisation serves - the students in SMU's instance.

She then shared an example of how SMU utilised the Framework to address student stressors and strengthen well-being.

A pulse survey is conducted at the beginning of every semester to ascertain the students' immediate concerns. The Framework is then applied to the issue that has been identified to establish the dimension(s) of well-being it affects, and the suitable educational efforts that can be implemented.

However, the most "powerful" aspect of building well-being is experiential learning, emphasised Prof Straughan. "You can't just listen to advice from an internet portal or somebody telling you what to do. You'd have to do it, experience it!"

This is where the SMU Peer Helpers – a student support group – comes into the picture, she said. The Peer Helpers go through weekly sessions with counsellors and social workers, where they learn how to translate what they were taught (in webinars, workshops, reading materials, etc.) into practice. Through this process, they acquire self-care skills, and it encourages them to talk about the stressors they face.

While Focusing on Our Team, Don't Forget about Ourselves

"Part of the contribution to stressors is that we don't talk about it," said Prof Straughan, adding that it could be due to the preconceived notion that "talking about it reveals the weaknesses that we want to hide".

"So, by turning it (talking about stressors) into a community-based endeavour, (where) we talk about it all the time, it helps to normalise and take away the sting of social stigma," she said.

Mrs Olivia Tay (Group Chief Human Resource Officer, NHG) shared that Singaporeans are generally not expressive when it comes to communicating, and showing appreciation or empathy, and this is further exacerbated in the pandemic, with most communication happening over Zoom.

"It is in times like this... when we cannot forget that a pat on the shoulder means a lot (to someone)... but when you are in Zoom, how do we do that?" she said.

"We need to be expressive and show our concern, make time and be deliberate about that... because it is a morale booster for them."

Sharing the same sentiment, Prof Straughan said: "It takes a lot of effort to verbalise that appreciation, and we sometimes forget that when we are (working from) home, we just assume that everybody is safe."

Fellow participant, Dr Mok Ying Jang (Chief Operating Officer, NHG Polyclinics) highlighted that often during crises, there is a tendency for leaders to focus on the situation, and not the staff. "But if we were to focus on them, we can get things done together as a team, even if we have limited information."

Dr Mok also added that beyond expressing appreciation and compassion, there is also a need for leaders to practice self-care.

"If we are unable to care for ourselves, it becomes more difficult to look after our team," he said.

Log in to eLearn (eLearn.sg/nhg) to view the full webinar – NHG Leadership Moments: Post-COVID-19 – How has the meaning of work and us changed?

Yishun Health Teachers' Appreciation Day 2022: Honouring Passion, Innovation and Stewardship

Forty-one clinical educators were honoured over Zoom on 1 Mar 2022 during the Yishun Health (YH) Teachers' Appreciation Day, for their passion and efforts in training and nurturing healthcare professional students.



Kho Teck Puat Hospital Education Director, A/Prof Yip Chee Chew (left) and NHG Cluster Education Director, A/Prof Wong Teck Yee gave opening addresses, thanking teaching faculty for their efforts in nurturing the next generation of healthcare professionals

In his opening address, Adjunct Associate Professor Yip Chee Chew, Education Director, Kho Teck Puat Hospital (KTPH), commended the teachers and clinical education leaders for their commitment and excellent work in educating the next generation of healthcare professionals.

"I'd like to thank all the heads of department for your strong support to deliver high quality medical education to the students," he said, while also expressing his thanks to the National Healthcare Group (NHG) Education Office, the Tan Tock Seng Hospital Pre-Professional Education Office and Medical Education Office for their "strong support and guidance".

Adj A/Prof Yip shared that despite the challenges brought about by the pandemic, the student feedback scores for nursing, medical and allied health in FY2021 exceeded that of FY2020's scores, and NHG's expected score of 3.6 (out of 4).

He was all praise for the YH Education Development Office for their prompt efforts in adapting to the rapidly changing learning environment, and the many teaching innovations that were piloted to "reduce face-to-face contact and teaching manpower, while ensuring education quality" during the pandemic.

One such innovation was the **iPrep** (integrated Portfolio for entrustable professional-activity) mobile app that enables year four National University of Singapore School of Medicine students to self-learn point-of-care ultrasound using real-time portfolio data. Faculty are also able to calibrate the training and monitor the students' progress, allowing for continuous curriculum improvement.

The other innovation was **VRUS** (Video Reflection for Undergraduate Stitching), a self-regulated learning module for medical students to learn basic suturing skills, that was piloted at Admiralty Medical Centre last year. Using VRUS, the students will watch the pre-learning video, set their own learning goals, and record their practice on a mannequin. Faculty will review the recording, assess the students based on a marking rubric and give feedback. The students will then do guided reflection on their performance to modify their suturing technique to attain competence before being allowed to perform the suturing procedure on a real patient under supervision.

Adj A/Prof Yip also took the opportunity to share two separate innovations that will be implemented in the coming year: **CREST** (Clinical Reasoning Enhancement Through Scenario-based Teaching), an app-based learning tool to teach clinical reasoning in Ophthalmology to LKCMedicine students; and **4C/ID-DEPAB** [Four-Component Instructional Design (4C/ID) - Developed Entrustable Professional Activity (EPA) blueprints]. EPA training blueprints pertaining to patient care management and clinical procedures will be piloted in Nursing, Physiotherapy and Ophthalmology departments.

"I look forward to the continuing support from the teachers and EDO staff who are working together on this exciting journey to transform health professions education in Yishun Health campus, thank you once again," he said in closing.

NHG Cluster Education Director, Associate Professor Wong Teck Yee, who was also

present, said: "The past year has been difficult for everyone, more so for educators. Many of you have to juggle your clinical, educational and personal duties.

"As Adj A/Prof Yip has shown, the overall student experience scores for FY2020 and first half of FY2021 were actually higher than that of FY2019... and the same scores goes across the entire NHG."

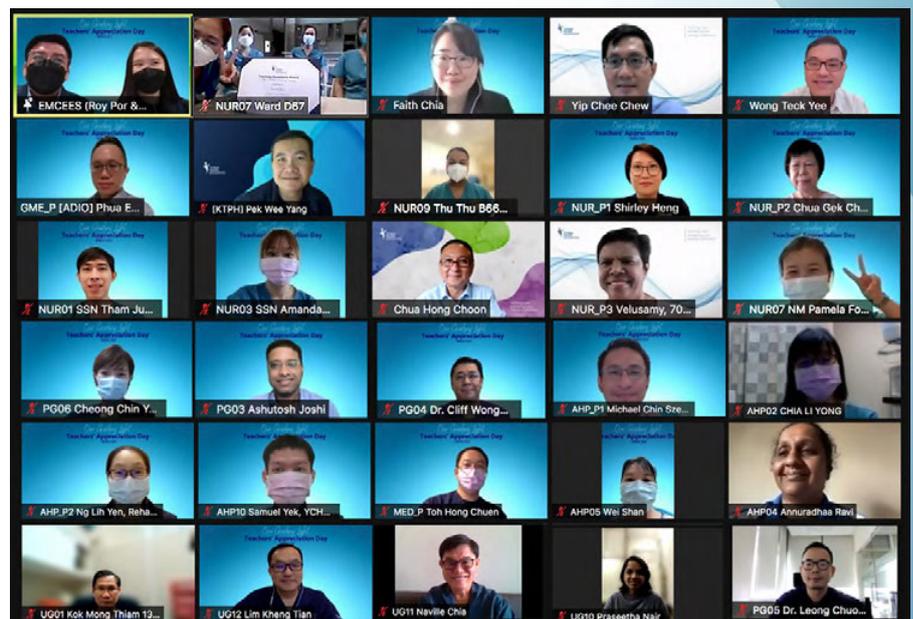
He added that the scores were a testament that the educators in YH and NHG viewed educating future healthcare professionals as an important part of their work.

"It is in difficult situations that we best impart the ethos of healthcare to our students, and students show that they are appreciative of your hard work," he said, stressing that while the students are trained to be clinically ready to deal with future workplace challenges, they need to be guided by a "core set of professional values".

A/Prof Wong took the opportunity to remind everyone present about NHG's core values of People-Centredness, Integrity, Compassion, and Stewardship. "All of you are role models for these values which we want in our future colleagues," he added.

"I'd like to thank the organisers, especially Adj A/Prof Yip Chee Chew for giving us this chance to gather, to celebrate, and to reflect on why we do the things that we do," concluded A/Prof Wong.

"My heartiest congratulations to all the award winners."



Clinical educators and preceptors across all healthcare professions were honoured at the Teachers' Appreciation Day

Congratulations to THE INAUGURAL EDUCATION RESEARCH THEMED GRANT AWARDEES!

Introduced in 2021, the National Healthcare Group (NHG) Education Research Themed Grant is a yearly fund to encourage NHG clinical faculty to undertake education research projects. The grant aims to help build up and synergise current education research projects, and in the long term foster the development of a body of research work aligned with NHG Education's research themes.

Here are the six grant awardees:

The four Education Research Themes include:

1. Development of the [*Professional for Tomorrow's Healthcare \(PTH\)](#)
2. Wellness for NHG Education's staff and learners
3. Education interventions to support patient education
4. Education interventions to support care of the elderly, vulnerable and palliative care.



*To learn more about the Professional for Tomorrow's Healthcare (PTH) Framework



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