

LEARNINHG

A Newsletter of NHG Education

UPCOMINHG EVENTS



23-24 September 2016
MAX Atria@ Singapore Expo

Early bird registration starts now!

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

NHG-AHPL residency

Career Fair 2016

6 August 2016, 9am – 3pm
Tan Tock Seng Hospital Annex 2
Level 1 & 2

For latest updates, go to :
<https://www.nhgresidencyprogram.com.sg/>

HAPPENINHGS

Educating the Community



Starting from this academic year, all second-year NHG Family Medicine residents will be required to conduct community health talk sessions as part of their programme's curriculum. Organised in collaboration with NHG's Regional Health System, this initiative is part of many to boost community health by empowering patients and the elderly to care for themselves independently. [read more](#)

IN FOCUS

NHG Welcomes its First Two Pharmacy Residents



National Healthcare Group (NHG) welcomed its first two Pharmacy residents, Ms Rachel Tan and Ms Selina Cheong on Monday, 4 January 2016.

The two residents are part of the pioneer cohort of seven enrolled into the inaugural National Pharmacy Residency Programmes. They will be trained to become accredited Specialist Pharmacists with the Pharmacy Specialists Accreditation Board. [read more](#)

FACE TO FACE

The Lady Who Wears Many Hats

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VOICES

A Deliberate Calling

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NHG Welcomes its First Two Pharmacy Residents

by Eugene Seng



NHG Pharmacy Residents: Ms Rachel Tan (left) and Ms Selina Cheong

National Healthcare Group (NHG) welcomed its first two Pharmacy residents, Ms Rachel Tan and Ms Selina Cheong on Monday, 4 January 2016.

The two residents are part of the pioneer cohort of seven enrolled into the inaugural National Pharmacy Residency Programmes. They will be trained to become accredited specialist pharmacists with the Pharmacy Specialists Accreditation Board.

Similar to specialist physicians, specialist pharmacists are certified pharmacists who further their pharmaceutical education in specific specialties such as Cardiology, Geriatrics, Infectious Diseases, Psychiatry, etc. Upon completion of their specialist training, these specialist pharmacists would be able to provide specialised pharmaceutical care to the patients.

Prior to the introduction of the pharmacy resident programmes, generalist pharmacists would need to have their specialist training completed overseas, or gain recognition through years of experience working with specialist physicians.

Both Ms Tan and Ms Cheong seized the opportunity to enrol upon learning that pharmacy residency programmes will commence in Singapore.

Ms Cheong, a Geriatric pharmacy resident, felt that she was fortunate that opportunities came at the right time, "A new pharmaceutical track was introduced during my first year in polytechnic, I went on to pursue my degree from NUS Pharmacy. And just when I was thinking about career progression, and contemplated heading overseas for my specialist training, the residency programmes were announced, everything happened at the right time," she said.

Fellow pharmacy resident, Ms Tan who is currently undergoing her residency foundation year felt spurred on to undergo the new residency programme when it was brought to her knowledge during one of the sessions with her preceptor. Her motivation to expand her clinical repertoire led her on this path with a desire to improve the healthcare system.

With a little over three months into their programmes, both residents felt that the formal training has provided them with a holistic training in pharmacy practice. "The programme's structure, exposure, and curriculum not only fostered the improvement of my clinical knowledge and sense, it also imbued me with a macro perspective of the pharmaceutical landscape. This sensing allows me to have a deeper understanding of what goes on at every stage of pharmaceutical practice," said Ms Tan,

I gained more exposure on the non-clinical aspects (of pharmacy), during my residency training , giving me a more holistic view of the practice.

Ms Selina Cheong, PGY2 Geriatric Pharmacy Resident



Ms Selina Cheong, is a PGY2 Geriatric pharmacy resident at TTSH Geriatrics. She is currently pursuing her Masters in Clinical Pharmacy by Belfast University (UK). Prior to residency, she was a senior inpatient care pharmacist in TTSH, with 4 years of experience in her area of interest, Geriatrics.

who intends to specialise in cardiology in Post Graduate Year 2 (PGY2).

Ms Cheong commends that the structure of the programmes allows for a well-rounded pharmacist to be nurtured as it focuses not only on developing advanced technical skills but the soft skills such as leadership, education and management. "I gained more exposure on the non-clinical aspects (of pharmacy), during my residency training, giving me a more holistic view of the practice" she said. "As a pharmacist, not only must you be able to manage your patients well, you must also manage your relationship with other healthcare professionals via collaboration. Education is also important as we need to upscale the skill sets of pharmacists to meet the rising demand for person-centred care."

With the programme is in its infancy, both residents acknowledged that there are still many challenges and refinements to be made. "Everyone is trying to improve on it, through evaluation and feedback, hopefully we can make the programme better for the next batch of residents," concluded Ms Cheong.

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Ms Rachel Tan, PGY1 Pharmacy Resident



Ms Rachel Tan is a PGY1 pharmacy residents at TTSH. She is also pursuing her Masters in Clinical Pharmacy by Belfast University (UK). Prior to residency, she worked as a senior pharmacist with the ambulatory care team in TTSH, where she focused on heart failure medications and oral anti-coagulants. Ms Tan was also actively involved in the education of pre-registration pharmacist and pharmacy technicians.

The Lady Who Wears Many Hats

by Eugene Seng

Embarking on her 'nth' role this year, Ms Poh Chee Lien has been the Assistant Director of Nursing (Education), Head of Nursing Training Department at the Institute of Mental Health (IMH), Senior Project Administrator at the Ministry of Health, adjunct lecturer, and the list goes on. She is not a serial 'job-hopper' but one who assumes many roles. Her latest role as Assistant Director at the NHG Education Office brings her to a different tangent in her 20-year career in healthcare.

Even though Ms Poh is not foreign to designing faculty development and education training programmes back at IMH, her new role requires her to design courses and training programmes to be implemented throughout NHG, which is converse in magnitude to what she did previously. "I like challenges, and I would like to give a try to something that I have not done before," explained Ms Poh on why she took on the role. "I see this new role as an opportunity to hone my strategic thinking abilities, learn different skill sets and allow me to gain exposure in faculty development on a larger scale."

The new faculty development framework centred on NHG Education's Professional for Tomorrow's Healthcare (PTH) model aims to train current and potential professionals entering NHG to be ready to meet the needs of tomorrow's healthcare.

The PTH Equation:

$$\text{PTH} = E [K1 + K2 + F + L]$$

E	Ethical conduct and healthcare ethos
K1	Core (professional) knowledge – skills and knowledge required to perform one's role
K2	Cross-cutting knowledge and skills for systems thinking and teamwork
F	Future-oriented thinking – development of adaptive expertise via transformative learning and reflective practice
L	Distributed leadership – concerted action and conjoint agency

The 'Professional' is defined as any individual working within the healthcare system, regardless of the role they play in patient care. This includes those working in the front-line of healthcare delivery e.g. doctors, nurses, allied health and pharmacists, and those working in support or administrative positions such as finance and human resources.

Ms Poh's task is to develop a 'blueprint' to help everyone (in NHG) understand and work towards the NHG Education's vision – the PTH.



The challenge for Ms Poh and her team is to design courses and training programmes for an extremely varied pool of healthcare professionals, with different expectations, requirements and expertise. "The beauty of the PTH model is that it focuses on core competencies, which is applicable and adaptable to any profession; while also allowing for new elements to be introduced," she said.

"But before we are able to educate everybody, we have to educate the educators first," Ms Poh said. The educators she referred to are education leads from the various professional groups across the respective NHG institutions and its training partners. "The first step that we have to take is to get their buy-ins," she said.

Ms Poh and her team are currently working with different professional groups to identify the relevant core competencies, and designing courses and training programmes for them. "It will take some time before we can get everyone to the same point," she concluded.

Ms Poh Chee Lien is the Assistant Director at the NHG Education office. She is involved in faculty development, strategic planning, and inter-professional leadership programme curriculum development for the NHG Education Office. Ms Poh is also the Assistant Director, Nursing (Education) at the Institute of Mental Health.

'A Deliberate Calling'

by Dr Mary Lee



The talk on 17 December 2015 by Professor Nicole Borges and Assistant Professor Stephen Manuel on 'calling' in the medical profession got me, and many in the audience I am sure, thinking about our own career motivations. Was I, like the good doctors, nurses and allied healthcare professionals around me, answering to a calling when I applied to do research in health professions education?

From what I gathered from the talk, two things characterise a calling. One temporal, and the other divine. Callings usually come early in a person's life. Dr Manuel cited another well-known 'calling' scholar, Associate Professor Ryan Duffy who found that some doctors had known that medicine was what they wanted to do for the rest of their lives since they were eight! That finding bowled me over initially, and I recalled a conversation I once had with a career 'psychic'.

Many years ago, M, a secondary school classmate who went on to study medicine at National University of Singapore, said

to me: "Medicine is what I wanted to do since we were in Secondary One. When I graduate from med school, my career is going to develop in a straight path, just like a railway track. What about you when you graduate?"

"Don't know, man," I replied. I wished I was mature like her when we were 13. I was more preoccupied, wondering if I would ever get to meet boys before I turned 17. We studied in a convent, cloistered atop a hill. I couldn't see past the trees and nuns, let alone envision a profession for myself.

"Exactly!" M continued. "Because you are not in a professional track, you wouldn't know where you'd end up."

Not knowing where you'd end up is part of the fun, isn't it? The post-graduation job hunt confirms that it wasn't fun at all. It was then that I wished I had a vocational epiphany early on, a calling I could work for.

According to studies led by Drs Duffy and Liza Bott, callings also help people last

longer in their jobs. People who answered their callings found their jobs meaningful, appreciating all components of what they do, maturing in their careers, and their lives. Wanting to help others through one's work was a key component of calling. Do I share a good doctor's desire to serve society?

As my friend had foretold, I went to different workplaces. I taught, became a student, wrote for lifestyle magazines, did public relations, and now I do research. I posit however, that none of my job moves were random, but deliberate decisions.

My job moves were sustained by one thing: an interest to write. For as long as I could remember, I was drawn to the practice of putting ideas and feelings in words. I am not a particularly gifted writer, and writing doesn't come easily to me. Besides childbirth, writing must be about the most painful activity for me. And yet, I am drawn to it.

Perhaps, writing has a divine impetus too – just like a calling. Over time, this interest in writing has led to a practice that has become intuitive and my default tool for discovery. Writing leads to uncovering ideas, feelings, and knowledge about natural and social phenomena, all of which can potentially change lives for the better.

If I get another chance to answer my friend again, it would be, "I have a calling too. It is not straightforward like yours. But like yours, it is demanding but meaningful. Like your calling, mine can make a difference too."

Dr Mary Lee, Senior Research Analyst, NHG Health Outcomes and Medical Education Research (HOMER), holds a Ph.D. in Communications. She has taught public relations writing, theory, campaigns and public speaking. Dr Lee takes a critical culture as well as culture-centred perspective to communication practice and scholarship.

Educating the Community

by Eugene Seng

Starting from this academic year, all second-year NHG Family Medicine (FM) residents will be required to conduct community health talk sessions as part of their programme's curriculum.

Organised in collaboration with NHG's Regional Health System, this initiative is part of many to boost community health by empowering patients and the elderly to care for themselves independently.

Dr Darren Seah, Programme Director, NHG FM Residency Programme explained that the main objective of initiating the health talks was to provide the FM residents with first-hand experience of engaging with community health initiatives. "We would like our residents and future primary care practitioners

to gain more intimate knowledge of population health initiatives through proactive participation of such community engagement events," he said.

Over two weekends in April, FM residents Drs Ong Kah Pieng, Heng Yan Shan and Jeremy Koh reached out to the seniors at Kebun Baru Bestari Residents' Committee and Hougang Community Club (CC).

"I think health talks are good as it increases awareness amongst community members," said Dr Ong.

"This initiative (health talks) also focuses on preventive medicine, as it aims to prevent the development of illnesses in those patients who are not known to have chronic diseases



Dr Jeremy Koh (centre, in blue) after his health talk at Hougang Community Centre



Dr Ong Kah Pieng giving his talk at the Kebun Baru Bestari Residents' Committee

such as hypertension and diabetes, whilst encouraging them to adopt a healthy lifestyle," said fellow presenter Dr Heng.

"Often the community does not attend health screenings when they feel fine, so rather than wait for them to visit the clinic when they are unwell, it is better that we go to them," concurred Dr Koh.

He added that these initiatives also create opportunities for doctors to have a better understanding of the community. "It's good for us doctors to go out and meet people in an informal setting outside the clinic, to find out what their concerns are," he said. "They (seniors) are always anxious when they go to the clinic. However, in an environment where they are more relaxed such as here (at the CC), they are able to speak their mind. This is where you might be able to pick up more things, and get a fuller picture of their background," Dr Koh added.

Though the residents applauded the initiatives, they acknowledged that the community engagement activities can be fine-tuned to improve the efficiency and outcomes of the health talks.

"I think that this is a meaningful and invaluable experience, as I am able to see the way patients interact in their community," said Dr Heng. "However, the amount of information presented to them at the talk can be a little too overwhelming; for example, results such as BMI, require manual tabulation, which many seniors struggle with."

Dr Koh feels that the talks can be modified to aid the public – especially the seniors – in interpreting their results while educating them in the process. "Doctors, first-year residents, and nurses can lend a hand at health talks or 'mini' road shows, to explain different sections of the test results in detail to the patients, and the steps that they need to take to maintain their individual well-being," he said.

"We should try to continue with this initiative for future residents, as it provides a different perspective of how we (as doctors) can engage the community, and change the way we deliver healthcare," said Dr Ong.



Dr Heng Yan Shan interpreting the health screening results