

IN FOCUS



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## 2017 Healthcare Humanity Awards Special

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UPCOMING EVENTS



SINGAPORE HEALTH & BIOMEDICAL CONGRESS

12 - 13 October 2017  
Max Atria, Singapore EXPO  
14 October 2017  
LKCmedicine, Novena Campus  
<https://shbc.com.sg/>

NHGresidency   
Adding years of healthy life

Career Fair 2017  
22 July 2017, TTSH, Annex 2, Level 1

 NHGEducation

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INSPIRING Professionals  
IMAGINING Tomorrow  
Re INVENTING Healthcare

NHG EDUCATION

# Learning from One Another

BY MS SERENE GOH



How do we learn? Why do some people learn more easily than others? What helps people to learn? These are questions that many of us wish to know confidently, so that we are better able to help our students, learners and team members as we go about performing our different roles at the workplace.

Over the years, I have learnt through my observations and experience that learning is beyond attending a course. The process has to continue after we complete the course, in that we increase our learning by doing (practice), and reflecting on what we do.

Last August, I had the opportunity to attend a series of workshops by Professor Etienne Wenger. This name may ring a bell for he is well known for his work in the field of Communities of Practice (CoP). Ms Dong Lijuan, Nursing Clinical Educator Lead, NHG Polyclinics, invited Prof Wenger here to share his expertise on social learning, its application to leadership, and creating, cultivating and sustaining CoPs.

So what is a CoP? Prof Wenger defined it as a group of people who share a common concern for something they do, and learning how they can do it better through regular interaction.

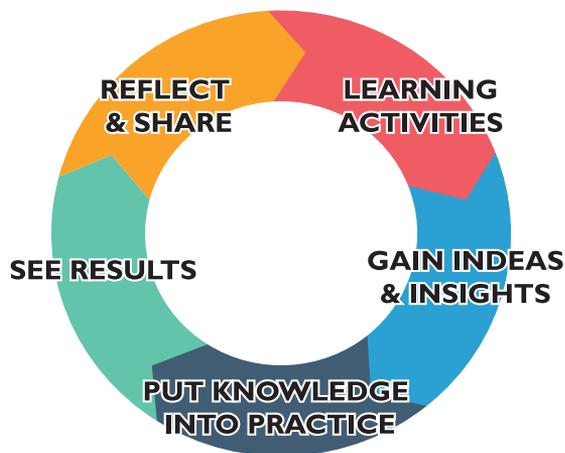


**Ms Serene Goh (left) and Prof Etienne Wenger (second from left) facilitating a 'Fish Bowl' discussion.**

CoP comprises these elements:

- (i) **Domain** - Area of interest; What are we concerned about?
- (ii) **Community** - Relationships and sense of belonging; What relationships do we form to become learning partners?
- (iii) **Practice** - Knowledge, experience, and processes; What do we bring back to our work/practice after our discussion?

The knowledge and experience I gained from the workshops resonated with me a lot. I finally understood how to apply the framework and approach to learning at the workplace, i.e. to encourage and stimulate learning through our reflections and interactions with others. This process may sound simple; where we come together, talk and voila! Learning occurs! Well not quite...A group is considered a CoP not by calling itself one, but rather by the presence of these phases:



Back at the workplace, we [National Healthcare Group (NHG) Education] attempted to use CoP as an extension and continuity of our faculty development courses, as well as, our staff development programmes. One of them is the “Guide to Education Programme Management - Education Administrators” (or GEPM [Admin] in short) introduced by NHG Education in 2015. It aims to provide our Education Administrators with grounding of the evidence, theory and practice behind common education activities such as curriculum design and assessment. The purpose is to equip them with the essential know-how to be an effective Education Administrator in supporting our clinical educator leads and programme directors in areas such as learner management and conflict resolution.

Starting with the September 2016 run, there are three check-in sessions after the workshop. At the first check-in, participants shared their experience in applying the tools learnt back at their workplace, through a ‘fish bowl’-styled discussion. Key takeaways from the sessions include ability to voice out freely without being judged, learning from other colleagues’ experience, collaboration and the importance of relationship building amongst colleagues.

The second check-in which happened in April 2017 focused on presentation skills; an area that participants requested to have more training on. And the final check-in (in September 2017) will conclude with a visit to 3M to learn how the organisation lives the 3M culture of innovation, thinks out of the box and achieves excellence.

Another run of this version of GEPM (Admin) has already been conducted in May 2017. This time, three check-in sessions will be completed within six months to maintain the momentum, based on feedback from the September 2016 participants.

This is our first attempt where CoP is used systematically for workplace-based learning. I look forward to exciting times ahead, as we support one another and tap on our collective ideas and experiences, to grow professionally and personally.

Ms Serene Goh is the Deputy Director at NHG Group Education. She manages the Pre-professional Education team and is also involved in faculty development. Ms Goh’s education work experience ranges from teaching in schools, scholarship programme management, graduate programme development to managing medical school admissions and planning clinical education infrastructure.



# CoPing with Workplace Challenges

BY MR EUGENE SENG

To help participants from the Guide to Education Programme Management – Education Administrators (GEPM [Admin]) better retain what they learnt during the course, Communities of Practice (CoP) was introduced as an extension to last year’s run.

At the end of the two-day programme, the GEPM (Admin) participants were put into groups of three, each focusing on the different approaches/tools taught, namely ‘3 Thinking Hats’, ‘Conflict Resolution’, ‘Constructive Feedback’, ‘Simple Model of Teaching’ and ‘Team Contract’.

Ms Serene Goh, Deputy Director, National Healthcare Group (NHG) Education, who spearheads the CoP explained that the five approaches/tools were chosen due to its applicability to the workplace, and to address common workplace issues.

“Often concepts or skills learnt at workshops and courses become forgotten or unused, due to the absence of continuation,” she said. “So we hope that the introduction of the CoP would help participants internalise what was taught, while also creating opportunities for the exchange and development of practices beyond what the programme teaches.”



## Learning about one’s approach through role play.

Known as a post-course ‘check-in’, the first CoP got the participants to share their experience applying the tools learnt to their work, through a ‘fish bowl’-styled discussion.

One of the participants, Ms Lydia Sarip, Associate Programme Coordinator, NHG Diagnostic Radiology Residency Programme, highlighted that the CoP addresses one of the most common workplace phenomenon in Singapore, ‘silence’; the reluctance of individuals to express themselves in the working environment.

Fellow GEPM (Admin) participant, Ms Serene Sim, Senior Executive, NHG Education, attributed this phenomenon to “the fear of contributing ‘nonsense’ or ‘unintelligent’ comments that inhibits individuals from voicing their thoughts or suggestions during meetings or workshops”. She added that people are more inclined to share if someone else initiates and/or when a similar idea is shared first.

Participant, Mr Elson Lim, Programme Coordinator, NHG Emergency Medicine Residency Programme, felt that even though participants were compelled to talk during the CoP sessions, its non-threatening environment allows them to express themselves freely.

“It is a starting point,” he said. “We need to have more of such sharing sessions, and you’d realise that people are actually around to help and not to mock or judge, then people will start to feel that it’s alright to share.”

All three participants concurred that the CoP is a good extension to the GEPM (Admin); as participants get the opportunity to follow-up on the skills learnt, internalise it and hopefully apply it in their workplace.

“Even if you don’t take away any skills [from the

CoP] to apply to your work, you get to know your colleagues, their working styles, and understand how each other work, making it easier for you to work with them in the future,” said Mr Lim.



**GEPM participants honing their presentation skills**

## SEEING BEYOND STATISTICS, GOING BEYOND DUTY (PART I)

**BY Ms GLENNICE YONG**

This month, we spoke to three winners of the 2017 Healthcare Humanity Awards (HHA) who cut through their daily clinical routine to care for their patients. For Dr Ker Khor Jia, Dr Kee Kok Wai, and Mr Ashley Jayapaul, healthcare is not only about curing diseases but about being a source of emotional support to those who have none. Despite their busy schedules including patient care and training, these professionals demonstrated small but compassionate actions toward their patients that exhibit the true spirit of the healthcare profession.

### **Congratulations on winning the HHA!**

**As a busy healthcare professional packed with consultations, what makes you go the extra mile for your patients?**

**Khor Jia (KJ):** It’s important to find out the other problems that are preventing patients from getting well. For certain patients, from their body language and the way they speak, you can sense that something is wrong. Sometimes, if you’re the only doctor they’re seeing, it may be so important because you’re the only person that can at least provide some form of help.

**Kok Wai (KW):** I run a Chinese-speaking room at Toa



**Dr Ker Khor Jia**

Payoh Polyclinic and my patients are usually elderly. Most of the time, the elderly patients come alone without their children so I remember one situation because it was a bit strange. In this case, it was not the son taking care of his elderly mother. Instead, the mum who came to see me for her bad knee problem brought her schizophrenic son along [to the clinic] because he could not be alone at home. I could see the mum's difficulty in caring for her son emotionally and physically, and from what I understand, the two of them 相依为命 (only have each other to rely on). It is very disheartening for her to wheel him back alone, so I paid for their cab fare. I believe that all doctors are trying to do our best for our patients. I wouldn't say this is going the extra mile because it's really something easy to do, it's not a burden.

**Ashley Jayapaul (AJ):** I'm one of the people (clinical staff) in charge of handling physical attacks (when they occur) inside the OcTAVE (Occupational Therapy: Activities, Vocation and Empowerment), which is the outpatient rehabilitation centre at the Institute of Mental Health. There was an incident where a patient became violent and scratched my colleague and I. But I had to stay calm; I know that the patient has a behavioural problem that's why he's



**Mr Jayapaul Ashley Jayapaul**



**Sometimes caring and being there for the patient is a kind of treatment, so it's important to equip all doctors with the (emotional) skillsets to deal with patients with specific needs**

**Dr Kee Kok Wai**

coming for treatment and we have the responsibility to treat him so that he behaves appropriately in the future. I've been working in this line for almost 25 years and through experience, I know that they create a scene only to get what they want. These patients don't do it intentionally to harm you; they don't come to you like how a robber does. Especially being the team leader, it's very important for me to set an example for my colleagues to follow.

### **So how do you build rapport to become someone your patient can rely on and treat as a listening ear?**

**KW:** I believe that in most instances, the consultation is the only chance we get to do something about a patient's problem. Many times we cannot solve it, but perhaps what they want is to seek validation because their family members don't believe them. My tactic is to let them talk while I type out their condition and prescribe the medicine. I will try to maximise my interaction with them by lending them a listening ear instead of ending the conversation immediately after the consult.

### **It's definitely not easy with so many patients competing for your time in just one day. How do you think healthcare professionals can cut through the routine to go beyond their call of duty instead of looking at every patient as a case to be resolved?**

**KJ:** It's a tough balance between managing your time and treating your patients. For junior doctors starting out in their careers, having senior colleagues as inspiring role models to look up to definitely helps a lot. Treating patients as individuals rather than focusing on the disease alone is very important as well.

**KW:** When we have lesser experience, we may not know how to empathise or explore further with the patient. But sometimes caring and being there for the patient is a kind of treatment, so it's important to equip all doctors with the (emotional) skillsets to deal with patients with specific needs.

**AJ:** Unfortunately, we don't get the luxury of giving an extension of time because it compromises the next patient's consult time. So we use our personal time to make it up and tell the affected patient to come half an hour earlier for his or her next session.

To be continued...

In the next issue of LearniNHG, the three HHA winners talk about their mission trips, the award, and how fellow healthcare professionals can continue blossoming on this tiring but fulfilling journey.

Dr Ker Khor Jia is a consultant dermatologist at the National Skin Centre. Apart from clinical work, she is an active clinical tutor to students from NUS Yong Loo Lin School of Medicine and NTU Lee Kong Chian School of Medicine. She also volunteers at local health screenings and free clinics, and has been actively involved in overseas humanitarian mission trips since her medical school days.

Dr Kee Kok Wai is a Family Physician with Toa Payoh Polyclinic, NHGP, where he pays special medical attention to seniors who are encumbered with medical and psychosocial issues. He is passionate and active in both undergraduate and postgraduate education in Family Medicine. Dr Kee also regularly volunteers at local health screenings and free clinics, and participates in overseas humanitarian mission trips when his schedule permits. Till today, he has provided medical aid to the underprivileged in Sri Lanka, Philippines, and Cambodia.

Mr Ashley Jayapaul is a principal occupational therapist at the Institute of Mental Health's Department of Child and Adolescent Psychiatry & Adult Neurodevelopmental Service. His 23 years of clinical expertise includes leading the training of staff from various nursing homes and voluntary welfare organisations to manage adults with behavioural and psychiatric disabilities. He also frequently volunteers in Surabaya, Indonesia to equip medical professionals with the skills to carry out assessment and therapy interventions for clients with various development disabilities.

# Taking the LEAP to US

BY MR ROBERT GUNAWAN AND MR EUGENE SENG



**Mr Robert Gunawan (above) brought the participants through the features of LEAP, and gave them the opportunity to experience LEAP on the iPads.**

Riding on the digital bandwagon, NHG (National Healthcare Group) Residency took a leap of faith and developed a mobile application to enhance the residents' (junior doctors) training experience.

Aptly named as 'LEAP' (Learning, Evaluation and Assessment Platform), the mobile application allows residents to access training assessment tools, submit evaluations and receive automated notifications for outstanding training matters, all at the convenience of their mobile devices.

Recently, LEAP made its international debut at the 2017 ACGME (Accreditation Council for Graduate Medical Education) Annual Educational Conference, held in Orlando, USA from 9 to 12 March.

Ms Selvia Kosim (Associate Institutional Coordinator, NHG Residency) and Mr Robert Gunawan (Programme Coordinator, NHG Family Medicine Residency Programme) facilitated a workshop titled "Mobile Application for Assessment and Evaluation – Improving Residents' and Programme Coordinators' Experience", introducing LEAP to more than 100 participants.

During the workshop, Ms Kosim and Mr Gunawan shared that LEAP empowers residents to take charge of their own training, allowing them to access and submit training documents through their mobile devices. The programme coordinators who manage the residency programmes also "benefits from LEAP, as they are now able to manage information electronically, increasing efficiency and improve work process; resulting in savings for the department in terms of manpower time, cost and better utilisation of physical space", said Mr Gunawan.

The workshop participants who experienced LEAP complimented on its intuitiveness, and reaffirmed its potential to rouse residents to take ownership of their own residency training. "Some participants even asked if LEAP can be made available for use beyond Singapore," said Mr Gunawan.

"These positive feedback were really encouraging as it reaffirmed our efforts and LEAP's objectives," concluded Ms Kosim.



**Mr James Cichon (second from right), Associate Director, Department of Field Activities (ACGME), with the LEAP facilitators**