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Senior leaders from NHG, TTSH, and NTU LKCMedicine with this year's PGY1s at TTSH

## NHG Leadership Welcomes New PGY1s

111 PGY1s (Postgraduate Year 1) commencing their training at Khoo Teck Puat Hospital (KTPH) and Tan Tock Seng Hospital (TTSH) had the privilege of being the inaugural batch to be welcomed and inducted by leaders from National Healthcare Group (NHG), KTPH, TTSH, and Nanyang Technological University Lee Kong Chian School of Medicine (LKCMedicine).

Professor Joe Sim (Group Chief Executive Officer, NHG), Professor Chua Hong Choon, (Chief Executive Officer, KTPH), Professor Pek Wee Yang [Chairman Medical Board (CMB), KTPH], Adjunct Associate Professor Bernard Thong (CMB, TTSH), and Professor Joseph Sung (Dean, LKCMedicine) were amongst some of the senior management who personally presented the newly-minted doctors with a welcome pack and their staff pass.

NHG Residency Designated Institutional Official, Associate Professor Faith Chia, who gave the opening address at TTSH shared that the PGY1 year is a "year of huge transitions". The transition from "doing a simulation ward round, simulating prescribing drugs, to actually having to prescribe them (to real patients), or actually doing procedures for patients," she said.

"It (hospital setting) is actually quite different... (However) your peers and seniors and registrars and consultants are there to help you. We do hope that you have a good posting with us, (and) get lots of clinical exposure from our supportive faculty."



NHG and KTPH senior management with this year's PGY1s at KTPH

Sharing the same sentiment, Prof Sim who graced the orientation at KTPH said: "Today is very important... you are transiting from M5 to PGY1, and this is an important milestone.

"It is not easy to get to this step... you walked a long way, and today, we want to formally congratulate you and also welcome you to the family.

"Have a fruitful posting... It is not just a job, healthcare is about people. It is about how you build meaningful relationships. I hope that even after your posting, you will have many fond memories with your colleagues, and many fond memories of the patients' lives whom you've touched. I welcome you to the family, and all the best!"

"The induction ceremony was also quite monumental, a little bit of a stepping stone to signify that we are going into starting PGY1. It's a very warm welcome I would say... It's a very good ceremony to have, to make us feel like we are actually becoming doctors," shared Dr Ashley Yew, who commenced her PGY1 training at KTPH.

"It makes me feel welcome to the family, (and) makes me feel supported by the seniors who have been here longer than I am, so I feel a little more reassured that I will definitely have help around me."

PGY1 Dr Chi Hong Hui, who commenced his training at TTSH, said: "I felt like when we first came in, we can see all the big bosses,

interacting with each other. It felt as if they are very long time friends... but it is also the way that they gave their address to us, and the things they talked to us about that made me really feel assured that we will be taken care of."

"I think from the start, I already knew that it was a good choice, to choose TTSH as my first posting."

While the PGY1s were eager to commence their year-long training, the senior leaders and management in attendance offered various words of wisdom and advice. Prof Chua reminded the PGY1s to not see the patients as an illness to be treated, but to see them as people.

"I know that you will be very busy, but see if you are able to spend a little bit of time to find out a little bit more about the person that you are treating... If he is a father, grandfather, what he used to work as, etc., just a little bit, it helps so much," he said.

"Why? Because the moment you look past the illness, and see the patient as a person, you see that person differently. You can place the context of where this person is when treating his/her condition. There is an added advantage to that - when you ask and make that connection with this person, they make that connection with you."

Both CMBs (Prof Pek and Adj A/Prof Thong) stressed the importance of continuous learning.

"Nobody can know everything, but someone out there knows something. We want to learn from everyone, from each other - your peers, nurses, allied health professionals, also from patients... that will help you grow," said Prof Pek.

"While I welcome you to the beginning of this new journey for the next 12 months, learn as much as you can, because this is the hands-



KTPH CEO, Prof Chua interacting with this year's PGY1s at the welcome ceremony.

"Good morning my fellow doctors! I'm very happy to call you my fellow doctors!" said a jubilant Prof Low, to a rapturous applause.

He shared some words of wisdom with the PGY1s, reminding them that "years of clinical practice may harden your heart and numb your soul, but lubricate it with the milk of compassion".

"Knowledge makes you a doctor, but it is compassion that makes you a healer. And you want to be a healer, not just a doctor," he added.



Communication skills training is an essential part of PGY1 orientation

on experience that we have prepared you for in the last five years (in medical school)," said Adj A/Prof Thong.

"Enjoy the camaraderie and most importantly, have fun and enjoy your PGY1 year!"

A beaming Emeritus Professor Low Cheng Hock who was one of the presenters at TTSH, welcomed the PGY1s with much vigour and excitement.



PGY1s going through their mask fitting test

Click on the Instagram post below for more event photos!

PGY1 orientation at KTPH:



PGY1 orientation at TTSH:



# Learning Analytics in Health Professions Education

By Dr Loke Yng Miin, Ph.D



You are learning how to bake. Each time you bake, you decide to collect some data on the baking process to see how the cake turns out. You could record the time you mix the batter, the temperature of the oven, and the type of butter you use. After several bakes, you realise that perhaps mixing the batter for a longer time makes your cake fluffier, using a higher-grade butter adds more flavour to the cake, and increasing the temperature improves the cake texture. Armed with this data about baking, you iteratively refine your skills, and eventually become an expert in baking.

In the context of education, one can apply the analogy of baking to help learners learn better. A teacher could track students' class attendance, time spent on course materials, performance on quizzes, and course feedback; and analyse these data to detect students who are struggling, and design more effective courses. This process of collecting, measuring, analysing, and interpreting the data about learners is termed 'Learning Analytics'.

Learning analytics is an evolving discipline that has been increasingly applied in health professions education (HPE) to improve the learning outcomes of healthcare professionals. We had the opportunity to converse with Dr Chow Minyang (Consultant, General Medicine, TTSH), who has been appointed by Group Clinical Education to look into the use of AI (Artificial Intelligence), machine learning, and related applications to drive continuous improvement and quality in HPE.

**“Ultimately, it’s about enhancing the learning experience for our learners, and by extension, improving patient care through education. That’s the future I’m dreaming of and working towards every day.”**

Dr Chow Minyang

## DR CHOW, HOW DO YOU DEFINE LEARNING ANALYTICS IN THE CONTEXT OF MEDICAL EDUCATION?

**Dr Chow (DC):** Learning analytics, while not new, is undergoing a significant transformation, thanks in part to advancements in artificial intelligence and machine learning. At its core, it’s about meticulously

tracking learners' progress as they navigate through various milestones in their educational journeys. It's fascinating because we're not just looking at how well learners are doing, but also examining the effectiveness of the entire programme based on these interventions' outcomes. With the help of machine learning (training computers to make predictions based on patterns in data), we can now better predict the future performance of both learners and programmes. This allows us to design or customise learning programmes more effectively, especially for those who might be struggling. Essentially, we're analysing the past, present, and potential future of education to generate actionable insights for everyone involved, from learners to leaders.

## CAN YOU ELABORATE ON HOW NHG EDUCATION UTILISES LEARNING ANALYTICS?

**DC:** We're in a unique position because we collect an immense amount of data across various metrics – from a Mini-Clinical Evaluation Exercise and direct observed procedures to more nuanced feedback like 360 evaluations (multi-source feedback from peers, supervisors, etc). Each piece of data offers a glimpse into a learner's journey, providing hundreds of data points that, when systematically analysed, not only tell us where a learner is now but also predict where they're heading. However, the challenge has been that much of this data has not been analysed. Recognising this untapped potential, we've dedicated efforts to collect data and deeply understand it, turning these insights into actionable strategies for improvement.



With the advent of new data analytics software, what was once a manual and labour-intensive process, we are now able to streamline the data analytics process, and produce advanced inferences with just a few clicks. It's not just about efficiency; it's about deepening our understanding of each learner's progress and the overall health of our programmes, allowing us to make informed decisions more swiftly and effectively.

**“Essentially, we're analysing the past, present, and potential future of education to generate actionable insights for everyone involved, from learners to leaders.”**

Dr Chow Minyang

#### **CAN YOU SHARE SOME OF THE OBSTACLES YOU FACED IMPLEMENTING SUCH A CHALLENGING SYSTEM?**

**DC:** Absolutely, there were (and still are) substantial hurdles, especially in digesting the sheer volume of both quantitative and qualitative data for a comprehensive assessment of our programmes. Each healthcare learner's journey is multifaceted, encompassing assessments, attendance, rotations, and a wealth of feedback. We do struggle with basic analytics due to the need for clean, real-time data, which depends heavily on the cooperation of every programme and department involved. We are eagerly anticipating more advanced software releases, which will further automate and refine our data analysis capabilities. However, the dream doesn't stop at overcoming these hurdles; it's about looking holistically at learners' data beyond independent individual assessment modalities, towards a future where our combined insights can drive substantive improvements at all levels of our education system.

#### **SPEAKING OF DREAMS, YOU'VE MENTIONED A COUPLE OF ASPIRATIONS FOR THE FUTURE. CAN YOU SHARE WITH US?**

Certainly, my aspirations for learning analytics are twofold. First, I envision a future where learning is highly personalised for each learner. Imagine being able to use granular data analytics to tailor educational content and assessments so precisely that each learner is consistently guided towards mastery in their specific areas of need. With the assistance of artificial intelligence, this level of customisation is within reach, making the educational experience as effective and efficient as possible.

My second dream is even more ambitious. I believe that the true measure of our success in medical education should eventually be reflected in clinical outcomes. By integrating learning analytics with clinical data, we can directly link educational quality with patient care quality. For instance, by tracking the competency levels of healthcare professionals and correlating these with patient treatment outcomes, we can identify specific educational strengths and weaknesses that directly impact patient care. Additionally, predictive analytics can play a crucial role here. By analysing trends in clinical outcomes and linking them with current educational programmes, we can develop predictive models to anticipate and adapt to future educational needs, ensuring our training remains ahead of healthcare challenges. Achieving this would not just revolutionise how we assess and improve our programmes; it would fundamentally demonstrate the impact of medical education on healthcare outcomes. This, in my view, is the ultimate goal, our 'holy grail'.

#### **THAT SOUNDS LIKE A TRANSFORMATIVE VISION FOR MEDICAL EDUCATION. HOW DO YOU PLAN TO ACHIEVE THESE GOALS?**

It's a journey, for sure. Each step we take towards automating and refining our data analysis processes brings us closer to realising these dreams. Building a data lake with streamlined data entry and cleaning processes for real-time analysis is just the beginning. As we continue to break down silos, and view our learners' data in its entirety, we unlock the potential for significant quality improvements.

Support from our colleagues and leaders at NHG, coupled with advancements in technology, will be crucial as we navigate this path. Ultimately, it's about enhancing the learning experience for our learners, and by extension, improving patient care through education. That's the future I'm dreaming of and working towards every day.

#### **Dr Chow Minyang**

is a Consultant with the Tan Tock Seng Hospital (TTSH) General Medicine Department. Dr Chow's extensive education involvement spans several institutions, including the Ministry of Health (MOH), MOH Holdings, NHG, TTSH, and the Nanyang Technological University Lee Kong Chian School of Medicine. Currently, He is pursuing a Ph.D. in Health Professions Education at the Massachusetts General Hospital Institute of Health Professions. His academic and professional pursuits are deeply rooted in leveraging the power of data analytics, machine learning, and large language models to pioneer advancements in leadership within health professions education.



#### **Dr Loke Yng Miin**

is a Senior Research Analyst at Group Clinical Education, NHG. Dr Loke did her Ph.D. at Duke-NUS Medical School, studying the relationship of sleep with learning and mental wellness in adolescents and university students. Her current focus at Group Clinical Education is on applying learning analytics in the context of health professions education to strengthen clinical training at NHG.



# Compassion Training:

## Protecting Against Empathic Distress and Burnout



Many healthcare professionals (HCP) would have heard or even used the term “compassion fatigue” to describe the overwhelming feeling they experience when caring for their patients, shared Dr Debbie Ling, lecturer with the Department of Social Work, Faculty of Medicine, Nursing and Health Sciences at Monash University (Australia), during the Tan Tock Seng hospital conference, held on 24 November 2023.

“Compassion fatigue” is considered a misnomer, and an incorrect term,” she said. The correct term to describe these “negative feelings” of stress or distress is “empathic distress fatigue”. Dr Ling noted it is a pity that misunderstanding these terms gives HCPs the perception that “compassion and caring burn me out”, which is incorrect.

“Technically, compassion does not fatigue you, it actually serves as a boost for the HCP,” she clarified.

**"To put simply... compassion is focused on what's the most constructive thing I can do for the other person at this moment."**

Dr Debbie Ling

### WHAT IS EMPATHIC DISTRESS?

What happens in empathic distress is that the focus is on the self, and at his or her own discomfort – especially when one sees another (the patient) suffering. It is this discomfort that prompts “negative feelings” in the HCP, which can lead to poor health, and potentially burnout.

Hence, to protect oneself from this “discomfort”, the HCP withdraws, exhibits non-social behaviours, and attempts to fix this patient (or disease) quickly, to avoid these “painful” feelings, Dr Ling explained.

This becomes a “lose-lose” proposition, as it affects the HCP both mentally and physically, and has no benefit to the patient.

However, Dr Ling stressed that there is nothing wrong feeling empathic, as it is a crucial social interaction that is useful in many situations, but not a useful approach when “confronting” someone in distress or suffering.

She urged for HCPs to learn how to transform empathy or empathic distress quickly into compassion, which she believes will be a “win-win” for the HCP. As the HCP will have a positive state of mind, this in turn prompts a pro-social response that benefits the patient.



Dr Debbie Ling

### UNDERSTANDING COMPASSION

Dr Ling highlighted the importance of helping HCPs to distinguish the “self-other”, to heighten their self-awareness, and regulate their emotional responses.

“Fundamentally, we are trying to change the behavioural sequence, to train HCPs how to go into compassion more regularly and reliably,” she said, elaborating that it requires practice, as HCPs will need to be primed to recognise their own state of well-being, and notice if they are experiencing compassion or empathic distress.

Dr Ling highlighted the importance of distinguishing compassion with other “regularly interchangeable” terms such as empathy, pity, and sympathy.

Empathy is simply an understanding and sharing of another’s feelings through perspective taking (cognitive empathy), or affective empathy. It can be happy or sad feelings that the other is experiencing, and not triggered by suffering.

Pity is when one looks down upon the other, whereas in compassion, there is equality between oneself and the other.

And in sympathy, it can be described as a “softer” version of compassion, where one feels sorry for the other person.

"(So) to put simply... compassion is focused on what's the most constructive thing I can do for the other person at this moment," said Dr Ling. "It's a motivation to alleviate the suffering of the other."

And this motivation is action-oriented, focused on solutions; unlike empathy, pity or sympathy, which are more feeling-oriented.

## COMPASSION IN ACTION

Being action-oriented does not, for example, mean the need to physically spend lots of time with someone, or having a soothing physical touch. It can be a practical intervention, for example, the act of being present for the other would suffice – in the situation when the HCP is unable to prevent the other person's suffering, she explained.

"There is no one-size-fits-all solution to what an appropriate compassionate response might be... it is situation-specific, and depends on the immediate need of the other (person)," Dr Ling said.

"A compassionate response may sometimes be that no action can be done, it is just being present and listening to the other."

"By the same token, if my hair is on fire, a compassionate action is to throw a bucket of water on my head, that's it."

Exercising compassion need not take too much time, Dr Ling added.

She shared that one of the misconceptions surrounding exercising compassion is the concern about the time spent with the patient. "I've only got five minutes (with this patient), is this going to be of any use?" she said.

**"Compassion is the motivation to alleviate the suffering of the other."**

Dr Debbie Ling

It is about being "compassionate in that time" when the HCP is with the patient, Dr Ling emphasised.

She also caveated that HCPs should have realistic expectations regarding the outcome of their compassionate action, and the extent they are able to help, given the constraints and boundaries at work; especially if they have many patients waiting to receive treatment.

"So as (healthcare) workers, we have to make the decision about how to allocate time and resources," Dr Ling highlighted.

"(And) as to whether this compassionate action works, or if the patient was to receive it or receive any benefit from it... that's not in your hands," she stressed. "Because there are so many factors coming into play."

"The best thing that anyone can do is to try their best in that moment, and that's it... you have done the job (as an HCP)."

"After that, drop it, let it go and move on."



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## NSC Nursing Launches New Dermatological Nursing Placement Programme

The National Skin Centre (NSC) welcomed its first two foreign participants - Mr Raymond Chu (Prince of Wales Hospital, Hong Kong), and Ms Carol Fong (Queen Mary Hospital, Hong Kong), to its inaugural Clinical Dermatological Nursing Placement Programme (CDNPP) in January this year.

Opened to nurses from both local and overseas institutions, the one-week CDNPP aims to provide participants with an overview of NSC's expertise in dermatological nursing treatments and services, such as cutaneous infection, drug eruption, phototherapy, cryotherapy, and others.

Ms Brenda Lim, Head of Nursing at NSC, who developed the CDNPP shared that NSC received many requests for placement opportunities, when regional dermatologists learnt about NSC's nursing services and specialties during the 2023 World Dermatology Congress held in Singapore and Southeast Asia for the first time last July.



NSC's first two foreign participants Mr Raymong Chu (left), and Ms Carol Fong

"Dermatology nursing is a niche speciality, and the number of speciality nurses working in dermatology units across the world are far smaller than any other nursing disease specialties," she said.

"(And) many of these dermatology units in the region do not have big facilities, or dermatological expertise like NSC," she elaborated. "(That's why) many of the regional dermatologists requested to send their dermatology nurses to learn from us."

Ms Lim elaborated that the programme not only offers learners an overview of the expanded scope of practices undertaken by dermatology nurses, such as Advanced Practice Nurse-run clinics (e.g. immunodermatology), and nurse-led services (e.g. photodynamic therapy), it also allows for the learning objectives to be customised according to the needs of the learner or institution.

Mr Chu, who was recently posted to support the dermatology unit in his institution, shared his experiences during the programme and how he was touched by the warm hospitality of NSC nurses.

**"It's not only about practical skills, but also about the confidence and professionalism nurses showed in their work in NSC. I have been inspired a lot."**

Mr Raymond Chu

"It's not only about practical skills, but also about the confidence and professionalism nurses showed in their work in NSC. I have been inspired a lot and hope one day my colleagues or I can have another chance to come and learn from NSC again in the future," said Mr Chu.

Echoing Mr Chu, Ms Fong shared that she was deeply impressed by the expert knowledge and technical skills of the NSC nurses.

"It's totally out of my expectations to have come across such hospitality and warmth as I have experienced in NSC," she said.

"The well-organised and well-coordinated skin health services in NSC really impress me. The competence of the practitioners is amazing. The dexterity displayed by the team members is stunning. The commitment to the well-being of the patients is laudable. NSC nurses' strive for excellence deserves my deepest respect, and inspires me to exert my best efforts to further my practice."

Even though the placement was short, Ms Fong felt that she was exposed to a variety of techniques and expert knowledge involving procedures such as use of cryotherapy with liquid nitrogen, skin paring, wound dressing, different types of diagnostic skin tests, and phototherapy modalities.

"I surely benefitted from the exposure of learning, and hope to put into practice all the techniques and knowledge that I've acquired. I would also share my learning with my colleagues. It's certainly my hope to return one day to NSC to further my learning," she added.



Ms Fong practicing how to perform liquid nitrogen spray on an orange using a cryogun

## The 4th Asian Dermatological Nursing Conference: Practical Approach for Better Skin Care



Dermatology nurses demonstrated the use of wet wrap dressing at education station

Themed "Practical Approach for Better Skin Care", the 4th Asian Dermatological Nursing Conference held on 27th January 2024, aimed to share the latest practical skin care approaches with nurses from various public, private, and community healthcare settings.

Co-organised by the Singapore Nurses Association (SNA) Dermatology Chapter (DC) and National Skin Centre (NSC), and supported by the NSC education team, the conference saw some 80 participants from Singapore and neighbouring countries like Indonesia, Hong Kong, and the Philippines, and vice-president of SNA, Ms Lilian Yew gracing the event as the Guest-of-Honour.

Participants had the opportunity to attend multi-disciplinary talks by dermatology nurse specialists, podiatrists, and medical consultants, who brought them through a variety of dermatological topics such as geriatric dermatology, wound dressing, wound care tips, and aesthetic nursing.

They also had their hand at wet wrap therapy, wound care, and dressing products at the different interactive mini education stations.

In her welcome address, Ms Brenda Lim, Head of Nursing at NSC, and Chair of SNA DC, highlighted that with Singapore's rapidly ageing population, outpatient and ambulatory dermatology units have seen an increase in patients with more complex dermatological conditions.

"I hope that the topics shared by the experts at the conference will continue to inspire nurses and participants to drive excellence in the care of the people with dermatological conditions," she said, whilst also urging for nurses to keep abreast with evidence-based practice and the latest developments in dermatological care management.

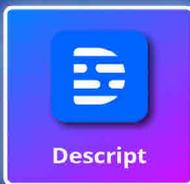


Some 80 participants from the region attended the conference

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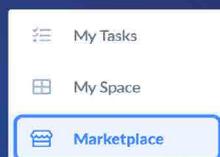
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