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13 October 2016
12 PM to 1:30PM

TTSH Annex 1, Pearl's Hill Room (L2-S-M011)
IMH Block 2, Centre of Medical Education, Smart Lab

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HAPPENINHGS



Being Human

"They (the patients and seniors) stay in that environment 24-7, 365 days for years. So unless you (as a doctor) can picture yourself in that situation, you cannot change what they have," said Professor Philip Choo, Group Chief Executive Officer, NHG.

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In the Absence of Seniors

"Who will guide the students?" thought Dr Lim Wen Phei, when Nanyang Technological University (NTU) Lee Kong Chian School of Medicine (LKCMedicine) welcomed its inaugural batch of medical students in 2013. [Read more](#)



IN FOCUS

FACE TO FACE



Guiding the Next Generation of Doctors (Part II)

In the second part of the interview, the four 2015 Post Graduate Year 1 teaching award winners shared their thoughts on learning, their inspirations, and the traits of a good mentor.

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First do not ridicule, embarrass or shame

Imagine a learning environment that allows for questions to be raised, mistakes to be admitted and feedback to be given without having the fear of being ridiculed, embarrassed or shamed.

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VOICES



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In the Absence of Seniors

by Eugene Seng

“Who will guide the students?” thought Dr Lim Wen Phei, when Nanyang Technological University (NTU) Lee Kong Chian School of Medicine (LKCmedicine) welcomed its inaugural batch of medical students in 2013. The absence of senior students to befriend the medical students, and more importantly to provide guidance was what bothered Dr Lim, Associate Consultant (Psychological Medicine), Tan Tock Seng Hospital.

To her this senior-junior gap was crucial to the LKCmedicine students’ development and morale in their medical journey, hence her decision to establish the NHG Medical Student Mentorship Programme to identify and pair the ‘seniors’ with the students.

Dr Lim felt that the junior residents would be the most suitable, due to their “proximity” with the medical students. “As they are still fresh from medical school, the residents would be able to understand the types of challenges that the medical students will face. That was why we came up with this idea of having the junior residents befriend the medical students in a mentor-mentee context,” she said.

“The gap that we wanted to address was to have an informal social networking system in a professional capacity for the medical students,” said Dr Lim. And since 2013, more than 100 residents from various medical specialities have volunteered their time to help the students.

Ophthalmology resident, Dr Koh Yan Tong who now helms the programme, said that “Medicine is an apprenticeship”, and that the acquisition of medical knowledge does not stem solely from studying or didactic teachings, but also through the observation, practice and application of knowledge under the guidance of seniors.

“We (the residents) help the students in the clinical aspect, and we try to meet their academic needs,” said Dr Koh, adding that the range of topics which the students can seek advice for is not limited to work-based issues; but also the selection of electives, and even social issues.

Dr Lim mentioned that there is no fixed curriculum and rules to what the residents can or should teach, or how the residents and students relationship should be; it is all dependent on the students’ needs. However, both Drs Lim and Koh state that the residents’ role exists more than merely fulfilling a reactive need; but a proactive one to impart clinical skills and knowledge not taught in medical school.

With the maturation of LKCmedicine, the residents’ role as ‘surrogate’ senior has started to evolve. “Now that the inaugural batch of LKCmedicine students has become seniors; they would be in a better position to guide the juniors in school-related matters such as coping with their studies and exams,” Dr Koh said.



Mentors preparing the medical students (in white coats) for their OSCE (Objective Structured Clinical Examination) preparatory course

Medicine is an apprenticeship.

Dr Koh Yan Tong, Ophthalmology resident, Tan Tock Seng Hospital

The residents' roles are gradually shifting from 'surrogate' seniors to professional mentors; where they will assist and mentor the students in a "professionally friendly capacity, putting more focus on the clinical soft skills; advising them on managing burnout, the process of transiting from non-clinical to clinical year," said Dr Lim.

They also meet up occasionally to discuss on some of the common issues and topics that the students encounter or may be interested in. "It's a logistical 'nightmare' to arrange for a meeting!" quipped Dr Lim, "We (residents) are from different departments and we do not have common time, so for the important meetings we meet face-to-face, and everything else we communicate through emails and WhatsApp."



Mentors giving advice and sharing knowledge with the medical students over lunch

Some of the residents said to me, "I don't want to be in the limelight, I just want to do this for the students."

Dr Lim Wen Phei, Associate Consultant (Psychological Medicine), Tan Tock Seng Hospital



(From left) Dr Koh Yan Tong and Dr Lim Wen Phei

"Some of us are not even in Tan Tock Seng! Some from IMH (Institute of Mental Health) and Khoo Teck Puat Hospital," Dr Koh laughed.

"This committee is quite a team effort, everybody carves their own time to do it, I personally am very proud of this committee. This group of very young, enthusiastic and passionate doctors; they all have the students at heart. Some of the residents said to me, 'I don't want to be in the limelight, I just want to do this for the students,'" Dr Lim said.

Dr Koh hopes that "the spirit of mentorship will linger on and create a community of doctors with a heart to continue educating the next education".

Dr Lim Wen Phei is an Associate Consultant in the Department of Psychological Medicine, Tan Tock Seng Hospital. She serves as a faculty member for the NHG Internal Medicine Residency Programme. She is involved in undergraduate clinical communications and psychiatry education, and has conducted research in psychotherapy training. She is also developing an interest in healthcare leadership and development, and is a certified Myers-Briggs Type Indicator® Certified Practitioner.

Dr Koh Yan Tong is an NHG Ophthalmology resident, Tan Tock Seng Hospital, former Chief Resident (Jan – Jun 2016), and the incumbent President of the NHG Medical Student Mentorship Programme.

Guiding the Next Generation of Doctors (Part II)

by Eugene Seng

Learning and “teaching” concurrently might be a tedious task, however to a group of PGY1s (Post Graduate Year 1), teaching is an avenue where they could share and pass on the guidance and knowledge they received from their seniors. In the second part of the interview, the four 2015 PGY1 teaching award winners shared their thoughts on learning, their inspirations, and the traits of a good mentor.



(From left): Dr Marvin Loh, NHG Emergency Medicine Resident; Dr Ang An Shing, NHG Internal Medicine Resident; Dr Timotheus Ooi, NHG Internal Medicine Resident; and Dr Margaret Zhang, Otolaryngology, Medical Officer (NUH).

Follow the link to read part one of the interview: <http://bit.ly/LearnNHG3TAW1>

What sort of environment do you feel is conducive for learning to take place?

Timotheus (T) : Cases when there are good historians, good signs and time and space, but that can be quite tough. Most of the time we prepare them (students) for the exams, so when you see a case you either clerk the case with the patient and then examine, and then present your findings. For me I like to time them, then be a bit more strict doing the questioning, so that they get the feel of the trauma of the exams (laughter), because it really can be quite scary, then after that you can talk

about it in a more relaxed environment; what went well and wrong, always encourage them, discouraging them won't help, it can be quite demoralising sometimes. You have to put them in a safe controlled stress environment and after that you try to rope them in and discuss.

An Shing (AS) : For me I learn best from traumatic experience (laughter). For me I learn best when someone is scolding me (laughter), unfortunately. I guess I am a bit different. I try to gauge a student, if he/she learns in a safe stress environment, I will hold back a little bit, but if he/she learns like me then I will be a bit more strict in the questioning but

always at the end always reinforce that I'm actual there to help them not there to pull him/her down, so that was just part of the experience that you have to go through. In that sense, I completely agree with Timotheus.

Marvin (MV) : I think people learn best in a non-threatening environment. I think most of us will remember certain negative instances whereby we make a diagnosis or a guess and got scolded for it; and didn't feel good about it. Like I mentioned, for most of the students the challenge that they face is about committing to an answer, so I will always make it a point that I get them to commit

to an answer first and listen to why they make that decision before determining if it is correct or not. I'm just happy that they made the decision and they learn something from it. I think my most memorable experience with clinical mentors are those who will listen to you, and give very specific feedback, so we know that they are listening to us, it's about knowledge impartation, and that psychological boost to know that we are on the right track, I hope to be that boost to the students.

Margaret(MG) : I actually think that the team bosses are very important. There are some registrars in gen-med (General Medicine) that are pro-teaching, like they will highlight the salient points in 2-3 minutes then tell the medical students to read up more. So if they are more teaching oriented, I feel very motivated to teach also. Then when I'm on call, I also like to put people on the spot lah (everyone laughs), you know it's all with good intentions.

Who are your teaching inspirations?

T: My biggest role model is Dr Ong Kiat Hoe, he is the HOD of Haematology. Very intelligent person, very humble the same time, and very hard working; the sheer number of responsibilities he has at work, at home, and doing the ward rounds. One thing I really respect what he does, is that he would sometimes say, "Tim your plan defers a bit from mine, but you know, I'm happy to follow yours and then see how it plays out," and you learn it the hard way, why his plan might have been better. You don't like it when a teacher micromanages everything that you do, then there is no autonomy, you just feel no satisfaction when good things happen, I really respect that. And it's just that he is very intelligent with very difficult things, he is not boastful about it.

AS: Personally, mine would be my cardio mentor Dr Chia Yew Woon, I met him when I was an M3 student, and he was

the first tutor who kept challenging me. He constantly ask me questions about why I assume to be true, and that really broaden a lot of my knowledge, he taught me a lot of important lessons, not to just accept what people tell you at face value. Throughout these years he has been guiding me a lot, he is also a great inspiration for many others. I think in a sense, he inspired me to do a lot of this e.g. teaching and helping others, and to ensure that everyone is not taking things for granted. He is always out there to challenge new knowledge, and making sure that everything we know is evidence based or best for the patients.

MG: In gen-med, my number one idol is Dr Endean (everyone laughs), I heard a lot of good stuff about him before HO (House Officer) year but I've never worked with him. It was only when I went to gen-med and he was my consultant, that I had the opportunity to work with him. Everyone really likes him, he is really pro-teaching, and he will take time out from his busy schedule to go and teach, definitely quite inspirational. There are also many other mentors who have been instrumental in my development as a doctor and person, such as Dr Lim Ming Yann, who was pro-teaching and a very good research mentor; and Dr Teo Li Tserng from surgery, who offered much guidance during my GS electives and during HO year.

MV: Actually I have quite a few role-models, e.g. Dr Ang Hou, Prof Kenneth Heng, Prof Phua and Prof Tham. The reason why I am inspired by them is because they are really constant and consistent people. When I watched them teach me and the new students, they are always looking out for our well-being. That follow up is tremendous, if they have a point they want to communicate to you, they will always make sure that it is done so. I remember instances where they "hunted" me down, to observe me doing a particular procedure, a feat that is so difficult to accomplish due to their busy schedules. One thing which Prof Tham does well is role modelling: her vast knowledge, astute clinical

acumen, approachability towards fellow colleagues and nurses, and a phenomenal educator in her own right. She will identify your weakness or areas that you need to work on, reminds you about it and check on your progress. These types of mentors are very difficult to find. I really hope that I can be that to my students as well, because they know that it's not just them who are interested in learning, someone else is equally if not more interested in their learning as well.

In your opinion, what are the traits for a good mentor?

AS: You need to be patient, that's very important, because whoever that is learning from you, will always make mistakes. And you always cannot expect them to be as "good" as you, that's the whole point of you being a mentor. You have to be willing to share, my orthopaedic consultant told me especially in ortho (orthopaedic), where he drew upon the analogy of a Kung Fu master, who knows ten skills, you (teacher) only pass down nine skills to your disciple, at the end of the day down the road it just gets worse and worse. We are all there for the patients; it's not about being better than one another, so you should be willing to share what you know.

MG: I think it's very important to be humble, because you realise that your student actually knows more than you sometimes in terms of knowledge, and they also encourage you to be more proactive in learning yourself. If you think you are very good already, I guess there won't be much room for improvement.

T: I think passion is the biggest thing, something that cannot be taught but can only be caught (everyone laughs)... when you have passion you do whatever it takes to do your best because you love it. Looking back at all the doctors whom I think are great teachers, they are always passionate about something. Being humble, when you learn something new you've not learned before you go find out



if it's true or not, then you would be even more grateful to the student who brought the thing up to your knowledge, and it just makes everyone's job, career a lot more fun as well.

MV: I think maybe perspective is what I value most in a mentor. Surprisingly the lessons that I remember most are things that are not necessarily confined to medicine. For example one of my mentors Dr Ang Hou will not just impart knowledge to me, but he will remind me the importance of personal growth, the person behind the knowledge; developing good work ethics, stamina, and always remember we are there because of your patients. There are many mentors who can impart knowledge, but there are people who take the time to know you as a person. Those are the people you will always remember, and hopefully I will be that to my students as well.

If you had to choose to between a mentor who is technically competent, or someone who is a good role model, who would you pick?

AS: If you are responsible, you don't slack off and you ensure that your things are done before you leave; I think it's more important than being technically

competent. At the end of the day, we all are a team, if someone is good but doesn't play ball everyone will just suffer.

T: I completely agree. This is one of the reasons why we joined Tan Tock Seng right? It's the people, the culture, I would say obviously both are important, but if I had to choose to be very brainy or to have good attitude and even if it means working harder, I would probably choose the latter. At the end of the day, I think the patient would benefit more.

MG: I think for all of us, our technical competence is more or less there. There are definitely more outstanding ones, but I think role-model probably is more important. If you show that you are willing to learn to make yourself a better person, others will pick up on that and strive to be the best possible version of themselves too.

MV: When I was a student in the medical school, we admire people who are technically competent, and those who have the answers to most of the questions. Once you start working and you realise the reason why your seniors are so dependable, large part is because of the experience and hard work they have garnered, medicine is accumulative, it's not a short sprint of three short years of clinical experience but day by day plugging in.

Dr Timotheus Ooi is an NHG Internal Medicine Resident, Tan Tock Seng Hospital. He is interested in the area of Rehabilitation Medicine and is looking for further research opportunities in his specialty of choice.

Dr Marvin Loh is an NHG Emergency Medicine Resident, Tan Tock Seng Hospital. He is a beneficiary of the deep and broad clinical load available as well as the strong teaching culture of the department and residency programme.

Dr Ang An Shing is an Internal medicine resident, Tan Tock Seng Hospital. He has a keen interest in cardiology and hopes to pursue it in the near future.

Dr Margaret Zhang is currently a Medical Officer in Otolaryngology, National University Hospital. She is constantly seeking knowledge, and learning from her colleagues and seniors. Dr Zhang yearns to become a better doctor, not only in terms of knowledge, but also as a fellow colleague, mentor and teacher.

First do not ridicule, embarrass or shame

by Lim Yong Hao



If a trainee is compelled to behave as if he or she has no doubts, or never admits to an error due to the fear of being negatively judged, there would be little room for him or her to learn...

Lim Yong Hao, Senior Research Analyst, Health Outcomes and Medical Education Research (HOMER)

Imagine a learning environment that allows for questions to be raised, mistakes to be admitted and feedback to be given without having the fear of being ridiculed, embarrassed or shamed. Residents and faculty agree that the ability to create such psychologically safe environment is the most important attribute a clinical teacher should possess.

This is one of the key findings from a study NHG-HOMER (Health Outcomes and Medical Education Research) conducted last year with around 1,000 medical residents and faculty members. Intuitively, this makes a lot of sense. If a trainee is compelled to behave as if he or she has no doubts, or never admits to an error due to the fear of being negatively judged, there would be little room for him or her to learn, resulting in a less than satisfying learning experience.

The concept of psychological safety is not new. Professor Amy Edmondson from the Harvard Business School has been studying psychological safety in workplace learning for the last 15 years. Her findings concur with my intuition that a psychologically safe environment facilitates the learning process while an unsafe one does the opposite.

The leadership literature also has a lot to say about psychological safety and team performance. This was a connection I stumbled serendipitously when preparing for a talk on the study at our biannual HOMER Meeting. As the other speaker in that meeting was talking about the 'dark side' of leadership, I thought I could add to the conversation by relating psychological safety to leadership. This was where I found out about Google's Project Aristotle.

Project Aristotle was a study conducted by Google to understand high performance teams. Google found what many leaders sort of already know, that teams that are psychologically safe, tend to be teams that have the best performance. Furthermore, psychological safety is driven by two processes: 1) making sure everyone has the chance to speak and 2) recognise each other's emotional states, what academics called conversational turn-taking, and average social sensitivity, respectively. These two processes are in turn influenced very much by the behaviours of the team leaders. Thus, there are a lot in common between clinical teachers and leaders, at least with respect to psychological safety. What this means is that health professions

education can learn much about how to create psychological safety from what has already been found in leadership research, starting by ensuring more conversational turn-taking and building average social sensitivity.

Two excellent questions were raised during the HOMER Meeting discussion: 1) How innate is this sense of psychological safety?

2) Can pedagogy help to shape a strong sense of psychological safety that carries from medical school over to postgraduate education? For the former, one's sense of psychological safety is definitely affected by one's personal disposition but that does not mean that nothing can be done to change it. For the latter, I have to admit that I do not have a good answer. However, we can definitely attempt to make a strong case that pedagogies that encourage critical thinking and questioning are more likely to shape higher level of psychological safety.

These thoughtful discussions could not be more apt. It is through questions like these, asked without fear of being seen as ignorant that are crucial to advancing our understanding of psychological safety.



Lim Yong Hao is a Senior Research Analyst with the Health Outcomes and Medical Education Research (HOMER) team within NHG Group Education. He adopts a pragmatic approach in his research on health professions education. This renders a variety of research methods for answering different research questions, and for drawing out the practical implications of completed research projects.

Being Human

by Eugene Seng

“‘Being human’, a quote by a resident from last year’s community service day left a deep impression on me,” said Associate Professor Nicholas Chew, National Healthcare Group (NHG) Residency Designated Institutional Official, as he addressed the 90-strong young doctors (residents) before kicking off the second NHG Residency Community Service Day (CSD).

“I urge you to take off your medical hat, suspend that doctor in you, and be a social scientist for a day. This will show you where medicine ends, where society begins, and the big gap in society that we have to address,” he added.



(From left) Dr Chia Keng Yong Brian and Dr Ang Ten Xuan at Mdm Cheah Ah Ah’s home.

Over two weekends in July, the residents had the opportunity to visit more than 150 home-stay patients and seniors in their homes and centres across various NHG-partnered Volunteer Welfare Organisations and Tan Tock Seng Hospital Transition Care Services: Dover Park Hospice, Home Ventilation & Respiratory Support Service, Virtual Hospital, Neighbours Programme, Singapore Association for Mental Health, Post Acute Care at Home, TSAO Foundation and the Asian Women’s Welfare Association (AWWA).

“The idea is to get the residents to engage and understand the social situation and difficulties that these people face, and not what their medical problem is,” said A/Prof Chew. And he hopes that the CSD would encourage the residents to adopt a more empathetic and holistic approach towards treating the patients, and understanding the challenges faced by the patients and their families.

TSAO foundation client, Madam Cheah Ah Ah, who is wheelchair bound due to the recent bout of stroke and falls, was visited by Dr Ang Ten Xuan, Psychiatry Resident, and Dr Chia Keng Yong Brian, Dermatology Senior Resident. Through conversing with Mdm Cheah and her husband in Teochew, Dr Ang had the “privilege to get an uncut and uncensored glimpse into her

everyday life” which he would not be able to in the clinics.

“The entire experience reminded me that as doctors and healthcare professionals, we treat people with lives, not patients with illnesses,” Dr Ang said.

The visit to AWWA on 23 July 2016 not only provided the residents with a glimpse of the seniors’ living environment and their healthcare needs; but also the potential issues and challenges which the residents will face with a rapidly ageing population.

Said Dr Sabrina Lau, Internal Medicine Resident and resident council secretary who led the AWWA visit: “From my interaction with the AWWA seniors, I learnt the importance of helping to preserve independence in our elderly community, and to empower our seniors to take ownership of their health and lives - essentially, to age gracefully and with dignity.”

During the CSD debrief session, Professor Philip Choo, Group Chief Executive Officer, NHG shared that it was during community visits such as this that doctors - including some senior doctors - were “shocked” to learn of the poor living conditions that some of the patients are in; and realising why certain treatments do not work.

He added that it is usually not the ineffectiveness of the medicine or treatment administered, but the socio-economic and environmental factors such as the inability to self-medicate and care for oneself, understand or recall the required dosage, or afford the medication; that hinders the recovery process.

“They (the patients and seniors) stay in that environment 24-7, 365 days for years. So unless you (as a doctor) can picture yourself in that situation, you cannot change what they have,” concluded Prof Choo.



They (the patients and seniors) stay in that environment 24-7, 365 days for years. So unless you (as a doctor) can picture yourself in that situation, you cannot change what they have.

*Professor Philip Choo,
Group Chief Executive Officer, NHG*



The 2016 Community Service team.