

SGH Alumni Newsletter

ISSUE 29 | APRIL — JUNE 2020

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SGH PGMI
Postgraduate
Medical Institute

NEW APPOINTMENTS

Key Leadership & Clinical Appointments



Dr Tan Kian Hian
Head
Department of Anaesthesiology
Singapore General Hospital



Prof Chan Choong Meng
Group Chief Education Officer
(GCEDO)
SingHealth



Dr Tan Chieh Suai
Head
Department of Renal Medicine
Singapore General Hospital



Assoc Prof Tan Say Beng
Group Chief Research Officer (GCRSO)
SingHealth



Assoc Prof Ng Wai Hoe
CEO (Designate)
Changi General Hospital



Dr Michael Wong
Group Director
Regional Health System
SingHealth



Adj Assoc Prof Siau Chuin
CMB (Designate)
Changi General Hospital



Dr Edwin Low
Director
Programme Development
SingHealth Office of Regional Health



Ms Lim Hui Chee
Chief Finance Officer (CFO)
National Dental Centre Singapore



Ms Marianne Au
Chief Financial Officer
SingHealth Community Hospital



Dr Neo Soek Hui Patricia
Head
Supportive and Palliative Care Centre
SingHealth Duke-NUS



Ms Tan Bee Yee
Director
Allied Health
SingHealth Community Hospital



Dr Simon Ting Kang Seng
Head
Memory and Cognitive Disorder Centre
SingHealth Duke-NUS

NTUC May Day Awards 2020

The May Day honours exemplary union leaders, workers and tripartite partners who have made significant contributions in improving workers' lives and livelihoods, in different ways.

Congratulations to our winners!



Prof Ivy Ng
GCEO, SingHealth
conferred the
Medal of Commendation (Gold)



SingHealth Polyclinics
awarded
Plaque of Commendation

NEW DEVELOPMENTS

SGH & BIOFACTORY DEVELOP SG SAFE & SG SHIELD

SG SAFE also known as "Swab Assurance For Everyone". It is a foldable three-panel transparent booth that comes fitted with a pair of biosafety level 3 gloves to protect healthcare workers from being infected with Covid-19 developed by a team of Singapore General Hospital (SGH) doctors partnered The Biofactory, the system makes it less nerve-wracking and tedious for healthcare workers to perform the high-risk coronavirus swab tests.

"The volume of swabs that we do is in the hundreds," said Dr Hairil Rizal Abdullah, a senior consultant at SGH's department of anaesthesiology, who mentored the team that developed the system. "With the traditional way, you have to change the personal protective gear (PPE) in between patients. With this system, the healthcare worker doesn't need to wear PPE, as he is protected behind the booth.

To perform the test, the healthcare worker sticks his hands into the pair of gloves, cleans the gloves with the alcohol rub that is placed nearby and does the swab. After that, he disinfects the gloves and cleans the booth with an alcohol wipe before it is the next patient's turn. A swab that used to take 5 minutes can now be done in 2 minutes and 30 seconds.



Photo Credits: SGH Website

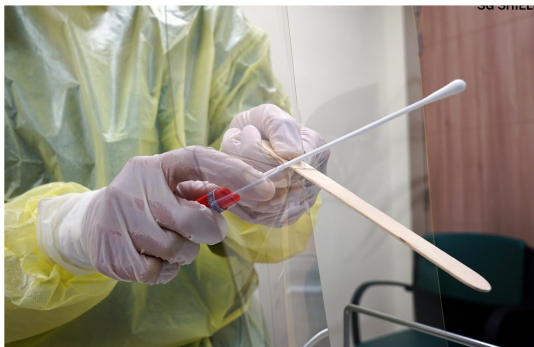


Photo Credits: SGH Website

SG SHIELD also another device designed by SGH that can be used in wards and clinics where there is no space for a booth system. The shield protects healthcare workers from droplets that patients may cough out during throat swabs. The shields give healthcare workers the confidence to carry out swab tests, said Mr Cheong Wai Chye, the assistant director at the Medical Technology Office (MTO) at SingHealth. SGH has deployed 2,000 such shields.

Source: SingHealth Tomorrow's Medicine

SGH AND DUKE-NUS TO DEVELOP BIOSENSORS THAT CAN IDENTIFY VIRAL PRODUCTS IN SALIVA

The Covid-19 pandemic has hit the world hard. Both short- and long-term measures to reduce the number of Covid-19 cases and prevent future outbreaks are urgently needed. While both drug and vaccine development is proceeding at an accelerated pace, there is still a mountain for researchers to climb.

The way forward could be to identify the small number of possible cases quickly and distance them from the rest of the population. In tandem, mass screening could be done to highlight those who are not infected, and these people could receive a "health visa". For a "health visa", we would need a test where a negative result indicates no infection with high confidence. This is the same strategy used to screen blood donors for HIV infection to ensure that blood products are safe. Instead of a nasal or throat swab, saliva can be collected easily with no discomfort. Research has found that the virus can be found in saliva as well.

Screening for negatives, however, could sometimes result in a high proportion of false positive findings. Fortunately, technology now allows for three or more tests to be incorporated into a single device. In such tests, biosensors which identify viral products in the saliva can trigger specific optical signatures. These signatures are read off speedily, hopefully within minutes. If a result is positive, the test can automatically trigger other tests to ensure that the positive finding is truly indicative of infection, and not a false positive.

Mass self-screening using saliva, and rapid optical readings incorporating the reading device into personal mobile phones for periodic self-testing, complemented with daily temperature readings would allow everyone to maintain a "health visa" that is up to date, and work towards unlocking the lockdown

Source: SingHealth Website

NEW DEVELOPMENTS

SGH RANKED 8TH IN THE WORLD BEST HOSPITALS

SGH has been ranked eight in the World's Best Hospitals List by Newsweek, and that we are the only Asian hospital in the top 10. This is the second consecutive year that we are recognised in the top 10 ranking. The ranking was based on recommendations from medical experts, patient survey and the hospitals' medical key performance indicators. SGH has always had a strong tradition of continually striving to improve patient outcomes through integrated clinical practice, innovation, cutting-edge research, inspiring education and new models of care. We achieve such recognition through close collaboration with our partner National Centres within the Campus. As we celebrate the achievements and recognition, we must not rest on our laurels but continuously strive to challenge ourselves to be better always.

Read more at <https://www.newsweek.com/best-hospitals-2020>

NATIONAL EYE CENTRE LAUNCHES TELEMEDICINE FOR GLAUCOMA PATIENTS

Telemedicine became a necessity at the SNEC and other healthcare institutions during the circuit breaker beginning on April 7, when face-to-face consultations were minimised to urgent cases. Now, it may become a normal part of business. The SNEC aims to offer video consultations to 500 stable glaucoma patients by the end of the year, and another 3,600 next year. About 15,000 stable glaucoma patients who typically make two visits a year, forming 60 per cent of all SNEC glaucoma patients, will eventually be able to access this service, if they are willing.

Glaucoma is one of the leading causes of blindness in people aged above 60 and is brought on when high fluid pressure within the eye damages the delicate fibres of the optic nerve. Patients will still need routine tests, such as visual field exams and eye imaging, to be done at the SNEC and future satellite clinics. But follow-ups can be done via telemedicine, saving them the commute to the centre and waits to see the doctor and collect their medicines, which can be delivered to their homes.

The SNEC handles nearly three quarters of the glaucoma patients in Singapore. There are more patients now as the population ages. "We have over 55,000 to 60,000 patient visits a year. From 2015 to 2019, we saw a 40 per cent increase in the number of visits to the SNEC for glaucoma. So, the load is growing, but the space is the same," said Prof Wong. Care can be stratified according to disease severity, she said.

Telemedicine will allow the centre to better serve patients whose conditions are more serious and need to be seen in person, she said. Prof Wong said telemedicine works well for glaucoma. "We do a lot of imaging for glaucoma to monitor the disease and its progression," she said. "Having good photographs of the front of the eye is as good as if I were to examine a patient physically here."

For now, like other specialist centres and hospitals, the SNEC is handling only urgent cases. "We had 28 patients in the morning, when we normally see over 100," said Prof Wong. The SNEC expects to see a reduced number of patients going forward as safe distancing measures will still need to be observed. In the near future, the SNEC also plans to offer telemedicine to selected patients with myopia, and corneal, retinal as well as neuro-ophthalmology conditions.

Source: SGH Website

Duke-NUS Medical School has come up with a test kit that takes just an hour known as cPass, the first-of-its-kind test is available to hospitals in Singapore. Instead of the usual several days, to detect if someone has antibodies which can neutralise the coronavirus that causes Covid-19. cPass can be used to see if potential vaccines work, to check what proportion of the population has already been infected and for contact tracing, which is critical as Singapore eases up on circuit breaker measures.

In contrast, the cPass, a blood test, mimics key parts of the testing process chemically and does not require the use of a live virus or cells, said Duke-NUS' Professor Wang Linfa, at a virtual press conference yesterday. It can be carried out in most research or clinical labs, he added.

TEST

Neutralising antibody

Live virus

Spike protein

ACE2 receptor

Spike protein binds to ACE2 receptor

The diagram illustrates a competitive ELISA assay. At the top, a circular well of an ELISA plate contains an **Enzyme** (yellow dot) and **Modified spike protein** (blue and yellow Y-shapes). A red arrow indicates the addition of a sample containing **Neutralising antibody** (Y-shapes). The antibodies compete with the modified spike proteins for binding to the **ACE2 receptors** (blue and yellow Y-shapes) on the surface of the **ELISA plate**. A red arrow shows the competition process. The diagram shows that if neutralising antibodies are present, they prevent the modified spike proteins from binding to the receptors, resulting in reduced or no color change.

• If neutralising antibodies are present, they will prevent the **modified spike protein** – and the **enzyme** – from binding with the receptors, and there will be reduced or no colour change.

Duke-NUS will be co-developing and manufacturing the kit with biotechnology company GenScript Biotech Corporation and the Agency for Science, Technology and Research's Diagnostics Development Hub (DxD Hub). There are also plans to partner local biotech companies to increase the production of the test kits.



Source: SingHealth Website

Read more at https://www.straitstimes.com/singapore/health/coronavirus-singapore-develops-new-test-that-can-swiftly-detect-if-someone-has-had?utm_medium=Social&utm_campaign=STFB&utm_source=Facebook#Echobox=1589510442

CORONAVIRUS DISEASE OF 2019 (COVID-19)

One Campus in the face of COVID-19

Regardless of rank, specialty or institution, colleagues from across SGH Campus are working side by side to run the swab-and-go service at our Fever Screening Area set up in a car park.

Swab and Go

Initially, patients are swabbed and discharged home to await their test results. “The hospital will call these patients with their results, or they can check for themselves through our Health Buddy mobile app or the government’s Health Hub portal. This way, we’re able to see more patients and patients don’t have to be kept in the FSA for hours on end.”

However, when more migrant workers were sent to FSA for testing, FSA’s operations changed, to become a holding area for both positive cases awaiting admissions and for foreign workers who were tested negative to be transported to a safe location for alternate housing.

“By then, my DEM colleague Dr Lim Chin Siah who was helping to run FSA, was also deployed out to lead the Mobile Swab Teams that test workers at the bigger dormitories,” said Dr Fua Tzay-Ping from the Department of Emergency Medicine (DEM) who runs the FSA. SG SAFE, a foldable swab screen system developed by SGH doctors allows double the number of swab tests to be done, without putting staff at increased risk.



A swab booth, the SGH 'SG SAFE', where swabs are taken

Plan and Go

The FSA at the car park was first conceptualised to deal with a flu outbreak. In 2015, the plan was materialised with the first of many exercises to work out the logistics and workflow. When COVID-19 struck, SGH closed the car park in early February and started preparing to activate the plan, more than a month before the hospital was given the green light to begin operations.

Dr Fua has been involved in the pre-planning and exercises from the start. “I am definitely impressed that the Preparedness and Response Department and the rest of our Operations Division managed to retrofit an existing parking facility into a functional clinical space! The demarcation of ‘clean’ and ‘dirty’ clinical areas was well thought out; like the central clean clinical staircase for staff to move between decks without any patient encounter, the staff pantry and gender-specific toilets with showering facilities. We even have an in-house X-Ray service right here!” she said.



With IT Support to ensure stable network connections, the FSA team can access the electronic records medical system

SPECIAL EDITION

CORONAVIRUS DISEASE OF 2019 (COVID-19)

Man and Go!

With the facility in place, getting adequate manpower was key to operationalising the FSA.

“It is an additional medical facility, and we had to deploy staff to work in a new area at short notice,” said Dr Shen Yuzeng from DEM who is helping to plan the FSA roster for clinicians. Challenges included getting staff orientated in time, making sure they were safely mask-fitted and addressing their unique needs and concerns.

“The FSA started with three doctors per team. We ramped up staffing to as many as 10 doctors per team at the peak of operations, to meet the increased patient load. It was possible with reinforcement from all clinical divisions within SGH and also from institutions on SGH Campus, like NCCS, NHCS, SNEC and OCH. Recently, we have had Allied Health colleagues who volunteered for swabbing duties too,” added Dr Shen.

Nursing also sent more staff for certain areas like the visual triage station, and to man the swab stations. Allied Health colleagues like Radiographers and Pharmacy Technicians are deployed as originally planned, to provide X-ray services and to dispense medication.



Doctors from SGH & SNEC

SGH Campus, Let's Go!



Nurses taking a break, to enjoy drinks sponsored by the appreciative public

Both Dr Fua and Dr Shen shared how moved they are, by the SGH spirit. Dr Fua was particularly struck by how everyone from Medical Officers to Senior Consultants and even Heads of Departments, took on the same role to see patients in the FSA.

“We have the privilege of having swab specialists from Otolaryngology, Anaesthesiology and Head & Neck Surgery to help us take swabs!” said Dr Fua. “Most had some apprehensions but yet were giving their very best in their given roles, as some clinicians had not 'clerked' a patient in years! Infectious Diseases physicians are especially deep in the trenches with us in refining the clinical workflows every day. I was particularly touched when people came back voluntarily on their off-duty days to work or stayed late beyond their shift hours in the FSA when the need arose,” she added.

Dr Fua also marvelled at the FSA nurses led by DEM Nursing. “Together with nurses deployed from other departments, they work tirelessly and can remain amazingly cheerful despite the hard work!” Similarly, Dr Shen was extremely inspired to see colleagues from different parts of the system rise to the occasion and come together as one during this trying period to face the unknown.

“The ground requirements may change as the situation evolves over time, but I'm pretty sure SGH (and SingHealth) will continue to have Singapore's back, because (in the words of one of the Senior Consultants rostered at FSA) – We are one SGH!” said Dr Shen emphatically.

CORONAVIRUS DISEASE OF 2019 (COVID-19)

When COVID-19 hit our shores, three doctors from the Singapore General Hospital went beyond their call of duty to help patients. Dr May Anne Cheong, Senior Resident together with her fellow committee members, Dr Trina Arifin and Dr Maverick Uy, who are also Senior Residents at SGH, felt that they needed do more to pay it forward to those who are hardest hit by the coronavirus.

“All of us felt blessed to be able to still have stable jobs, and receive so many gifts and letters of appreciation from members of the public” says Dr Cheong, also a member of the COVID-19 Junior Welfare Committee at Singapore General Hospital’s (SGH) Division of Medicine.

Dr Arifin added that during the several weeks she spent at the pneumonia wards, she encountered many patients, both locals and migrant workers, who were facing a number of challenges due to the pandemic. Many faced financial challenges as the “circuit breaker” measures had affected their jobs. Others felt lonely due to the strict visitor policy that had to be put in place for the safety of patients and their caregivers and the suspension of day care programmes.

Touched by the stories of hardship they encountered, the trio started a short message on their COVID-19 Welfare WhatsApp group. Their idea was simple: to rally colleagues to donate their Solidarity payments or any other amount they can spare towards helping the less fortunate and vulnerable in the community. With the support of Prof Kenneth Kwek, Chief Executive Officer, SGH, Asst Prof Phua Ghee Chee, Head and Senior Consultant, Respiratory and Critical Care Medicine, SGH and the SingHealth leadership, the three doctors worked with the SGH Development Office and Communications team to launch the “SGH Solidarity Pledge” (SSP) campaign within a week.

The campaign has raised over \$25,000 since it was launched on 19 April 2020. Half of all donations will go towards the SGH Needy Patients Fund while the remainder will go towards the Healthy Communities Fund in support of the elderly and disenfranchised members of the community. The doctors have been very encouraged by the support they have received thus far. “We couldn’t have raised this much money on our own,” says Dr Uy, “We are very happy to have had the support of the SGH family in this fundraising campaign so that, together, we can do our part to help our patients in need.”

The doctors hope that this campaign will inspire more people to show compassion for others in difficult circumstances and offer a helping hand to those in need. Beyond financial support, Dr Arifin hopes that the campaign would show patients that they are not alone and that with the help they get, they can focus on their journey to recovery.



(from left to right): Dr Cheong May Anne, Dr Maverick Uy and Dr Arifin Trina

SPECIAL EDITION

CORONAVIRUS DISEASE OF 2019 (COVID-19)

On a normal day before the COVID-19 outbreak, SGH Molecular Laboratory was doing about 140 specimens a day. Now, we are processing up to five times more samples. As Singapore crossed the 10,000 mark in number of cases, the laboratory has been running tests continuously throughout the day and overnight since 21 April 2020.

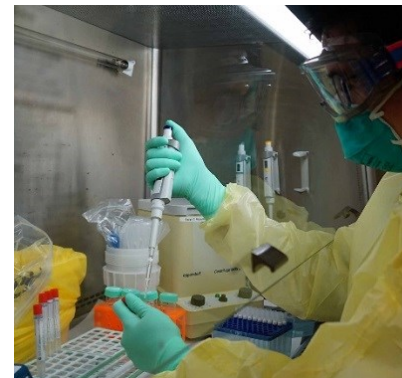
More information at https://www.sgh.com.sg/news/lighternotes/UpclosewiththeCOVID-19virus?fbclid=IwAR1vWFaRGjnAzoXcByhTGSyV4n75yC61oQ4Hlhb-z9hf_tBAzyN10wSvkl



A single batch consists of an average of 90 samples. Each batch takes about 4-6 hours to process and analyse.



A staff scans the CPOE barcode label to receive a sample for COVID-19 testing.



Good pipetting techniques are essential for Molecular Laboratory technologists



Afni Supandi, a medical laboratory technologist, prepares the reagents for the COVID-19 PCR test



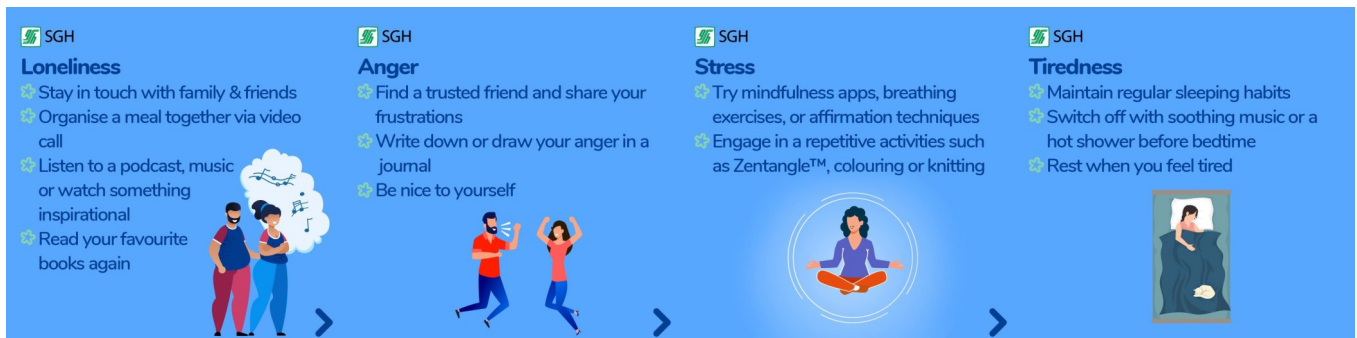
Source & Photo Credits: SGH Website

During COVID19 restrictions are put in place to keep people safe, many eating disorder patients are finding this challenging. A key concern for many people is what the isolation of social distancing might mean for eating disorder thoughts and behaviours.

Having different ways of distractions that work for you is really helpful during this time. You may find it useful to use the BLAST technique, which aims to address the emotion behind the urges that you might be feeling. Try to overcome that emotion in a positive way rather than using unhealthy behaviours.

<p>SGH COVID-19 CARE SERIES</p> <h2>BLAST through Eating Disorders</h2> <p>By SGH Department of Psychology, Neuropsychology Services</p>	<p>SGH</p> <p>Look for your own strategies to help manage those emotions</p>	<p>SGH</p> <p>The following technique is adapted from BEAT Eating Disorders UK. These are strategies to help you to cope with</p> <h3>Boredom, Loneliness, Anger, Stress or Tiredness</h3>	<p>SGH</p> <p>Boredom Boredom & loneliness can turn your focus inward</p> <ul style="list-style-type: none"> Try & ignore your weight, your shape & counting calories Limit social media time & be mindful of your social media consumption Have a schedule Pursue your interests
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CORONAVIRUS DISEASE OF 2019 (COVID-19)



Source & Photo Credits: SGH Facebook

Patient Care Ambassadors

The start of April, 80 cabin crew members from Singapore Airlines, SilkAir and FlyScoot came to SGH as Care Ambassadors to support our nursing colleagues in low-risk wards. All of them are adapting well and performing their tasks confidently.

Everyone went through an intensive five-day training and orientation programme by our Institute of Advanced Nursing (IAN) Educators, learning proper hand hygiene steps, wearing Personal Protection Equipment (PPE). They also learnt how to lift and transfer patients from e.g. chair to bed, monitor patients' vital signs and communicate with elderly patients.

"The care ambassadors are polite and proactive in carrying out their duties in the wards. They also will not hesitate to offer their assistance to our nurses in the care of patients. Our patients are full praises for them," observed Senior Nurse Manager Tan Soon Hock.

We appreciate their presence and support during this trying period, as the whole nation battles COVID-19.




Source & Photo Credits: SGH Facebook

SPECIAL EDITION

CORONAVIRUS DISEASE OF 2019 (COVID-19)

Keeping Seniors Engaged: Recommended Home Activities


Seniors have a weaker immune system and are more likely to have other health conditions, weakening their body's ability to fight COVID19. Other than going out for essential activities, seniors are recommended to stay at home. This are some of the activities they can do:




COVID-19 CARE SERIES


Keeping the Seniors Engaged: Recommended Home Activities


By SGH Department of Psychology, Neuropsychology Services







Older people are more vulnerable to COVID-19, as they have a weaker immune system. They are also more likely to have other health conditions, which weaken their body's ability to fight infectious diseases.





It is important that we help our seniors continue to stay active and engaged during this period. What are some of the activities they can do?






PHYSICAL

Movement / Simple exercises

- Stretching
- Walk 1 or 2 rounds in the wider spaces of the house
- Exercise using a chair such as getting up and sitting down

Cutlery during meal times

- Arrange or wash cutlery




PHYSICAL

Household chores

- Disinfect commonly touched surfaces such as light switches
- Fold towels and clothes
- Wash small items with hands

Open & close windows

- Open the windows during the day. This helps to restore orientation




SENSORY

Music playlists

- Playing old songs helps to evoke emotions & trigger memories

Newspapers clipping

- Cut & paste the news, jokes or short stories that they are interested in




SENSORY


Diffuse some essential oils

- Let your loved ones choose their favourite scent

Photos & objects


- Rearrange old photos or objects helps recollection of memorable personal experiences in the past






CREATIVE

You can also think of tasks that your loved ones will enjoy doing during this period of time, be it writing a journal, cooking a new dish, knitting, engaging in a new hobby, picking up a new craft etc. Remember, interest will sustain motivation!






DIGITAL / TECHNOLOGY

Games on mobile phone or computer


- Cross-words, sudoku, mahjong
- Screen all apps & online games for your loved ones to prevent them from falling victim to scams

Phone calls / Video calls

- Use these to maintain social interactions & connections



For those of us who are caregivers, or interacting with seniors in any capacity, we should also take extra care with our own personal hygiene. If you're unwell, do avoid interacting with seniors, and only do so when you are better.



Source & Photo Credits: SGH Facebook

FELLOWSHIPS & INTERNATIONAL COLLABORATIONS

Dr Kristine Camacho from Philippines shares her fellowship experience in SGH, Department of Reconstructive Urology.

What was your impression of Singapore's healthcare industry?

I found that healthcare system of Singapore to be top notch. It was a pleasant surprise to find that despite departmentalization and the many specializations, the patient treatment is still holistic.



Dr Camacho (in blue) with two SGH nurses.

Why did you choose to apply to Singapore/SGH for your attachment?

Singapore boasts of world class patient management & care with cutting edge systems and the fact that it is only a 3-hour plane ride from my home is a big bonus.

Are there any differences compared to the healthcare industry in your country?

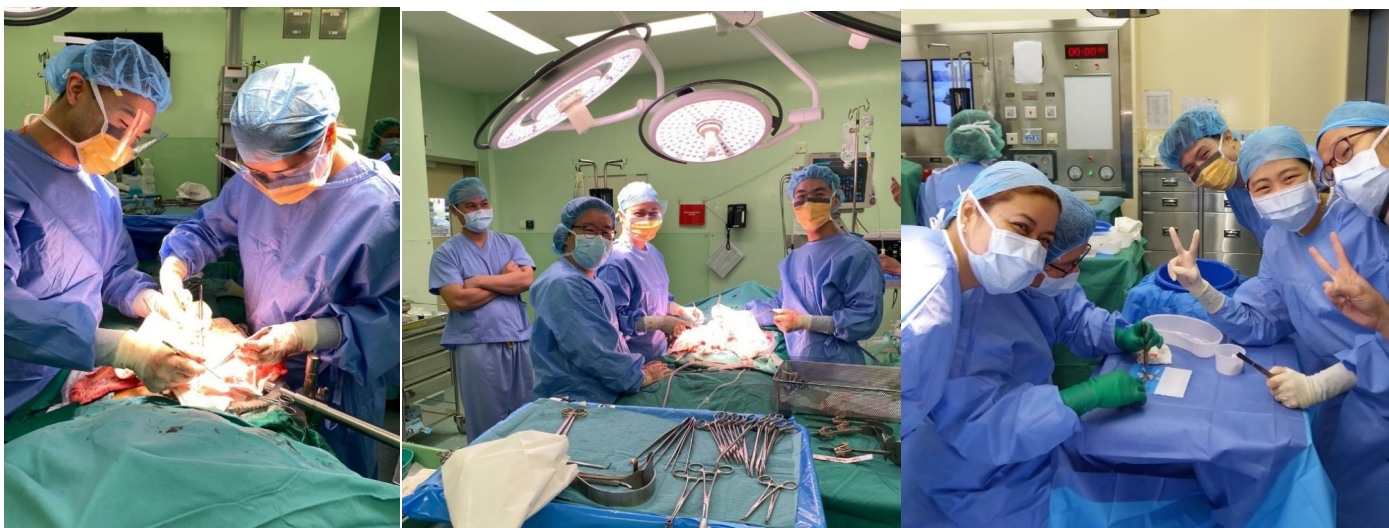
There are many differences but I can only speak for the local government hospital in my city though. The accessibility of technology and innovations here are very enviable. Back home, it would take quite a bit of time and money for a patient to be able to get access to the equipment or items needed for some Urologic cases.

During your attachment, what was a 'typical' day like?

Before the COVID pandemic, a typical day starts with the morning conferences which then segues to morning coffee. On some days, it is a day in the Operating theatre. There are also clinics days and on others, evaluation procedure days.

What were your learning experiences?

I learn so much from this experience that I do not know where to start. In the Operating Theatre, I greatly see how technology and the access to it can greatly affect the success of patient management. I wish to make this concept realized by my local government hospital. In clinics, I learned so much from the informal discussions with my mentors. My belief of comprehensive history-taking and thorough physical examination has greatly been validated by their practice. I also noticed how the Singapore healthcare system is very zealous about educating their citizens about various health issues with pamphlets, videos, lectures, etc. I hope to bring this practice back home too.



From left to right: 1st photo Dr Camacho (right), 2nd photo Dr Camacho (3rd from the left) & 3rd photo Dr Camacho (1st from the left) training at the OT.

Photo Credits: Dr Kristine Camacho

Dr Kristine Camacho from Philippines shares her fellowship experience in SGH, Department of Reconstructive Urology.



How has the attachment made an impact on you?

This attachment has instilled in me a greater desire for never-ending learning. I have so much gratitude and happiness. I go back home with a sense of pride and more confidence in dealing with my patients.

Do you have any interesting/memorable experience during your attachment that you would like to share?

I was exposed to a myriad of cases / procedures. However, I would like to particularly mention my thorough enjoyment of grasping the ins and outs of Urodynamics, as well as, my excitement at the opportunity to handle Reconstructive Urologic cases.



Top: Dr Camacho(2nd from the right) having meal with her colleagues.
Bottom: Dr Camacho (middle)

What did you enjoy most during your attachment?

The entire fellowship was most enjoyable. However, it was the camaraderie among my co-workers in the Urocenter and the friendship with Dr. Ng and Dr. Kuo that take the cake.

Would you recommend SGH to interested fellows? Why?

I would highly recommend having a fellowship in SGH. The mentors are accommodating, the working milieu is very welcoming and Singapore in general is so easy to get around in. Singaporeans are such a fun bunch of people. There is so much to take in and the food is amazing.



Dr Camacho(2nd row, 3rd from left) having meal with her colleagues.

Dr Pankaj Chopra from India shares his fellowship experience in SGH, Department of Orthopaedics (Sports Service).

What was your impression of Singapore's healthcare industry?

The road to good healthcare is paved by good intentions, academic excellence and suitable infrastructure. All these ingredients were appropriately present in Singapore healthcare industry specifically talking about Singapore general hospital. I was awestruck entering the hospital premises and found perfection not only in the department of orthopaedics but also all the arenas visited.

Why did you choose to apply to Singapore/SGH for your attachment?

After completing my post-graduate, I was confident about the work and surgeries that I would be performing. I was in constant conversation with my seniors and my colleagues about the several fellowships options and making a choice for the most suitable fellowship. Unanimously, I heard all praises for Orthopaedics Department in Singapore General Hospital (SGH). The faculty I'm attached to are the best in the work they are doing. It was an easy choice to apply SGH for clinical attachment.



Dr Chopra wearing the SGH OT scrubs



Did you face any difficulties (e.g. culture, language) during your attachment? What were they?

The workplace was very cordial and everyone speak English, therefore I did not faced issue understanding the language, following surgical steps command. I was lucky to witness Chinese New Year-Lo Hei dinner which I thoroughly enjoyed. Being a foodie I enjoyed the local Singaporean cuisine too. I even attended River Hongbao Carnival where I closely saw the culture and festivities.



Photo(top): Dr Chopra (1st from left) with his department colleagues visited the River Hongbao Carnival.

Photo(bottom): Dr Chopra (1st from left) with his colleagues from his training department after their OT training.

During your attachment, what was a 'typical' day like?

My usual day started at 8 am and I usually walk to SGH. I would reach by 8:20am and entered the Operating Theatre (OT) immediately. Every week we had sports rounds, mortality and morbidity meets. The OT usually continue till 5pm. In between we would break for scrumptious lunch which was provided to all in the OT itself. I used to go to library after that to complete my log book and recall the tips and tricks learned. There was a silat temple nearby; occasionally I will visit the temple. I returned to my room by 10pm and Singapore being two and half hour ahead of India, it was an easy time combination for me to talk to my family back in India. I used to Facetime with my daughter daily, which was the happiest moment of my day.

Dr Pankaj Chopra from India shares his fellowship experience in SGH, Department of Orthopaedics (Sports Service).



Dr Chopra enjoying the Singapore Skyline @ Marina Bay

What were your learning experiences?

I can certainly say that I was inspired by the working patterns and the immense knowledge of the faculty under whom I got the training. I got the chance to learn the various techniques of knee and shoulder arthroscopy which was my main area of interest. The small tips and words of wisdom will surely be helpful in my future practice. The ease and calmness with which everyone works in the Operating Theatre was the foremost thing to learn and I hope to follow these tips forever in life.

Do you have any interesting/memorable experience during your attachment that you would like to share?

The ease with which profs used to operate and teach the steps of major surgery made the surgery a cakewalk. At the end of the day I was always amazed by the surgical acumen of the teachers. I vividly remember the surgery – Revision massive rotator cuff repair, performed by Prof Denny Lie which left me speechless and accounts for one of the most memorable experience during the attachment.

What did you enjoy most during your attachment?

Majority time of my attachment was spent in the Operating Theatre and I enjoyed every bit of it. Rest, Singapore as a country has so much beauty to offer. My wife and my 18 months old daughter visited me during the attachment and we had an amazing time visiting many beautiful tourist spots. We can rate it as the best country visited so far. We visited all possible places and my wife who is a shopaholic found her paradise in Singapore.



Assoc Prof Paul Chang (left), Director of Sports Service in Orthopaedics with Dr Chopra (right)

Would you recommend SGH to interested fellows? Why?

My answer would be of course! I had a gala time these 6 months of my attachment. I would certainly recommend interested fellows to apply and join the clinical hands on fellowship. I stepped out from here more confident and that the most important feeling one should have after such educational and surgical feast.

Photo Credits: Dr Pankaj Chopra



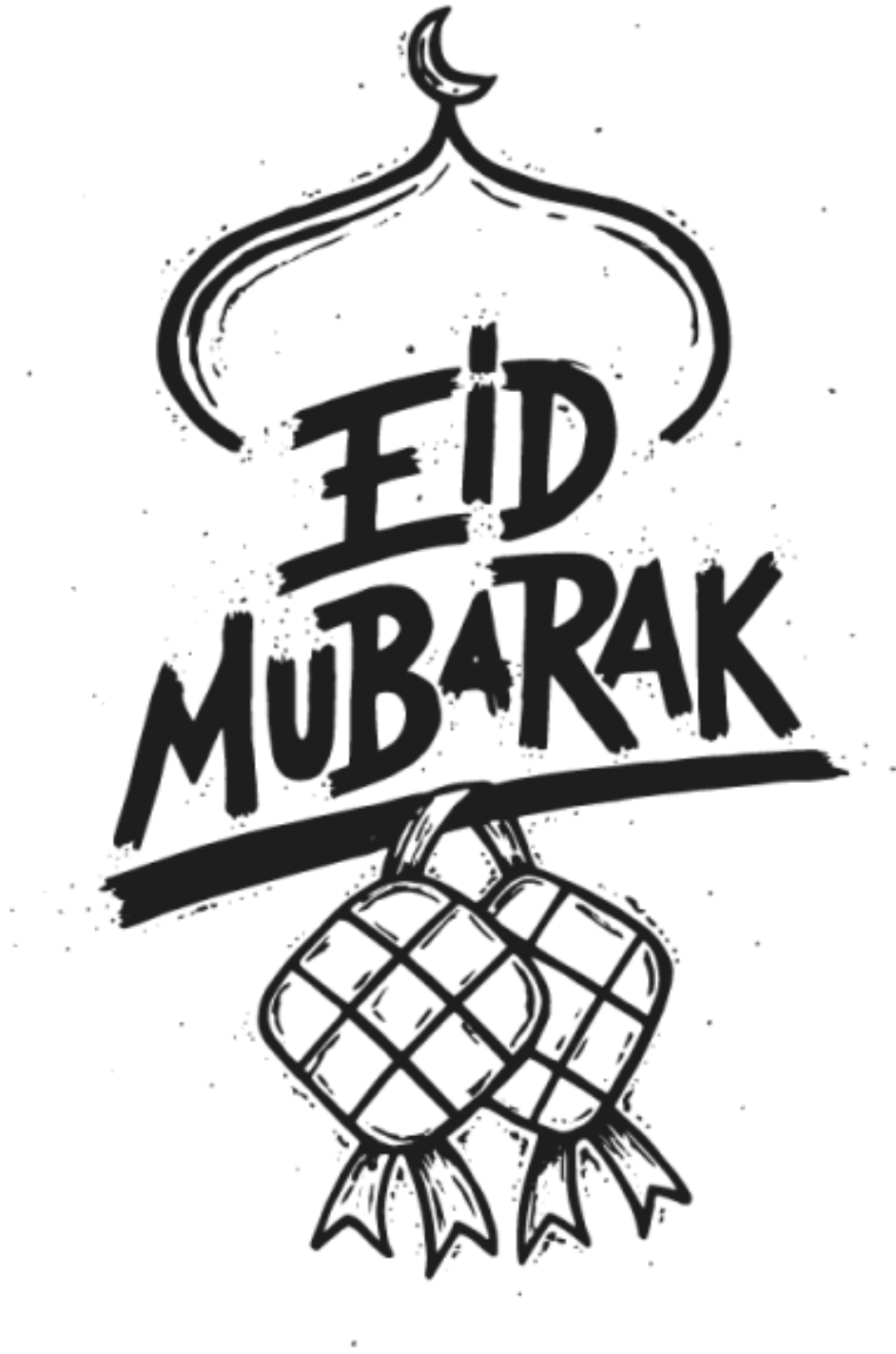
**TELL US
WHAT YOU WANT!**

We are always looking for ways to improve and engage our alumni members. If you have any suggestions or ideas for newsletter contents or alumni events, know anyone who would like to contribute to the newsletter, please let us know! Email your suggestions and contributions to alumni@sgh.com.sg

In view of COVID-19 pandemic, all upcoming conferences/events are postponed until further notice.



Please refer to our website <https://www.sgh.com.sg/pgmi> for events updates.



SGH — PGMI

Wishes all Muslim Alumni Member

Selamat Hari Raya Aidilfitri!

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