

SGH Alumni Newsletter

ISSUE 31 | OCTOBER — DECEMBER 2020

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SGH PGMI
Postgraduate
Medical Institute

NEW APPOINTMENTS

Key Leadership & Clinical Appointments



Dr Tay Yoong Chuan
Director
Ambulatory Surgery Centre
Singapore General Hospital



Ms Tan Bee Yee
Deputy Group Director
Allied Health (Academic and Professional Development)
SingHealth



Dr Mathur Sachin
Director
Trauma Service
Singapore General Hospital



Ms Esther Lim Li Ping
Deputy Group Director
Allied Health (Talent Management and Staff Engagement)
SingHealth



Adj Assoc Prof Bee Yong Mong
Head
Endocrinology
Singapore General Hospital



Dr Diana Tan Yuen Lan
Director
Institute for Patient Safety & Quality (Clinical)
SingHealth



Ms Natalie Chew
Head
Occupational Therapy
Singapore General Hospital



Ms Loh Huey Peng
Co-Director
Institute for Patient Safety & Quality (Clinical)
SingHealth



Ms Jasmine Pek
Chief Human Resource Officer (CHRO)
SingHealth Community Hospitals (SCH) & SingHealth

AWARDS RECIPIENTS

SG-INSPIRE, AN INNOVATION OF PUBLIC-PRIVATE HEALTHCARE PARTNERSHIP

A group of clinician innovators from SGH and institutions in SingHealth have won international recognition for SG-Inspire, an innovative ventilator prototype for COVID-19 patients requiring breathing support. The team behind SG-Inspire comprises SingHealth clinicians specialising in adult and paediatric intensive care and respiratory medicine, as well as clinical innovation engineers from SingHealth MTO and industry collaborators, Trilogy Technologies Pte Ltd, Vixel Inc Pte Ltd, and Akribis Systems Pte Ltd.

Read more at: <https://www.sgh.com.sg/news/academic-medicine/singapore-clinicians-develop-innovative-ventilator-for-breathing-support-in-covid-19-patients?fbclid=IwAR1KbpUtHq1sf0Oe5p5DpHTy1bwcN1MPYRmpWZuBwk5D6GLEToGgIybxhr0>

Read about the award: <https://www.ihf-fih.org/beyond-the-call-of-duty-for-covid-19/organizations/sg-inspire/?fbclid=IwAR0MQAI58eraRtYIMz5rIpMWYQXLokuitHlWemXspq5b263rBA91ogff-ho>

Source: SGH Website & Facebook

NEW DEVELOPMENTS

SGH TOP 100 FOR WORLD'S BEST SPECIALISED CARE

In a Newsweek survey of 40,000 medical experts from 20 countries on their recommendations based on their respective fields of specialisation, Singapore General Hospital's Diabetes and Metabolism Centre (DMC), National Cancer Centre Singapore and National Heart Centre Singapore emerged in the top 100 for world's best specialised care.

Read more at <https://www.newsweek.com/worlds-best-specialized-hospitals-2021/oncology>

SGH PATIENTS CAN COLLECT MEDICINES FROM 11 GUARDIAN STORES



Retiree Yoo Bee Eng, 64, a caregiver to a patient of Singapore General Hospital, collecting the patient's medication from a Guardian store.

Patients of Singapore General Hospital (SGH) can now collect their medication from 11 designated Guardian stores. This adds to a range of options for picking up prescriptions that offers greater convenience and accessibility, said the hospital.

More than 40 patients have used the service since it debuted last month, and Guardian may expand the number of stores on the scheme if customer feedback is good, said Ms Grace Chew, manager of pharmacy practice at Guardian Health and Beauty.

To order their medication, patients can drop off their prescription forms at any Guardian outlet with a pharmacy. The pharmacist will then place the order, and after three working days, the patient can collect the medication at one of the 11 stores, at a date and time of his choosing. All prescriptions can be filled,

aside from those for medication that requires refrigeration or must be administered immediately.

The payment for the medication is still made to SGH, and an SMS will be sent to patients once their medical bill is ready for viewing on the SGH website or on SingHealth's Health Buddy app. Payment can be made online or at any 7-Eleven store or Singapore Post branch.

There are more than 80 Guardian stores with pharmacies. The locations of the 11 stores were chosen based on where SGH's medication delivery service makes most of its deliveries. The hospital's service can deliver medication to homes or to 24-hour parcel lockers at selected SingHealth polyclinics.

Since the Covid-19 pandemic began, SGH's pharmacy department has seen the number of medicine deliveries rise from 2,500 a month to 23,000 currently, making up almost half of all outpatient prescriptions filled. Ms Lim Ching Hui, pharmacy practice manager at SGH, said the partnership with Guardian is in line with national goals to move beyond the hospital setting and enhance community care closer to patients' homes.

"We aim to provide more choices for self-collection, especially for patients and caregivers who are not available during SGH Pharmacy's opening hours or find it inconvenient to travel to SGH just to collect medicine," said Ms Lim.

With the extension of the hospital's medicine collection initiative to Guardian, which has the "largest community pharmacy network" here, patients could also receive expertise and advice from their pharmacists at the same time, she added. Most prescriptions are for elderly patients who need medication for chronic conditions, and it is often their family members who pick up the medication, said Ms Chew.

NEW DEVELOPMENTS

SGH AND ASTRAZENECA UNVEIL PROMISING INTERVENTION TO IMPROVE ASTHMA MANAGEMENT

When asthma patients do not use the correct medication or follow up regularly with their regular doctors, they may turn up repeatedly at emergency departments (ED) for severe symptoms like breathing difficulties, which can sometimes be life threatening. At Singapore General Hospital (SGH), almost 50 per cent of the asthma patients at ED show up at night or early hours in the morning.

To reduce ED visits and hospitalisations, SGH, in collaboration with AstraZeneca, piloted a new model of care known as Asthma-COPD Afterhours Respiratory Nurse at Emergency or A-CARE in 2018 to empower asthma patients how to better manage their condition.

Dr Kenneth Tan, Head and Senior Consultant, Department of Emergency Medicine at SGH said: “One in two asthma patients we see in the emergency department generally come in the evening. We treat them according to the severity of the attack, and admit them if their condition does not improve. If they feel better, we will discharge them with a referral to see their usual asthma care provider. But we realised the moment they leave the hospital, our opportunity to educate patients on better asthma control is gone. That explains why these patients keep coming back.”

Under A-CARE, an SGH nurse trained in asthma care worked three nights a week in the ED. She taught patients how to use their inhalers correctly, provided brief asthma education and issued self-management plans to patients. The nurse discussed with ED physicians to make joint patient care decisions, made recommendations for asthma inhaler therapy and appropriate post discharge follow-up.

Findings from the 17-month pilot showed that the joint care by the A-CARE nurse and ED physician has led to the following:

- The likelihood of patients being prescribed with oral steroids (emergency treatment) improved from baseline of about 60% to 90%
- The likelihood of patients being started on controller inhalers (long-term anti-inflammatory treatment) improved from baseline of 30% to 70%
- The likelihood of patients being referred to respiratory specialist for follow up in SGH increased from 70% to 90%

In addition, patients who received counselling by A-CARE nurse were more likely to turn up for a follow up respiratory specialist appointment compared to those who did not (40% up from 15%). Associate Professor Koh Siyue Mariko, Senior Consultant, Department of Respiratory and Critical Care Medicine at SGH, on the results and future plan: “We are very encouraged by the positive results of A-CARE, and will build on the success of the pilot model to introduce A-CARE 2.0 or TRAINED. TRAINED aims to train ED staff in asthma counselling so that all asthma patients being admitted to SGH ED will be reviewed by a trained asthma nurse, regardless of the day of week or time of admission. We hope that this will ensure sustainability of the best practices and further improve outcomes of asthma patients in Singapore.”

Vinod Narayanan, Country President at AstraZeneca Singapore, said: “We are thrilled to see such promising findings from the initial A-CARE programme and are pleased that we are able to roll out the TRAINED programme soon to optimise the patient experience further. As a global, science-led biopharmaceutical business, we know that acute hospital admissions for severe-life threatening asthma attack is a global issue that many health systems have to deal with. This is why we invest in initiatives like A-CARE and TRAINED through our Healthy Lung Programme.”

The findings of the A-CARE model are published in the British Medical Journal Open Quality journal, a leading international peer-reviewed publication. The collaboration with SGH is also part of AstraZeneca’s Healthy Lung Programme, a programme designed to build local health systems to support the diagnosis and treatment of respiratory diseases.

NEW DEVELOPMENTS

LIGHT DEVICE SHOWS THE WAY DURING SURGERY IN HOSPITALS HERE

Klaro, a bendable and disposable light device which can be used to illuminate cavities in open surgery, is now being used in some hospitals here. The idea for such a device first occurred to Associate Professor Tan Ngian Chye, a senior consultant at the National Cancer Centre Singapore, some six years ago.

Watching his daughter play with a rubber ball that lit up every time it hit the ground inspired him to create a device that could illuminate the body from within and come in useful in operating theatres. Surgical lights and head lamps cast shadows, causing surgeons some trouble, but with Klaro the issue disappears.

A prototype was jointly developed by local start-up Vivo Surgical, Singapore General Hospital's Medical Technology Office, National Cancer Centre Singapore and Panasonic Lighting Europe in 2018. It was then further developed and made ready for use by Vivo Surgical, said the company's chief executive, Dr Kevin Koh.



*Assoc Prof Tan Ngian Chye (left) and Dr Kevin Koh in 2018 with the Klaro.
(Photo was taken before the issuance of government advisories on COVID-19)*

Photo credit: National Cancer Centre Singapore

Klaro is equipped with a large clip that can be fastened to various surfaces, and has a row of small LEDs (light-emitting diodes) at its tip. The LEDs are cooler than regular LEDs to avoid damaging body tissue. It will cost around \$110 to \$130 per piece, depending on the quantity purchased. The device can last for around four hours - sufficient for over 90 per cent of all open operations - before it has to be disposed of after use.

Klaro was officially launched at the Medical conference in Germany in November last year. Since then, over 1,100 sample units have been sold to distributors around the world. It has received approval from the United States' Food and Drug Administration as well as Europe's CE mark certification. It also received approval for sale in Singapore from the Health Sciences Authority in January.

"In Singapore, sales have already begun to SingHealth hospitals and clinics, where several departments have approved Klaro for use in their operating theatres," said Dr Koh. The device has proved to be particularly useful to clinicians performing head and neck surgery, as they now have to don personal protective equipment (PPE) for aerosol-generating procedures as part of Covid-19 precautions.

Dr Rahul Harshad Nagadia, a consultant from the National Dental Centre Singapore's Department of Oral and Maxillo-facial Surgery, said many oral operations and dental procedures which require the use of high-pressure drills or water sprays often generate aerosol in the process.

However, aerosol-protective PPE can be bulky, as it generally includes an N95 mask, eye goggles with straps that go round the head, and a headlamp, which has straps that often entangle with the eye goggle straps, said Dr Rahul. It is also sometimes challenging to position and direct the headlight such that it illuminates the area for operation, he added.

In contrast, Klaro "is cheap, portable and disposable... and its flexible light cord, which can be placed close to the operative field, can allow you to direct light to areas that are not in a straight line", he said. And while surgeons have to clean the headlamp thoroughly after each operation to avoid cross infection, using Klaro guarantees that "a new sterile light is used for each patient".

Clinical Associate Professor Goh Bee Tin, who is a senior consultant at the same department, said that wearing a headlamp also creates pressure around the head, which gives her a headache. Both surgeons agreed that the device could be useful for surgeons dealing with the upper aerodigestive tract - which includes the nose, throat and mouth - as well as operations done in "deep and small cavities".

Currently, Vivo Surgical is working with over 17 distributors globally to bring the product to its markets, including countries in South-east Asia. "Given the versatility of Klaro as a surgical light, it is fast becoming a useful add-on to other surgical devices in the market, even for specialised chemotherapy procedures. We are pleased that Klaro's utility is becoming apparent to the medical fraternity," said Dr Koh.

Sources: The Straits Times & SingHealth Website

NEW DEVELOPMENTS

PATIENTS WITH CHRONIC ILLNESSES MORE OPEN TO TELEMONTITORING



Patients with chronic health conditions such as diabetes have shown increased willingness to take up telemonitoring, a trend which is needed to help curb rising morbidity and mortality in Singapore's ageing population. However, its feasibility depends on the patients' proactiveness and their acceptance of communication technologies for healthcare services, said SingHealth Polyclinics on Tuesday (Dec 15), which is currently recruiting more than 150 hypertension patients to test its effectiveness.

Telemonitoring involves remote monitoring of vital parameters of a patient, such as blood pressure or blood sugar levels, outside the healthcare setting.

SingHealth said it enables care providers to take prompt measures to prevent complications that develop in between visits, which may go unnoticed for patients who rely solely on physical consultations for chronic diseases.

Associate Professor Tan Ngiap Chuan, director of research at SingHealth Polyclinics, noted its use amid the coronavirus pandemic. "This model of care has brought convenience to many of our patients, especially during the Covid-19 period, when we are advised to stay home," added Prof Tan, who is also vice-chairman of research of the SingHealth-Duke NUS Family Medicine Academic Clinical Programme. He said that with government agencies launching technology literacy programmes, such as the Smart Nation Singapore initiative, more patients can accept and adopt communication devices to manage their health. To demonstrate the uptick in telemonitoring, SingHealth cited two studies it previously conducted.

While research in 2009 showed that only 40 per cent of patients were receptive to it, a 2017 study it conducted with the National University of Singapore's Yong Loo Lin School of Medicine demonstrated that more than 52 per cent of patients had "positive perception and attitude" towards telemonitoring. The 2017 study involved 900 Asian patients of various ethnicity between the ages of 21 to 70, who were assessed at the Pasir Ris and Sengkang polyclinics. They had chronic conditions such as Type 2 diabetes mellitus and hypertension.

The patients' willingness to adopt telemonitoring depended on their perception towards their medical conditions, their technological literacy and their understanding of telemonitoring care, said SingHealth, which has eight polyclinics island-wide and has recorded over 700,000 patient visits for hypertension and Type 2 diabetes mellitus.

Dr David Sin, who will join the SingHealth Family Medicine Residency next July, noted that patients without any need for financial assistance were more willing to use telemonitoring. Dr Sin, who is currently a medical officer with the Singapore Armed Forces, added: "In contrast, patients who set aside more time for polyclinic visits, and those who had concerns regarding privacy violations were less willing to embark on this care model."

To further test the effectiveness of telemonitoring on maintaining a patient's health, a pilot programme for hypertension patients - called the Primary Tech-Enhanced Care at Bedok Polyclinic - was launched on Sept 30. It has recruited close to 25 patients to date.

SPECIAL EDITION

CORONAVIRUS DISEASE OF 2019 (COVID-19)

How SingHealth unit used data to fight Covid-19

2020 has been a tumultuous year – but it has also been a year of brilliant CovTech innovations. Hospitals have innovated to use data to create heatmaps of at-risk staff and ensure a continuous supply of personal protective equipment and Covid-19 medication.

“Covid-19 has highlighted the importance of data analytics,” says Priyanka Grover, Head of Analytics at SingHealth’s Office for Insights & Analytics. “Data-driven approaches can help us derive the most appropriate decisions quickly, and make relevant changes as more data becomes available.” The unit is spearheading SingHealth’s analytics efforts, and has used data to optimise operations during the pandemic.

Agility during the pandemic

The OIA worked closely with SingHealth’s Covid-19 command centre to automate real-time dashboards, says Grover. These dashboards helped to analyse the hourly clinical load at the hospitals’ emergency medicine departments and fever screening areas.

They also monitored Covid-19 bed occupancy rates, employee workload, planned surgeries, and appointments at SingHealth’s specialist outpatient clinics. The team also coordinated cluster-level projects that used data analytics to optimise surgical workload and the utilisation of surgical wards during Singapore’s circuit breaker period, she says. SingHealth has developed a common storage of data, enabling it to share clinical data across its 13 institutions. “We developed an enterprise data lake for SingHealth to ensure a single, accurate source of data for all our healthcare users,” Tan said.

Enhancing data capabilities

The pandemic has made Grover’s team realise the need to be more agile and responsive, she says. “Insights can be perishable, and our team learnt the importance of obtaining and providing data in a timely manner.” With the pandemic slowly stabilising in Singapore, Grover’s team is now working on enabling real-time analytics. “This is to ensure that we are well-prepared should Singapore have another wave of Covid-19 infections, or for other pandemics in the future.”

The OIA is also working to deploy AI models across the SingHealth group of hospitals, she says. These models would help with risk profiling of surgical patients, and optimise patient flow in the accident & emergency department. Grover’s team sees “a need for stringent guidelines”, such as ethics in the use of AI, as they enhance SingHealth’s data capabilities. Data security and governance will also be key to protect sensitive patient data, she adds.

Data analytics training



The Grover's team (Photo was taken before the issuance of government advisories on COVID-19)

“There tends to be a lack of education and awareness about the benefits of adopting the use of analytics, and more needs to be done to help users understand it in order for us to enhance our work with analytics,” Grover says. The OIA is initiating analytics training and awareness programmes to ensure staff understand the capabilities and limitations of analytics across SingHealth, she adds. Her team also works with users on projects to ensure that every engagement is a learning journey for the project team. The pandemic has revealed the urgent need for data in healthcare. SingHealth is enhancing its data analytics capabilities and training its people to be ready for the future of healthcare.

CORONAVIRUS DISEASE OF 2019 (COVID-19)

3 lessons and a silver lining from my stint as a doctor at a Covid-19 community care facility



Dr Jay Lim (left) at the Singapore Expo Community Care Facility (CCF).

Dr Jay Lim is a consultant in the Department of Urology at Singapore General Hospital, he shared his experience as a doctor at a Covid-19 Community Care Facility (CCF).

I was among the first batch of medical administrators who volunteered to manage SingHealth's Community Care Facility (CCF) at the Singapore Expo in late April. The brief was simple — a two-week rotation shift, four halls, 60 doctors, 200 nurses and allied health professionals within SingHealth to care for 3,200 Covid-19 positive patients.

After just one day of planning and one day of shadowing our colleagues from the Woodlands Health Campus and the Singapore Armed Forces who had been managing the first halls since March, we took over and managed the facilities from May till July. In all, we cared for more than 7,000 patients.

THREE LESSONS

From my one-month deployment at the CCF, I have gleaned three valuable lessons

First, it is imperative to prevent overwhelming the hospitals so that they can continue to care for non-Covid-19 patients, and have the capacity to respond to other emergencies. Singapore adopted a containment strategy at the start of the pandemic. It quickly became apparent that if we tried to contain the virus by admitting every Covid-19 patient into hospitals as we did during the severe acute respiratory syndrome (Sars) outbreak in 2003, we would rapidly overwhelm the nation's healthcare infrastructure, especially with the massive spike in dormitory cases. Singapore had around 11,000 beds, including 1,100 intensive care units, in acute hospitals before Covid-19 struck. To cope with the fast growing numbers, isolation facilities such as the CCF at the Singapore Expo were set up across the country to house Covid-19 patients who were at low risk of requiring acute hospital care.

Secondly, by leveraging technology, a massive facility like the CCF can operate effectively with a relatively small team of healthcare workers. At steady state, the four halls could hold up to 3,200 patients with round the clock medical care. We managed this with just 12 medical administrators, 26 doctors and 72 nurses and allied health professionals rostered on-site every 12 hours. To ensure sustainability, the CCFs were designed to operate as a shared-care facility where patients within each hall were responsible for their own wellbeing and had to seek medical attention for any acute medical issues or chronic disease management.

The Vital Signs Monitoring system was introduced to detect early signs of deterioration in patients. Patients were instructed to measure their own vital signs — blood pressure, heart rate and oxygen levels — at designated self-service stations located throughout the hall over several time-points daily. We had roving teams to ensure patients knew how to use the machines. We also deployed a robot for teleconsultation to reduce the manpower required at night so that staff were well rested.

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CORONAVIRUS DISEASE OF 2019 (COVID-19)

Thirdly, medical professionals need to think out of the box during unprecedented times and adapt quickly during any pandemic. The doctors deployed at Expo were used to providing specialist care where each patient was managed by a small team of healthcare professionals in hospitals. The notion that a patient is not seen by at least two doctors, an army of nurses or had his vital signs measured at least six times daily was hard for us to accept. A huge mind-set change was required. To ensure patients' social, mental, dietary and psychological needs were addressed, a patient experience team was created. They implemented various initiatives such as adjusting the intensity of the lights in the halls for a good night's sleep, and providing electronic hair clippers and combs so that patients could be one another's barber. Unfortunately, few patients had formal barber training and fewer could cut straight. Many friendships were broken or forged over the clippers as a result. Nevertheless, it was hugely oversubscribed, as most were desperate for a trim. I have never seen so much glee and joy from getting a bad haircut.

TWO REASONS FOR SUCCESS

The success of our facility and Singapore's response to the pandemic can be attributed to two key factors. First, the ability to conserve our resources and maintain a low healthcare worker to patient ratio. Second, our collective memories of Sars.

At the start of the pandemic, we learnt from senior doctors who shared their experience battling Sars 17 years ago. Quarantine orders, contract tracing or Infectious Disease Act updates were all hard-earned lessons from the 33 lives Singapore lost then. Some may argue that we might not have needed to go through the circuit breaker or that it was unnecessary. But I believe otherwise. A look at the European and North American death rates and their resistance to wearing face masks should convince the most hardened cynic.

Without implementing measures like the circuit breaker and setting up CCFs, our healthcare services would not have been able to cope with the outbreak. Singapore's Covid-19 pandemic experience would have been vastly different had we not experienced Sars and remembered the lessons it taught us. A mention must also be made of the dedication of Singapore's healthcare workers. At the start of the pandemic, some healthcare workers were shunned and at times vilified in public. Yet, they remained disciplined and focused on fighting the pandemic. I saw this first hand too at the CCF at Expo. Even before the first team of 12 of us walked the halls, many ground staff, who were meeting each other for the first time, were ready to plunge themselves into a different work environment. We also received tremendous support from our headquarters at Singapore General Hospital. Many healthcare workers who were not deployed at the CCF chipped in to get the facility off the ground, all while maintaining their day-to-day workload.

ONE SILVER LINING

While the nation's response to the pandemic wasn't perfect, we have so far avoided a second wave and the Government is now talking about the possibility of moving into Phase Three of opening up the economy. Sars was deadly but less infectious; Covid-19 is more infectious but not as fatal.

The next pandemic may be a combination of both. Our silver lining comes from the fact that we were given two lessons 17 years apart on dealing with deadly (Sars) and infectious (Covid-19) pandemics separately. While no one can tell when the next pandemic will be and what it will look like, a few core issues will likely remain relevant. The next pandemic will probably be airborne. It will likely require detection and isolation in the initial stages. It is human nature that our heightened awareness and compliance to facemask precautions will wane over time. Swabbing and the capacity to process the swab samples cannot be sustained indefinitely. The new normal, as much as we like to believe otherwise, will not last, as our country's infrastructure was not purpose-built for it.

To maintain the social distancing requirement of 1m, we would need to build more hawker centres, markets and shopping centres. We would also require more public transport capacity. But to support these, our current land area of about 725 sq km would need to expand magically or the population of 5.7 million must be reduced drastically. Both options are unpalatable. Scientists are already working on the workflow process required to tackle the next pandemic. Only by recognising what we learnt from past pandemics, can we then work out the unknown to derive the equation necessary to be ready for the next pandemic, and save lives.

CORONAVIRUS DISEASE OF 2019 (COVID-19)

How To Survive Working From Home With Kids

Children demand constant attention—and parenting while working from is no easy task. If you are struggling to stay sane and productive while juggling work both, here's some useful tips that may help.

Create a schedule for yourself

- Line up your day carefully, with set "office" hours.
- Take advantage of your child's nap-time to finish assignments that require your complete focus.



Set up your workspace

- Establish a defined work area at home – and to let your children know that when you're in work mode, you're not to be disturbed.
- Ideally, look for a quiet corner where you can set up everything you need to work through your tasks as efficiently as possible.



Embrace healthy screen time

- While parents are trying to adjust to the new circumstances, it's fine to allow your child more screen time than usual.
- A way to tie learning and screen time is to follow your child's interests and find educational media to match whatever they are interested in.



Alternate shifts

- Alternating shifts with your spouse throughout the day can make working remotely a lot easier, allowing each other to have uninterrupted work time.



Create a schedule for your child

- Plan a schedule based on their school routine, with different activities or school work scheduled, along with recess.
- Set up a table next to yours so your child feels as if they have their own designated place to do their painting and homework while you work.



Communicate with your colleagues

- Be transparent about the fact that you're juggling the needs of your kids so your colleagues are not caught by surprise. For e.g. if you're on a conference call, let them know that your child might walk into the room.
- If your toddler is fussing while you're on the line, end the call and reschedule if you can.



Take breaks

- Juggling parenting and work is incredibly stressful and draining, which is why it's important to take time out to take short breaks and speak up when you need extra support.
- It does not hurt to also offer support to another colleague who may need a break as well.



SPECIAL EDITION

CORONAVIRUS DISEASE OF 2019 (COVID-19)

Mental Well-Being While Working From Home

TIP 1

Make home safe and productive



For employers

- Provide guidance on how to set up a conducive workspace at home

For employees

- Check for accident risks (e.g. no loose wires to avoid tripping)
- Make your work space ergonomically comfortable
- Sleep well, keep fit, eat healthy

TIP 2

Set boundaries



For employers

- Establish a work-life harmony policy to provide clarity on after-hours work communication

For employees

- Take lunch breaks and regular short breaks (e.g. move away from screen every hour, stretch breaks)
- Discuss work schedules that meet both work and personal needs with supervisor

TIP 3

Keep data secure



For employers

- Provide guidance and resources (e.g. equipment, training) to data security

For employees

- Abide by employer practices on data security

TIP 4

Stay connected



For employers

- Have regular check-ins
- Look out for employees who display excessive stress or burnout

For employees

- Stay connected with colleagues, including on non-work issues
- Explore available resources offered by your employer and the community to improve mental well-being
- Seek help if needed

FELLOWSHIPS & INTERNATIONAL COLLABORATIONS

Dr Mark Anthony Salinas from Philippines shares his fellowship experience in SGH, Department of Hepato-Pancreato-Biliary (HPB) and Transplant Surgery.



Dr Mark Salinas (right) received his Certificate of Training from Adj Assoc Prof Chan Chung Yip, HOD of Department of Hepato-Pancreato-Biliary (HPB) and Transplant Surgery.

What was your impression of Singapore's healthcare industry?

My impression of Singapore's health care industry was competitive at the same time has the most successful healthcare system in the world, in terms both the efficiency in financing and the results achieved in community health outcomes.

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

Both healthcare industry provide its people the same mission, it is to offer accessible, quality and affordable healthcare to all, but Singapore's healthcare industry offers more advanced technology and facilities with well-organised healthcare delivery system.

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

I chose SGH for my fellowship training because I believe that it offers the best knowledge, training and skills for its fellows to have full confidence and professional advancement. Furthermore, it has the advanced facilities and the best and skilled expert professors in the field of Hepato-Pancreato-Biliary Surgery.

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

My only difficulty is to be away from my loved ones who serves as my inspiration in achieving my goal.

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

A typical day like for me is that I imagined myself as a student longing for knowledge and skills in a unique environment full of surprises and discoveries.

What were your learning experiences?

I learned that in order to achieve our goals, we must have determination, patience and willingness to acquire new knowledge and techniques. Of course, I learned to adjust with the hospital environment and most especially with my superiors and immediate supervisor who unselfishly shared their knowledge and expertise whom I will cherish throughout my career.

How has the attachment make an impact on you?

The attachment brings me much knowledge for my professional growth and expertise in my specialised field.



Dr Mark Salinas (1st from right) attended conference with the department colleagues. (Photos were taken before the issuance of government advisories on COVID-19)



Dinner with Dr Mark Salinas (2nd row, 1st from right) and colleagues in his team.

Photo Credits: Dr Mark Salinas

FELLOWSHIPS & INTERNATIONAL COLLABORATIONS

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

My most memorable experience was my acquaintance with the pillars of SGH Hepato-Pancreato-Biliary and Transplant Surgery and to become one of them. They inspired me to be the best in my hometown as well as my country.

What did you enjoy most during your attachment?

What I enjoyed most, were our daily operations with the pillars of surgeons in SGH as well as what they taught me in between. I also enjoyed with the group in our social gatherings.

Would you recommend SGH to interested fellows? Why?

I highly recommend SGH to interested fellows because it molded me to be one of the best doctor in this field of specialisation.

How would you describe your fellowship experience in 3 words?

Challenging, Inspiring and Fulfilling.

WELCOME!

We welcome our new Alumni Members:

Name	Specialty	Country
Dr Mark Anthony Salinas	Hepato-Pancreato-Biliary	Philippines
Dr Md Abu Saleh Esha	Vascular Surgery	Bangladeshi
Dr Adrian Ooi	Plastic, Reconstructive & Aesthetic Surgery	Singapore
Dr Leong Xin Fang	Anaesthesiology	Singapore
Dr Kevin Koo	Orthopaedic Surgery	Singapore



**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

UPCOMING EVENTS

JANUARY 2021

5TH

Bleeding Orifice GPCME Webinar

Presented by SGH Department of Otorhinolaryngology—Head & Neck Surgery, Department of Colorectal Surgery and Department of Urology.

Registration Link: https://ihis.zoom.us/webinar/register/WN_OBCyclwR3KSKbeFsuquAA

15TH

Joint Preservation Surgery GPCME Webinar

Presented by SGH Department of Otorhinolaryngology—Head & Neck Surgery and Department of Colorectal Surgery.

Registration Link: https://ihis.zoom.us/webinar/register/WN_tgpprJUBTVW0xQ5rJfXkA

19TH

Blocked Tubes GPCME Webinar

Presented by SGH Department of Otorhinolaryngology—Head & Neck Surgery and Department of Colorectal Surgery.

Registration Link: https://ihis.zoom.us/webinar/register/WN_2bwm-gX4TDGne9SYTqCw6w

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



SGH — PGMI
Wishes all Alumni Members
Merry Christmas
&
Happy New Year 2021!

SGH ALUMNI NEWSLETTER

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