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When circuit breaker came, community services like daycare and day rehabilitation centres stopped their services. Caregiver training could only be done at certain hours. This disrupted the discharge of patients who required these services at home. One service that was affected greatly was the employment of helpers. As many of our patients required supervision at home, a helper was usually required prior to discharge. It made me realise how dependant our society is on foreign help. This was further exacerbated when the outbreak of COVID-19 in the dormitories worsened, and contractors involved in the Enhancement for Active Seniors (EASE) programme had to halt all construction activity, resulting in more delay in the discharge of patients back home.

While awaiting the circuit breaker to be over, alternative solutions were formed to expedite the patient's transfer back to the community. Transfer helpers became an alternative source of help. Our social workers also worked closely with interim caregiver services to help tide over the transition period when the patient is back home. Daycare rehabilitation centres provided the option of home therapy services as an interim during the COVID-19 period.

Many new workflow and processes were put in place due to COVID-19 e.g. doing COVID swabs for patients before transferring to the nursing home. The freedom of gathering together in groups for teachings or mass events was gone. Meetings and teachings had to be done via online platforms. There were some memorable moments that occurred during this period of strict infection control measures. A dying patient's favourite grandchild asked to visit her grandfather during the last journey of his life. This request

was granted as a special exception during the period of strict visitation hours. This exception gave the family closure when the patient passed on eventually.

Another request that was made to my community hospital team was a family member who returned from overseas and requested to see her dying parent. After discussion with the relevant stakeholders (comprising of medical, nursing, operations team from both our community hospital and acute hospital counterpart, and the Stay Home Notice (SHN) team), the request was granted based on compassionate grounds. Logistical preparations and coordination between the different stakeholders had to be made within a short period of time as the family was returning in 2 days' time. A separate route of entry and exit, to minimise contact with the public and local family members, was planned out by our community hospital operations team. The SGH operations team was in charge of being the liaison point with the returning family. As much as we had wanted to allow more time for the returning family to be with their loved one, infection control and minimising cross transmission of the COVID-19 virus to the rest of the healthcare staff and local family had to be considered. After much deliberation, the final decision was to allow the returning family to visit their loved one for 15 minutes. Pre COVID-19, situations mentioned above would not have been an issue.

The arrival of COVID-19 has indeed brought a lot of inconvenience and disruption in how we work, live and play. As we go through this challenging period, may we continue to adapt through the challenges with a renewed mind, and stay hopeful that this storm will soon come to pass.

■ CM

## Interview with Dr Gregory Ko – *General Practice during COVID-19 Pandemic*

Interviewed by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

**College Mirror (CM):** How has the COVID-19 pandemic affected General Practice in Singapore?

**Dr Gregory Ko (GK):** Number of patients seen have dropped. Longer consultation time needed to fill up data for submission. Going back later as more time is spent cleaning up the clinic after each session. Cost of running the clinic has gone up.

In terms of clinical cases, less viral gastroenteritis, and URTIs (especially pediatric cases). Slightly more cases of anxiety and depression.

**CM:** How has the COVID-19 pandemic and the accompanying measures affected your clinic?

**GK:** The administrative requirement has taken up a significant portion of my time. I am staying back longer in the clinic to key in data required for a Public Health Preparedness Clinic (PHPC) and also to disinfect and mop my clinic in full PPE. I cannot put my staff who are older at risk.

Physically it is also draining. I am losing weight, guess that is a benefit. It is difficult with the N95 on, and hot with the

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**PPE.** I really admire those front-liners with PPE working in the hot environment.

Cost of running the practice has also gone up. Got the clinic a HEPA filter (planning to get more), more bottles of disinfectants, multiple fans, and cleaning of air con frequently. Income has definitely dropped. Expired medicine cost expected as patient number has dropped.

**CM:** How is your practice picking up in Phase I, reopening after the Circuit Breaker period?

**GK:** Patient load has improved but still not at pre-COVID level. Unfortunately, patients with Acute Respiratory Infections are still worried about coming to the clinic.

**CM:** How has the COVID-19 pandemic affected your routines going home from work?

**GK:** Things are definitely not the same. Just cannot close up the clinic and go home at the end of each session. After every session, I need to remove my PPE and surgical scrubs and change to my usual clothing. Upon getting home, I dump my clothes into a bucket of water with soap, while avoiding any family members. Only after taking a shower do I resume my normal activities at home. Initially my kids were avoiding me like a plague, but now they are fine.

**CM:** What were the challenges that you faced as a one-doctor General Practice during this COVID-19 pandemic?

**GK:** Wow, it is tough. Emotionally draining, physically tired, frustrated with lower income but still consider myself fortunate that I still have my loyal patients coming back. With no admin support, you are basically the CEO, COO, CFO, worker bee and cleaner. Plus, with the multiple directives coming in with information overload, can get quite "sian" (wearisome). Worried for myself and my family. It is tough.

**CM:** How is your clinic staff coping with this COVID-19 period?

**GK:** They are coping well. They are also frustrated with new regulations and wearing of mask and face shield. They are just biting the bullet and soldiering on. I am thankful my staff of 15 over years have not bailed on me. Without them

I probably would need SSRI.

**CM:** How did you encourage your staff at times of low morale during the COVID-19 pandemic?

**GK:** Take a break, have a Kit Kat. I just tell them to take leave and will get someone to cover them. Just advise them to go out and smell the roses.

**CM:** Are there moments of encouragements which helped to raise your morale during this COVID-19 pandemic?

**GK:** The encouragement comes from our patients thanking us and thinking of our safety. It is the simple gestures that count.



Clinic staff Agnes and Jenny serving the community with Dr Gregory Ko during COVID-19 pandemic

**CM:** Can you share some incidents during the COVID-19 period that left a lasting impression on you?

**GK:** My first COVID positive case. Things were running through my mind. "Drats, did I protect myself adequately?" "What's going to happen to my family, my clinic, my staff and myself?" "I should have prepared my will beforehand".....

**CM:** On hindsight, what were some of the things that you would have done differently?

**GK:** Should have taken a long holiday before this mayhem started. But seriously, speaking for myself, I'm quite happy with the support given with mask, gloves, PPE, etc. I should have removed as much clutter in my clinic to make cleaning easier. May have to rethink how to reconfigure the clinic when I do my next renovation if ever, to maximize space and find a way to do swabs in one of the rooms.

**CM:** What do you see ahead for the next one year in your GP practice and how do you think MOH can help GPs sustain their contributions in this fight against COVID-19?

**GK:** Keep lines of communication open freely. If there are any important policies, I would appreciate a heads up before the public gets news so that I can digest the information and implement what is needed. Please keep the PPEs readily available for us until this war is over. I would appreciate

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some funding to modify the infrastructure of my clinic so that I can provide swabbing for my patients. The outside of the clinic is not feasible for swabbing.

**CM:** What are some important lessons that you have learned during this COVID-19 pandemic, or words of encouragements that you would like to share with fellow healthcare workers?

**GK:** The old adage of preparing for a rainy day holds so true on an individual and national level. This is one lesson I will never forget now or in the future.

Hang in there everyone. All for one and one for all. We will get through this together. Let's try to make the best of

each day, one day at a time. The best is yet to be. Not the worst. I love this phrase from my favourite movie-cartoon, 'Yesterday is history. Tomorrow is a mystery, but today is a gift! That is why it is called the present.'

**CM:** Any other thoughts or ideas that you would like to share?

**GK:** Wishing all of you good health and stay safe. Our family, our patients, and our country needs us to keep our healthcare service going. Thank you to each and every one of you for your continuing contribution too.

■ CM

## Proliferation of CME Webinars during COVID-19

by Dr Low Cheng Hong, Charity, Family Physician, Editorial Team Member (Team B)

In the March 2020 issue of College Mirror, the Cover Story by Dr Lily Aw on "Invitation to MOH-CFPS Webinar for GPs on COVID-19" ended with the note that "SMC is aware of concerns about not having enough educational opportunities for CME points". Indeed, during circuit breaker and safe-distancing measures in force, with all the Saturday CME seminars and medical conferences cancelled, doctors wondered how they could fulfil the CME points for their renewal of practising certificate in December. To their pleasant surprise, in the months following, they find themselves overwhelmed by an unprecedented explosion of online CME webinars. The whole Continuing Medical Education (CME) local scene changed from the norm of physical seminar attendance to predominantly online teaching.

Partly Instrumental in this digital explosion online is the doctors' chat groups on WhatsApp and Telegram. The "[SECURE] COVID-19 Townhall for Doctors" linking doctors to health care leaders and experts, was set up on 25 Jan 2020 to help face the rapid challenges of COVID. Protocols and workflows to handle

COVID patients in primary care are brainstormed here, with rapid exchanges of information, feedback and intriguing day-to-day COVID situation news update. The "Kopitiam COVID19" gathers doctors, dentists, and paramedical health care providers to share their thoughts and feelings in the thick of COVID tension. Announcements of Webinars surface frequently in these channels, and in many other splinter groups, for Doctors to inform one another of upcoming events. On 27 June 2020, these merged into another long running group to become the "CME Webinar Calendar" --- the most prolific Dr's CME WhatsApp chat, providing updated CME programme for primary care. The calendar is updated constantly and can be accessed from <https://tinyurl.com/LF-SGW-LatestCalendar>.

Innovated and developed chiefly by Dr Roy Teow, these WhatsApp and Telegram groups reach out to a wide audience of more than 1,500 doctors locally. Pulsating broadcast of CME Webinar listing becomes a daily read. Since the worsening COVID outbreak in February, the number of Webinars each day have increased. Just counting from the archived records from the CME



Launching of Video Assisted Self (VASE) learning on mental health conditions