

Webinar Calendar, in March there were about 15 webinars; in April 43; in May 63; in June 47; reaching the highest count of 110 in July; and in August about 42 thus far.

A number of institutions have begun their own inhouse or regular public webinars, journal clubs or lectures. The latest on stage is the VASE CME programme! Video Assisted Self learning of mental health conditions is started by a multi-talented team consisting of 9 doctors, psychologist, and pharmacist, setting out with a vision to crystallise important basic mental health concepts for the busy primary care doctors. The programme was launched with a lively lunch-break Webinar on Depression on 23 July 2020. Subsequently, its full video is loaded onto IMH website (under *Education >> Medical Education >> CME*). Attached resource materials and check-lists are available to be downloaded for easy reference.

On 28 April 2020, Singapore Medical Council announced the changes in CME to enable doctors to fulfil their CME requirements in this COVID period:

1. Core points are awarded for all COVID related webinars
2. Raised CME cap for category 3A, from 10 to 20 CME points

For Category 3A self-study claims, doctors can read articles that are published in PubMed or specified peer reviewed journals, or view recorded webinars or VASE videos with SMC ID numbers quoted.

“When the going gets tough, the tough gets going.”

While this resilient spirit is displayed in the combat against COVID in all our front liners, it is certainly true of our fraternity too in the area of Continuing Medical Education. The proliferation of the webinars serves not only for our CME points fulfilment and the enhancement of knowledge, there is much labour behind the preparation, presentation, videoing, recording, compilation, tabulation, archiving — unseen yet sacrificial and tireless — a growth zone for our professional development.

■ CM

Singapore EXPO and COVID-19

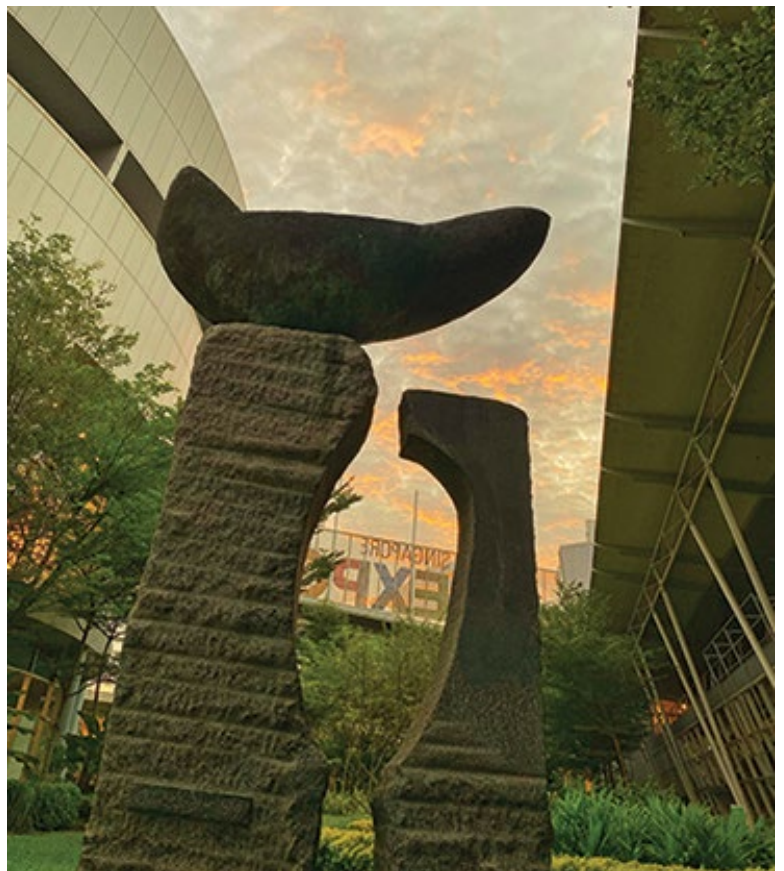
by Dr Aziz Noordin, Family Physician, Editorial Team Member (Team B)

I still remember the afternoon of 7th Feb 2020 vividly. Singapore raised its DORSCON (Disease Outbreak Response System Condition) level to ORANGE. A mix of anticipation and worry, facing an uncertain contagion. I had a deluge of messages from friends and family, asking to go to the supermarket to buy food items and other necessities. I had to continue my clinic session and see the remaining patients. I missed the frenzied buying and placed my trust that we have things under control.

The weeks following the announcement, additional measures were rolled out, to help rein in the spread of COVID-19 within the community.

It was during this period when the number of migrant workers staying in dormitories testing positive for COVID-19 started to rise. New clusters formed at these dormitories and with an increase in community cases, Singapore announced its circuit breaker (CB). Frantic messages from some of my migrant worker patients and their supervisors etched a strong impression of uncertainty and confusion.

Concurrently, Singapore EXPO was temporarily converted to a Community Care Facility (CCF) to house COVID-19 patients with mild symptoms or



Even after the darkest night, the sun will rise again. EXPO Community Care Facility.

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are clinically well but still tested positive for COVID-19. I joined Singapore Healthcare Corps and started at the EXPO CCF under Woodlands Health Campus.

There was much uncertainty to even consider working at such a facility. What if I contract COVID-19 while caring for these patients? What if I bring back the virus home to my family? Should I stay separately at a hotel while working at the EXPO CCF? I spent the night before my first shift thinking about these and more. Thankfully, sense of duty and professionalism took over. I prepared my access pass, took a backpack with an additional set of clothes, hand sanitiser and arrived at the EXPO for my first shift. I placed my trust in our training of donning personal protective equipment (PPE), the effectiveness of these PPE, and proceeded to enter the facility to see and care for these patients.

During this period, we had hundreds of residents, newly diagnosed with COVID-19 being admitted to the EXPO. Halls 1 to 6 were utilised, eventually expanding up to Hall 10 at its peak. As a primary care physician, I was fortunate to meet other like-minded individuals from various primary care sectors and other disciplines, such as emergency medicine, anaesthesia, dermatology, surgery and aesthetic medicine. We had guidance, which was continuously evolving, in caring for these migrant workers. We had exposure to acute medicine, managing in a challenging environment, arranging appropriate care of chronic conditions and addressing their mental health.

I recall one migrant worker who came after testing positive for COVID-19. He was concerned and kept asking if the test result was real, and will he die from the virus infection.

It was at that moment, being able to converse in my mother tongue, his native language, that we crossed the bridge of uncertainty. I did not have any medication that would cure him, no one did, in fact. Reassuring him, in a manner familiar to him did help to comfort him.

What amazed me was the speed at which the EXPO halls were set up to receive and care for these migrant workers. Infrastructure aside, the backbone of such a community care facility was its nursing staff. They ensured the migrant workers had their concerns addressed, medical or non-medical. We had a heterogeneous mix of migrant workers, from Bangladesh, India, Myanmar, Thailand, and the People's Republic of China. It was not an easy feat to manage the cultural, racial and religious differences. A concerted effort kept up the spirits of these migrant workers, till their discharge.

4 months in, it has been an eye-opening experience. My personal take away was the friendship forged, with fellow peers and seniors. Sharing experiences broke the silos that COVID-19 brought about, with its movement restrictions. At times of uncertainty, it was the certainty of kinship within the fraternity that supported us mentally and physically. I have worked with migrant workers before, and through this work at the EXPO CCF, it has humbled me even further. Learning of the hardship workers faced, being separated from their loved ones for a prolonged period, with their freedom curtailed, has made me appreciate what we have. It has been an intangible experience, what this difficult time has drafted for us, one that I will remember and share.

■ CM

Tips on Cultural Competency in a Medical Consultation

by Dr Hong Yinghui Lois, Family Physician, Editorial Team Member (Team B)

Through the help of Dr Roy Ong who was volunteering at the dormitories with Crisis Relief Alliance, I was linked up to and spoke with Mr L on August 3, 2020 over WhatsApp Video. Mr L is a foreign dormitory worker who is recovering from COVID-19. He was born in India and has worked in Singapore for 10 years. This transcript is shared with his consent. Names of people and places have been changed for privacy. *vv zv*

College Mirror (CM): Tell me about your experience with COVID-19.

Mr L (ML): We were in isolation for 3 months before I fell sick. 13 persons in one room with a toilet. We received meals three times a day and basic salary from MOM. I had done three tests and they were negative. But one day I felt a little chest pain and a little bit of runny nose. I went to see the doctor and I tested positive. Then I went to [Isolation Facility] and was in a room with one other person.

When I was in [Isolation Facility], I had chest pain and body pain. I went to see the doctor. He was a young man, young like me. He talked nicely to me and explained that my BP,