(continued from Page 11: Singapore EXPO and COVID-19)

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 broughr 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 COVID19. 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 COVID19.

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,

President's Column

September 2020

by Adj Asst Prof Tan Tze Lee, President, 27th Council, College of Family Physicians Singapore

Healthcare and the medical fraternity have been forever changed by COVID-19. We may have made great advances and discoveries in medical sciences in the 21st century. However, the arrival of this novel coronavirus has stressed the global health system to near breaking point. In the case of COVID-19, we have had to resurrect the age-old public health measures like hand washing, social distancing, and the wearing of masks in order to contain and reduce the spread of the disease. Some in our community have found these measures onerous and unacceptable, measures that are now the mainstay of our defenses in this public health emergency. Thankfully, there is evidence that these measures are effective in our fight against COVID-19, and this is very encouraging for the majority who have doggedly followed these measures.

As we enter into the 9th month of this pandemic, many of us are already feeling the fatigue of this long drawn battle. Thankfully, with the proliferation of social media, we have been able to keep in touch with and support each other during this crisis as never before. The ability to share experiences, to know that we are all going through the same challenges brings much needed relief. We need to be ever mindful of the need for selfcare, as well as the mental and physical well-being of our colleagues. We need to stay the course and support one another, as this current situation will need time to resolve.

What lasting effect will COVID-19 have on our medical education? Perhaps, as suggested by Prof Tikki Pangestu, Prof Chen Zhi Xiong and Prof Chong Yap Seng of YLLSOM in Training doctors for a post-pandemic world[1], there may need to be shift in focus in medical training. The "narrow view of clinical competence ….. will not be enough", and a more holistic view, with critical thinking and a global mindset may well be needed as we step into a post-pandemic world. Last, but not least, we need a healthy dose of empathy and humility as we seek to guide the education of our trainees. I couldn't agree more.

This issue's articles focus on the experiences of our FPs during this COVID-19 period. We report on Temasek Foundation's Pilot providing Swab Booths for our GPs. Dr Michael Lim interviewed Dr Gregory Ko and A/Prof Tan Boon Yeow on their "primary care experience during Pandemic". Dr Aziz of his experience at Singapore Expo. Dr Charity Low reported on the use of Zoom teaching for medical students, as well as CME webinars. Dr Lois Hong gives some tips for communicating with migrant workers, and Dr Ng Liling reports on the new normal in community hospitals. These articles are most insightful, and show the depth and breadth of the substantial contribution of our FPs and GPs in fighting COVID-19. We are most grateful for their sharing, and I hope that you will, like me, find within them precious nuggets to take away.

1 https://www.straitstimes.com/opinion/training-doctors-for-a-post-pandemic-world

CM

heart rate and ECG are normal. He advised me on food and gave me some medicine. Now I feel fine.

CM: What did you do all day when you are in isolation?

ML: In dormitory we could not leave the room at all, every day we just use the phone in the room. In [Isolation Facility] we could go *jalan-jalan*. Now I am waiting [in another Facility] for MOM approval- maybe this week I can start work again driving.

I still have this question, how I can get coronavirus when I did not leave my room for 3 months and nobody else in my room was tested positive?

CM: Did you ask the doctor who tested you?

ML: I did. He said, "I can only check COVID, I can't answer questions!"

CM: Many people have tension or stress during COVID time. Do you know anyone like that?

ML: No. The first time, my friend said "Everyone is dying from this illness", but I know in Singapore people recover, now only 27 have died. So I was not feeling that way.

CM: If you can have three wishes for all the brothers working in Singapore, what are they?

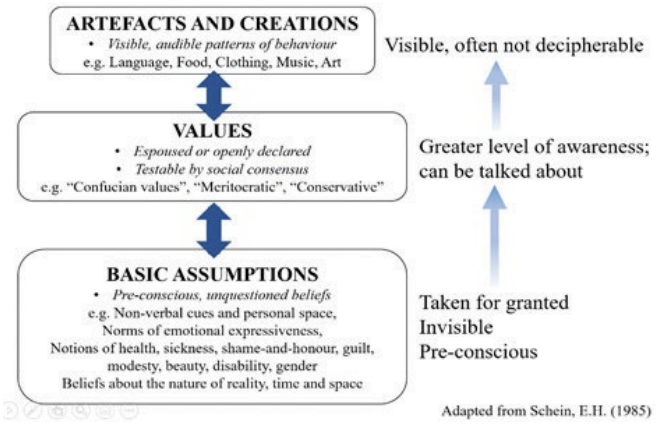
ML: For me I only focus on my work and support my family. I don't think about any other things. Four months no work already. I want to go back to work once MOM approves.

This short conversation revealed both Mr L's priorities and my pre-suppositions. At a time when health anxiety is widespread, his main concern is a safe return to work. While I have met other patients who expressed significant COVID19-related anxiety, Mr L's sentiments are consistent

(continued on the Page 15)

(continued from Page 13: Tips on Cultural Competency in a Medical Consultation)

with published data that migrant workers prioritise health as a personal asset. In a 2014 study on health-seeking behaviour of male foreign migrant workers living in a dormitory in Singapore by Lee et al., 85% of foreign dormitory workers who saw a doctor for illness responded that they did so because they felt medical care would help them work better.



Culture: you cannot get away from it. It shapes our ideas, concerns, expectations; it frames knowledge, attitudes, behaviours; it colours our interpretation of events. Schein, an organisational psychologist, described a framework for understanding the levels of culture (Fig. 1).

McWhinney in his classic *Textbook of Family Medicine* warns that "One of the most important determinants of a person's interpretation of his or her illness and the expectations of the physician is the culture or subculture to which he or she belongs. … If no attempt is made to reconcile the difference (in perspectives), the probable outcome will often be a breakdown of communication and a failure of treatment."

On culture and health, Napier et al. wrote in the Lancet in 2014 that in our globalised world, cultural competence is increasingly recognised as "not a secondary aspect of health promotion and medical treatment, but a key feature of human wellbeing". In Singapore, the foreign workforce alone accounts for 1 in 4 of our population. Clearly GPs cannot neglect culture if we (a racially, ethnically diverse community) are to provide quality care to our racially, ethnically diverse patients. But what does cultural competence mean in practical terms? Betancourt et al. define it as "the ability of systems to provide care to patients with diverse values, beliefs and behaviours, including tailoring delivery to meet patients' social, cultural and linguistic needs".

How can we incorporate these principles into a clinic visit? There is a wealth of online resources for developing cultural competence. Table 1 adapts advice from the Centre for Culture, Ethnicity & Health, Australia.

In situations which call for a more targeted history, Kleinman's Eight Questions (Table 2) are useful for rapidly eliciting the patient's conceptual model of illness and treatment.

Ask about	Why it matters
Ethnicity & Country of birth	Indicators of culture. Ethnicity may be more significant than country of birth, e.g. a person may have grown up in another country than their country of birth
Preferred Language(s)	May not be related to country of birth
Literacy level	Relates to health literacy and level of formal education. A common pitfall is to assume that a person's English proficiency reflects their intelligence or level of education.
Interpreter preferences	Some patients may not be comfortable with an interpreter or they may not be familiar with the role of an interpreter. Avoid using family members.
Citizenship or employment status	Determines access to subsidised care. Financial status and stressors are significant considerations for migrant workers.
Migration experience	Did the patient migrate alone or with family? How long have they lived in Singapore? Were there any significant experiences during migration that affected mental well-being?
Health/illness beliefs	See Table 2.
Understanding of the health system	Migrant workers may be unsure of their terms of employment regarding healthcare access and coverage. Direct them to reliable sources such as the Migrant Workers' Centre.
Family & social support	Family or extended family might be very involved in the consultation and care plan; conversely, patient may lack social support if they have migrated alone.
Religious practices	May conflict with treatment plans; may shape customs around birth, illness and dying.
Dietary practices	Foods may have cultural meanings e.g. "heaty", "cooling" or "strengthening". There may be religious restrictions on certain foods.

Table 1. Adapted from Tip Sheet on "Cultural Considerations in Health Assessment", from https://www.ceh.org.au/

(continued from Page 15: Tips on Cultural Competency in a Medical Consultation)

1. What do you think caused your problem?
2. Why do you think it started when it did?
3. What do you think your sickness does to you?
4. How severe is your sickness? Do you think it will last a long time, or will it be better soon in your opinion?
5. What are the chief problems your sickness has caused for you?
6. What do you fear most about your sickness?
7. What kind of treatment do you think you should receive?
8. What are the most important results you hope to get from treatment?

Table 2. The Patient Explanatory Model (Kleinman, 1978)

Lois graduated in 2012 from NUS. In Sept 2020 she will head to Timor-Leste with her husband Dr Natarajan Rajaraman for a season of work in primary care health system strengthening

Writing on patient centeredness, cultural competence and healthcare quality, Saha et al. stated that ultimately cultural competence, cultural intelligence and cultural humility are not novel ideas, but extensions of the basic concept of patient-centred care. In these divisive times, may the consult room remain a place where racial diversity is welcomed, multiculturalism is embraced, and empathy is extended to all.

COVID-19 Related Language Resources

NUHS COVID19 FAQ [Chinese, Bengali, Burmese, Hindi, Sinhalese, Tamil, Thai] https://www.nuhs.edu.sg/About-NUHS/Newsroom/news-stories/Pages/COVID-19-Resource-for-Migrant-Workers.aspx

Healthserve's COVID19 information page [Bengali, Chinese, Tamil] https://covid19.healthserve.org.sg/

Language Aid [Bengali, Burmese, Chinese, Tagalog, Hindi, Malay, Punjabi, Tamil, Telugu, Vietnamese] https://translatefor.sg/

CM

Interview with A/Prof Tan Boon Yeow – *St Luke's Hospital during COVID-19 Pandemic*

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

College Mirror (CM): Can you share a little about St Luke's Hospital (SLH)?

A/P Tan Boon Yeow (BY): St Luke's Hospital (SLH) was conceived by a group of healthcare workers and Christians who were inspired to build the first hospital in Singapore dedicated to the elderly sick. Meeting the needs of our patients has been the raison d'être of the hospital.

CM: How did the COVID-19 pandemic affect SLH's patients and their relatives, and how did the hospital respond to their needs during this challenging period?

BY: During COVID-19, the hospital continued to meet patients' needs, ensuring safety of patients and staff, and continuing to care for the whole person through clinical, social and pastoral care. The pace and magnitude of the work intensified as we sought to care for patients, staff and the community, to be responsible and sustainable.

During circuit breaker, hospital visits were restricted. Patients missed the presence of their loved ones. To provide emotional support for patients and lift their spirits, the hospital started "Good Morning, St Luke's" (bit.ly/gdmorningslh). This "radio programme" broadcast on the hospital's public announcement system encouraged patients and staff through inspirational messages by hospital staff and guests.