



THE College Mirror

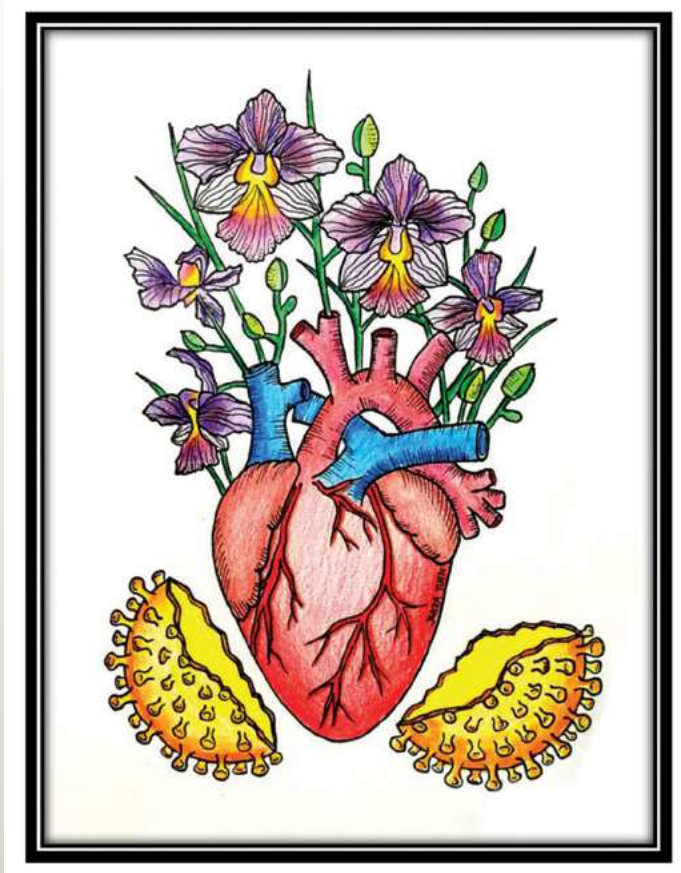
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A Hobby and A Tribute

by Dr Yuen Sok Wei Julia, Family Physician, Tampines Polyclinic, Editorial Team Member (Team C)

My first doodle happened 6 years ago and I've been doodling intermittently ever since. Especially during stressful periods, it was a means for me to take a time-out. The more intricate the doodles, the more therapeutic they were. My art is inspired by anatomy, patterns, things I observe around me and my love of flowers. It is typically in black and white and usually takes a few hours to complete.



The battle against the SARS-CoV-2 has been a long drawn one. Many have had their lives changed and many have made countless sacrifices in this fight. As a family physician working in the polyclinic, this is my first time being directly involved in a pandemic. There was anxiety and uncertainty, not just for myself, but for the potential risks I was putting my family at, concerns about the safety of my colleagues and most of all my patients, especially those elderly and vulnerable. Yet in the midst of all the chaos and uncertainty, there were many anecdotes of how Singaporeans, both medical and non-medical personnel, stepped up to help.

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COLLEGE OF
FAMILY PHYSICIANS
SINGAPORE

CFPS 49TH Annual General Meeting (AGM)

25 July 2020 (Saturday)
2.00 - 4.00pm
via Zoom

More details will be shared at a later date

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I drew a tribute to all frontline warriors for their efforts in battling against the SARS-CoV-2. This is to all key personnel, from health care workers such as doctors, nurses, pharmacists, administrators, lab and radiological staff, policy makers, government workers delivering essential services, waste disposal workers, workers in public services, public safety workers such as the police and armed forces, transport workers including those involved in land/air/sea transport, workers involved in food production such as those working in supermarkets, F&B outlets and food delivery, social services, teachers... The list goes on. Thank you for your efforts and sacrifices to keep the people in Singapore safe.

This particular doodle shows a heart which represents love and courage. From the heart springs Singapore's National flower, the Miss Vanda Miss Joaquim. I chose to draw our National flower as she is a hybrid, a mix representing our multiracial society. She is also known for her resilience, blooming throughout the year. The flowers and buds symbolize people from various walks of life banding together for a common cause, the battle against the SARS-CoV-2. The SARS-CoV-2 lies broken at the base of the heart, depicting that it has been overcome and defeated by everyone's joint efforts.

Take heart. With everyone doing their part, we will prevail.

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Ms Patricia Cheok

#SGUnited against CoVID-19

by Adj Asst Prof Low Sher Guan, FCFP(S), Chief Editor

2nd May 2020 is one of the most unforgettable and proudest moment in my life as a fellow Singaporean and a family physician. It was the day when Sengkang Community Hospital was converted into a CoVID Community Care Facility to care for CoVID-infected patients. But that was not the beginning.

Rewind back to when CoVID-19 infection first hit the shores of Singapore in January 2020. Initially we were not exactly sure how severe the infection would be, or how long this would last. All we heard were third party news coming from mainland China. Singapore swiftly implemented a series of travel bans to reduce the import of such cases into Singapore, as well as sparing no efforts in contact tracing and quarantine of infected patients as well as their close contacts to try to stop the big chains of transmission. Nonetheless because of the high infectivity of the virus as well as infected patients being initially asymptomatic and unknowingly shedding the virus, the numbers of infected people continued to rise.

As a fellow Singaporean, I am heartened to see our political and healthcare leaders rising to meet the challenges of CoVID-19 that has far reaching impacts in many facets of our lives. Being very transparent with our people on the situation on the ground helped to boost confidence and reassure the people. We have learned that other countries who implemented immediate lock downs had challenges of scrambling for coping measures as their people and the various services struggled to catch up with such short notice. Instead, Singapore took a very well-considered and balanced approach, while giving fellow Singaporeans time and space to adjust and adapt to these measures. Home-based learning started off as a trial of e-learning for students of all levels, giving opportunities to troubleshoot our school learning space and students and parents to adapt to it, before embarking on full-fledged home-based learning and reducing commute for students. Being able to diversify our sources and having alternate supply chains helped to avert chances of Singapore being stranded with no food sources of good supplies. Urging fellow Singaporeans to only purchase what they need helped to regulate replenishment logistics and ease panic buying and unnecessary stockpiling that may deprive other Singaporeans of essential goods and cause an imbalance in the system. Pledging strong financial support in various budget packages had helped Singaporeans especially those from low-wage bands and needy families to ride over this financial storm and protect livelihoods.

Closing certain terminals in Changi Airport for renovation and expansion helps to reduce operating expenses and ensures that our airport is well positioned to be a successful air hub in the region. Having our prime minister as well as the ministers from related ministries e.g. finance, trade and industrial, education etc, coming forward to address the nation also helped to put many minds at ease and reassure that together as a united Singapore, we are being supported in many ways beyond just healthcare only.

As a family physician working in Singapore, I have to say that our patients in Singapore are indeed in good hands as our healthcare teams tirelessly come together to managed infected patients. Worldwide, Singapore has one of the lowest number of deaths and mortality rates from CoVID-19, and this is testament to the good healthcare system and infection control measures that we have put in place over the years after our SARS experience back in 2002. Our hospitals and primary care clinics stepped up in this crisis and our healthcare staff made many sacrifices during work, facing risk of infection and even discrimination. However, it was also during these moments that we see many acts of kindness towards our staff as well, and it was a constant source of encouragement for many of us who struggled to care for our patients.

With the acute hospitals becoming saturated, we needed innovative ways to house such patients. When we came together to discuss what we could do to help, we came up with an out-of-the-box idea to transfer out existing patients in Bright Vision Hospital to our sister community hospitals in Sengkang and Outram, so that Bright Vision Hospital becomes a designated community hospital to take in CoVID-infected patients. It was a bold move that required a lot of logistics, coordination and communications with patients, their families and our staff. Nonetheless, all of us knew it was a necessary contribution on our part into the national efforts in treating and containing such patients in order to stem out further transmission in the community.

It is during these stress test moments that showed the resilience and solidarity amongst Singaporeans, bringing out our best in each one of us as well as demonstrate the robustness and high quality of our healthcare system. This is when I'm proud to be a fellow Singaporean and a family physician in our little red dot.

■ CM

Andre Shi-Lin Wansaicheong

Departed 4th May 2020

We remember Andre who was a true friend of the College and Family Medicine.

Andre was instrumental in putting up a paper in the late nineties to the then Director of Medical Services (DMS), Prof Tan Chorh Chuan, to provide funding to the College of Family Physicians Singapore to start a graduate programme to provide further training to general practitioners in preparing them to manage a host of chronic diseases as a result of our rapidly ageing population.

His foresight in working with the College and dogged determination resulted in the Ministry of Health provision of a grant of over \$400,000. With this funding, the College was able to establish the Graduate Diploma of Family Medicine and has today trained thousands of family physicians through the CMEs, seminars, webinars as well as hands on practical sessions and workshops.

We owe Andre a debt of gratitude; words cannot express adequately our profound sadness at his passing.

May he Rest In Peace.

The Show Must Go On!

Continuing the College's mission to educate during DORSCON Orange

by Dr Kenneth Tan Kian Wee, Family Physician, Kenneth Tan Medical Clinic

News of the COVID-19 outbreak in Wuhan, China captured the public's attention when it was first announced in December 2019. Doctors in Singapore were thinking about the implications of this epidemic on their departments, their patients, their communities and their families. A small group of dedicated clinician educators also thought about the impact that this disease would have on the ongoing educational efforts of the College, and prepared contingency plans.

On 23rd January 2020, the first confirmed case of COVID-19 was announced by the Ministry of Health, and the country was put on DORSCON Yellow footing. The very next day, Dr Julian Lim purchased a ZOOM e-conferencing plan for



The inaugural GDFM Module 7 via Zoom on 8th February 2020.

100 participants to evaluate the software for possible use for the MMed(Family Medicine) programme. He had prior experience using Zoom for video-conferencing with the staff from iHeed in Ireland while working on the learning management system for the MMed(Family Medicine) programme. On 28th January 2020, Dr Darren Seah kindly arranged for the staff from the Primary Care Academy

of the National Health Group Polyclinic to share their experiences using Zoom for Continuing Medical Education (CME) with Dr Julian Lim at Nexus@one-north.

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31st January 2020 to discuss the possible problems and solutions for MMed(FM) and GDFM training via videoconferencing, and the go-ahead was given to A/ Prof Cheong and Dr Lim that same day by President of the College, Adj Asst Prof Tan Tze Lee for e-conferencing of the MMed(FM) Tutorial to be held on 19th February 2020. A trial was conducted on 5th February 2020 for an MMed(FM) tutorial with the lesson beamed to tutors not involved in the session to test out the audio and visual quality using the organic microphone, camera, speaker and screens of the handphones, iPads and computers.

On 6th February, the Council approved the subscription for Zoom to be used for bigger group like the GDFM. Additional equipment was bought and delivered by the same day in preparation for a trial to be held on 7th February.

That same night, Singapore raised the DORSCON level to Orange, due to the first case of local transmission. With immediate effect, organisers of large-scale events were advised to cancel or defer them. Yet, a GDFM workshop



GDFM PD, Dr Wong Tien Hua, inaugurating the first online GDFM workshop. From left is Dr Irwin Chung, the chairman for the session and Joel Woo, one of the Secretariat staff assisting.

was already scheduled to be held the very next day with up to 500 participants. Each workshop would only occur once every 2 years with external specialists. At such short notice and with untested solutions, the College educators

Keep Calm and Carry On

Overcoming challenges to post-graduate medical education in era of COVID-19 Pandemic

by Dr Wee Wei Chieh Nelson, MMed (FM) College Associate Programme Director

As the COVID-19 pandemic rages on both globally and in Singapore, there have been inevitable challenges to the provision of post-graduate medical education to front line healthcare workers.

With the escalation of the DORSCON levels, an array of infection control measures ranging from restrictions on cross-institutional movement to safe social distancing have been implemented progressively. These measures have resulted in significant disruption to the way that we have trained our students. This is especially so for the MMed (FM) College Programme which has a heavy emphasis on clinical and bed-side teaching. The College always prioritises the well-



Prof Cheong Pak Yean guiding the MMed (FM) College Faculty on utilisation of technology in providing distance education to students (From left to right, Dr S Suraj Kumar, Dr Nelson Wee, Prof Cheong Pak Yean, Dr Julian Lim and Ms Patricia Cheok)

being of our staff and students, and hence has adhered strictly to all measures necessary to create a safe learning environment. Even under these trying circumstances, the College strives to explore and utilise innovative technologies and creative methodologies to ensure the continuity of quality medical education for our students.

Under the guidance of our venerable Professor Cheong Pak Yean and with the aid of Dr Julian Lim and Ms Patricia Cheok, the programme has seamlessly transformed from traditional face-to-face classroom teaching to distance learning. Pilot teaching sessions using Zoom and iHEED platforms were explored

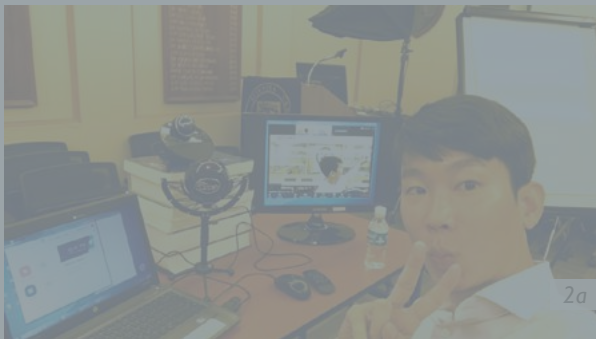


Dr Kenneth Tan (right) helping to ensure that the videoconference goes on smoothly

On 7th February, College staff and some Council members went to the office above A/Prof Cheong's Cheong Medical Clinic in the afternoon to set up the host broadcast. The software and hardware were set up and tested on a small scale. At 2.30pm, it was showtime. A total of 477 participants logged into the ZOOM meeting, where the College staff and tutors faced a trial by fire. We had to solve technical issues faced by students using the software for the first time – guide the lecturer and presenter on how to use the software, while optimising audio and video quality, monitoring the text chat and moderating the discussion. It was a team effort that made the first video-conferencing GDFM workshop a success.

decided the show must go on with the GDFM workshop. The lecturers, presenters and students were informed about the change in venue, and a hotline was set up for students to call if they had any difficulties.

Since then, many teaching sessions were migrated to video-conferencing. MOH/CFPS webcast on PHPC activation and MMed(FM) tutorials are some notable examples. All thanks to the forward thinking and pioneering efforts of the College, there was minimal disruption to the education of our colleagues in this period of physical isolation.



2a



2b



2c



2d

Pictures 2a to 2d (clockwise from top left): Use of both iHEED and Zoom platform to deliver distance learning with spanning interactive consultation to physical examination skills.

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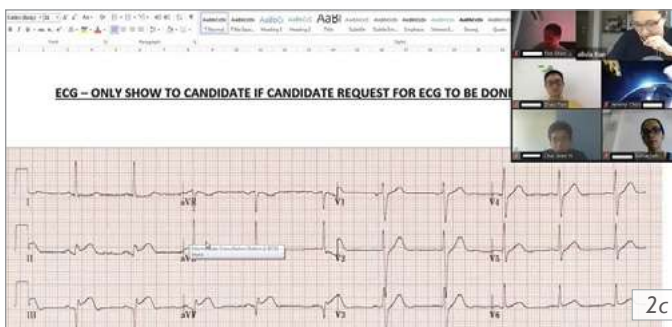
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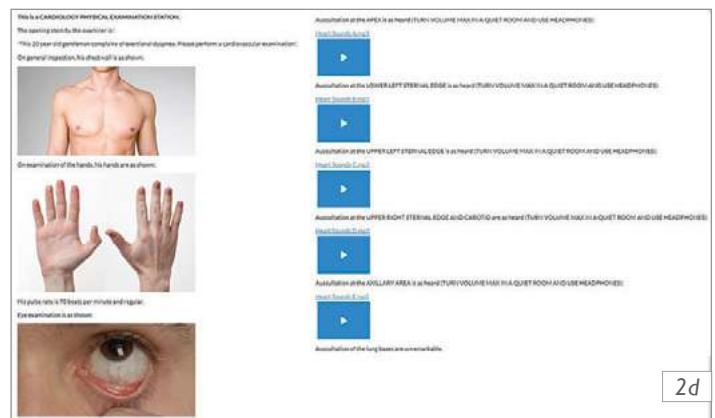
2a



2b



2c



2d

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(continued from Page 7: Keep Calm and Carry On)



Core faculty member Dr James Cheong Siew Meng collaborating with Radiologist Consultant Dr Charles Goh Xian-yang to deliver a 3-part series of radiology tutorials on Zoom platform to both College trainees and institutional residents.



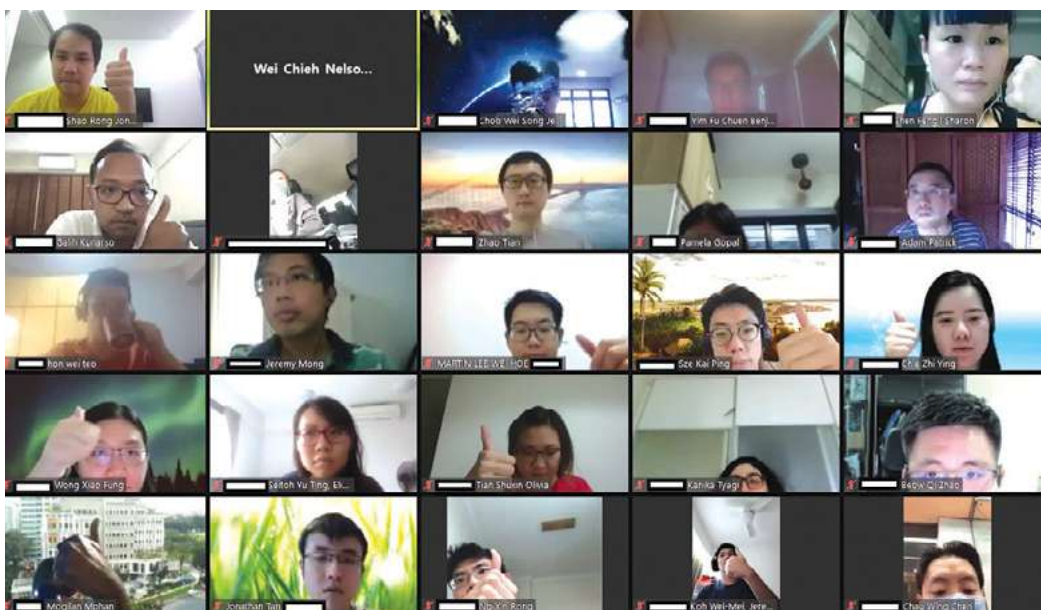
Adjunct Associate Professor Martin Chio delivering a live-streamed interactive distance learning session on Approach to Management of Dermatologic Conditions.

and implemented. Both education materials and quizzes were made available online for self-learning and practice. Teaching of consultative skills were migrated from the traditional clinic-settings to live streaming via video-conferencing platforms. Physical examination skills were taught using a repository of digital auscultation resources as well as simulated scenarios.

The programme has also continued the time-honoured tradition of working with eminent specialist colleagues to deliver specialty training for our students. Adjunct Associate Professor Martin Chio (National Skin Centre) started the ball rolling with a live-streamed interactive session on the Approach to Management of Dermatologic Conditions. Dr Charles Goh Xian-yang (Consultant Radiologist, Singapore

General Hospital), in collaboration with our core faculty member, Dr James Cheong Siew Meng, launched a 3-part series on interpretation of radiological images for both College students and institutional residents.

If anything, the disruption brought forth by the COVID-19 pandemic has only strengthened the resolve of the College to overcome all challenges that have been placed before us. To quote Her Majesty Queen Elizabeth II's now famous address to the United Kingdom on the COVID-19: "We will meet again." Till the time when our staff and students are able to meet physically again, the programme core motto (borrowing another famous British war time ethos) will be: "Keep calm and carry on."



College MMed (FM) Programme students on Zoom platform.

Preparing our trainees in Outram Community Hospital for the MMed (FM) exams

by Dr Ng Liling and Dr Loo Yuxian

*Know thy self and know thy enemy. A thousand battles, a thousand victories
~ Sun Tzu*

As the count down to the exams for Masters of Medicine (Family Medicine) looms near, our trainees start to prepare themselves for the battle that is coming. As with all training, that involves practice and strengthening of their armamentarium. Our trainees in Outram Community Hospital (OCH) undergo a rigorous programme of weekly tutorials that cover different components of the exam.

It was not too long ago that I had gone through the same MMed (FM) exam. Although I had delayed its completion due to health reasons, I was lucky to have friends to do the practice drills with me then. Friends who passed the exams a year earlier, were akin to pacers. They encouraged me to continue my journey through to the finish line. Since coming to Outram Community Hospital, I had the opportunity to continue this legacy for others who are going through a similar journey.

I managed to speak to our 3 trainees - Dr Lai Weina (WN), Dr Foo Jongyi (JY), and Dr Edmund Chan (EC) - on their thoughts about the exam preparation.

College Mirror (CM): How did the exam preparation help you in your exam journey?

Dr Lai Weina (WN): The practice of mock consult was organized and exposed the trainees to a variety of cases. Constructive feedback given by the tutors helped to improve and brush up our communication skills.

Dr Foo Jongyi (JY): The exam preparation gives me the experience of practising mock consultations with my fellow colleagues with our seniors serving as our examiners. It's a good practice as I can see where my weaknesses are and try to improve on them.

Dr Edmund Chan (EC): The practices helped me to prepare for the real exam. By simulating the actual exam situation, I believe it would help to reduce the stress and tension experienced during the actual exam itself.

CM: What were your takeaway points during this time?

WN: It is important to simulate the exam setting and keep practicing for the consultation stations. I learnt to be systematic yet avoid check listing. I realised I have to know the purpose of each consultation encounter, e.g. whether the clinical problem is a diagnostic or therapeutic one. I

also learnt that being calm in the heat of the moment and having effective communication skills are extremely crucial.

JY: I have learnt the importance of being confident and calm during the exam.

EC: I learnt how to do a targeted physical examination and to provide a holistic management plan, the same way as I would manage my patient in an outpatient setting.

CM: What would you want to share with fellow candidates taking the exam this year?

WN: Frequent practice increased my confidence leading up to the actual exam. It is important to have effective time management and frameworks for common clinical problems. It is also important for me to have sufficient practice time to improve my

physical examination skills.

JY: Practice makes perfect. It is important to have an open mind when you go into the consultation stations. Lastly, I think it's crucial to be confident and to do one's best for each station.



Dr Lai Weina and Dr Ong Chong Yau doing a viva session of 40 cases with Dr Edmund Chan



Dr Foo Jong Yi, Dr Lai Weina, Dr Edmund Chan and Dr Tieh Suat Ying receiving tips from Dr Loo Yuxian during a tutorial.

EC: The examination is a long journey. It is good to start early and be consistent.

CM: How has your own FM journey been since you joined Outram Community Hospital?

WN: I am grateful to be guided by good tutors and helpful colleagues. They are always willing to help make sure that we are on the right track. I am also glad that there are ample opportunities to practise for physical examination in the community hospital setting.

JY: The opportunity to practise Family Medicine in a community hospital setting has been a very good experience for me. I got to learn many new things and become a better family physician.

EC: Since joining Outram Community Hospital, it has helped me focus on each patient's holistic wellbeing and his interaction with the community, thereby providing person-centred care that I can be proud of.

■ CM

What is iPCARE?

Interview with A/Prof Lee Kheng Hock and Dr Andrew Wong

College Mirror (CM): How did this idea come about?

Dr Andrew Wong (AW): iPCARE stands for Integrated Primary Care for At Risk Elderly. The programme aims to re-connect patients who are discharged from community hospitals back to the GPs in their neighbourhood. The community hospital will continue to support the patients and the GPs with case management and other backend support.

Many of our patients from the community hospitals are elderly and possess multiple comorbidities, spanning bio-psycho-social domains. Though stable upon discharge, they have ongoing complex care needs and are at a high risk of deterioration, especially upon the initial weeks to month of discharge. Functional decline, worsening disease trajectory, falls and increased caregiving burden are just some examples of the ordeals our patients face. This may necessitate subsequent trips to the emergency department and this put a strain on our healthcare system.

From case studies, our team realised that many of the problems our patients face can be averted if they are

reconnected to good primary care provided by private GPs practicing in the community. All they needed was some additional resources and support such as case-management, allied health, nursing and peer support by family physicians working in community hospitals.

CM: What did your team do to make this happen?

AW: My team consists of 3 case-managers who are registered nurses, a physiotherapist, a medical social worker and an administrative assistant. All recruited patients will be given a 24/7 helpline to our BVH healthcare team and be tagged to a case-manager who will contact them 1-3 months post discharge until they have been re-connected to a GP. During this transitional period, the team will help to sort out their medical issues, engage in health coaching, home safety review, assess caregiving competencies and reduce unnecessary medications. This may take the form of home or clinic visits. Our wound nurse and therapists are also engaged to sort out their nursing and therapy needs accordingly. All these are done in preparation for transition to primary care provided by a GP.

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Many of our patients from the community hospitals are elderly and possess multiple comorbidities, spanning biopsychosocial domains. Though stable upon discharge, they have ongoing complex care needs and are at a high risk of deterioration, especially upon the initial weeks to month of discharge. Functional decline, worsening disease trajectory, falls and increased caregiving burden are just some examples of the ordeals our patients face. This may necessitate subsequent trips to the emergency department and this puts a strain on our healthcare system.

From case studies, our team realised that many of the problems our patients face can be averted if they are

reconnected to good primary care provided by private GPs practicing in the community. All they needed was some additional resources and support such as case-management, allied health, nursing and peer support by family physicians working in community hospitals.

CM: What did your team do to make this happen?

AW: My team consists of 3 case-managers who are registered nurses, a physiotherapist, a medical social worker and an administrative assistant. All recruited patients will be given a 24/7 helpline to our BVH healthcare team and be tagged to a case-manager who will contact them 1-3 months post discharge until they have been re-connected to a GP. During this transitional period, the team will help to sort out their medical issues, engage in health coaching, home safety review, assess caregiving competencies and reduce unnecessary medications. This may take the form of home or clinic visits. Our wound nurse and therapists are also engaged to sort out their nursing and therapy needs accordingly. All these are done in preparation for transition to primary care provided by a GP.

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(continued from Page 11: What is iPCARE?)

A/Prof Lee Kheng Hock (LKH):The team had developed a successful working relationship with nearby GPs in the vicinity of our community hospital. Many of them find this to be a meaningful project and allow them to bring their professional skills to help patients with complex care needs. Once we identified a GP practice that may potentially take over the care of our patient, our case-managers will personally introduce our patient to the doctor and provide a handover dossier that define the ongoing care needs to the GP and other information needed for joint care of the patient. After a successful handover, case-management by the community hospital will continue for these patients and the GPs will be updated regularly by our case managers and through multidisciplinary meetings.

CM: Any feedback from the GPs?

LKH: We are encouraged that our program is well received by the GPs. Most felt that with this additional support

provided by community hospitals, they are empowered to do more for their patients and now know how their patients are faring the community. Many are happy that they can bring the full range of their professional competencies to help these patients who would otherwise have to turn to the hospital or the A&E. The good primary care that can be provided by GPs are so much more cost effective for the patients as well as for the healthcare system.

CM: Anything else that will be good to bring to light?

LKH: One of main barrier to the empowerment of our GP colleagues in the community is the cost of medication. The programme is able to help negotiate this barrier through medicine reconciliation, deprescribing as well reducing the out of pocket payment by patients through the optimization of drug subsidies.



An article featuring iPCARE on Lianhe Zaobao on 10th March 2019



▲ Home visit conducted for one of our frail patients



◀ Medicine delivery and reconciliation performed by our case-manager

President's Column

June 2020

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

The past three months have been quite the rollercoaster since Covid-19 hit our shores. The pandemic has affected every part of our society, even more so when the circuit breaker measures to curtail its spread kicked in on 7 April. We are now into our second month, and we are all hoping that these measures will be able to reduce the community spread of Covid-19, and look forward to the easing of some of these measures in June.

Many of our colleagues have stepped up to the plate to fight the virus, whether it be in our own clinics, in the dormitories or the community care facilities at EXPO. We have had much community support, with many in Singapore clapping for our frontline staff on 30 March 2020. It was a real morale booster for the many who were working very hard to keep Singapore safe. In the words of one healthcare worker, the clapping was very encouraging. "It does brighten me up a little after a long day at work." 1. (<https://www.straitstimes.com/singapore/singapore-gives-coronavirus-frontliners-a-round-of-applause>) One of our own FPs, Dr Julia Yuen has drawn a tribute to our frontline warriors: just what the doctor ordered!

We had to make many changes to address the needs of our trainees who could no longer meet face to face for lectures and seminars. With the help of our talented and dedicated secretariat, as well as the leadership, creativity and tenacity of our teaching faculty, we were able to exploit the wonders of information technology and bring

the courses online. Within the short space of a couple of weeks we were able to scale up our online capabilities and cater to all our programmes and trainees. As the saying goes, the show must go on, and it did, amazingly so! Dr Kenneth Tan recounts faithfully the journey they took to make this transition. Dr Nelson Wee's article chronicles the experiences of this transition in his article, and Dr Ng Liling and Dr Loo Yuxian share how they prepared their trainees for the MMed(FM) examinations.

Dr Mumtaz shares her journey to becoming a doctor. It is awe inspiring, and tells of courage and determination in the face of overwhelming odds. We are indeed glad that she has chosen the path of family medicine and welcome her into our fraternity.

Throughout the history of the College, we have been blessed by the help of many friends, many of whom are in other specialties. Their trust and belief in Family Medicine led them to give much assistance and support to the College to continue the work of training our GPs and FPs. One such friend was Dr Andre Wan, who was the instrumental author of a funding white paper presented to the Ministry of Health. This culminated in a substantial grant to support the fledgeling Graduate Diploma of Family Medicine, which has since gone on to train thousands of family physicians over the years. His passing on 4 May 2020 was a tremendous loss to our medical community, may he rest in peace.

■ CM

Interview on TV

Facing my first pandemic running a clinic

by Dr Chua Lee Lea Im, Council Member, College of Family Physicians Singapore

When I was asked to participate in a news interview of primary care doctors on how we are coping during this Covid19 pandemic, I agreed to what was initially thought to be a 30-minute non-live interview. I was quite surprised when it eventually evolved into a multi-day filmed feature, involving my clinic, patients, staff, colleagues and life at home. Its aim was to show how everyone had a part to play to cope with the crisis.

I thank my fellow doctor friends as well as non-medical friends for their support, and it is my hope that being featured on TV can help further garner continued support for my medical colleagues from the general public, because

we will need all those small gestures of encouragement and appreciation to keep us going. Every bit counts! Doctors are only human after all.

To the surprise of patients waiting in queue for clinic opening on a Monday, the filming crew directed my walking to the clinic to exaggerate my pregnancy. I was amused throughout the process of filming, learning from the crew on how to present oneself on television. Decidedly, I didn't apply makeup to hide under my N95 mask, but how else do you show a lady getting ready for work authentically? Thus, bear with me as you watch me stumble on the set and pardon my good intentions.

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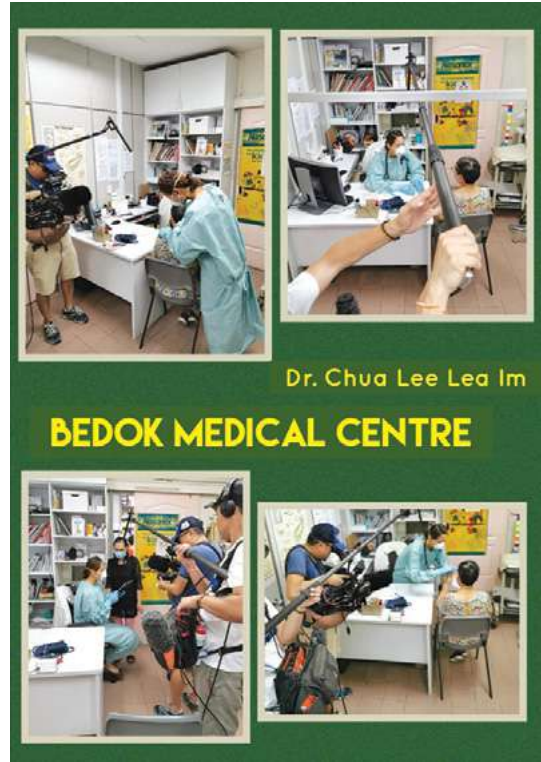
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(continued from Page 13: Interview on TV - Facing my first pandemic running a clinic)



Admittedly, I was less stressed at the beginning of the outbreak due to naivety and inexperience. However, now I fully empathize with the anxiety of fellow doctors who have to experience daily changes in protocol, face escalating number of cases in a matter of days, juggle the burgeoning number of tasks to delegate to our staff, and experience the increasing frustration at the general public who remain oblivious to the consequences of not heeding advice. Yes, mounting frustration indeed. These precautions are infinitely tedious but very necessary.



I must remind myself then, that the crisis also brings out the best in others. It is heartening to see my hospital and other GP colleagues reaching out, all of us holding virtual hands, and reassuring each other that we will pull through the toughest of times, together. May everyone stay safe and one day we will look back and thank the tough times that brought us all closer together as a fraternity. Keep calm, stay safe & carry on my friends!

■ CM

Empowering Our GPs Early in the COVID-19 Fight

by A/Prof Low Lian Leng, Director, SingHealth Office of Regional Health, SGH Campus
Adeline Kwan Li Feng, SingHealth Community Hospitals

Just a day shy of Chinese New Year Eve in January, when most families were preparing for their holiday ahead or the annual reunion dinner – albeit a muted one this year in view of the escalating outbreak situation in Wuhan – the first COVID-19 patient reached our shores. It added to what was already a sombre mood at home, where most would have spent their time catching up on news on the developing situation of the virus amidst the festivities. There was

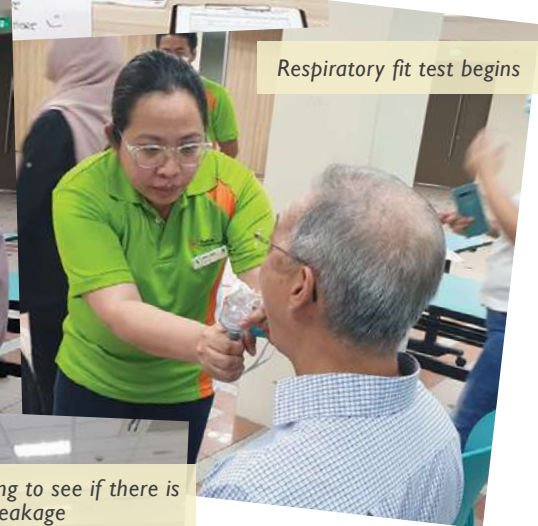
however, no time to lose. In preparation for possible spread of the virus, the Ministry of Health contacted SingHealth Office of Regional Health to assist in mask fitting of its GP clinic partners. This was a mask fitting exercise that was done much earlier, before the activation of over 900 GP clinics for Public Health Preparedness Clinics (PHPCs) that started from the third week of February.



Teams from Clinical Networks, SingHealth Office of Regional Health and SingHealth Community Hospitals, all ready for the mask fitting exercise.



Nurse from SingHealth Community Hospitals (SCH) showing the correct way of wearing the mask



Respiratory fit test begins



Testing to see if there is any leakage

(continued on the next page)

(continued from Page 15: Empowering our GPs Early in the Covid-19 Fight)*Images courtesy of SingHealth Community Hospitals and Clinical Networks Team, SingHealth Office of Regional Health*

Colleagues from the Clinical Networks team at SingHealth Office of Regional Health sprang into quick action starting from Chinese New Year's Eve and over the first two days of Chinese New Year, steadfastly contacting over 170 GPs to arrange for mask fitting sessions during the holiday period. Early mask fitting was critical as patients who potentially have the virus could visit their GP unknowingly, and GPs must be prepared then. By mid-February, teams from SingHealth Office of Regional Health, together with SingHealth Community Hospitals and SingHealth Polyclinics, had conducted more than 10 mask fitting sessions and mask fitted over 300 GPs and clinic assistants from the SingHealth DOT¹ Primary Care Network and iPCARE² Network. The team included locations in the community such as Kreta Ayer Community Club as well, to better reach out to our GP partners. GP partners, together with their clinic assistants, were appreciative of timely assistance and outreach to ensure each individual was fitted with the

right mask model. The teams from SingHealth are glad to be part of the early efforts in enabling our GP community in fighting the COVID-19 pandemic.

¹ SingHealth DOT (Delivering on Target) Primary Care Network is a programme that right sites patients with stable chronic conditions from SOCs to partnering GPs.

² iPCARE (Integrated Primary Care for At-Risk Elders) is a programme that empowers GPs with community hospital resources such as case managers and allied health professionals to transit elderly, socially complex inpatients to the community, and anchoring them with GPs.

■ CM

“Cough and Cold” and Covid — A GP's reflections

by Adj Asst Prof Chan Hian Hui Vincent, FCFP(S)

These days it would seem that the simplest case, is also the hardest. All these years, I would hear about how the College has been fighting the notion of General Practitioners (GPs) being “mere cough and cold doctors”. That we are much more. That we can and are trained to be Family Medicine specialists, capable on taking on the most complex of cases. Yet as I sit in the clinic, alarmed at the dramatic collapse in healthcare demand, I realise that the world is being held hostage by a “cough and cold” called COVID-19.

Initial Fear

The evening clinic session of 29th January 2020 began like any other. Then at about 8pm, one of the patients exclaimed that there were 2 confirmed cases in Lorong Lew Lian. What started as some serious disease many thousands of kilometres away has arrived in Singapore, and more specifically, arrived right here in my neighbourhood. A chill ran up my spine. No, they were not our patients for we were on leave over the Chinese New Year period,

(continued from Page 15: Empowering our GPs Early in the Covid-19 Fight)



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but it was frightening none the less, especially since those were the early days of this pandemic and information was scarce. Fear is multi-dimensional, there is the fear of getting Covid-19 from the patients, and then the fear of spreading this to family.

The problem is that Covid-19 starts just like any other cough and cold. “Fever, dry cough, fatigue, shortness of breath, chills, sore throat, muscle aches, loss of smell and headaches”ⁱ. It would be fair to say such symptoms could present in any cough and cold case. The question is therefore how to effectively tease out the real Covid-19 cases among the many other upper respiratory tract infection (URTI) cases. There was a mad scramble to know more, and I found myself signing up for as many webinars as possible on Covid-19.

Conquering Fear

One thing I really liked, was how Singapore managed the pandemic in a practical and impassionate manner, thereby conquering fear. As the number of Covid-19 cases rose, we started using our clinic reserve stock of Personal Protective Equipment (PPE). Many suppliers swiftly ran out of face masks and other PPE, leading to worries about how to secure these vital supplies.

I remembered the exact date when the government announced the activation of GPs under the Public Health Preparedness Clinics (PHPC) scheme - it was the 14th February 2020 (St Valentine's Day)ⁱⁱ. What amazed me was how we received the initial batch of PPE the very next day. With the worldwide scramble for PPE, I am (as a GP) grateful that the country is assisting us frontline doctors. Our clinic then implemented PPE and patient workflow guidelines as recommended by the authorities.

PPE is not a small matter; it is the difference between safety, morbidity, mortality and economic viability. As GPs, we cannot afford to be sick, in fact we solos have to be ‘immortal’.

Social Distancing and the Circuit Breaker

Like all other shop units in our estate, we had to place various markers on the floor and benches to guide patients in keeping a minimum of 1 metre apart. For patients with URTI, we gave them masks. This became less of a problem, after the wearing of masks was made compulsory for all who venture out of their homes. Then came the circuit breaker and caps on the number of staff who can work on site. With the first email order from the government on 24th April 2020 to submit manpower details, there was much initial confusion on the number of staff (including doctors) allowed on site. There was much relief later on as the government recognised the role of part time staff in GP clinic operations.

Under the government's Circuit Breaker (CB) measures, the clinic was only allowed to provide essential services. This also meant that clinic takings fell. Fortunately, the government provided assistance for all the mom and pop shops in the estate, including mine.

One interesting observation was how the number of URTI cases rose initially and dramatically dropped after the “5-day Medical Certificates (MCs) with the legal requirement to stay at home” was gazetted into law on 25th March 2020ⁱⁱⁱ. Up to this time, I have never seen so much fear of Medical Certificates, especially when I adhere to the law in giving 5-day MC for URTI cases. Thus, the huge drop in URTI cases could either be attributed to the success of social distancing measures, or that URTI cases have “gone underground”, or a combination of both.

New Ideas

One new way of seeing patient has come to the fore, that of Telemedicine. I am grateful to iCare Primary Care Network (PCN), for helping the PCN obtain an appropriate Telemedicine platform and going so far as to secure a medicine delivery service for us. I suppose this will need a lot of getting used to, and hopefully we can find a solution to Telemedical clinical examination. The adoption of this new medium of consultation would have been much easier, if only I could emerge from the screen and conduct the full history and clinical examination.

Hope for Covid-19 to end

As this pandemic drags on, initial fear has turned to zen. Society must still be vigilant still with social distancing. While it is alright for me to have lighter clinic sessions (hopefully for not too long), we must not allow our hospital colleagues to be overwhelmed. I do hope for a quick end to this pandemic and wonder when healthcare demand will recover. But in the grand scheme of things, I am proud to play a role in this Covid-19 fight, an infection that begins as a “cough and cold”. Yes, we GPs are “cough and cold doctors”, among our many other roles.

ⁱ Section 2, Position Statement from the National Centre for Infectious Diseases and the Chapter of Infectious Disease Physicians, Academy of Medicine Singapore, dated 23 May 2020

ⁱⁱ Public Health Preparedness Clinics reactivated to reduce risk of Covid-19 spread, CNA 14 February 2020.

ⁱⁱⁱ Infectious Diseases Act (Chapter 137), Infectious Diseases (Covid-19 – Stay Orders) Regulations 2020, No. S182

CM

The Sweetness of Happiness

by Dr Mumtaz Mohamed Yusoff, Tampines Polyclinic

As I sat in front of a panel of interviewers for my medical school interview with my heart racing, one of them asked, "You have already gone through so much in life, are you sure you want to put yourself through more hardships by going through medical school and becoming a doctor?" I replied, "Maybe my past experiences will only make me better prepared for more hardships because, you see, hardships build resilience." A few weeks later, I received news that I was accepted into NUS Yong Loo Lin School of Medicine.

During my PSLE, my mum decided to run away from home with three small children in tow – my two older brothers and me. She was running away from an emotionally abusive

relationship with my father. She was running away from poverty and constant harassments from loan sharks. In short, she was in the pursuit of happiness, not for herself, but for her children. We shuttled between different relatives houses for 6 months before we managed to obtain our own 1-room rental flat. We lived like this for a long time, the 4 of us squeezed in a small space we call home with my mother's meagre salary from her work as a housekeeper.

But we were happy. We could not afford most things and we were on financial assistance but we no longer have loan

(continued on Page 20)

Interview with Dr Elaine Chua

Childhood Development Screening 2020

- A Sneak Preview

What is the vision of Childhood Development Screening (CDS) 2020?

As family physicians, we aim to provide continuity of care for not just the patient alone, but the patient's family members as well. It is a wondrous joy to be introduced to the new grandchild of a long-term elderly patient or the new baby of a younger patient, and to be able to continue caring for all members of the patient's family across the spectrum of ages.

New CHAS subsidies planned to be rolled out by the last quarter of 2020 is an enabler for family physicians to play the active role in childhood developmental surveillance, so that deviations can be detected and managed without delay. The vision of CDS 2020 is to have a childhood surveillance system that is thorough, with minimum touch points and to maximize the opportunities to pick up deviations from normal.

What is our mission?

The Ministry of Health (MOH) has engaged the College of Family Physicians (CFPS) via a weekend refresher course scheduled mid-July 2020 to help practitioners familiarize with new progress in the study of childhood normalcy, in

growth and development. This is so that we can recognize when deviations occur and guide parents with appropriate advice. Common and single domain deviations identified during the surveillance can be followed up and if they persist, will be referred for further opinion and management.

Finer details of vaccinations will also be revised so that we can be confident in our prescriptions. The course plans to cover available local resources for physicians and patient's families to tap on. We also hope to touch on practical directions with regards to data submission and other administrative requirements of the CDS program, pending confirmation by MOH.

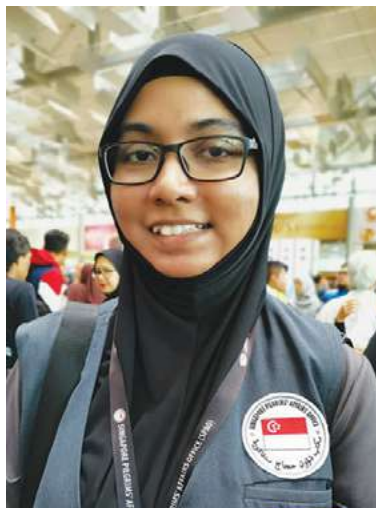
What are its objectives?

At the same time as rolling out the CDS program, subsidized vaccines at the designated family physician's clinic will allow more cohesive care and we should take the opportunity to observe beyond the child's current physical well-being.

Longitudinal care of the family opens many possibilities for the family physician to observe family dynamics, and opportune moments to inculcate good long-term health habits early and via sustained education. The long-term goal is to influence all members of the community towards improved well-being, starting as individual family units.

■ CM

(continued from Page 18: The Sweetness of Happiness)



sharks threatening us or throwing paint at our doors. We were able to sleep in peace, eat in peace and live in peace.

However, seeing my mother struggle to raise the 3 of us, the only way I knew to repay her was to study hard and try to get us out from the vicious cycle of poverty. It was a long and arduous journey. I almost gave up applying for medical school as I could not afford the fees. But I decided that my social background should not deprive me of an education. I managed to obtain a scholarship as well as a bank loan to aid me in paying for my medical school fees.

It's been 5 years into my career as a doctor. It can be physically and mentally exhausting but I have never regretted choosing this path. At the end of the day, no matter how exhausted I am, every experience as a doctor has been humbling. From your first day as a houseman, your first call, your first death case, your first mistake, your first thank-you note to your first experience with a global pandemic, these experiences shape you not only as a doctor but also as a person.

In 2019, I participated in a medical mission to Saudi Arabia for 39 days during the Hajj pilgrimage. With a group of doctors and nurses, we ran clinics in various parts of the country for our Singaporean pilgrims. I've never felt more like a doctor than I did during the mission. We saw various

conditions just like the patients in the polyclinics. We worked under harsh conditions with very little sleep but it was satisfying to see the patients improve after a few follow ups, knowing that you had a part to play in their recovery so that they can continue their worship. It was an eye opening and unforgettable experience for me and it strengthened my resolve to pursue a career in Family Medicine. Family Medicine allows me to be a part of a patient's health journey for long term which was something I was highly interested in.



I am currently pursuing a Graduate Diploma in Family Medicine (GDFM) and have recently started working at Tampines Polyclinic this year. I hope to continue pursuing a career in Family Medicine for as long as I am able.

Hardships are inevitable but necessary. We will only be able to taste the true sweetness of happiness after having gone through the bitterness of hardships. Use hardships as a tool to build grit and resilience because you are defined by the strength of your character, not by your wealth, your status or social circumstances.

■ CM

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At the same time as rolling out the CDS program, subsidized vaccines at the designated family physician's clinic will allow more cohesive care and we should take the opportunity to observe beyond the child's current physical well-being.

Longitudinal care of the family opens many possibilities for the family physician to observe family dynamics, and opportune moments to inculcate good long-term health habits early and via sustained education. The long-term goal is to influence all members of the community towards improved well-being, starting as individual family units.

■ CM



FAMILY PRACTICE SKILLS COURSE #85 (2-Day)

Childhood Developmental Screening 2020

Sat, 18 July 2020: 2.00pm - 5.30pm

Sun, 19 July 2020: 2.00pm - 5.30pm

In view of the current COVID-19 situation, FPSCs will be conducted on the online platform "ZOOM".
A Zoom registration link will be sent to participants who have registered.

TOPICS

- Unit 1: Screening at 0-17+ months
- Unit 2: Screening at 18 months – 4 years old
- Unit 3: Screening for socio-emotional and behavioural disorders
- Unit 4: Childhood vaccination and growth
- Unit 5: Childhood neuromuscular conditions
- Unit 6: Childhood cardiac conditions

WORKSHOP

- Day 1: Integrating CDS and childhood vaccination visits -- case studies and videos
- Day 2: Management of detected screening disorders -- case studies and videos

SPEAKERS

- Dr Low Kah Tzay
- Dr Rajeev Ramachandran
- Dr Cindy Hia
- A/Prof Stacey Tay
- Dr Jennifer Kiing
- Dr Sandra Mascarenhas

- **SEMINARS** (2 Core FM CME points)
DAY 1 • Unit 1 - 3: Sat, 18 July (2.00pm - 4.00pm)
DAY 2 • Unit 4 - 6: Sun, 19 July (2.00pm - 4.00pm)

- **WORKSHOPS** (1 Core FM CME point)
DAY 1 • Sat, 18 July (4.30pm - 5.30pm)
DAY 2 • Sun, 19 July (4.30pm - 5.30pm)

* Places are limited. Priority for doctors practising in CHAS GP clinics. Please register by 13 July 2020 to avoid disappointment.

- **DISTANCE LEARNING MODULE**
(6 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
• Read 6 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is organised by **College of Family Physicians Singapore** and sponsored by **Primary & Community Care Division, Ministry of Health, Singapore**



MINISTRY OF HEALTH
SINGAPORE

All information is correct at time of printing and may be subject to changes.

REGISTRATION

Childhood Developmental Screening

Please tick (✓) the appropriate boxes

FREE
REGISTRATION
for College
Members and
CHAS GPs!

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Workshop 1 (Sat)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Seminar 2 (Sun)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Workshop 2 (Sun)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Distance Learning (MCQs Assessment)	<input type="checkbox"/> \$85.60 FREE	<input type="checkbox"/> \$85.60
	TOTAL	

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

I attach a cheque for payment of the above, made payable to: **College of Family Physicians Singapore** *

Cheque number: _____

Signature: _____

*Registration is confirmed only upon receipt of payment. The College will not entertain any request for refund due to cancellation after the registration is closed OR after official receipt is issued (whichever is earlier).

Name: Dr _____

MCR No: _____ Clinic HCI Code: _____

(For GDFM Trainee only) Please indicate: _____ intake

Mailing Address: (Please indicate: Residential Practice Address)

_____ E-mail: _____

Tel: _____ Fax: _____

Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:
College of Family Physicians Singapore
16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: **sfp@cfps.org.sg** or by fax: 6222 0204.
Successful applicants will be confirmed by email.

Humanitarian Trip to Kupang, West Timor

by Dr Tan Eng Chun, MCFP(S), Editorial Team Member (Team A)

Tucked in a forgotten corner of the Southern Hemisphere, lies West Timor which is one of the poorest province of East Nusa Tenggara, Indonesia. This political region went through a tumultuous history under Portuguese and Dutch colonial rule and served as a shelter for refugees during the East Timor occupation by the Indonesia Military.

Last December, we had the privilege of visiting this beautiful province on a humanitarian trip. The trip was coordinated by a well-known former SIA pilot, Captain Budi Soehardi, who managed Roslin Orphanage. According to Captain Budi, the family was moved by God to set up the orphanage after witnessing on TV the horrible scenes of hungry orphans during the East Timorese crisis in 1999. Using his salary as a pilot, he set up a home for orphans displaced by the war, supported them in their education, and most importantly, he and his wife took the role as parents to them. It is no wonder the children affectionately address Captain Budi as 'Pak Budi'. Pak Budi went as far as to support the children beyond high school education. Many of them graduated from universities and one of the orphans even went on to become a medical doctor. In 2009, Captain Budi won the *CNN Heroes Award* and was honoured for his sacrifice and love for the children.

During the trip, we were housed in the simple but comfortable homestead set up by Captain Budi in Kupang, the capital of the province.

On the first morning, we drove over to the orphanage to visit Pak Budi's lovely children. We arrived drenched in a heavy downpour and were greeted by the scene of children full of laughter and joy, running out and dancing in the heavy rain. Apparently, they were bringing umbrellas for us.

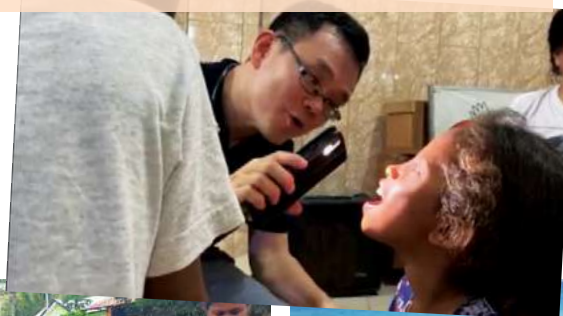
During the visit, the volunteers set up various stations to teach the children handicraft skills. With the assistance of my children and the nurse in our team, we also provided development and dental screening for the children and youths. As it was near Christmas, the children were also blessed with Christmas gifts and a mini Christmas celebration. One of the ladies in our team taught them hymns in English. At night, we were serenaded by the children with a performance of beautiful singing in Bahasa Indonesian led by Captain Budi. I would later learned that these talented children were once invited by our ex-President, Dr Tony Tan, to perform at the Istana. Though unfortunately, the visit did not materialise due to various reasons.

In the few days that we were there, we were able to visit two of Captain Budi's ongoing projects: "Living Lab" and "Reservoir of Love ". According to Captain Budi, their first piece of land was a waste land which was barren and dry. But by faith, he attempted to grow vegetation and rice on this dry land. Miraculously, he succeeded to find water on his first try when other villagers

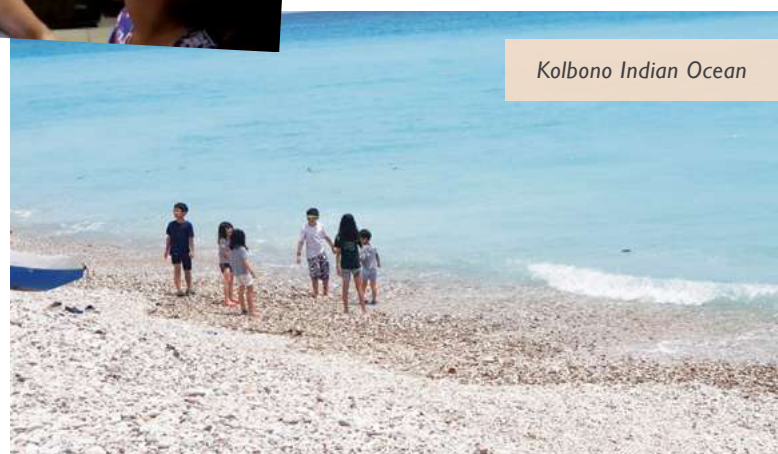
(continued on Page 23)



Taking their developmental and dental screening at Roslin orphanage with the assistance of an Indonesian volunteer



Village school at Kolbono



Kolbono Indian Ocean

(continued from Page 21: Humanitarian Trip to Kupang, West Timor)



At Reservoir of Love with Captain Budi



Living Lab

had failed previously. This well provided all the water that they needed to irrigate the rice and up till today, they are self-sufficient in rice. At the “Living Lab”, we were treated to many kinds of exotic fruits and vegetables which are harvested in different seasons. During our visit there, he has also started on plans to export various countries a special herb plant by the name of “Moringa” which has been touted as the superfood in the traditional Indian diet. A few years ago, he was further blessed by the American company Coca-Cola, who funded the building of the ‘Reservoir of Love’ for him to transform another piece of waste land into an oasis.



The children serving the village’s school kids

The following day, we embarked on a 4-hour road trip across West Timor to the remote villages in the mountains at Kolbano. After three hours of driving in the dizzying heat of the Indonesian summer (the archipelago has similar climate to Australia, their nearest neighbour), we were relieved to stop by the beautiful beach facing the Indian Ocean for a toilet break. We saw the local children playing happily in the sweltering heat by the beach, making human models with the seaweeds. Our children joined them, and we were moved by the simplicity of their joy and creativity.



My daughter tries out the Sasando (musical instrument)

The first village we went to belonged to a native tribe that welcomed us by their traditional greeting by rubbing noses. We were honoured as important guests with a traditional ceremony of tribal singing and various speeches from the elders. During the ceremony, we were also presented with handmade ornaments by their village head and elders. After the ceremony, we immediately went down to work to set up our medical station to treat and screen the villagers. Many of them were seeing a doctor for the first time. They came with various ailments but nearly more than half of the adult patients had elevated blood pressure. Unfortunately, we have limited medication that we could provide, and

the villagers and elders were given lifestyle advice and simple medication. We attended to more children than adults in the second village, and many of the children were malnourished and had various skin ailments. They were provided with our donations of vitamins and creams. The other volunteers also treated the villagers and their children with a sumptuous meal. Each child was also given a set of waterplay toys to instill the importance of bathing and cleaning. Apparently, many of the children in the mountain have limited water supply, and will not bathe or brush their teeth regularly. As we finished seeing the last patients, we played and interacted with the children as we enjoy the cool mountain air and beautiful sunset, wondering how life can be so idyllic and joyful in this part of Indonesia. We ended the trip with a sumptuous dinner of Bakar Ikan and serenaded with their special traditional musical instrument, *Sasando*. For us and especially our children, we left Kupang with fond and touching memories of our little adventure there. The night before we left, Captain Budi informed us that he was just given a fully equipped “mobile clinic”. In the near future when we

come back to this beautiful place, we will then work with their local medical teams to continue serving the villagers and children.

We were glad that we managed to complete this trip last December safely. Although we looked forward to our next visit there, it may be a long while before we will be allowed to travel safely again.

For those who are interested in finding out more or going for a trip there, you can access the YouTube video of our trip at <https://youtu.be/g04iRvZ4GiM> or email me at drectan2@gmail.com





Contemporary Type 2 Diabetes Management - What's New?

POSTPONED TO 19 SEPTEMBER 2020
Please visit the CFPS website for updates.
Registration is open.

TOPICS

- Unit 1: Assessment of the Type 2 Diabetes Patient at Risk of Cardio-renal complications
- Unit 2: SGLT2 and its place in Contemporary Diabetes Management
- Unit 3: Attention to Cardio - Renal complications of Diabetes - how to prevent them?

WORKSHOP

Panel Discussion: Multi-Disciplinary Endpoints in Type 2 Diabetes Management

SPEAKERS

- Dr Lim Choon Pin
Cardiologist, Mount Elizabeth Hospitals
- Dr Khoo Chin Meng
Head & Senior Consultant, Division of Endocrinology, University Medicine Cluster, NUH
- Dr Titus Lau
Senior Consultant, Division of Nephrology, University Medicine Cluster, NUH

- **SEMINAR** (2 Core FM CME points)
 - Unit 1 - 3: Sat, 14 March (2.00pm - 4.00pm)
- **WORKSHOP** (1 Core FM CME point)
 - Sat, 14 March (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis. Seats are limited. Please register by 10 March 2020 to avoid disappointment.

- **DISTANCE LEARNING MODULE** (3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
 - Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQs. Assessment.

This Family Practice Skills Course is sponsored by **Astrazeneca Singapore Pte Ltd**, organised by **College of Family Physicians Singapore**.



All information is correct at time of printing and may be subject to changes.

REGISTRATION

Contemporary Type 2 Diabetes Management - What's New?

Please tick (✓) the appropriate boxes

FREE REGISTRATION for College Members!

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Workshop 1 (Sat)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Distance Learning (MCQs Assessment)	<input type="checkbox"/> \$85.60 FREE	<input type="checkbox"/> \$85.60
	TOTAL	

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

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Name: Dr _____

MCR No: _____

(For GDFM Trainee only) Please indicate: _____ intake

Mailing Address: (Please indicate: Residential Practice Address)

_____ E-mail: _____

Tel: _____ Fax: _____

Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

Please mail the completed form and cheque payment to:
College of Family Physicians Singapore
 16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: **sfp@cfps.org.sg** or by fax: 6222 0204. **Successful applicants will be confirmed by email.**



Family Practice Skills Course #87 (1 Day)

Care of the older Patient with Diabetes, Person-Centred Care and Meal Planning

POSTPONED TO 26 SEPTEMBER 2020
Please visit the CFPS website for updates.
Registration is open.

TOPICS
 Unit 1: Treating Diabetes in Older Adults - Optimizing Glycemic Targets with Comorbidities in Mind
 Unit 2: Shared Decision Making and Person-Centred Care in Diabetes Mellitus
 Unit 3: Localising Structured Lifestyle Intervention for Dietary Management Success - Implementation + Outcomes

WORKSHOP - Case Studies
 Case 1: Driving for Dietary Lifestyle Change In An Overweight Elderly Patient - Tools & Technique
 Case 2: Shared Decision Making and Person-Centred Care in Diabetes Mellitus

SPEAKERS
 Dr Khoo Chin Meng
Head & Senior Consultant, Division of Endocrinology, University Medicine Cluster - NUH
 A/Prof Tai E Shyong
Senior Consultant, Division of Endocrinology, University Medicine Cluster, NUH
 Dr Harvinder Kaur
Lecturer, International Medical University, Malaysia

- **SEMINAR** (2 Core FM CME points)
 - Unit 1 - 3: Sat, 09 May (2.00pm - 4.00pm)
 - **WORKSHOP** (1 Core FM CME point)
 - Sat, 09 May (4.30pm - 5.30pm)
- *Registration is on first-come-first-served basis. Seats are limited.
 Please register by 04 May 2020 to avoid disappointment.
- **DISTANCE LEARNING MODULE** (3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)
 - Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQs. Assessment.

This Family Practice Skills Course is sponsored by **Abbott Laboratories Singapore Pte Ltd**, organised by **College of Family Physicians Singapore**.



All information is correct at time of printing and may be subject to changes.

REGISTRATION

Care of the older Patient with Diabetes, Person-Centered Care and Meal Planning

Please tick (✓) the appropriate boxes

FREE REGISTRATION for College Members!

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Workshop 1 (Sat)	<input type="checkbox"/> \$32.10 FREE	<input type="checkbox"/> \$32.10
Distance Learning (MCQs Assessment)	<input type="checkbox"/> \$85.60 FREE	<input type="checkbox"/> \$85.60
	TOTAL	

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

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(For GDFM Trainee only) Please indicate: _____ intake

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Tel: _____ Fax: _____

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College of Family Physicians Singapore
 16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: **sfp@cfps.org.sg** or by fax: 6222 0204.
Successful applicants will be confirmed by email.