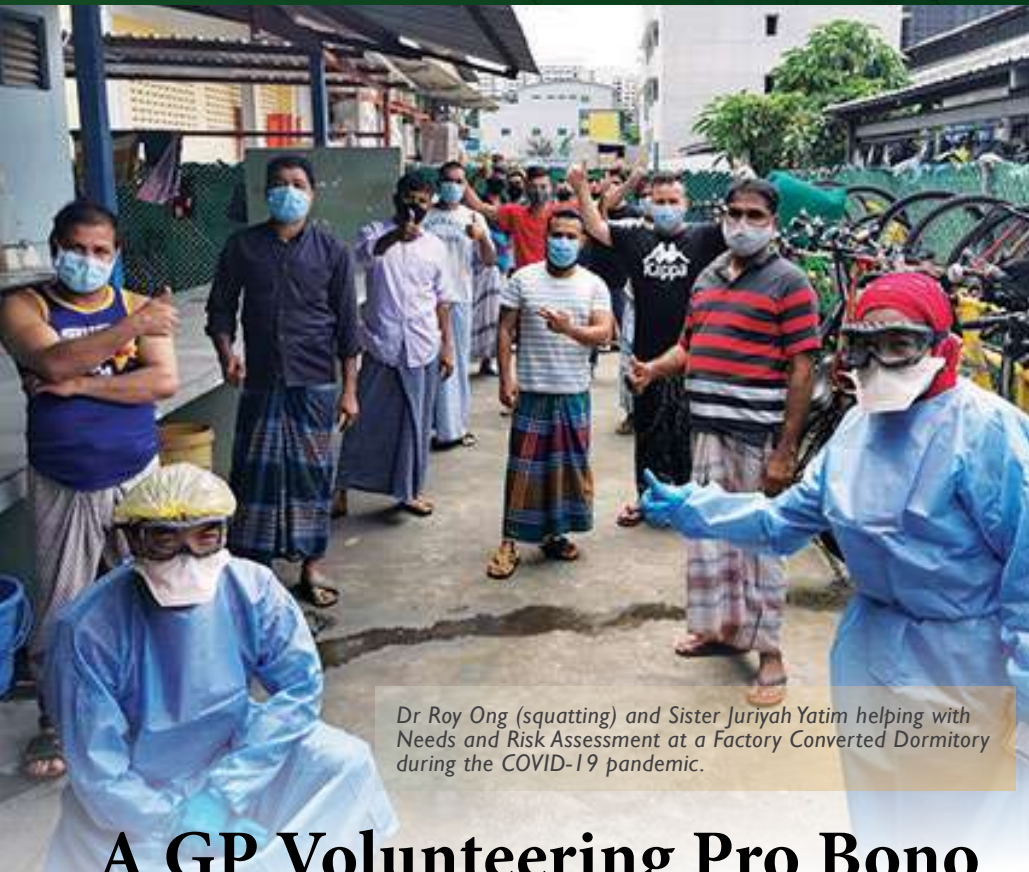




COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

THE College Mirror

VOL. 46 NO. 3 SEP 2020



Dr Roy Ong (squatting) and Sister Juriyah Yatim helping with Needs and Risk Assessment at a Factory Converted Dormitory during the COVID-19 pandemic.

A GP Volunteering Pro Bono at the Factory Converted Dormitories

by Dr Ong Eu Jin Roy, Family Physician

On January 21st, 2020 I went into my own personal lockdown. I started using my clinic N95 stockpile and socially distanced myself away from friends and relatives, only meeting people at workplace and family at home. When COVID-19 reached our shores, paranoid me was already using N95 while grocery shopping.

So, it was really antithetical when I agreed without hesitation to Dr Michael Lim's call to volunteer at the COVID-19 dormitories with Crisis Relief Alliance in April 2020. Perhaps it was my sense of duty. Looking back, I realised that it was a good decision on my part as I was about 2 months ahead of the COVID-19 measures curve at that point in time and my input was helpful. Also, I guess it was therapeutic for me since it is best to lean into our own personal fears.

I found the non-clinical work most gratifying. Diverse roles ranging from survey visits for Needs and Risk Assessment to being safety marshal for fruits deliveries or personal shopper/concierge for the quarantined workers. Invaluable to me was the eye opening to our migrant worker community's contributions. They undertake our unwanted shifts and menial uncomfortable jobs. They are silent, invisible heroes.

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(continued from Cover Page: A GP volunteering pro bono at the Factory Converted Dormitories)

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by Dr Ng Liling, Family Physician, Editorial Team Member (Team B)

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Editor's Words

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

During SARS outbreak in 2003, I was part of a small group of GPs that responded to MOH's call to help audit and guide the medical and nursing teams at intermediate and long term care (ILTC) facilities, consisting primarily of nursing homes. This issue of College Mirror consists of articles written in Aug 2020 bringing to us a kaleidoscopic view of our journey through this COVID-19 pandemic. This time round, we are thrilled to hear of many primary care physicians participating actively in this fight against COVID-19.

Dr Roy Ong, a GP volunteered pro-bono with the medical team of Crisis Relief Alliance, a community partner of MOM, listening to, assessing, advising, comforting and helping migrant workers and dormitory operators at Factory Converted Dormitories (FCD) and Government Quarantine Facilities (GQF). He shared that he responded to this front-line work to help the migrant workers because of his sense of duty. We hear echoes of this professionalism in our healthcare workers as we walk through the hallway of personal courage, sacrifices and collective victory during this national crisis.

Dr Gregory Ko shared some of the challenges faced by a single doctor GP practice during this pandemic. On top of caring for his patients while trying to keep himself safe, he tries his best to protect his clinic staff who are older than him. For example, he took it upon himself to mop and disinfect the clinic in full PPE at the end of each day. We are very encouraged to hear of doctors at the frontline exhibiting caring leadership for their teams while serving faithfully.

Dr Aziz, a GP who volunteered at Singapore EXPO shared with us how he spent extra time to reassure a migrant worker who was terrified and afraid that he might die from COVID. We are proud to hear that doctors like Dr Aziz kept the human touch of a caring primary care physician while attending to the migrant workers during this pandemic.

A/P Tan Boon Yeow, a senior consultant and CEO of St. Luke's Hospital shared that despite the challenges of coping with COVID-19, initiatives flourished in this charitable organization as staff and volunteers supported their patients and one another through daily morning broadcasts of words of encouragement, virtual volunteering such as Guitar Connection, video consultations, medications delivery, and Project Warm Hearts. Please support their continuing good work in their inaugural virtual charity concert, Voices of Light on 6 Nov 2020.

Dr Ng Liling, a family physician working at a community hospital wrote on the importance of finding a balance between implementing new safety measures at the hospital to protect the patients during this pandemic and the need of family members and love ones to connect and support one another while one of them is sick and hospitalized. She believes that adaptability to new challenges, and having the hope that we shall overcome, will carry us through this war against COVID-19.

Dr Teo Boon See and other GPs contributed ideas to ATC and Temasek Foundation to improve on the design of COSMO (COVID-19 Swabbing Mobile Booth) which can be pushed out of the clinic to be used during clinic operating hours and pushed back and kept in the clinic at the end of the day, improving safety for our doctors and patients.

On the education front, Dr Charity Low shared with us how her team of adjunct Family Practice tutors at NUS innovated and enabled medical students to continue with clinical learning through Zoom.

Dr Lois Hong is a Family Physician at a polyclinic currently preparing to go to Timor-Leste to serve cross-culturally. She shared with us some tips on cultural competency in a medical consultation, illustrating some points from a short conversation with a migrant worker who was recovering from COVID-19. She reminds us that our culture shapes our ideas, concerns, and expectations as well as knowledge, interpretation of events, attitudes, and behaviors. In order for us to be better clinicians in taking care of the migrant workers' population in Singapore, we need to learn how to patiently listen to and engage with them, making an effort to understand their daily work, families, dreams and aspirations.

The cornerstone for the success of Singapore's healthcare response to the COVID-19 pandemic is built upon the countless sacrifices made quietly by our healthcare workers in the frontline, in particular our GPs and Family Physicians, who assumed much additional administrative and clinical work and responsibilities willingly and courageously. Press on brothers and sisters in this good fight and may we be at our best at this critical moment in our national history. One day we shall share with those who come after us how we stood and prevailed as a nation, as a people, as the healthcare fraternity in this war that crept to our doorstep!

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FAMILY PRACTICE SKILLS COURSE

COVID-19: Singapore Experience

The College of Family Physicians
Singapore would like to thank the
authors for their contribution to the
Family Practice Skills Course #84 on
"COVID-19: Singapore
Experience".

Authors:

A/Prof Cheong Pak Yean
A/Prof Goh Lee Gan
Prof T Thirumoorthy
Dr Tan Yew Seng
Dr Julian Lim
Dr Wong Chiang Yin
Dr Grace Chiang
Prof Kua Ee Heok

Childhood Development Screening 2020

The College of Family Physicians
Singapore would like to thank the
Expert Panel for their contribution to
the Family Practice Skills Course #85
on "Childhood Developmental
Screening 2020", held on 18-19 July
2020.

28 & 29 March 2020.

Expert Panel:

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

Chairperson:

A/Prof Goh Lee Gan
Dr Leong Choon Kit

(continued from Cover Page: A GP volunteering pro bono at the Factory Converted Dormitories)

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Coping with COVID-19 DORSCON Orange at a Community Hospital

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activities had to be stopped. Many of the group activities e.g. mahjong, reminiscence therapy sessions which were beneficial to our patients had to be stopped.

(continued from Page 5: Coping with COVID-19 DORSCON Orange at a Community Hospital)

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

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

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

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

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

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

■ CM

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

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

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

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

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

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

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

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

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(continued from Page 5: Coping with COVID-19 DORSCON Orange at a Community Hospital)

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(continued from Page 5: Interview with Dr Gregory Ko - General Practice during COVID-19 Pandemic)

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

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

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

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

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

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

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

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

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

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

I probably would need SSRI.

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

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

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

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



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

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

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

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

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

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

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

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(continued from Page 7: Interview with Dr Gregory Ko - General Practice during COVID-19 Pandemic)

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

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

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

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

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

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

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

■ CM

Proliferation of CME Webinars during COVID-19

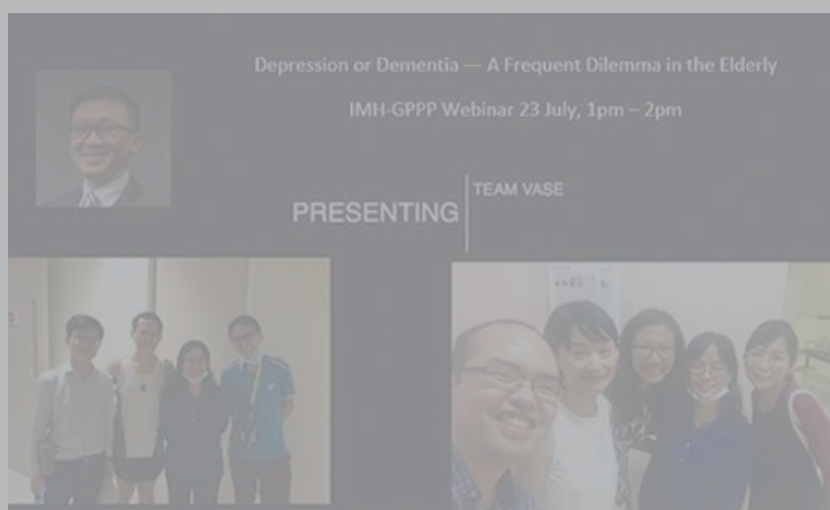
by Dr Low Cheng Hong, Charity, Family Physician, Editorial Team Member (Team B)

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

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

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

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

Eulogy of Dr Jeremy Ng

by Dr S Suraj Kumar, Honorary Secretary, 27th Council,
College of Family Physicians Singapore

It was with deep sadness that the College learnt of the recent passing of Dr Jeremy Ng, who was the head of General Surgery, Singapore General Hospital.

Since his first interactions with the College in 2016, Dr Ng has been very supportive of the CFPS training programmes, in particular the Masters of Medicine (MMed) programme.

Without his unwavering commitment to the College, the programme would not have been able to obtain such good clinical cases and training in the field of general surgery.

Year after year, his department and tutors, under his able leadership and direction, have sacrificed

time and effort to provide excellent teaching, which has greatly benefitted our trainees.

Being the Programme Director of the MMed(FM) course as well, I have also had the pleasure and privilege of personal interactions with Jeremy on many occasions.

Our Family Medicine trainers and myself, have always been touched by his professionalism, enthusiasm and humility.

Thank you Jeremy, for all your great support these past few years.

You have been a true friend of the College and you will be greatly missed.

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for more information

(continued from Page 7: Interview with Dr Gregory Ko - General Practice during COVID-19 Pandemic)

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

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

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

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

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

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

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

■ CM

Proliferation of CME Webinars during COVID-19

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

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

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

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

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.

(continued on the next page)

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(continued on the next page)

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

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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. [v v z v](#)

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,

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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.

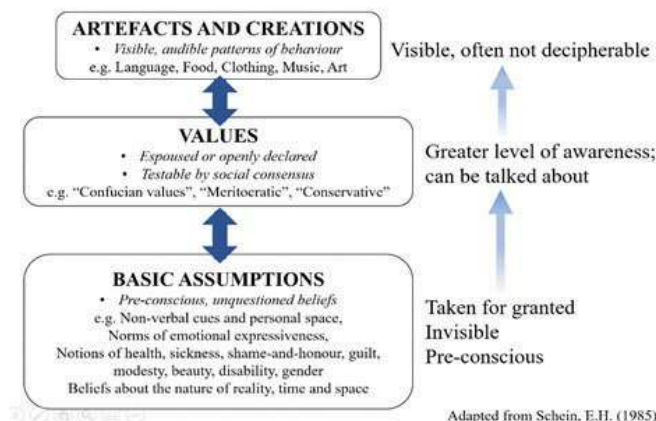
This short conversation revealed both Mr L's priorities and my pre-suppositions. At a time when health anxiety is widespread, his main concern is a safe return to work. While I have met other patients who expressed significant COVID-19-related anxiety, Mr L's sentiments are consistent

(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).



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”.

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.”

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.

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 COVID-19-related anxiety, Mr L's sentiments are consistent

(continued on the Page 15)

(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/>



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?

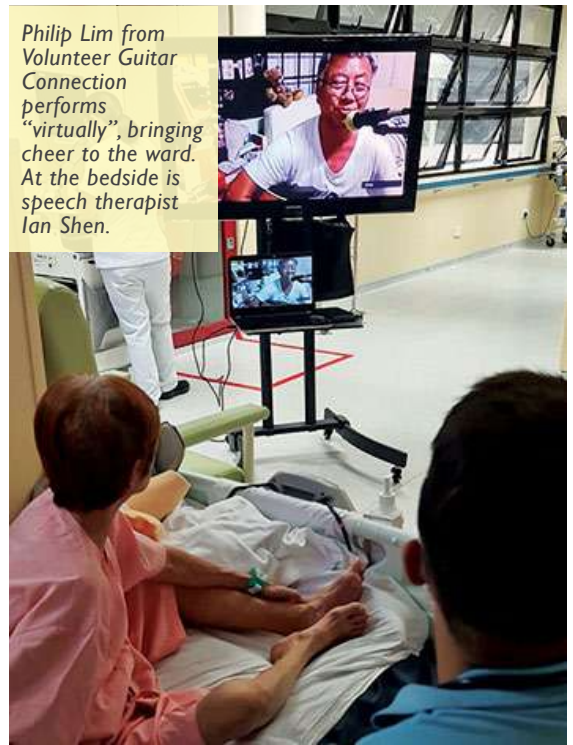
BY: During COVID-19, the hospital continued to meet patients’ needs, ensuring safety of patients and staff, and

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.



With help from hospital staff, Teo Chiew Tien stays in contact with her children through her very first video call, reassuring them that "mum is well"



Philip Lim from Volunteer Guitar Connection performs "virtually", bringing cheer to the ward. At the bedside is speech therapist Ian Shen.

Volunteers also helped cheer up patients through "virtual volunteering". Volunteers, while staying safe at home, greeted, performed and sang to patients through the internet and mobile TVs in wards.

To help patients keep in touch with their families, the hospital sought mobile devices from staff and the public. With these devices, even patients with no phones and no visitors could see their loved ones. For example, we helped an elderly patient make her very first video call, where she reassured her children that "mum is well".

To keep patients safe, St Luke's Community Clinic (located at St Luke's Hospital) arranged video consultations and medication delivery so that patients could receive care while staying home. The hospital's Day Rehabilitation Centre, which closed temporarily during circuit breaker, also continued to care for patients virtually through tele and video sessions.

St Luke's Hospital also works with partners. The hospital trains healthcare workers in other institutions through St Luke's Academy (SLA). Courses include dementia and wound care, with both theory and experiential components. We converted course content (except practicums) to be delivered online.

CM: Can you share how staff of SLH are coping with COVID-19 and SLH's measures to support and encourage them?

BY: SLH has faced challenges over the years, such as building from scratch the first hospital dedicated to the elderly sick, dealing with toxic haze and SARS, while caring for patients with increasingly complex comorbidities amidst changes in the healthcare landscape. The intrinsic passion to make a difference in the lives of our patients has helped us over the years.

We encourage staff to be more reflective during these trying times, to make sense of and adapt to the multiple changes. This is done through the initiatives mentioned above, as well as virtual townhall updates where I share my personal reflections.

The hospital started "Project Warm Hearts", a ground-up initiative by hospital staff to encourage one another with gifts of appreciation and cheer each other on to persevere with their good work. The hospital's partners and the public have also joined the project.

Just as we care for our patients holistically, we aim to care for our staff in the same way. Recognising the importance of physical health, the hospital's Health and Wellness Club organises exercise programmes online. We gave staff resistance bands, skipping ropes and in-house video on related exercises. The club also initiated "Me 2.0 Challenge" to help staff develop new or improved lifestyle habits, with health tips from hospital staff.

For emotional and mental health, we started a "Dear Diary" initiative where staff could express their concerns online. Staff may choose to remain anonymous or seek counselling from internal and external resources.

We are working with NUHS Family Medicine doctors on an enhanced health and mental well-being screening with targeted interventions for our staff.

CM: What is your advice to others coping with COVID-19 pandemic?

(continued on the next page)

(continued from Page 17: Interview with A/Prof Tan Boon Yeow - St Luke's Hospital during COVID-19 Pandemic)

Voices of Light
6 November 2020 (Friday), 8.30pm to 9.15pm

Virtual charity concert featuring
 Lauren Yeo Yap Shu Mei Crystal Goh

St Luke's HOSPITAL

Music Director: Eric James Watson

St Luke's Hospital is organising its inaugural virtual charity concert to raise funds for patients.

BY: The pandemic has shown how volatile, uncertain, complex and ambiguous (VUCA) the world is. We cope by having a growth mindset that adapts to rapid changes arising from the pandemic. We seek opportunities amidst difficulties. Most of all, we work together: "we are here for each other, and God is with us".

CM: Is SLH coping well financially during COVID-19, and how is the hospital trying to raise enough funds for the hospital's operations?

BY: As a charity, most of our patients are lower income. Grants and donations are important to us and the patients we serve. While several fundraising events were cancelled, the needs of our patients still need to be met. Just as

technology helped meet the needs of patients clinically, the hospital is using technology to organise its inaugural virtual charity concert, its biggest fundraiser of the year.

The concert, *Voices of Light* (<https://bit.ly/slhconcert2020>), is about the patient journey from darkness—caused by illness—to light, as they receive loving care and go home to their families. For the concert, we are honoured with a message by Mr Tharman Shanmugaratnam, Senior Minister and Coordinating Minister for Social Policies, and cultural medallion winner Eric Watson as Music Director. Do join us for the concert.

Best birthday ever
Thank you for the well wishes

During a virtual townhall update, colleagues from various groups surprised A/Prof Tan Boon Yeow with birthday greetings, complete with songs and speeches. Photo taken in February 2020.

Zoom Clinical Teaching of Medical Students During COVID-19

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

At the height of Circuit Breaker when students were disallowed from the clinics and wards, and COVID-19 raged on all fronts during the pandemic, the mission of medical school to train the next generation of doctors continues unabated. Unfazed and led by Dr Victor Loh, Assistant Professor and Education Director of Family Medicine, the team of dedicated adjunct family practice (FP) tutors at the Yong Loo Lin School of Medicine, National University of Singapore persisted, prototyped and enabled medical students in the third-year family medicine posting to continue with clinical learning through remote Zoom-enabled clinical teaching.

Q1. Despite the current technological advancement, using Zoom as a pedagogical strategy in clinical teaching is largely unheard of. What has necessitated the NUS Family Medicine Department to make such a move?

Dr Victor Loh (VL): Video-streamed medical content teaching is not new. It has been used in countries like Australia with large rural settings that need to train medical students across large geographical distances, mainly through lectures and tutorials from afar. When COVID-19 hit we found that we could neither gather students at NUS, nor could we send them for placements at the wards or clinics. Out of necessity, we explored the possibility of using the video streaming platform for teaching. I would say that how we innovated was less about video-streamed medical content teaching which we did, but more about how we overcame social distancing to provide what clinical teaching we could by allowing our students to encounter real patients in the clinics through the Zoom platform. COVID or not, medical school must go on and we have a duty to enable our doctors-to-be to be ready for the frontlines one day.

Q2. How did you feel about venturing into something unknown like this?

VL: To give some background, at the height of circuit breaker, students were banned from all clinical settings, and organisationally, we were only able to work with our private family practice (FP) tutors to consider this possibility. What was clear was that we needed to quickly come up with an innovative and practical solution to meet this unprecedented situation. Thankfully, I was in communication with Drs Lee-Oh Chong Leng and Leong Choon Kit who piloted the use

of Zoom for clinical teaching and who convinced me that this was an option to consider. To be honest, I was not sure how real-time Zoomed clinical teaching would be received by our adjunct family practitioner faculty. I remember it was at a 5.30pm on a Thursday evening on 23 April, almost three weeks after the start of Circuit Breaker when 14 adjunct family practitioners from across the island Zoomed in for a huddle and discussion. Among the tutors were many who were just getting used to the idea of using the Zoom video-streaming platform. It was to this group that the idea was first mooted. Chong Leng and Choon Kit who successfully piloted the use of Zoom for clinical training shared their experience, tips on the use of devices, and advice on the range of clinical cases that could be suitable for teaching. In the end, we managed to get the support of enough tutors to provide clinical teaching to the 78 students who were in the family medicine posting. I was amazed and much relieved at the end of the meeting. I felt a deep sense of gratitude and respect for my FP colleagues for their determination to train our medical students despite the hurdles imposed by the need for social distancing. I would like to acknowledge all the tutors and my admin team who have made this project possible.

Q3. Was there support from the institution?

VL: Absolutely. Vice-dean was very supportive. The medical school was and remains determined to ensure that it provides students with a quality clinical learning experience. The education dean gave us the green light so long as we kept close watch on key safeguards: in particular those of patient confidentiality, patient safety, and that of student

(continued on the next page)



Dr Leong Choon Kit with patient and student on zoom during FP remote clinic attachment session.

(continued from Page 19: Zoom Clinical Teaching of Medical Students during COVID-19)

safety. And I am thankful for my administrative team that was able to adapt to the massive changes that we had to implement at short notice.

Q4. Now that circuit breaker is over, do you foresee that NUS will return fully to on-campus teaching?

VL: I don't think we are quite out of the woods yet. I think we need to be clear about the strengths and weaknesses of the platforms we use for teaching. There are key aspects of clinical teaching that can never be replaced by the video-streaming platform. While Zoom can efficiently deliver content through webinars, tutorials and lectures; and students may even be able to interview patients on Zoom, and observe clinical signs, nothing can replace the need of students to be physically present in clinics and hospitals to interact in-person with actual patients. Aspects such as physical examination skills, non-verbal communication, and being present with patients cannot be replaced by the video-streaming platform. My sense is that COVID has and

will impact medical teaching post-COVID. Perhaps the trick is to find the right balance. Having said all these, I think we need to ready ourselves for the uncertainty that lies ahead. The number of COVID cases in the community appears to be going down but we need to recognise how places such as Melbourne and New Zealand whose numbers were low just a month ago have seen a resurgence. As a medical school we need to be able to adapt rapidly, to provide in-person clinical teaching as much as possible, and to always be ready to adjust to safe distancing using video-streaming and whatever other means possible when necessary. That would demand of tutors and the education team to be incredibly adaptable. We have learnt to convert our program from live teaching to video-streaming rapidly over 2 weeks. It is now August, and now that conditions are improving, we are now preparing to re-introduce the students back to the in-person placements at the clinics. We need to be flexible to make sure that our students get the best learning experience in as safe an environment as possible.

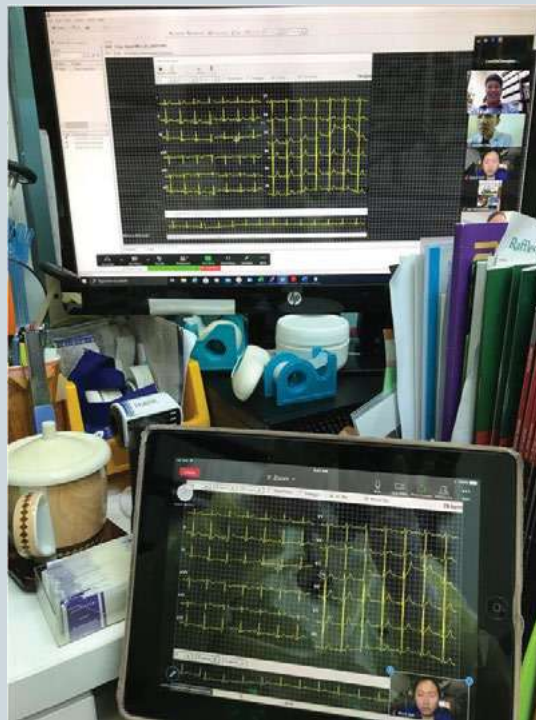
Working with Dr Victor Loh, Dr Leong Choon Kit and Dr Lee-Oh Chong Leng who piloted the use of video-streamed clinical training, have been instrumental in brain-storming and putting in place the processes required for the Zoom-enabled Family Practice remote clinical attachment to occur. They share some of the solutions for overcoming a number of the initial teething problems that would be encountered in this uncharted territory:

Firstly, the technical aspect needs to be set up. A good, fast and reliable broadband is needed. Institutional Zoom accounts should be used, and depending on configuration, up to four devices in the consultation room may be used: the main PC, main handphone, viewing handphone, and tablet device. The problem with audio interference from multiple devices is solved by muting all, but one, device. The Zoom platform has features that allows it to be efficiently used as a teaching tool. The share screen function allows the students to concurrently see the notes typed into patient's record and the medications dispensed.

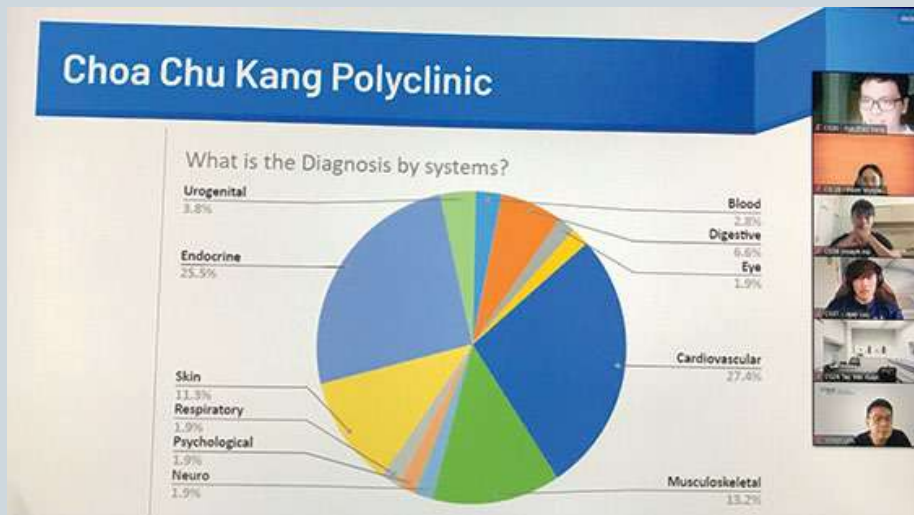
The white board function allows tutors to scribble, doodle and annotate for the students. PowerPoint slides and videos can be shared. In addition, tutors may communicate with students using encrypted WhatsApp for discussions. Internet downtime which may occasionally occur can be painful and disruptive for learning.

Secondly, confidentiality has to be strictly observed. Students are required to show their faces all the time. They are not allowed to record consultations, and no one else is allowed to view the consultation. Most patients are surprised to see students on Zoom but cheerfully give their consent to be clerked by the students. There is the option for selected patients to Zoom from home and be clerked.

Thirdly, capturing and retaining students' attention is a constant challenge. There is pressure to keep engaging the students during the consultation with patients, which can be draining for tutors. To ease this, each session can be rounded off with a summary



Dr Lee-Oh Chong Leng's PC and mobile iPad gadgets put to maximal usage for zoom tutorial with medical students. (Dr Lee is seen in the top right corner)



Dr Victor Loh zoom mentoring year 3 medical students on Family Medicine Project Presentation. (Dr Loh is seen in the bottom right corner)

and discussion of every case with breaks inserted in-between the sessions. While some students spend their time note-taking and searching information of the net concurrently, some others may not be so attentive behind the PC. Verbal questions or online polls peppered in the sessions are strategies to ensure that students remain attentive.

After the prolonged period of home-based learning and relative social isolation, most students in the posting were happy to meet actual patients even if it was on Zoom; they enjoyed trying to apply the voluminous theoretical learning they had engaged in while deprived of the clinical setting. Learning from their homes was not without advantages: they saved on travelling and had more time for study and rest. The Zoom platform allowed students to quickly switch from one clinic setting to another should a case or procedure of interest be live-streamed. What previously could be demonstrated to just 2 to 3 students present at the clinic at one time could now be streamed to a larger group. For instance, a clinical group of 6 students could be brought for a house-call consultation on Zoom. Students benefited from observing different FP tutors with different patient profiles, different areas of deep interest, and different styles of consulting.

Chong Leng observed that the Zoom platform heightened students' observatory skills – the deprivation of physical contact with patients was impetus for them to sharpen their powers of observation by looking for visual and auditory cues of disease and distress. Students learn to profile the patient the moment the patient enters the consultation room. In addition, Choon Kit used the Zoom platform to Zoom into the consultation rooms of his General

Practitioner friends in New Zealand and Australia, allowing his students to observe how general practice occurred internationally in real time, without any need to leave the country.

Despite the advantages that the Zoom platform conferred especially for content learning, there were limitations that Zoom is unable to overcome in clinical teaching. Students recognised how video streaming deprived them of in person hands-on activities such as the practice of physical examination skills – in particular auscultation, percussion and palpation which may be effectively taught only through an in-person encounter with actual patients. In addition, students found it difficult to observe procedures and investigations such as point of care ultrasound and minor surgical procedures. Above all, they observed the lack of “real” presence which was a barrier to expression of non-verbal communication such as the expression of empathy, and therefore the building of bonds between the doctors-to-be and patients. Many students expressed preference to be present at the clinic to observe what actually happened in the consultation room to the live-streamed platform.

Despite the restrictions of physical distancing during the COVID pandemic, the NUS Family Medicine education team innovated and provided as good a clinical learning experience as was possible given the circumstances through the use of the Zoom live-streaming platform to the students in the family medicine posting. It was an experience that stretched the faculty and drew them closer as they learnt from each other how to better provide medical training in unprecedented circumstances.

■ CM

Contemporary Type 2 Diabetes Management - What's New?



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: 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, 19 Sept (2.00pm - 4.00pm)

- **WORKSHOP** (1 Core FM CME point)
 - Sat, 19 Sept (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis. Seats are limited. Please register by 17 September 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**.



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

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).



Online Registration Available

Scan the QR code or access the link below to register online

<http://cfps.sg/fpsc-86/>

Name: Dr _____

MCR No: _____

Mailing Address: (Please indicate: Residential Practice Address)

E-mail: _____ Tel: _____

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.**

Temasek Foundation's sponsorship of COVID-19 swab booth development

Article contributed by Temasek Foundation



Dr Teo Boon See from Camry Medical Centre conducting a swab test using a COSMO (COVID-19 Swabbing Mobile Booth) SafeSwab Slim booth.



Feedback from doctors helped the team to design a booth that is lightweight and easy to wheel around.

Images courtesy of Caroline Chia

The swab booth, named COSMO (COVID-19 Swabbing Mobile Booth) SafeSwab Slim, was developed as a collaboration between a team from Temasek, Camry Medical Centre and a group of Public Health Preparedness Clinics (PHPCs), and local precision engineering company ATC. The initiative is sponsored by Temasek Foundation. The booth has an aluminum frame and polycarbonate panels. It is sprayed with a self-disinfecting antimicrobial coating that lasts up to six months. To further minimise the possibility of virus transmission, latex gloves are attached to the panel, which swabbers will insert their hands into before collecting the sample. "These swab booths enable swabbing to be carried out effectively and safely at PHPCs during the COVID-19 pandemic," said Mr Ng Boon Heong, CEO of Temasek Foundation.

The swab booth is on trial at about 170 clinics across Singapore. Doctors who are taking part in the trial received the booths free of charge. In return, they provide feedback which is being used to improve the design and functionality of the booth. Applications for the booth initially closed in July, but have been reopened due to popular demand. Temasek Foundation has expanded the programme to support more PHPCs and will deploy the booths at a total of 250 clinics.

Dr Teo Boon See from Camry Medical Centre in Toa Payoh heard about the project and shared ideas on how to improve the swab booth's design. She was one of the GPs who provided feedback to improve the design of the booth. One key suggestion she raised resulted in the "slim

fit" booth design which ensures that the booth could be pushed through doorways of clinics. Dr Jean Yim of Yim Medical Centre in Admiralty shared that the booth is situated outside her clinic, so that solves her problem of needing an isolated room in the clinic to conduct swab tests and having to decontaminate it after every patient, which can be very tedious. Mr Marcus Sia, Managing Director of ATC, commented that it is important that the booth is user friendly, and doctors, who are the end users, have to like using the booths.

Patients who have been tested using these swab booths said that the process of having a swab done at neighbourhood clinics is convenient, and the booth makes it more comfortable. Ms Sharlene Toh appreciated that the frosted panels of the booth provided her with some privacy.

"At Temasek, we believe that corporates, together with the government and the community, must all do our collective part to defeat the COVID-19 pandemic. Through Temasek Foundation, we have been contributing towards the national effort of increasing the capacity for swab testing in Singapore," said Ms Khoo Yi-Lin, an Associate Director at Temasek's Investment Group and a key member of this project.

Please visit <https://bit.ly/2GhP7s6> if you are interested to apply for a COSMO SafeSwab Slim booth.



Family Practice Skills Course #87 (1 Day)

Person Centred Diabetes Care and Meal Planning for the Older Person

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: Treating Diabetes in Older Adults - Optimizing Glycemic Targets with Comorbidities in Mind

Unit 2: Person - Centred Care in Diabetes: What is it Based On and Does it Work?

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, 26 Sept (2.00pm - 4.00pm)

- **WORKSHOP** (1 Core FM CME point)
 - Sat, 26 Sept (4.30pm - 5.30pm)

*Registration is on first-come-first-served basis. Seats are limited. Please register by 24 September 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**.



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REGISTRATION

Person Centred Diabetes Care and Meal Planning for the Older Person

FREE REGISTRATION for College Members!

Please tick (✓) the appropriate boxes

	College Member	Non-Member
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Online Registration Available

Scan the QR code or access the link below to register online

<http://cfps.sg/fpsc-87/>

Name: Dr _____

MCR No: _____

Mailing Address: (Please indicate: Residential Practice Address)

E-mail: _____ Tel: _____

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.