



COLLEGE OF FAMILY PHYSICIANS
SINGAPORE

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A/Prof Daniel Fung and his family celebrating his father's 89th birthday in March 2021

INTERVIEW WITH A/PROF DANIEL FUNG ON

Children, Family and Mental Healthcare in Singapore

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

College Mirror (CM): Hi A/Prof Daniel, thanks for taking time to share with us your pearls of wisdom on children, family and mental healthcare in Singapore. Can you begin by sharing with us what do you and your family like to do on a weekend off?

A/Prof Daniel Fung (DF): My wife, Joyce, and I have begun a daily ritual since the beginning of 2021. We take walks in the morning every day except during wet weather.

Joyce wakes up really early about 5 am while I am usually up by 6:30 am. We grab our masks, walking or trekking shoes, slap on the apple watch and I bring my phone and we are off. It is usually a 30-minute, 7000-step brisk walk around the estate and beyond. On working days, it is a quick shower and I am off to work (which on some days, could mean sitting at the desk and work-from-home (WFH)).

On weekends, we may also take a dip in the pool, make a leisurely breakfast, and pull a lovely cup of Americano style coffee – freshly ground and squeezed through 9 bars of pressure into my double walled glass cup. I like my breakfast with a mix of savoury and sweet ingredients but I am partial to cheeses and fruits.

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I read the newspaper on my iPad regularly and that is used for much more than news – it is standard accompaniment for breakfast. Sometimes I may listen to videos of church sermons which is now a rather common place. We used to go to church physically on Sundays but now, we can visit more than one virtually.

As for the rest of the family, two of my kids are married and they only come for weekend dinners. This usually leaves the other three adult children still with us. They usually wake up between lunch and dinner time. So, most of the weekend, other than meal times, is reading and writing with some video game time and gardening in between.

CM: How do you think the practice of Psychiatry will develop in Singapore over the next 10 to 20 years?

DF: I think that psychiatry, like all other disciplines in medicine, will see many new disruptive changes in practice. These changes are likely to be hard to predict but will definitely transform care moving forward. I will share 3 obvious ones.

(1) Digital Psychiatry

I start with this because we are now well into the digital world. The millennials and the Gen Z are mostly digital natives and quite familiar with this world of virtual interactions. This would mean that the virtual information and consults form a new ecosystem of care over and above the more traditional face-to-face meetings.

Traditional interactions between the GP and psychiatrists, that of pen and paper referral may go online. There may be more collaborative e-consultations in which GPs can be supported in their care of patients with common mild mental illnesses such as anxiety and depression.

Monitoring of patients between consults can be enhanced with apps and wearable technology.

(2) Population Psychiatry

This is a term that I coined to represent the upstream efforts of medicine.

It is evident over the last two decades that early identification although attractive in providing better access, is nothing like primary prevention efforts or even health promotion.

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Prevalence research has shown that only up to 20% of populations have a lifetime risk of mental illness. Reaching those at risk and trying to prevent onset of illness is one positive step.

However, creating a mentally healthy lifestyle capable of managing life's various stressors and reducing the likelihood of traumatic events whenever possible, especially in childhood, will go a long way in reducing the need for psychiatric services. Most of this effort, if driven through healthcare will sit in the primary care domain as GPs see families and any upstream methodology in healthcare starts with the GP.

We only have about 260 registered psychiatrists in Singapore and even with current pipelines for training, we are unlikely to double that number. However, based on prevalence data, we would need at least 3 times that number of psychiatrists if all mental illnesses are managed by psychiatrists.

The role of the GP in managing what we have called the mental health gap is critical in most societies of the future.

(3) Transdisciplinary Psychiatry

Apart from psychiatrists, there is a clear indication that there are many social determinants of mental illnesses which also require other mental health professionals such as psychologists, social workers, nurses, occupational therapists and pharmacists to co-manage a person with mental illness.

In the future, it is likely that these Mental Health Professionals MHPs will also operate in the community working closely with GPs.

This is already beginning to be in place in various polyclinics and primary care networks today and will be further expanded.

Singapore's Agency for Integrated Care (AIC) has been funding the development of Assessment and Shared Care Teams (ASCAT), Community Intervention Teams (COMIT) and Community Resource Engagement and Support Teams (CREST) for this purpose since 2012.

CM: How can we improve children's mental health in Singapore?

DF: Before I answer the question of improving mental health, let me first explain what mental health means vis-à-vis what is mental illness.

A mental disorder or disease is caused by a brain pathology that results in it not working well. Unfortunately, psychiatric mental disorders are not grossly identifiable so there is

imaging or special test that can identify the current neural network disruptions or deficiencies.

What is even more problematic is that mental illness is how the disorder manifests in persons with mental illness and it differs despite some common symptoms' clusters. This difference means that the mentally ill – even with a common diagnosis – may have very different symptoms or experiences with the symptoms.

There is a third category of mental sickness which is the way society views the disorder or illness. Mental disorders in Singapore have a lifetime prevalence of about 1 in 7 according to the Singapore Mental Health Study done in 2016 (up from 1 in 8 in 2010). Globally this prevalence can be as high as 1 in 5. This means that a significant portion of our population will never experience mental illness.

Mental health on the other hand, is a much broader concept of overall subjective wellbeing associated with living. Poor mental health is often brought about by stress that is not well managed and can afflict all of us. So to speak of mental health, we must look to the population and consider what needs to be done.

Now let me tackle this issue of improving children's mental health. This is not an easy question because it means how to reach the almost 40,000 children born every year and make sure that their parents are doing well, that parenting tasks are not disrupted by family breakup and discord and reduce child adverse experiences and that children have an opportunity for benevolent experiences to improve their resilience.

This means that the family, instead of childcare and schools, must continue to be the centre of social and emotional development of children. GPs and Primary Care Physicians can contribute to enhancing children's mental health as medicine becomes more of a coaching role with democratisation of knowledge and educational competencies in new parents.

Apart from treating illnesses, the GP can assist in promoting good health including mental health. Governmental policies will make a great difference, but it is the personal relationships that GPs form with families that will develop the trust and stickiness that patients and families will need especially since the village or *kampung* settings are gradually eroded and nuclear families are becoming more isolated from each other.

GPs can practice family health and that starts with what I would call brain health. Good nutrition, lifestyle habits and caring relationships can be encouraged in a thriving

(continued on the next page)

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GP practice. Technology can be developed to support GPs as they encourage family health. Happier families will bring about better children mental health.

CM: How can GPs and Family Medicine Practitioners contribute to improving mental healthcare in Singapore?

DF: Let me explain this broader concept of what family health means.

GPs and Family Medicine practitioners form the foundational framework in the healthcare sector for mental healthcare. Mental health promotion and illness prevention starts with the family as I have described in the earlier question. I am not plucking this concept from the air.

One example is the Vermont Family based approach; a novel health promotion programme based on the concept of a wellness environment. This programme enlists wellness coaches for families. I would love to see GPs along with our community support ecosystem of allied health specialists “coach” families on what to do for good health.

Today, the GP may be stuck in seeing many illnesses but with artificial intelligence enabled chatbots and well curated

websites, GPs can spend more time understanding their patients and families, offering lifestyle and preventative approaches to families to improve health including mental health.

Regular exercise, good nutrition, sufficient sleep and maintaining good relationships should be prescribed and promoted by GPs. With telehealth access to both asynchronous sources of advice (well curated resources for GP practice, imagine UpToDate on steroids) as well as synchronous advice from specialists (live as needed telecollaborative consults), GPs can be empowered to play an effective role in supporting families with mental health concerns.

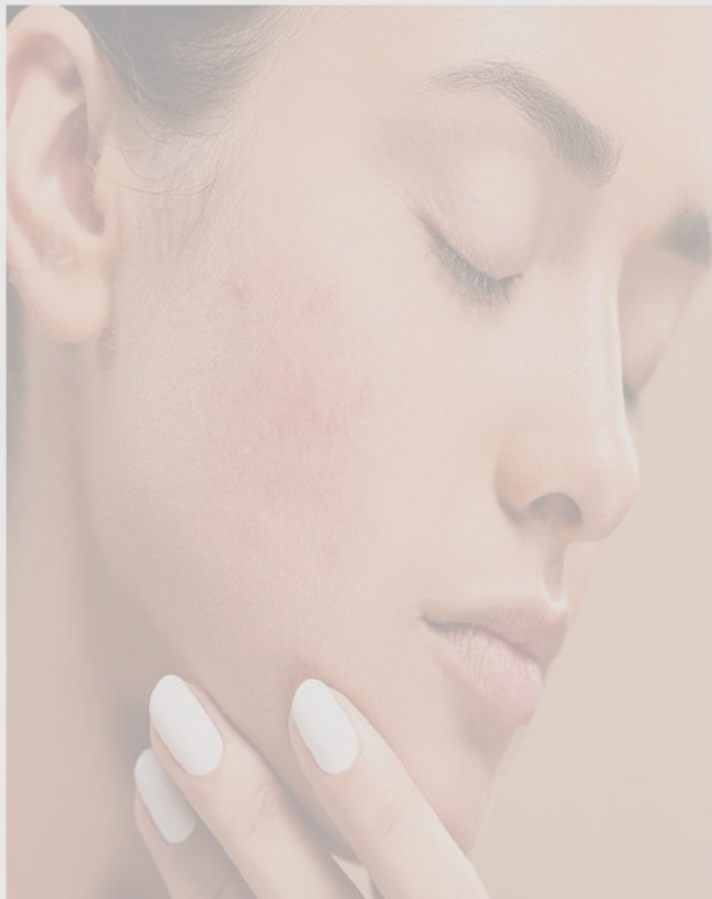
CM: What are three parenting tips you would like to share with fellow parents?

DF: I usually advise on 3 basic principles;

(1) Recognise your role as a parent

This changes as the child grows but your goal is to raise a child who is capable of looking after themselves and be independent, contributing adults.

(continued on Page 8)



General Practice Dermatology workshops (online)

July 2021 – April 2022

Dermatologists from three institutions have come together to produce an interactive and engaging series of workshops to empower primary care doctors with the skills and expertise to provide sufficient and appropriate first-line dermatologic care to common skin problems in the community.

At the end of these workshops, participants will be able to

- Identify common presentations of community-prevalent skin conditions
- Formulate and distinguish between differential diagnoses of common skin problems
- Order relevant investigations
- Discuss therapeutic options and institute appropriate treatments contextualized to severity of condition, diagnostic likelihoods, patient's resources and mindsets
- Make appropriate and timely specialist referrals

Who should attend this course:

Polyclinic doctors, GPs, family medicine residents, MOs and other subspecialty doctors

Testimonial from some of our participants:

“Primary-care focused, relevant content, evidence-based...”

“Engaging style of presenting and distilling of content into key pearls. Very practical and applicable...”

Course Details:

Dates : 2 Saturdays per month

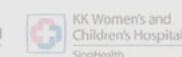
Time : 2.00pm – 4.00pm

Venue: Zoom online

Fees : \$25 per workshop (inc. GST)

To see the full schedule and register for your desired sessions, scan QR Code or visit

<https://tinyurl.com/derm2021>



(continued from Page 6: Interview with A/Prof Daniel Fung on Children, Family and Mental Healthcare in Singapore)

Parenting is the journey to get there. When a child is young, they need a parent who makes demands according to their needs rather than their wants and is responsive to the child to help the child feel good about themselves knowing that they are loved. As the child grows older, this would also mean letting go and allowing the child to make decisions, wise or otherwise, so that they learn from their failures and mistakes.

(2) Set up a system of rules with its consequent rewards and punishments

(3) Understand and improve on our parenting style

Our parenting style can be briefly considered using the two dimensions of how demanding we are of our child and how responsive we are to our child's emotional and developmental needs.

Developing a good relationship is a journey we take with our children. No one is perfect, which is why we have a spouse to help in the parenting process. Our relationship with our spouse is critical in our aim to be good parents.

■ CM

FAMILY PRACTICE SKILLS COURSE

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the following Family Practice Skills Courses (FPSC).

FPSC #90 Geriatric Care 2021 Update

held on 6-7 March 2021

Expert Panel:

Dr Vanessa Mok Dr Ong Eng Hui
Ms Lim Hui Min Dr Christopher Lien
Dr Ng Beng Yeong Dr Wee Tze Chao

Chairperson:

Dr Kenneth Tan

FPSC #91 Osteoporosis: A Growing Primary Care Concern

held on 13 March 2021

Expert Panel:

Dr Vivien Lim
Dr Chionh Siok Bee
A/Prof Lau Tang Ching

Chairperson:

Dr Linsey Gani

FPSC #92 Mental Health 2021 Update

held on 27-28 March 2021

Expert Panel:

Dr Kwek Thiam Soo Dr Alvin Lum
Dr Tina Tan Dr Rajeew Ramachandran
Dr Ong Kian Chung Dr Wong Tien Hua

Chairperson:

Dr Chen Jia Wei

FPSC #93 Basic Obesity Management Accreditation

held on 3-4 April 2021

Expert Panel:

Dr Tham Kwang Wei Dr Suraj Kumar
Dr Benjamin Lam Dr Lee Ying Shan
Dr Amanda Lim Dr Tan Kok Kuan
Mr Adrian Toh Dr Shanker Pasupathy
Ms Izabela Kerner Ms Irene Chu
Dr Ivy Lim Dr Donna Tan
Dr Natalie Koh

Chairperson:

Dr Tham Kwang Wei
Dr Benjamin Lam

FPSC #94 2021 Update: Malnutrition, Muscle Loss and Sarcopenia

held on 8 May 2021

Expert Panel:

A/Prof Lim Wee Shiong
Dr Tey Siew Ling
Adj Assoc Prof Samuel TH Chew

Chairperson:

Adj Assoc Prof Tan Tze Lee

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Editor's Words

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

In this issue, other than keeping abreast of how Primary Care Doctors are going about work during this Covid pandemic, we take a closer look at family life.

On improving children mental well-being, A/Prof Daniel Fung suggests that happier families translate to better children mental well-being. He directs our attention to building stronger and nurturing families that can help reduce child adverse experiences, encourage good lifestyle habits and increase benevolent experiences through caring relationships in the family.

On parenting, A/Prof Daniel Fung introduces a simple analysis of our parenting style by considering the two dimensions of how demanding we are of our children's behavior and how responsive we are towards our children's needs and development. Considering these two dimensions we can broadly classify our parenting style as authoritative, authoritarian, permissive or neglectful. To steer away from the risk of becoming authoritarian or neglectful parents, we have to also listen to our children, consider their needs and development, and support them accordingly. Dr Tan Siang Hon also emphasizes the importance of putting in effort to understand our children and accepting them for who they are, bearing in mind that every child is different- how he or she perceives love or fear, his or her aspirations, potential and outlook on life.

A/Prof Daniel Fung reminds us that the end point of parenting is primarily to help children grow up to be capable of looking after themselves and be independent contributing adults. As such, especially when bringing up adolescents, parents may have to let go and allow them to make more decisions. In other words, it is necessary for parents to monitor the emotional and

developmental pulse of their children and adjust their parenting style as they grow older. Our children's lives should be able to accommodate some failures in order that they may learn from their failures and hopefully make better decisions in the future.

On strengthening our relationship with our spouse, Dr Zuraimi suggests that spouses are like 2 rowers in a kayak, and both must humbly and amicably decide on a particular direction and row in sync. Husband and wife, Dr Zuraimi and Dr Elly remind us of the need to share interests, passions and goals with our spouse other than the bed to keep the love burning strong. Spouses should invest time in communicating and loving one another, not shying from expressing affection, aiming to be each other's BFF. Dr Elly also shares that her faith in The Almighty, in each other, not forgetting self-care physically, mentally and spiritually, and support from family and friends have helped her overcome challenges.

How do we salvage our relationship with our spouse if it has already started to show cracks? Dr Tan Siang Hon opines that over time, couples, including committed ones, may encounter marital differences and may drift from one another. He advises that we need to learn to embrace both asking for forgiveness and being forgiving in our marriage. When faced with breakdown in our marital journey we need to learn to humble ourselves and apologize. Humility and forgiveness, coupled with grace from God, are the pivots that can steer strained relationships away from destruction. They are the healing balm that can hopefully one day, draw us, our marriage and our family towards restoration.

■ CM

A Day in the Life of a Homecare Doctor

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

College Mirror (CM): Hi, Dr Lai, thank you for taking the time to do this interview for The College Mirror.

Can you tell us more about yourself? (How long you have been working as a homecare doctor)

Dr Lai Junxu (LJX): I have been doing home care since May 2014. My patients are usually the chronic sick with mobility issues (post-CVA/TBI/ICH; end-stage dementia/Parkinson's) OR end-stage organ diseases of the heart, lung, kidney, liver or cancers). They cannot get to a physical medical facility hence I am the family physician in the comfort of their home. My daily routine is to drive around Singapore doing "ward rounds" in the homes of patients.

I have hired a nurse 3 years ago and am always on the lookout for like-minded younger doctors to join me. I always go by the phrase "age gracefully and die peacefully at home" and "doing less may be the right thing".

I have three young boys. I like to eat and have a weakness for watches and fast cars.

CM: What made you decide to go into homecare initially?

LJX: My maternal grandma had metastatic colorectal cancer to the liver. She was under a home hospice programme which was overwhelmed. I faced huge difficulties getting a doctor to come to the home to palliate her. I managed to get a senior to come in. I was thus inspired to improve the state of home care in Singapore. I realised that the mechanics (back-end purchase of medication, clinic management system, laboratory support etc) were easy to set up. However, the problem lies in getting suitable patients to agree to home care (private home care is expensive and out of reach of most Singaporeans) unless there is some form of subsidy or co-payment model. I then saw that there were many poor Singaporeans with mobility issues who have difficulties accessing medical care. This became the foundation and basis of my home care – chronic subsidised home care to the chronic sick or dying with mobility issues.

CM: How different is homecare compared to seeing a patient in the outpatient setting?

LJX: There are different challenges.

a) I do not have the luxury of doing investigations all the time anytime (as I drop off all investigations at the

laboratory myself; removing out of pocket cost to the patient). Unlike a physical clinic which has point-of-care test kits; scheduled timings for the lab couriers to take the samples back to the laboratories. Home care is very much clinical medicine (looking up the NEHR; taking a history often from the caregiver which is usually a foreign domestic helper, followed by a physical examination)

b) I carry mainly acute medications as well as some chronic medications that my patients need. I don't have the luxury of a huge inventory of medications, unlike a physical clinic. Hence, I have to continually refine my drug list to ensure that the common drugs to treat most conditions are included. This is important when treatment is time-sensitive eg drugs to keep a dying patient comfortable at home and reduces inconvenience for caregivers to top up medications at external pharmacies.

c) Clinic doctors usually finish work when they leave the clinic and reach home. But for me, patients who are very sick or dying have my number so there is no definite end time for work.

d) I get to see how the patient lives at home (physical home environment/set up) and observe the interactions with the rest of the family or the caregiver unlike in an outpatient clinic setting.

CM: What were the challenges that you faced when you were doing homecare?

LJX: a) Patients who choose home care often do it as they are unable to get to a clinic (mobility issues), so the aim is definitely to try not to send them to a clinic or hospital.

b) "Playing god" - I need to sometimes convince patients that it is ok not to send the patient to the hospital and that keeping the patient at home is the best for the patient and the family members (and this is knowing the patient will die).

c) Driving can be frustrating – bad traffic or bad weather (either too hot and I sweat a lot OR raining heavily and I am drenched going into and out of my car and from my car to and from the patient's home)

During the COVID period,

(continued on the next page)



Dr Lai Junxu is a Family Physician and Director of OmniMed Healthcare Holdings.

(continued from Page 9: A Day in the Life of a Homecare Doctor)

a) patients and their families are worried about going to the hospital due to visitor restrictions and isolation protocols. This is not ideal for the patient and caregivers as there is a concern that the patient will die alone.

b) I have to wear PPE in the patient's home which may have poor ventilation and have a fan at the very best, unlike a clinic/hospital where ventilation is better.

CM: Are there any memorable stories to share from your time working as a homecare doctor?

LJX: a) The love and bonding between family members, for example, my 108-year-old patient who still worries about her son who is 88 years old, as he has ill health from chronic diseases

b) Family members cooking for me or preparing food for me each time I visit them

c) A husband and wife (in their 80s) whom I saw regularly (from chronic disease to diagnosis of cancer to their demise at home). I was invited by their daughter to give a talk to other residents at a Resident Committee meeting.

d) The many gifts and cards from the family members of deceased patients to thank me for walking the last journey with them.

CM: Any pearls of wisdom for our readers who are interested to do homecare?

LJX: a) Train well in family medicine, palliative medicine and geriatric medicine.

b) Must enjoy driving around.

c) Must be ok with unpredictable hours (24/7 standby). My family members always say I am addicted to my phone as I am on it most of the time)

d) Must be good with multitasking (using the car GPS, driving, taking a call from a pharmacist/nurse/patient/family member while Whatsapp messages beep in the background (from a nurse/patient/family member).

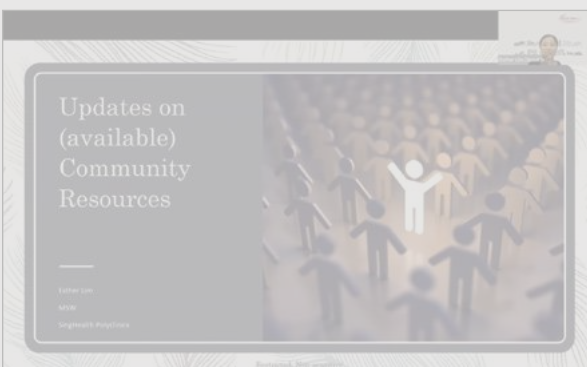
Thank you, Dr Lai, for your time and your inspiring sharing with all of us.

■ CM

Reflections from Family Medicine Review Course (FMRC) 2021

by the Organising Committee, FMRC 2021, Trainees of FCFP(S) 2020-2022

This year's Family Medicine Review Course is titled: Navigating the New Normal in Primary Care: Key Updates and Practice Pearls. It is jointly organised by the Chapter of Family Medicine Physicians (Academy of Medicine) and the College of Family Physicians Singapore, and this will be the first time the FMRC will be conducted via a virtual platform in view of the current pandemic. The COVID-19 pandemic has evolved to be an important health and social care crisis globally. Even as Singapore takes cautious steps with strategies aiming to further contain the infection, it is important for Family Physicians to remain relevant going forward while caring for our population through these challenging times.



In this edition of the course, we endeavoured to bring an exciting variety of topics including updates on National Immunisation Schedule and subsidies, availability of community resources for our patients, recognising tricky ECGs in daily practice and management of obesity.

The course also coincides with the celebration of World Family Doctor's Day (WFDD), and we thank all of our participants, frontliners and Family Physicians for their tireless contributions during this pandemic. We also want to thank our advisors and faculties, as well as Joel from College of Family Physicians for their support and guidance over half a year of preparation leading to the course.

(continued from Page 9: A Day in the Life of a Homecare Doctor)

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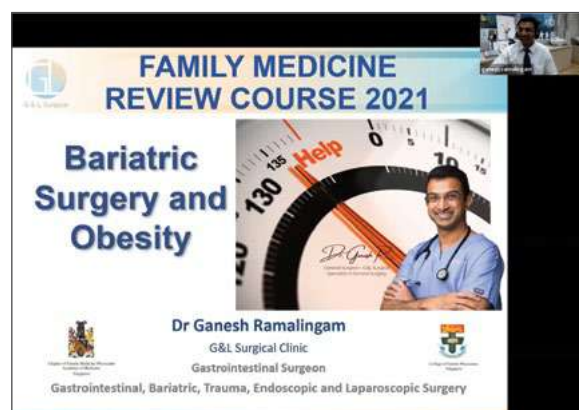
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FMRC 2021 was an amazing experience for me. Due to COVID-19 event restrictions, we faced the dual challenge of taking up the torch of organising a reputable event, and transiting it to an online-format, both for the first time. It was clear to me this would not be possible without the excellent teamwork and collaboration. We planned the program topics, discussed the logistic challenges, found solutions collectively and were working together to provide this exciting and practically relevant line-up of lectures. It was truly heartening to see the overwhelmingly positive response from audiences on the day itself. Well done all!

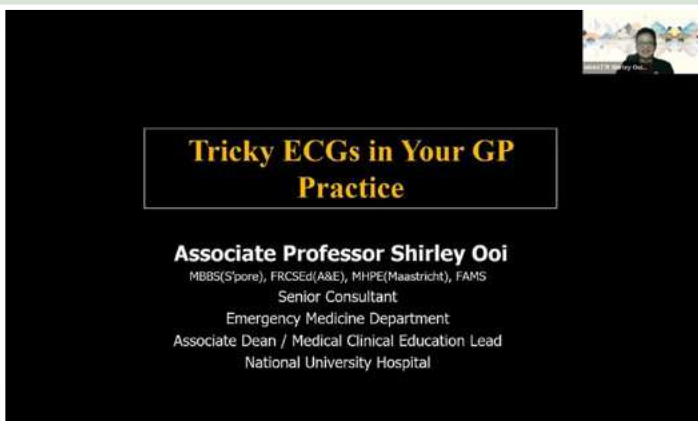


Dr Alexia Zhu Yujin

Helping to plan the first virtual FMRC with my peers was indeed a challenge. The topics had to be curated from an extensive range of subjects in particular so as to provide our audience with an engaging and enjoyable experience. We are indeed very grateful for the kind assistance from our esteemed speakers from both the primary care and specialist fraternity, who had taken their time off to share with us their knowledge and valuable experience. It was an honor to work alongside the team and speakers to bring this course to our friends and colleagues in the primary care community.



Dr Alon Tan Tat Hao



Planning the FMRC 2021 was an interesting experience, especially with a global pandemic going on. It was challenging to find topics that were relevant, informative and not too exhausted in this climate. It would not have been possible without excellent teamwork amongst the organising committee members and coordination by our wonderful chairpersons. It was heartening to see that the FMRC was well received. All in all, I am grateful that I was given an opportunity to partake in organising this annual event.



Dr Candice Lee Wei Zhen

Planning for the FMRC this year was challenging as all communication and planning was done virtually and not in person. The COVID-19 pandemic had made planning for the FMRC different from the previous years. The event itself was virtual over Zoom and had no face-to-face interactions. However, it had a good turnout for the number of participants and the event was made very interactive despite being done virtually. The variety of topics, with speakers from different backgrounds, had received good feedback from the participants. Not only was knowledge passed on to the large audience of Family Physicians and General Practitioners, the hosts and co-hosts of FMRC, including myself, did learn a lot from the useful talks. Fervently, this knowledge will then benefit our patients in the community in Singapore.



Dr Clarence Chiang Swee Kiat

Organizing the Family Medicine Review Course 2021 and working with my FM colleagues opened my eyes to the wide variety of settings Family Physicians practice in. Family Physicians are making a big difference, and we do so with the support of our specialist colleagues who generously share their expert knowledge with us.



Dr Kenneth Tan Kian Wee

Planning the FMRC during a pandemic was challenging because during the months leading up to the conference, it was difficult to predict what the situation would be like during the conference itself. Eventually when it was decided to hold the conference on Zoom, my classmates and I needed to understand what the Zoom platform was capable of (for example, the number of participants allowed, sharing screen, host rights, setting up of polls) and then to communicate this with the speakers. It was very encouraging to see the active participation in the polls and over the Zoom chat during the session! Organising this virtual FMRC taught me the importance of teamwork and adaptability, especially during these changing times.



Dr Joanne Khor Huiyi

(continued on the next page)

(continued from Page 11: Reflections from Family Medicine Review Course (FMRC) 2021)

Having the opportunity to plan and co-host FMRC was a very humbling experience, made even more challenging due to the COVID-19 pandemic. The pandemic has impacted many lives and forced us to conduct it via zoom and limited the interaction and planning between the committee..As such, we really had to leverage on everyone's strengths and contacts to deliver a meaningful and relevant FMRC.

We purposefully chose topics that cover the breath of family practice, the role we play in coordination of care and practice pearls that we can take home with us. I have learnt alot from my classmates as well as myself through this process and am grateful that our efforts paid off.



Dr Lawrence Lam Teck Meng

FMRC 2021 was the first time it was conducted virtually. We were in the middle of a pandemic with a recent spike in cases. The organising committee has never met up face-to-face for the entire planning of this FMRC but we still managed to pull it off with positive responses from participants. Thanks to technology, we were able to get over 500 participants to attend and still had an interactive course with chats and polls. This was indeed a fulfilling experience to organise this significant family medicine event.

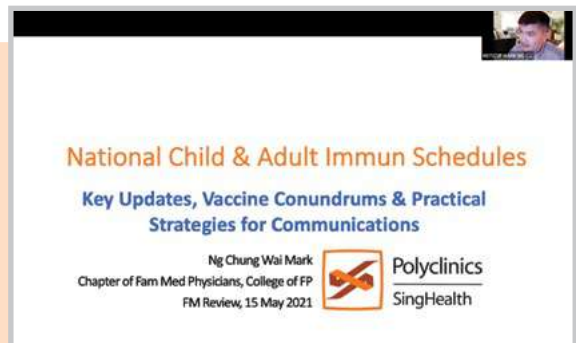


Dr Lim Wei Khoon

Organising the FMRC 2021 is indeed a challenge in the backdrop of a rapidly evolving Covid-19 pandemic - right from deciding to move it to an online platform as compared to a face-to-face course. The departure from norm makes the logistics of the course more complicated but I am blessed to have a group of highly committed organising team, coming up with a wide range of relevant topics for Family Physicians. I have also learnt the power of teamwork and coordination in smooth execution of the course, and as Co-chairperson, I have learnt the importance to tie in the topic discussions to family medicine perspective, and ultimately to provide relevant updates in helping our Family Physicians to provide better care to our patients in the new normal.



Dr Chua Ying Xian



The national Family Medicine Review Course 2021 would not have been possible without the collaborative efforts of the entire cohort of trainees, from the discussion of topics with consideration of the importance and relevance to practice; the venue of organizing the course; the invitation of the speakers; and the completion of the course were all fruitful learning experiences.



Dr Lim Wei Ling

It had been a challenge planning the FMRC as this is the first time that such an event was conducted virtually and we had no prior experience of conducting it. I was grateful to be part of this organising committee who had showcased absolute resourcefulness at liaising with speakers and teamwork in taking up additional responsibilities to make sure this event ran smoothly. It was indeed heartening that the turnout was good and more importantly, that the participants found it to be beneficial for their continued medical education. The scale of the turnout was even more heartwarming during these trying times as it showed that even though we are separated in our various clinical settings, we are still able to unite as one family medicine fraternity.



Dr Moses Tan Mong Heng



President's Column

JUNE 2021

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

It's been over a year since the start of the pandemic. A year that has shaken the world to its core and tested societies to the breaking limit. As the global number of infections has skyrocketed with mortality rates in the thousands, Singapore had, until recently, done very well in the world's eyes. We had a remarkable run of several days and weeks of zero community cases and were even lauded for being the world's best place to be for COVID-19. Famous last words, for shortly after that we have begun seeing an alarming rise in community cases. *Deja vous?* A year ago, similar things were said of Singapore before the cases started climbing in the dormitories. We managed to contain that, and it was through the effort of the whole nation, hand in hand with the tireless efforts of our healthcare workers, that made all the difference. Our hearts and prayers go out to our brethren who are making great sacrifices to combat this current surge in cases.

During this crisis, the importance and central role of general practitioners and family physicians have been highlighted as never before. The public health preparedness clinics (PHPCs) have played and continue to play a pivotal role in surveillance, and are at the forefront of detecting potential cases of COVID-19. Without this early warning clinical "radar", the battle would have been so much more difficult to fight. Again, it is the vigilance of our PHPCs who have made the difference. I urge more of us to take up swab testing for our patients. Having the ability to swab on-site for our patients has been a godsend, and I for one do not regret taking up the challenge one bit.

One of the lessons we have learnt recently is that previous rostered routine testing (RRT) may miss new infections. In the recent case of the Immigration and Checkpoints (ICA) officer, he had in fact gone for his RRT on 22 April,

developed a cough on 23 April, saw a doctor on 24 April and by 26 April had developed fever, myalgia and anosmia. A subsequent swab was positive.

It is a timely reminder for GPs to swab all patients with acute respiratory infections even if they had been recently swabbed or been vaccinated against COVID-19, and also remember to give the patient adequate medical leave. For many this is an inconvenience. However, it just takes such a setback to bring us back to reality, to remind us just how insidious COVID-19 can be.

Even as we celebrate the important roles family doctors perform around the world, especially during these COVID times, let us also celebrate with our GP/FP heroes who are at the trenches facing off a tenacious enemy.

As this new situation unfolds, we are rudely reminded that the COVID-19 virus is tenacious and relentless, and does not respect geographic, economic and social boundaries. We need to be on high alert in order to detect and eventually defeat this pandemic. Many of us are battle weary and fatigued, and it is at times like this that we need to be extra vigilant, as the virus will sneak in when we least expect and let our guard down.

WONCA just celebrated World Family Doctor Day on 19 May 2021. Even as we celebrate the important roles family doctors perform around the world, especially during these COVID times,

let us also celebrate with our GP/FP heroes who are at the trenches facing off a tenacious enemy. We need to be united and well networked in order to face off the onslaught. We need to support each other in this hour of need, so that we share each other's burden in order to garner the strength to get up and stand our ground.

Let us therefore stand together as one fraternity, helping each other to run the good race and overcome this pestilence that is ravaging our people.

■ CM

Singapore's COVID-19 Vaccination Programme

by the Ministry of Health

It has been almost half a year since Singapore's COVID-19 Vaccination Programme for Singaporeans and long-term residents began in December 2020. At the start, we prioritised vaccinations for those who were at greater risk of exposure to COVID-19 infection, such as healthcare and frontline workers, as well as vulnerable groups such as the elderly and those with more complex chronic conditions. Since then, we have extended vaccinations to those aged 40 and above. As of 13 May 2021, we have administered more than 3 million doses of the COVID-19 vaccine and if all goes well, we are looking to complete the vaccination programme by the end of 2021.

Seeking Advice on Vaccination

Dr Koh Eng Hoe, of Assurance Medicare Clinic and Surgery, shared that some of his patients sought advice on whether they are suitable for the COVID-19 vaccine. Other patients also called the clinic with similar queries.

Dr Tan Wee Meng, from Mei Ling Clinic, noted that the "general mood is optimistic" and most "express a hope that the vaccination will allow us to return to a more normal life". He added that seniors wish to be vaccinated to "protect them(selves) and their families too".

You may have seen the contraindications poster online and at a community space near you. It serves as a quick visual reference for the indications and contraindications of the COVID-19 vaccine, and whether the vaccination is safe for those who are suffering from common chronic conditions, such as diabetes, high cholesterol and hypertension. It is also safe for those who have mild allergies to medication, food or insect bites. There are only a few instances where we recommend individuals to defer being vaccinated. These include individuals who suffer from a history of anaphylaxis, have severely weakened immune systems, or have a very low platelet count.

Patients' Concerns

From the outset, the Ministry of Health (MOH) worked with the People's Association (PA) and the Silver Generation Office (SGO) from the Agency for Integrated Care (AIC) to reach out to and share with seniors about the COVID-19 Vaccination Programme and encourage them to get vaccinated.

Many of the seniors shared concerns about their medical eligibility to be vaccinated, given their medical history, such as having allergies to certain foods or medication, or

suffering from specific chronic conditions. Individuals with complex conditions were advised to approach their regular family doctor to seek advice.

Dr Tan noted that allergies were a significant concern earlier this year, but he is now receiving fewer allergy-related queries. This could possibly be attributed to the subsequent provision to the public of a clearer definition of what constitutes an anaphylactic reaction. Further, guidelines have also been revised and individuals with multiple allergies and NSAIDs-induced angioedema not amounting to anaphylaxis are now medically eligible to be vaccinated.

Dr Tan added that some may have "heard conflicting information from both official and unofficial sources". Fortunately, these patients have approached their regular doctors, who have helped to debunk the myths. One example was the myth that the mRNA vaccine can change their genetic makeup. Dr Lim from Lee Clinic would explain "the science" behind the vaccine whenever this was brought up.

Some individuals were also worried that they or their parents are too old and frail, and/or suffer from multiple chronic conditions and hence would not be able to tolerate the side effects of the vaccine. In response, Dr Lim would advise that "it is precisely because of their multiple conditions and old age that they should be vaccinated."

Dr Koh also advised patients with fear of side effects that these side effects are generally mild and only last for a few days and would recommend for all who are medically eligible to make an appointment to be vaccinated. In addition, he pointed out to patients that the efficacy rate of preventing symptomatic disease for the vaccines approved for use in Singapore is very high, at about 95%.

Ensuring that doctors have up-to-date information

To equip doctors with the necessary information to best advise patients on whether they are medically eligible to receive the COVID-19 vaccine, MOH has issued circulars on the indications and contraindications to COVID-19 vaccination, the management of anaphylaxis and severe allergic reactions, as well as on reporting vaccine recipients who experience serious/life-threatening adverse effects following vaccination. As more research data becomes available, MOH will issue more updates via circular to ensure that doctors have the latest information.

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Further to this, online information sessions and townhalls have been organised by various parties, including MOH and the Academy of Medicine. Some of these sessions featured members of the Expert Committee on COVID-19 Vaccination (EC19V) such as A/Prof Benjamin Ong and A/Prof Lim Poh Lian, as well as Chairman of the Section of Clinical Immunologists and Allergists, Dr Bernard Thong. Examples of topics covered in these sessions include evaluating individuals with allergy history for COVID-19 vaccination and why our local guidelines differ from international guidelines. Dr Tan felt the EC19V "has done an

excellent job in clarifying the conditions that may preclude a patient from being vaccinated", and the lectures were "incredibly informative and provided us with a reference from which to advise patients."

MOH has also produced a series of videos, brochures, posters and information sheets, for doctors to share with patients when the need arises. Dr Lim said that she would usually share the latest inclusion criteria with her patients, and this was where MOH's materials have "come in handy".

For more information and materials, please visit www.moh.gov.sg/covid-19/vaccination or www.vaccine.gov.sg.

COVID-19 Pandemic response in Marine Parade Polyclinic : Fever tent and COVID Vaccination Hub (CVH) Work

by Dr Tan Kee Tung, Family Physician, Editorial Team Member (Team B)

Fever tent work

Singapore family doctors have been working hard since the beginning of the COVID-19 pandemic. By now, every Singapore family doctor must be educated about the SARS-COV-2 virus: its clinical manifestation, the need for early case detection through different methods of swab testing e.g. nasopharyngeal swabs, isolation and management of positive cases to tertiary centers.

Being a family physician (FP) at Marine Parade Polyclinic, I was roped in to help with the pandemic work – namely the fever tent, the COVID-19 vaccination operations, as well as encourage other FPs in our fight against COVID-19.

Prior to the current pandemic, our polyclinic had also experienced other infectious disease outbreaks, for example the SARS (2003), the H1N1 (2009), and the MERS (2012). The usual screening and surveillance work were underway: triaging questions were administered to our patients to ask for travel history and quick symptoms screening. Our doctors had to be quickly fitted with N-95 masks before they began work, with reinforcement on hand hygiene training, via hand hygiene quizzes by our nurses and infectious disease champion, to keep the infection at bay. Our small polyclinic was segregated to green (clean), yellow and red (for suspected case) zones to prevent mixing of patients in times of infectious disease outbreak.

In the early months of the COVID-19 pandemic, we saw our suspected cases in an isolation room located in our polyclinic main building with full Personal Protective Equipment (PPE). The fever clinic doctors performed subjective assessment of the medical history, travel and contact history, and objective assessment such as temperature measurement, SpO2 measurement using the pulse oximeter, and a targeted respiratory examination of patients with Acute Respiratory Infection (ARI) symptoms. Initially, all suspected COVID-19 cases were sent to Tan Tock Seng Hospital Accident and Emergency Department (TTSH A&E) and the National Centre of Infectious Disease (NCID) for testing and treatment. Over time, we stood up the Swab-and-Send-Home (SASH) workflow to test these suspected cases at the primary care setting with the advice to isolate and stay home by providing up to 5 days of medical leave. For foreign workers who were unable to



Inside the fever tent

isolate at home, we would send them to the Swab Isolation Facility (SIF) while they waited for their swab results.

As the pandemic intensified in April 2020, the decision was made to set up a fever tent just beside the polyclinic main building.

The fever tent has 4 consultation rooms with a fever treatment room and a small pharmacy dispensary. All patients with ARI symptoms or a fever history would be sent to the fever tent. Besides seeing our own polyclinic patients, we would also receive referrals for swab tests from General Practitioners (GPs) around the vicinity. The swab operations consist of

1-2 doctors who usually performs the testing of suspected cases, with the support of nurses. As the workload of swab testing increased with heightened surveillance, the polyclinic received augmentation of manpower with swabbers from Health Promotion Board (HPB).

The majority of cases in the fever tent include ARI cases, asthma, chronic obstructive pulmonary disease (COPD) exacerbations, gastroenteritis, dengue fever etc., with occasional emergencies cases such as acute myocardial infarction (AMI), sepsis, anaphylaxis. With COVID-19 vaccination underway, we do see a number of COVID-19 vaccination reaction cases as well.

COVID Vaccination Hub (CVH) Work

Our clinic started COVID-19 vaccination for the public in late January 2021. Individuals would first be screened for their eligibility to receive the COVID-19 vaccination by our nurses. If there were any queries, individuals would be referred to see a doctor. Most of the population, including those with chronic conditions, would be eligible for the COVID-19 vaccines, with the exception of a small proportion of individuals who may have contraindications under the prevailing MOH guidelines. The vaccination would then be administered by our nurses.

For those individuals who experience severe side effects or signs of anaphylaxis during their observation at the clinic, the emergency doctor would be activated to attend to them. The doctor in-attendance can also assist in the management of those with milder side effects arising from the vaccination too.

Behaviour Change Counselling

by Dr Koh Jan Ming Ian, Family Physician, Editorial Team Member (Team B)

Counselling patients about the impact of behaviour on their health is an important part of the consultation process for Family Physicians. This article attempts to summarise key points for effectively motivating behaviour change.

Common scenarios where counselling on behaviour change is relevant include:

1. Dietary change,
2. Increased exercise,
3. Smoking cessation,
4. Alcohol cessation
5. Medication adherence, and
6. Safe sex practices.

Stephen Rollnick, one of the co-founders of motivational interviewing, established the concepts of **Importance, Confidence and Readiness**. Clinicians who are familiar with the *Stages of Change Model* can think of discussions surrounding these concepts as potential areas to explore reasons a patient happens to be in the stage that they are in and barriers to be overcome in order to progress. Simply put, this framework can be used as a tool to assess the impact of bio-psycho-social barriers to change and discuss them in the consultation as part of good patient-centred care.

I. IMPORTANCE

This covers the “why” of the proposed change. Most patients are well aware of the general benefits of behaviour change such as eating healthily, exercising more and smoking cessation, but how they can benefit an individual patient in a tangible way may be less clear to them.

All change comes at a cost, be it the time and effort taken to exercise, the negative experience of nicotine withdrawal, or the inconvenience of taking medicines on a regular basis. The patient must perceive the benefit to themselves as greater than the cost, as a prerequisite for behaviour change. The primary goal in discussion on *importance* is to explore beliefs and expectations about health, and impact of behaviour change.

The relative importance of a specific change is dynamic, and is dependent on multiple factors. For example, in a patient

with overwhelming psychosocial stressors or acute medical conditions, behaviour change may be less important at that point in time. Therefore, it should not be seen as a failure on the part of the clinician to defer a discussion on behaviour change in some of these possible scenarios.

Value conflict is also a common source of frustration in many clinician-patient interactions. Family Physicians commonly view our patient’s optimal health as the utmost priority in their lives, but our patients are entitled to feel otherwise for a variety of reasons. Even with good intentions, forcing these values on an unwilling patient is often counterproductive and damaging to the doctor-patient relationship.



Dr Ian Koh with his 2 children, Esme and Ezra

To allow patients the opportunity to speak positively about change, consider using scaling questions with patients.

These can include:

- How important is it for you to (proposed change)?
- On a scale of 1 to 10, with 1 being “not important” and 10 being “very important”, what number would you give yourself?”

The selected number can be used as a springboard for further discussion.

For example, if the patient states “5”, you can then ask:

- o Why is it a “5” and not “3”?
- o What is a “5” and not “7”?
- o What would it take for you to move to a “7”?

These questions allow clinicians to better understand any issues at hand.

II. CONFIDENCE

Confidence pertains to “how” and relates to self-efficacy. In general, a sufficiently high sense of *importance* should precede deeper exploration of *confidence*.

The patient should consider themselves how they will perform a specific change. The clinician can then assess confidence to uncover barriers and allow their patients to think of ways to address them. A similar scaling question

(continued on the next page)

(continued from Page 17: Behaviour Change Counselling)

as described above can be used for confidence in a similar manner to structure the conversation. If confidence is low, the problem might be that the foreseen barriers are too great to overcome, or that the proposed change is too drastic.

For example, for a patient who had been sedentary for most of their life, advising them to perform 150 minutes of moderate intensity exercise every week can be too high a bar. Instead, ask how much exercise your patient is confidently able to do and work from there.

SMART goals can be incorporated when discussing confidence; the patient can assess their confidence at performing a **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound goal.

An example of a SMART goal is as below:

- Start to brisk walk from the bus stop to home after work for 15 minutes, 3 times a week to improve cardiovascular fitness by the next appointment in 3 months' time.

III. READINESS

If *importance* and *confidence* are sufficiently high, the only question left is “when”?

Discussion will then focus whether the patient will start immediately or on a specified date and how they might manage other priorities. At the follow-up appointment, the clinician can check on progress, acknowledge effort and address difficulties that arise.

We usually work in highly time pressured settings where applying this model may seem laborious and time consuming. However, with the opportunity afforded by continuity of care that Family Physicians provide, the entire process can take place over multiple consultations opportunistically.

A deep understanding of our patients' psychosocial characteristics common in doctor-patient relationships enables us to more easily engage in a rich discussion on behaviour change.

■ CM

INTERVIEW WITH DR ZURAIMI MOHAMED DAHLAN AND DR ELLY SABRINA *About Marital Bliss*

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

College Mirror (CM): Hi Dr Zuraimi and Dr Elly, thank you for kindly agreeing to open up to us about your marriage so that we can all learn from each other. Please begin by sharing with us how you met your spouse.

Dr Zuraimi Mohamed Dahlan (ZMD): We met for the first time at Jam N Hop @ NUS ARTS. Those were the days before COVID-19. I was a freshman and Dr Elly was a third-year senior at NUS Medical School. I knew her prior to the encounter via newspaper.

The first time meeting her in person, and I was immediately charmed by her. Seniority was never a hindrance to me. We kept bumping into each other thereafter at Medical Library and outside Lecture Theatres.

Dr Elly Sabrina (ES): We first met to the strains of “I hate myself for loving you”, that NUS Jam N Hop anthem which used to kickstart the new matriculation year.

I was in my third year of medical school and he was fresh out of the army, disrupted from national service. He walked right up to me and said, “Hi. Aren't you that girl on Berita Harian who scored 9AIs for O level exams?” I was not impressed with his pick-up line as I was appalled that he

could still remember my “nerdy” me during secondary school days.

At that point of time, I was busy trying to shed my previous “chow mugger” look with contact lens and a new hairstyle. Anyway, I was not keen about dating a junior.

CM: How did you know you were right for one another?

ZMD: We decided to stay as friends at first. Medical school was tough. Getting by first year was a big hurdle for me. Failing Anatomy and Physiology meant that I had to sit for the Re Exams and there was no time for social activities.

Only after I passed my Re Exams that I paused to take a breather and started seeing Dr Elly more regularly. Both of us were on the lookout for a life partner. I was lucky I met her at the right time. We remained close friends for 7 years before we finally got married. Those 7 years were important as that was the time, we got to know each other well enough to commit to each other.

In any relationship, time is important. Time enables us to be sure that who we are meeting is genuine towards us and

(continued from Page 17: Behaviour Change Counselling)

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In any relationship, time is important. Time enables us to be sure that who we are meeting is genuine towards us and

that we are not in a relationship for frivolous reasons or trying to take advantage of each other. We did a lot of “what if” scenarios which served as pre-nuptials, forging further understanding between us.

ES: Fortunately, Zuraimi was very persistent. And thanks to Ignatius Mark, the then Social Secretary (who fulfilled his role brilliantly by passing my contact number to Zuraimi) and another medical couple turned husband-and-wife team Chua Mei Chien and Desmond Choo (who helped arrange the many incidental meetups), we became an item.

I have to say that Zuraimi was very focused and very sure of taking the relationship all the way to marriage and that convinced my indecisive self. Jokes aside, we shared a lot of similar life experiences, goals, and aspirations. We talked easily about anything and took turns supporting each other through rough patches in medical school. I knew I was marrying my best friend.

CM: Please elaborate on three things that you appreciate about your spouse.

ZMD: We are different in many ways, but we always have this intention of doing things together and making things right.

We never call it quits: We were challenged in many ways. Our first-born premature child had learning difficulty and we had to tag team looking after her post NICU and sending her for various therapies. Our resources went towards her.

Willing to start active lifestyle and lifelong learning: We invested in exercise only after 7 years of marriage. It was not easy coaxing Dr Elly to start active lifestyle. We started with a Model Personal Trainer. Then we moved on to Ex-Bodybuilder Personal Trainer. Now we have 3 trainers coaching us resistance training, boot camp and rock climbing. We enjoy our coaching sessions together. Lately, both of us are taking a course in Diploma in Acupuncture together and we are back in school again together!

Learn to sooth our wounds: We made a bad decision in investing in a chain of restaurants resulting in us losing our investment. Nevertheless, we learn not to trust people so easily.

ES: Zuraimi is a man of grit, a man of his word and a man with a very big heart. He is very hardworking and does not give up easily. He is reliable, trustworthy and does not make empty promises. He is very charitable, generous, treats my

family members very well and I dare say, he is my mom’s favourite son. He cares about his community deeply and volunteers whenever time permits.

CM: Do you need to continue to work towards building your relationship or is it on auto pilot?

ZMD: Autopilot does not exist. Relationship is a continuous fluid process. It starts with solid foundation of trust, truthfulness, love, dedication, hard work and grit.

Next comes shared responsibilities and accountabilities. Decision making on business, children, pets, home, helper, vacation, investment, donations are all made transparently and openly. We discuss our issues facing us at length until a reasonably comfortable decision is arrived and we stick to it. We do not emotionally torment or hurt each other and neither do we become physical with one another during our quarrels or disagreement.

Certain topics taboo to Dr Elly can be discussed only during light- hearted moods. We have this deep trust in each other that we do not ever try to cheat or outwit one another. Dr Elly has access to my phone and bank accounts at her fingertips. There is no secret between the 2 of us. To date we still discover new things about each other even after 30 years of knowing each other!

ES: I do not think any marriage works on autopilot; only sitcom ones. We had many challenges along the way. One came fast

and furious more than a year after marriage when my mom was diagnosed with colorectal cancer and I had severe preeclampsia during pregnancy which ended in an emergency caesarean delivery.

Our firstborn was not only extremely premature with health issues but was diagnosed to have Autistic Spectrum Disorder later at three years of age. In between, my late dad developed Parkinson’s disease and a good part of our early years of marriage was spent juggling work, caring for a special needs child and the medical needs of my parents.

Somehow, we managed to survive this turbulent period through a lot of faith in The Almighty, in each other and support from family and friends. We realized the importance of health and strength, physically, mentally, and spiritually to take care of our loved ones. We formed a tag-team to care



Dr Zuraimi and Dr Elly: Share interests, passions and goals other than the bed to keep the love burning strong!

(continued on the next page)

(continued from Page 19: Interview with Dr Zuraimi Mohamed Dahlan and Dr Elly Sabrina about Marital Bliss)

for our kids, aged parents and clinics whilst making sure each of us has time for selfcare in the form of exercise, religious classes, and other pursuits.

CM: What are three things that you wish to do together with your spouse in the next ten to twenty years?

ZMD: Attain economic independence together, travel the world together safely and stay optimally healthy together.

ES: In the next ten to twenty years, I wish to remain healthy and active with Zuraimi so we can hopefully travel the world and continue discovering new experiences and skills. In the same breath, we wish to have an active role in the care of our grandchildren, God willing. Finally, we hope to be better servants of God who have been so forgiving and caring towards us in our life journey so far.

CM: What are three tips on marital bliss that you will like to share with those who are contemplating marriage?

ZMD: Marriage is a journey in life. Death is the ultimate end point in this world. Why not journey life together and be a comfort to each other despite the ups and downs that we face in this world.

For the relationship to work, both must play their roles effectively and accountably. Like a kayak with 2 rowers. Both must humbly and amicably decide on a particular direction and row in sync. Only then the journey would be smooth and pleasant despite the current, wind and waves coming in all directions.

Do not ever cheat or lie to your spouse. The truth hurts but it is better than hiding the truth from your spouse. Be generous towards your family, especially your spouse. Shower her with love, comfort, and kindness always as we do not know whether we have the same chance the next day.

ES: Communication is key. Never stop talking to each other about everything, especially the difficult ones. No matter how much we differ in opinions or argue, try to resolve them by the end of the day. Never go to bed angry with your spouse. You will get a major headache that may linger for days!

Be loving to one another. Never shy away from showing or communicating your affections. Be each other's BFF. Share interests, passions and goals other than the bed to keep the love burning strong!

■ CM

INTERVIEW WITH DR TAN SIANG HON

About Working Overseas and Bringing Up Children

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

College Mirror (CM): Hi Siang Hon, please share with us some background about your work overseas.

Dr Tan Siang Hon (TSH): I lived overseas for a period of 12 years in North-western China with my family. My two older sons were 5 and 3 years old when we first left Singapore. Our third son was born only after we were away from home for about 3 years.

I was initially involved in some community work amongst different Chinese minorities in a small city one-hour's drive from the Kazakhstan border. Later, I was involved in a medical project that looked after the healthcare needs of both foreigners and locals in the region.

CM: How did your family cope with living in another country?

TSH: Northwest China is very different from coastal or developed cities like Shanghai or Beijing. One thing for sure – all my children enjoyed their sense of space and freedom!

For education, they were enrolled in a local school for half a day. My wife would also do some home school with them to ensure they get their regular dose of English language and Singapore Maths. At secondary school level, the two older boys did full-time online school (so Home-Based Learning (HBL) was not new for them!)

As a family from urban Singapore, we had to adjust to a completely different culture and way of life! Our local friends often dropped by our home unannounced, sometimes even staying overnight. Over the years, we found ourselves shifting from being event or time-oriented towards becoming people-centred. In short, my wife and I have learned to slow down, drink tea, travel light, and live our lives without any plan B.

And when it comes to hospitality, we can never outdo our new neighbours in generosity and kindness! Though less materially well off than us, they never hesitated to make us feel like VIPs as they served us with the choicest portion

(continued from Page 19: Interview with Dr Zuraimi Mohamed Dahlan and Dr Elly Sabrina about Marital Bliss)

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And when it comes to hospitality, we can never outdo our new neighbours in generosity and kindness! Though less materially well off than us, they never hesitated to make us feel like VIPs as they served us with the choicest portion

of a feast. Over the years and in our travel, our worldviews were redefined as we encountered such beautiful people and other life-changing moments.

CM: What were the challenges your family encountered or is still encountering on re-entry to Singapore?

TSH: My youngest son once asked me, "Papa, was the place we stayed in Singapore - whenever we visited Grandpa - our home?" It was a simple question, but one that revealed that his reference point for home was China and not Singapore. Returning to Singapore after having been away for 12 years, my family had to learn how to become Singaporeans again! This is especially so for our boys who were never part of our Singapore's education system or life. While saying our final farewell when we left China, a local friend rightly pointed out to me that while my wife and I were "returning" home, our boys were actually "going" to Singapore to start a new life. How tough that must have been for them!

For my eldest son who came back just in time to do National Service, life was especially difficult. Adjustment to regimentation and the entire Singaporean culture (even the nuances of our language) was challenging for him. My two younger sons only had short runways to prepare for their A-levels and PSLE. Later, Covid stress and Circuit Breaker compounded the problem as our family has clearly outgrown the space of our home over the decade with the addition of our third son and as we are also taking care of my elderly father in our home.

CM: What support did you wish you had for your family while you were overseas and on re-entry to Singapore?

TSH: I am indebted to many good friends and our extended family for supporting us in our time away from Singapore. Medical friends chipped in when I encountered questions or difficult cases in my practice. My church friends prayed for our safety. Close relatives visited us. We are grateful.

Reverse culture shock, however, is something less understood. Support came from other friends who also returned from overseas. Listening to each other's stories and sometimes crying together helped our family journey

through the initial phase of adjustment. There were many things gained in our experience of living overseas, but there were several losses too. Acknowledging these helped put some closure before we could begin life anew in Singapore.

CM: What are three tips on being a husband and father you wished someone had shared with you while you were younger?

TSH: For parenting, I think the first would be that while there may be many theories and books about raising children, none is more important than learning how to read your own children and accepting them for who they are. Every child is different - how he or she perceives love, his or her aspirations or fears, potential and outlook to life.

Secondly, we sometimes fail in our roles as parents. Instead of being too harsh on ourselves, it would be more fruitful if we learn to bounce back, say sorry to our kids, and seek to restore the relationship. In Singapore where we give high premium to success and perfection, showing

our vulnerability (and even failure) may help our kids deal with the disappointment of unavoidable failures they will encounter in future. Thirdly, for some of us who have children with special needs, it is especially important for us to learn self-care and to find the appropriate resources to support ourselves. Someone once said to me, "I became a better counsellor after I had a special needs son. You see, he's my best mentor." How true and liberating!

As for advice on being a husband, more than all the usual important tips on communication, I think we need to learn to embrace forgiveness if we desire any real growth in our marriage. Over time, couples, including committed ones, may encounter marital differences and may drift. Breakthroughs can only happen when we learn to humble ourselves and say sorry from our hearts. Forgiveness is the pivot that can steer strained relationships towards hope and healing. During this Covid pandemic, we talk much about social distancing. Forgiveness has the opposite effect ... it is the gift that draws us towards emotional restoration and intimacy.

■ CM



Dr Tan Siang Hon and his family celebrating Chinese New Year back in Singapore in 2020