

Anaesthesiology ACP



FLOW NEWSLETTER

Issue #08

ANAESTHESIOLOGY ACP NEWSLETTER

Issue #8



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Anaesthesiology ACP would like to welcome the following newly joined staff in the Admin team:



Anju joined our ANAES ACP on 18 March 2024. She has been a part of the healthcare sector for over 10 years. Her journey began at Changi General Hospital, and she has since worked with amazing teams at CGH and HPB. She holds a Master of Public Health and Bachelor of Science, having majored in Biomedical Sciences, from National University of Singapore. Being a student of science has always sparked her interest in working in healthcare.

Outside of work, she enjoys spending time with her family and friends and does graphics designing as a hobby. She is excited to join the ANAES ACP Team and looks forward to contributing to their shared goals and vision.



In March 2024, we sadly bid farewell to Lyn Foo, who served as the Executive for the Education Pillar in ANAES ACP. We are grateful for her contributions and dedication during her tenure. We wish her all the best in her future endeavours and thank her for her commitment and service.

18TH WORLD CONGRESS OF ANAESTHESIOLOGISTS (2024)



Written by Terence Yong

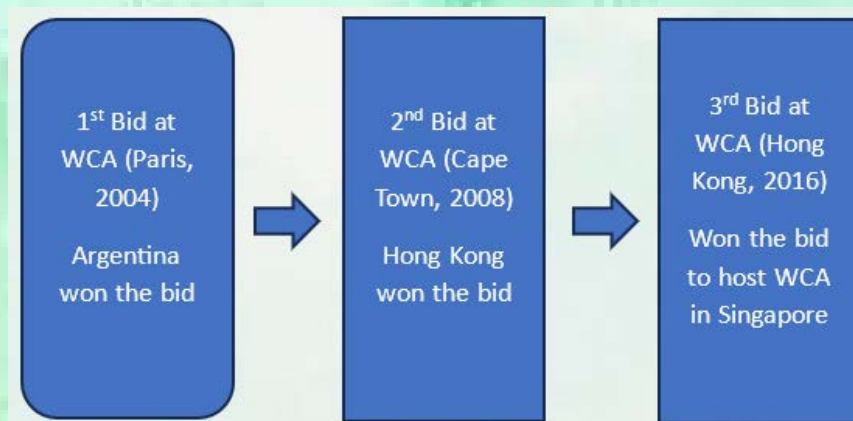
The 18th World Congress of Anaesthesiologists (WCA) was held from 03 March 2024 to 07 March 2024 at the Suntec Singapore Convention and Exhibition Centre in Singapore. This event was organized by the World Federation of Societies of Anaesthesiologists (WFSA).

Over the course of five days, the 18th World Congress of Anaesthesiologists welcomed 5,569 visitors, both in-person and virtually, from 152 countries. This unique event showcased exceptional talent, particularly from Singapore, highlighting the region's contributions to the field of anaesthesiology.

For those unfamiliar with the World Congress of Anaesthesiologists (WCA), here are some key facts:

- The first WCA was held in Scheveningen, Netherlands, in 1955.
- The WCA is held every four years.
- The 18th WCA in Singapore was the first in-person event post-COVID-19 pandemic, with the previous congress held online.
- Due to the requirement for the event to be hosted in different cities within the same country, Singapore, a small city-state, is unlikely to host another WCA, making this a once-in-a-lifetime event for the city.

Prof. Chan Yew Weng (Director, SPRINT), was in charge of the bid for Singapore. The journey was challenging, but he managed to secure the bid! Here's a summary of Prof. Chan's efforts in securing the bid to host the World Congress of Anaesthesiologists in Singapore:



Here are some photos from the event:



You may find the rest of the photos by clicking the below links:

- <https://anaesthesia-singapore.org.sg/wca-2024-congress-dinner/>
- https://www.facebook.com/wfsawca/photos_albums

Interview with Prof Chan Yew Weng, The Man Behind WCA 2024

Written by Terence Yong



On Sunday, March 3, 2024, Singapore proudly hosted the prestigious World Congress of Anaesthesiologists (WCA2024). This landmark event, a first for Singapore and Southeast Asia, represents a great achievement for the region. For Prof. Chan Yew Weng (CYW), it's the realization of a dream and mission to bring the Congress to our shores. ANAES ACP Terence Yong (TY) had the privilege of interviewing Prof. Chan, the visionary who made WCA2024 a reality for Singapore.

TY: How would you describe the success of the 18th World Congress of Anaesthesiologists (WCA2024)?

CYW: The 2024 World Congress of Anaesthesiologists (WCA) was a ground-breaking success, marking the first in-person gathering since the COVID-19 pandemic. Following a virtual 17th WCA, this congress exceeded expectations with high attendance. Over 4.5 days, a diverse range of speakers and workshops covered extensive ground, receiving overwhelmingly positive feedback.

Although some local anaesthesiologists couldn't attend due to clinical duties, the event still made a significant impact in Singapore. Notably, pre-congress workshops were held for our local and regional trainees at Academia, and a special program was conducted with the Singapore Association for the Deaf to teach CPR skills, demonstrating the event's far-reaching benefits.

TY: What were the most memorable moments or highlights of the congress?

CYW: The 2024 World Congress of Anaesthesiologists (WCA2024) was particularly memorable as it coincided with the 50th Anniversary of the Confederation of ASEAN Societies of Anaesthesiologists (CASA). The congress featured regional speakers and faculty, highlighting CASA's significance. A cake-cutting ceremony at the Gala dinner commemorated this milestone.

Despite a small volunteer team, the organizing committee's social group, comprising representatives from various hospitals, successfully executed a comprehensive social program. This included a grand opening ceremony, a luxurious Gala dinner at iconic venues, a casual global residents makan session at Makansutra Gluttons Bay, and a scenic morning run around Marina Bay, making WCA2024 a resounding success.

TY: How did the congress meet or exceed your expectations?

CYW: The congress exceeded expectations with overwhelmingly positive feedback and enjoyable social programs.

TY: Can you share any success stories or breakthroughs that emerged from WCA2024?

CYW: A key success story was providing a platform for our anaesthesia leaders, like Prof Sophia and Prof Ti Lian Kah, to gain international recognition, representing Asia and celebrating CASA's 50th Anniversary.

TY: What were the key takeaways from WCA2024 that you believe will shape the future of anaesthesiology?

CYW: The main takeaways from WCA2024 that will shape the future of anaesthesiology are:

- ✦ The importance of partnership and collaboration
- ✦ Opportunities for our junior anaesthetists to connect with overseas professors for attachments, leading to enhanced professional training and joint research
- ✦ Singapore's successful hosting of WCA2024 sets a benchmark for future conventions in the region, showcasing ASEAN's talent and potentially leading to more speaking opportunities for Singaporeans at international conferences.

TY: As Co-chairperson, what were your proudest moments during the congress?

CYW: Singapore's distinctive blend of multiculturalism and religious diversity, where everyone is embraced and treated with equal respect, is a truly unique aspect of our nation. Not forgetting our varied renowned cuisine. In my opening address, I highlighted Singapore's exceptional social harmony, where people feel secure and valued. This sparked admiration and envy among international delegates, who aspire to replicate such a cohesive and peaceful society in their own countries.

TY: What was the most rewarding part of organizing and leading WCA2024?

CYW: In 1996, I attended the 11th World Congress of Anaesthesiologists (WCA) in Sydney with Dr. Lim Say Wan and Dr. George

Tay, who encouraged me to bring the WCA to ASEAN. I accepted the challenge and initially explored a joint bid with Malaysia, but they withdrew. Undeterred, I persisted, bidding solo in 2004 and 2008, but facing losses to Argentina and Hong Kong, respectively. After the 2008 bid, I considered giving up, assuming Asia would not host the WCA again so soon. However, the Singapore Tourism Board (STB) persuaded me to continue, and in 2016, the World Federation of Societies of Anaesthesiologists (WFSA) shortlisted Singapore, Malaysia, and Dubai to host WCA2024. With STB and Suntec support, I presented our bid during my 60th birthday, and surprisingly, we won. This achievement fulfilled the trust Dr. Lim Say Wan and Dr. George had placed in me, making it the most rewarding part of my journey.

TY: What are your hopes for the impact of WCA2024 on young anaesthesiologists and students entering the field?

CYW: Singapore's successful hosting of this global conference demonstrates its capacity for international collaboration and networking. This achievement should inspire young anaesthetists to broaden their perspectives, engage in global networks, and participate in regional and international projects and meetings.

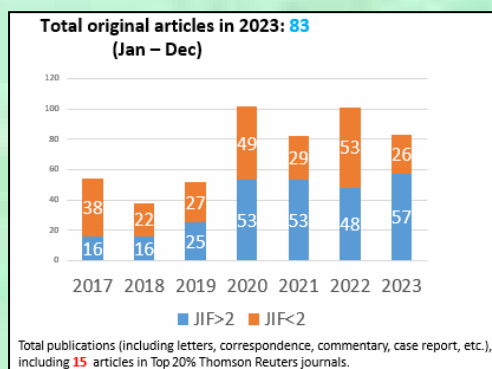
Historically, Singaporean anaesthetists had limited international recognition, but WCA2024 has changed this narrative. Through this event, Singapore has established itself as a significant player in the global anaesthesiology community, putting the nation on the world map and earning international recognition for its anaesthesiology expertise.

We extend our deepest gratitude to Prof. Chan Yew Weng for his unwavering dedication and the sacrifices he made to elevate WCA2024 and Singapore to new heights in the field of Anaesthesiology.

ACHIEVEMENTS OF THE ANAESTHESIOLOGY ACP (RESEARCH) IN 2023

In 2023, the Anaesthesiology Academic Clinical Program (ANAE ACP) achieved several notable accomplishments. This report outlines the key areas of success, including publications, funding, student involvement, and awards.

Publications



In 2023, ANAE ACP published a total of 83 articles. Out of these, 57 articles were published in journals with a Journal Impact Factor (JIF) greater than 2. This is an improvement compared to 2022 when 48 articles had a JIF over 2. In addition, 15 of the 2023 publications made it to the Top 20% Thomson Reuters journals

National Grants

Amount of National Research Funding (S\$)						
ACP	Threshold (85% of target)	Target (Avg of past 6 yrs)	Stretch (110% of target)	CY2023 Actual	CY2022 Actual	CY2021 Actual
ANAE	602,617	708,961	779,857	1,659,146	954,919	0

Source from JOAM

ANAE ACP received \$1,659,146 in national grants in 2023. This is a significant increase compared to 2022 when they received \$954,919 in national research funding.

Student Involvement



In 2023, three medical students (Sheryl Chow Yu Xuan, Azriel Nicol Chang & Lu Yang) were awarded the AM-Ethos Medical Student Fellowships. Additionally, during the Duke-NUS Research Open House 2023, 11 medical students registered to be involved in ANAE ACP research projects.

This level of student participation demonstrates the program's role in fostering research among future medical professionals.

Awards and Recognitions

Members of the ANAES ACP received several awards and recognitions in 2023:



A/Prof Hairil was recognized as one of the top 2% most cited scientists in 2023.



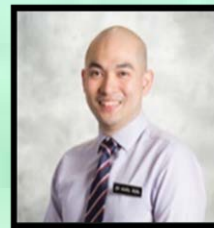
Dr. Goh Chin Yuan received the Clinician Investigator Advancement Award.



Dr. Tan Chin Wen was one of the awardees for the Publish Award 2023.



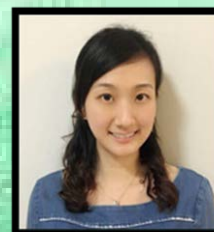
Additionally, three anaesthetists from ANAES ACP were awarded at the National Medical Research Awards 2023:



A/Prof Hairil received the NMRC HPHSR Clinician Scientist Award Investigator (HCSA-INV)



Dr. Roderica was awarded the NMRC Research Training Fellowship



Dr. Ke Yuhe was awarded the NMRC Research Training Fellowship

These awards recognize the significant contributions and achievements of ANAES ACP members in the field of anaesthesiology.

Conclusion

In 2023, the Anaesthesiology ACP has shown progress through increased high-impact publications, National research funding, active student involvement, and multiple prestigious awards.

These accomplishments reflect the program's ongoing commitment to advancing research and education in anaesthesiology.

Written by Terence Yong.

Sedation for diagnostic and therapeutic procedures by non-anaesthetists - Harmonization on Policy, Training and Tracking

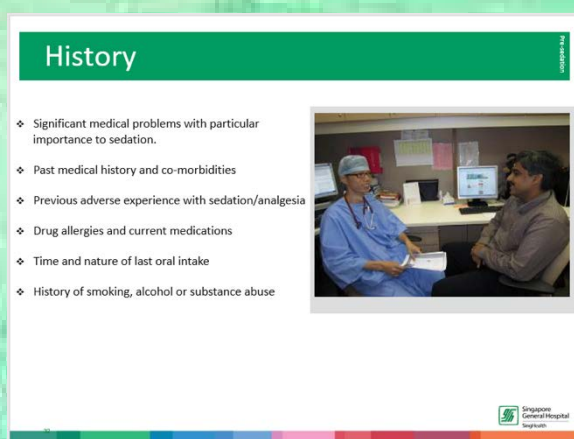
Written by Dr June Goh

The need for training of sedation started in 2004, when Singapore General Hospital (SGH) was undergoing accreditation by JCI – Joint Commission International. It was highlighted then that there was no policy and training for doctors performing procedural sedation. It was also imperative to address patient morbidity and mortality undergoing sedation for procedures outside the operating theatre by non-anaesthetists.

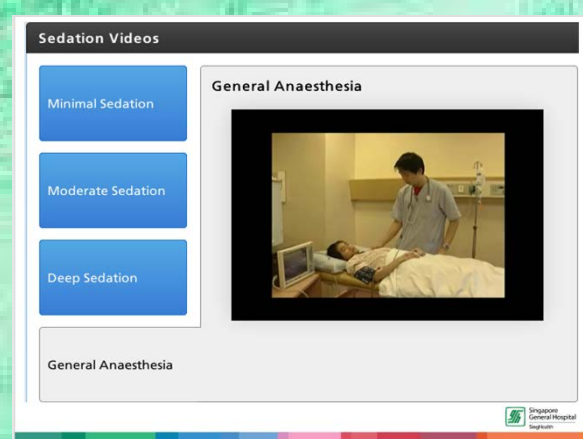
In view of patient safety and JCI requirements, an in-person training program of each individual departments performing sedation on adults was initiated. The training program on the use sedation was conducted as CME sessions for departments such as Gastroenterology & Hepatology, Hematology, Radiology, Respiratory & Critical Care Medicine etc. It was manually intensive and lacked tracking and accreditation. The lectures encompassed what was required in the policy – minimum qualifications of the sedationist, drugs they were restricted to, and mandatory monitoring and resuscitation equipment that had to be present in the facility.

Given the large number of departments performing sedation and the frequent turnover of doctors in SGH, a sustainable program needed to be created. The next phase of program: crafting a sedation policy and development of an online teaching system was designed by Dr. June Goh with the help of Dr. Tan Tong Khee, Ms. Brina Koh Li Qian and various members from the Department of Anaesthesiology, SGH.

We collaborated with SingHealth Academy in 2011 to create an online training and accreditation program. Human Resource (HR) enrolled doctors performing procedures requiring sedation, including rotating doctors and newly employed doctors. Tracking of those who completed the SGH online teaching was done by the individual departments. The sedation policy underwent subtle changes over time after audits and input by the Clinical Safety Department.



First version of online teaching of sedation in 2011



First version of online teaching of sedation in 2011

After high profile cases of sedation mishaps, Ministry of Health (MOH) further strengthened the governance of the use of sedation by non-anaesthesiologists. In 2014, MOH released the Guidelines on Safe Sedation Practice for Non-Anaesthesiologists, based on one developed by The College of Anaesthesiologists, Academy of Medicine Singapore. The guidelines aimed to improve safety in sedation and reduce incidents involving sedation in medical clinics including stand-alone ambulatory surgical centers and endoscopy suites.

In 2021, when the teaching platform had to be upgraded, we contacted the heads of anaesthesia departments in all the SingHealth hospitals to ask about their sedation policy and training practices. Our assessment revealed that most institutions in the SingHealth cluster shared similar sedation policies. However, the training and tracking methods for sedation-competency vary among them. We shared our policy and online teaching platform with them and asked for inputs regarding its content area for improvement, making modifications to satisfy all stakeholders. A/Prof Lim Boon Leng, co-chair of the Patient Safety Council, similarly highlighted the need for a cohesive approach so that doctors having to cross-cluster for training, residency or clinical practice would have similar standards throughout SingHealth and need not undergo training repeatedly at each individual hospital to meet their policy requirements.

The proposed harmonized policy intended to establish comprehensive standards for sedation monitoring during and after procedures, pre-sedative assessments, discharge guidelines, and the training and tracking of sedation-competent medical staff to be used in all hospitals on Outram campus and SingHealth hospitals.

Hence, our aim is to establish a robust and practical governance framework should be developed to achieve an oversight at the hospital-level, which would require tracking of sedation-related processes and outcomes.

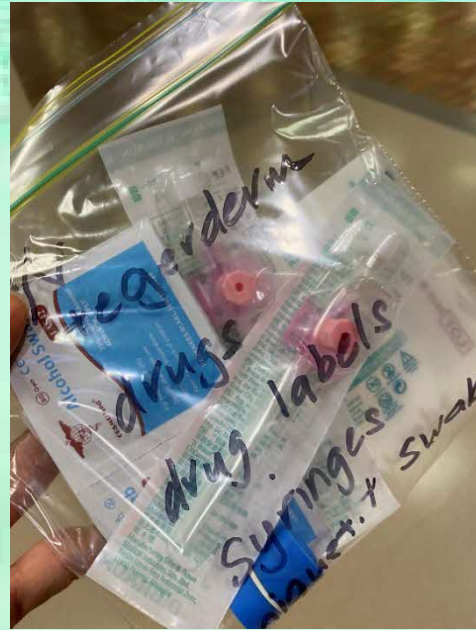
Further study of sedation policies across Outram campus and SingHealth cluster hospitals was initiated. The SingHealth sedation policy was developed to be a common policy that would be acceptable to all. The harmonization of policy, teaching and accreditation would enable consistency and sharing of resources. This was presented to SingHealth Medical Board (SMB). On 27 Oct 2023, SMB approved the harmonization of sedation policy, training, and accreditation in SingHealth. The harmonized policy would be segregated into two to allow flexibility and variation:

- i. Cluster Policy – With minimum standards, and documentation applicable to all hospitals in SingHealth
- ii. Addendums, where applicable, only to specific hospitals or departments

A common online teaching platform with standardized accreditation across SingHealth institutions is to be established. The e-learning module “Sedation for Diagnostic and Therapeutic Procedures for Non-Anaesthetists” which currently resides in the SingHealth Learning Management System (LMS) – Blackboard Learn, will be offered to hospitals with no formal training and accreditation processes. To be accorded with sedation privilege, doctors would be required to complete the course and pass the quiz included in the Blackboard Learn.



Filming for e-learning module version upgrade



Props used in filming

Since the sedation policy has been harmonized throughout the SingHealth cluster, the ownership of the policy is now under Anaesthesia Academic Clinical Programme (ACP). Future modifications and enhancements of the sedation policy will be undertaken by Anaesthesia ACP.

In summary, the role of the ACP would be:

- To ensure safe sedation for adult patients and reduce adverse events in intravenous sedation by non-anaesthesiologists outside the operating theatre.
- Formulate and update policies of minimum standards guiding sedation practices for procedures in adults and children by non-anaesthetists at cluster level.
- To ensure that there is consistency in the standards which are aligned with national recommendations i.e., MOH and SMA.
- To standardize and ensure training and credentialling for all doctors performing sedation in SingHealth cluster.
- To enable doctors to cross-cluster and practice sedation seamlessly.
- To ensure minimum standards of monitoring and equipment at site where sedation is performed. (As described in the sedation policy).
- To audit providers and report critical incidents and improve safety.



Sedation for Diagnostic and Therapeutic Procedures by Non-Anaesthetists

START COURSE

Lesson Outline:

- Definition
- Requirements
- Pre-Sedation Procedures
- Conduct of Sedation
- Documentation
- Discharge
- Summary

You may download the E-Learning Certificate of Completion upon completing the course.

This course content is best viewed using a laptop/computer or mobile devices like tablet & smartphones in landscape mode.

Acknowledgments:

Special thanks to the following on their contribution to the development of the course :

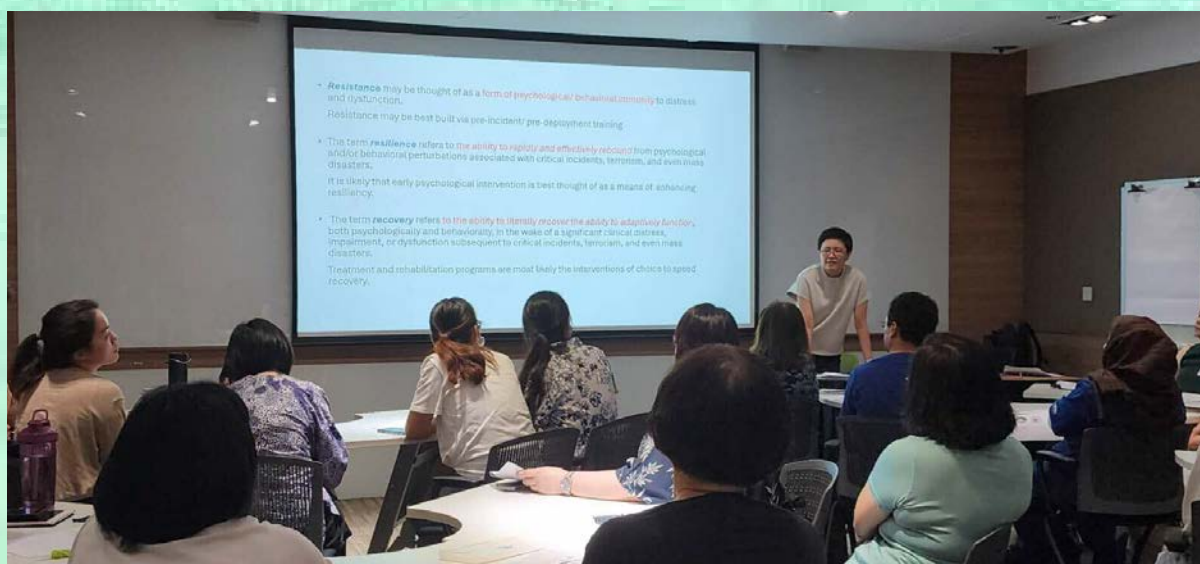
- A/Prof Tan Tong Khue - Dept of Anaesthesiology - SGH
- Dr. Wong Loong Tat - Dept of Anaesthesiology - SGH
- Dr. Leong Xin Fang - Dept of Anaesthesiology - SGH
- Ms. How Shiling - Dept of Surgical Intensive Care - SGH
- Mr. Ahar Kar Zaw - Division of Anaesthesiology & Periop Med - SGH

Latest version of sedation online teaching in 2024

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4. <https://www.anzca.edu.au/getattachment/c64aef58-e188-494a-b471-3c07b7149f0c/PS09-Guideline-on-sedation-and-or-analgesia-for-diagnostic-and-interventional-medical,-dental-or-surgical-procedures>

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Critical incident stress management: why talk about this?

By Chong Shin Yuet, Evangeline Lim and Angela Tan

In the high-stakes world of anesthesia, even the most skilled and experienced professionals can find themselves facing the unthinkable: a critical incident that leaves a patient harmed or dead. Following a devastating critical incident, the normal hospital processes will require administrative issues to be settled including incident reporting, documentation, communication with next of kin etc., followed by a medical review that includes a root cause analysis to look at system lapses and opportunities for improvement.

However, the emotional and psychological toll of such an event can be devastating, with potentially long-lasting effects on our well-being and this is currently not well addressed as part of the hospital process.

What can happen to us psychologically after a critical event?

It is normal to experience acute stress disorder (ASD) within a month of a traumatic incident and the symptoms may be the same as post-traumatic stress disorder (PTSD).

In both instances, staff who witnessed or played a role in a critical incident leading to death, serious injury, or merely threat of either one, may find themselves reliving or thinking about the event constantly through dreams, memories or flashbacks accompanied by strong physical reactions when thinking about the event such as a pounding heart, sweating or feeling physically sick.

There might be memory loss and blackout around the event, avoidance behaviour, feelings of shame, guilt, self-blame, depression and helplessness, constant anxiety and stress, irritability or fits of anger or outburst. There may also be difficulty sleeping and functioning in life as per normal, resulting in the inability to work, limited productivity, health issues and strains in relationships.

An acute stress disorder may not happen immediately following the incident but may develop anytime within 4 weeks of the traumatic event. The symptoms are present for a minimum of 2 days but a maximum of 4 weeks during which the management is expectant, monitoring for the symptoms to get better as recovery happens psychologically and behaviourally, thus allowing the eventual return to normal function.

However, if the symptoms do not get better after 4 weeks, this is termed post-traumatic stress disorder and interventions will be necessary to aid the recovery process in the form of treatment and rehabilitation by professionals such as psychiatrists, psychologists, counselors, and therapists.

How can we support one another after an adverse event to enhance psychological recovery?

Recently, our Anaesthesiology and Perioperative Medicine ACP community came together for two timely and crucial workshops, tackling the vital topics of critical incident stress management and psychological first aid. In the first workshop, we explored the art of defusing after a critical incident, learning evidence-based strategies to mitigate the emotional fallout and promote a swift recovery. The second workshop delved into the power of psychological first aid and peer support, equipping us with the skills to provide empathetic and effective care to our colleagues in need.

In this article, we'll recap the key takeaways and insights from these workshops, highlighting the practical tools and techniques that can help us build resilience, foster a supportive community, and prioritize our well-being in the face of adversity. We invite interested parties to work with the institution representatives of the education pillar (Dr Tan Li Hoon/ Dr Zheng Zhongxi for CGH, Dr Chong Shin Yuet/Dr Lie Sui An/ Dr John Lee/ Dr Chen Xuan Xuan for SGH/ SKH, Dr Evangeline Lim/ Dr Farida Ithnin/ Dr Angela Tan for KKH).

How to defuse stress after a crisis? (April 6th 2024)

This customized workshop was attended by 27 participants of which there were 15 doctors and 12 nurses representing the operating theatres and intensive care units of SGH, SKH, CGH and KKH. This was organized by Dr Angela Tan in consultation with Dr Tan Li Hoon, Dr Chong Shin Yuet and Dr Evangeline Lim, and supported by the Anaesthesiology and Perioperative Medicine ACP. It was conducted by Ms Joanne Goh, a Master Social Worker and educator, formerly with KKH but currently the principal therapist with Private Space. It involved small group discussion and role play sessions.

Defusing or group check-in is an interactive group crisis intervention process that is meant to be brief (20min to 45min) and held within 8 hours of the end of the traumatic event. It is meant only for staff who have been involved in the critical incident. Participation is voluntary. It allows group members to share their perspective of the event, both positive and negative. Through this process, staff can understand they are not alone. Even though the sharing of feelings is not the primary intent of defusing since this is not a therapy session, when they are expressed, they should be acknowledged, commonised and normalized with empathy.

The goals of defusing are as follows:

1. To mitigate the impact of the event and provide reassurance.
2. To assess the need for additional services e.g., a psychological debriefing session for the group.
3. To identify individuals who might benefit from additional support services after the defusing process (psychological first aid: see below).
4. To inform the group members of what they will likely experience subsequently: reduction of the signs and symptoms of distress.
5. To facilitate the recovery process.

Defusing is conducted in a quiet, private space and ideally facilitated by 2 facilitators who were not involved in the incident and not heads of departments. All participants sit in a circle with the facilitators opposite each other and one beside the door to follow participants out to support them if defusing proves to be too overwhelming for them.

Defusing has 4 phases:

1. Introduction
 - a. This starts by explaining what defusing is and why it is being conducted.
 - b. Ground rules are set to create a safe environment with emphasis on voluntary participation, mutual respect and confidentiality.
 - c. Stating what it is not: no blame, not investigation, not operational critique, not therapy.
2. Exploration
 - a. A brief run through of the incident to facilitate discussion and sharing of how people are affected by the incident
 - b. Avoid digging for details and asking how people feel since this is not a therapy session.
 - c. However, acknowledge whatever emotions are verbalized or demonstrated.
 - d. Allow others to contribute their point of view of what happened.
 - e. Listen and validate.
 - f. Observe and assess if anyone in the group may need further support by asking yourself in your head 3 questions:
 - i. Is there any evidence that this person needs assistance?
 - ii. Is there any evidence that this person's ability to function well and handle duties is at risk or could be at risk?
 - iii. Should we look more into this person's ability to adjust mentally and behaviorally?
 - g. Once there are longer pauses and less information being offered, it is time to move onto the next phase.
3. Information
 - a. Thank the participants for sharing.
 - b. Normalize and acknowledge thoughts, feelings, and emotions.
 - c. Summarize common themes (commonize)
 - d. Psychoeducation: state what symptoms to expect, that it is normal to feel that way, symptoms will recede and touch on coping tips while acknowledging that different people may cope in their own personal ways.
4. Closing and follow-up
 - a. Offer resources including contact information for further support.
 - b. Signpost that they may be contacted to make sure they are okay over the next few days, particularly those that have been identified during the session.
 - c. Reaffirm core values and positive outcome of session e.g., worked well as team, showed compassion, and really cared for patient etc., how through open sharing, everyone is feeling less overwhelmed.
 - d. Reassure that with rest and care, one should be able to resume normal duties and function in good time.

If done well, a psychological debriefing session for the group need not follow the defusing session. However, it is acknowledged that challenges remain on how to implement this on the ground such as prompt conduct of the defusing session within 8 hours, how to build the support team and how to activate the support team.

This is something that each institution and department needs to work out to ensure that in the rare event of an overwhelming critical incident occurring, support processes and staff are ready to ensure that all are taken care of when needed.

Psychological First Aid Plus Workshop (April 18th 2024)

The Office of Wellbeing in SGH currently runs a Psychological First Aid (PFA) workshop and a PFA+ workshop that are open to all staff, with the aim of building a supportive peer culture. The PFA programme is a one-hour training module that shares simple guidelines for peer support, while the PFA+ is a one-day session that includes roleplay practice.

Anyone can be a **supportive peer** (someone who checks in and highlights colleagues in distress), but a certified **peer supporter** needs to be trained in advanced Psychological First Aid (PFA+) so that he/ she can attend to distressed colleagues and identify individuals at risk and refer them to mental health professionals if required.

This workshop was organized by Dr Chong Shin Yuet. It was conducted by MSW Mr Chua Tok Hian and Dr Tess Teo, who teaches peer support for PGY1 doctors. They kindly agreed to run a condensed half-day PFA+ workshop for our ACP on a Saturday as it would be difficult for most of us to attend the hospital's weekday training programmes.

The workshop was attended by 18 anaesthesiologists (from senior consultants to junior residents) and 6 nurses from the various anaesthesia departments.

The key topics covered in the workshop were:

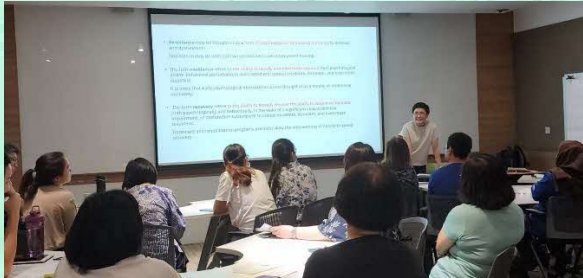
1. The role of the peer supporter
2. Barriers in seeking help – stigma, confidentiality concerns, professional concerns.
3. How to recognize the signs and symptoms of stress reaction in ourselves and others?
4. The L-L-L framework: LOOK (for mental disorders)-LISTEN (communication skills)-LINK (Resources)
5. Self-care tips

We also had the opportunity to role play various scenarios relevant to anaesthesia in small groups. This allowed us to apply the LLL framework under the guidance of our facilitators, who shared valuable insights from their own experience as peer supporters.

The PFA+ workshop has empowered us to transform our good intentions into meaningful support for our colleagues in distress. By providing a comprehensive framework and resources, we can now confidently assume the role of peer supporters within our department. More importantly, we've learned that peer supporters aren't superheroes here to save the day or trained counsellors/therapists. Our role is to offer a compassionate presence, listen without judgment, and create a safe space for our colleagues to open up.

By doing so, we can help them feel seen, heard, and supported in their times of need, reminding them that they are never alone and that they **always** have someone in their corner. With PFA+, we can foster a culture of care, empathy, and resilience within our community, and make a lasting impact on the well-being of our colleagues and, ultimately, our patients.

Appendix: Mental Wellness Resources within Singhealth and outside of Singhealth
(Slides 32-34 in the PFA+ notes)



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*Congratulations to the following
clinicians who are awarded the full
Professorship!*



Prof Sng Ban Leong
KKH Women's
Anaesthesia



Prof Ong Biau Chi
SKH Department of
Anaesthesiology

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SAVE THE DATE

ANAES ACP Retreat 2024 (19 October 2024)

ANAESTHESIOLOGY ACP RETREAT 2024

SingHealth Duke NUS
ACADEMIC MEDICAL CENTRE
ANAESTHESIOLOGY &
PERIOPERATIVE SCIENCES

**“CHARTING OUR FUTURE:
TOWARDS A SUSTAINABLE, RESILIENT & IMPACTFUL ACP”**

**SATURDAY, 19 OCTOBER 2024
GRAND HYATT SINGAPORE
08:30AM - 01:00PM**



SCAN TO REGISTER!

Time	Programme
08:30AM	Registration
08:45AM	Welcome Address by Academic Chair
09:00AM	Presentations
09:45AM	Tea Break
10:15AM	World Café Style Discussion
12:15PM	Summary of Discussions
12:50PM	Closing Address by Convenor
01:00PM	Buffet Lunch @ The Straits Kitchen