



## Flow Newsletter

The ANAES ACP Newsletter publishes news about our academics and philanthropy.

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# Welcome Address from ACP Chair

The 2023 ACP workplan included many ambitious plans from every pillar. There is a cautious optimism that we are entering a period of stability. This will allow us to start medium to long term projects as well as to experiment with new ideas. The research pillar will be consolidating their efforts to improve collaboration with external partners as international meetings and travel increases. This will facilitate the creation and building of new research networks. Our educators have been working hard to identify areas where our faculty have learning needs. One such domain is leadership competencies. The inaugural Anaesthesiology Leadership Workshop will provide the platform for us to support the development of our emerging leaders. The Clinical Quality & Services pillar will be addressing the key risks related to intraoperative staffing requirements as well as generating guidelines which can be applied across the cluster. The Special Projects and Innovation pillar will be embarking on collaborative work with industry partners focusing on medical devices. The philanthropy team will be exploring new ways to engage our potential donors. The various teams who have started the Environmental Sustainability initiatives have demonstrated how groups of passionate individuals are making a difference to the future of our planet.

Associate Professor Eileen Lew is our new Deputy Chair taking over the reins from Dr Josephine Tan. Associate Professor Tan Kian Hian, our first Vice Chair for Strategic Initiatives, will oversee the areas related to the environmental, financial and social sustainability of the ACP. We bid farewell to Ms Christine Neoh who led the ACP admin team from its inception. Her leadership and dedication were the stabilizing force in the ACP and her departure will be sorely missed. We also witnessed the departure of Ms Ha Truong who has been supporting the research pillar from the beginning. We will miss her cheerful spirit and ability to overcome any challenge no matter how great.

We welcome Mr Gary Ong who will take over the Senior Manager role. He brings with him a wealth of experience in this area. We also welcome Mr Terence Yong our new executive taking over from Ms Truong.

Over the next year, the ACP team will be working on identifying new ways to improve our ability to support the academic work in the various departments and specialties. We hope to hear from you about ways which we can do this better.

**A/Prof Soh Chai Rick – ANAES ACP Academic Chair**



**ACP Admin Team**



**SGH DivA CNY Party**



**New Grants and Awards**



**Research Pillar Article**

Interview with Pilot Research Grant Awardees



**Clinical Pillar Article**

Difficult Airway in Anaesthesiology – A multi-disciplinary and system-wide multipronged approach at Changi General Hospital



**Education Pillar Article**

Reflections ACP Education Workshop: Leading Change



**Announcement**

Happy Chinese

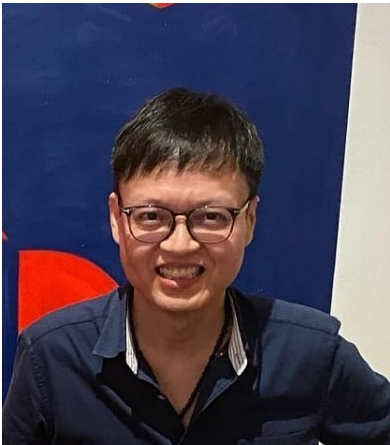


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### **New Faces of ACP Admin Team**

#### Gary Ong, Senior Manager



Gary joined ANAES ACP on 25 January 2023. He is a Bachelor of Arts (Political Science, Philosophy and Economics) and Bachelor of Social Science (Hons) (Political Science) graduate from National University of Singapore (NUS). Although new to the ACP, he is not a stranger to SingHealth having previously worked at the National Cancer Centre Singapore for 10-years, Oncology ACP for 3-years and most recently at The SingHealth Office for Innovation for 6-months. Gary hopes that the experience he has gathered in SingHealth will allow him to contribute to the growth and development of the ACP. When not at work, Gary enjoys playing darts and currently competes in the National Darts League. He also enjoys watching football and has supported the Nottingham Forest Football Club since he was in primary school.

#### Terence Yong, Research Executive



Terence has been active in the healthcare sector for around 8 years, serving in various hospitals (Tan Tock Seng Hospital, Mount Elizabeth Hospital and Khoo Teck Puat Hospital) in the Surgery & Operating Theatre. He has also worked with private healthcare sector such as International SOS.

Before embarking his journey in Healthcare, Terence graduated with a Bachelor Degree in Biomedical Science (University of Western Australia), majoring in Microbiology and Genetics.

## Appreciation Note to Ms Christine Neoh & Ms Ha Truong

We will like to express our sincere appreciation to Christine and Ha for all the hard work they had contributed over the years. Both of them have played key roles in growing the ACP to what it is currently today since its inception. We will like to wish them all the best for their future endeavours.





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### **Div of Anaesthesiology & Perioperative Medicine CNY Party – 3rd February 2023**

*The annual Chinese New Year party hosted by the Anaesthesia and Perioperative Department has always been an important occasion attended by our surgical and anaesthetic colleagues, nurses and allied health and this year's celebration in our department was nothing short of spectacular. This year's celebration was particularly special as it marked the first in-person party since the outbreak of the COVID-19 pandemic. Despite the challenges posed by the pandemic, our department was able to safely host the celebration and bring the community together to celebrate this important occasion in a true representation of the vibrant and joyful spirit of the Chinese New Year.*



One of the biggest highlights of this year's celebration was the surprise lion dance performance by our CEO, Prof Kenneth Kwek and A/Prof Ruban Poopalalingam. The lion dance is an essential part of the Chinese New Year celebration and is believed to bring good luck and prosperity. Prof Kenneth and A/Prof Ruban not only surprised the crowd with their energetic performance, but also brought laughter and joy with their playful dance as they entered the room and upon their surprise reveal.



This was followed by a calligraphy session, drawn by our talented Dr Kong Chee Fai, where our guests-of-honors added the final touch to complete the couplet. The calligraphy session was a unique and meaningful addition to the celebration, and the finished couplet will serve as a reminder of this special occasion for years to come. Last but not least, a Chinese New Year party would not be complete without Lohei, to usher in the Year of the Rabbit with prosperity, health and happiness!



Another highlight of the celebration was a dance performance by the newly turned residents of our Anaesthesia department. The dance performance was filled with energy, color, and the audience was thoroughly entertained. We even saw a few familiar faces dancing along, including our beloved Head of Department, Dr Tan Kian Hian!



The children were not left out of the celebration either, as they were treated to the delightful presence by our four mascots – God of Fortune, Monkey God, Rabbit and Justice Bao. The mascots were well-loved by the children and added an extra touch of fun to the celebration. The children were also treated to a musical performance featuring a saxophone, violin, and bass, which was well received by the audience who joined in to sing to the familiar tunes of ‘The moon represents my heart’ and ‘Friends’.

As a speciality where “go for break” and “go for lunch” are integral parts of our day, our department has always viewed nutritional nourishment as necessary for proper function, and the Chinese New Year party was no exception. Our guests had a whole range to choose from – fancy canapes from the Black Cow group, a sumptuous feast of Peranakan, Indian and Vegetarian delights, nostalgia-inducing Ramly Burger and Tutu Kueh stations, healthy oat drinks and desserts from Oatla and even exotically-named ice cream flavours (Butter Crumble, Coconut Pandan and Strawberry Honey, to name a few) from Dopa Dopa. Dr Chee’s Legendary Wine & Sake bar (a mainstay of every Chinese New Year party since I was a baby MO) was back to keep everyone happy.





As the party went by, we could not tell if it was the food, alcohol, performances or just the overall relief of finally being able to spend this occasion together again, that contributed to that warm glow on everyone's faces.

In conclusion, this year's Chinese New Year celebration in our department was a resounding success. In the words on the calligraphy couplet “宏图大展振雄风，伟业腾飞增锦绣”. We hope that this celebration will be a lasting memory for all who participated and that the joy and prosperity of the Chinese New Year will continue to be felt throughout the year. We are grateful to have been able to safely gather in-person and celebrate this important occasion, marking a step towards a return to normalcy.

Written by Dr Jacklyn Yek and Dr Steffi Chan



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## **Latest Awards and Grant Awardees**



### **Duke-NUS Hall of Master Academic Clinician**

We will like to extend our heartiest congratulations to:

Associate Professor Lim Boon Leng, who was inducted into Duke-NUS' Hall of Master Academic Clinicians

The Hall of Master Academic Clinicians recognises a select group of senior clinicians who have distinguished themselves through their clinical mastery, exemplary standards of professionalism and excellence in their scholarly activities. We are proud of their accomplishments and appreciate their contributions, as we strive towards our vision of transforming medicine and improving lives.



Clinical Associate Professor Kamen Petkov Valchanov who was promoted and appointed Senior Faculty



## Singapore Health Quality Service Awards 2023

In a bid to improve pre-operative care and waiting times for hip fracture surgery, the Perioperative Anaesthesia Team from CGH, led by Adjunct Assistant Professor Mah Chou Liang, Chief, Department of Anaesthesia & Surgical Intensive Care looked into the improvement of current processes and strengthening of multi-disciplinary collaborations. With the knowledge that hip fracture patients are at greater risk

of death or serious medical issues if surgery is delayed, they explored the implementation of anaesthesia care by a senior doctor early in the patient journey, which also allows anaesthesiologists to play a larger role alongside other clinical disciplines in frontline emergency care. Not only has this initiative enabled more patients to undergo hip surgeries more expediently, patients have also benefitted from the earlier interventions for pain relief and reduced length of stay in hospital, with the percentage of patients being discharged within ten days – the optimal length of stay and benchmark across all institutions – increasing from 53.5% in 2019 to 59.6% in 2021.



Prof Mah Chou Liang, Avinash Gobinadram, Cheryl Tan, Jessica E Malanjum, Dr Lydia Li, Dr Siow Wei Shyan, Dr Tham Huae Min, Dr Zhang Xin Yan, Goh Poh Hong, Siti Nadia Binte Salim, Ivy Ooi Jing Wen, Assoc Prof Andy Yeo, Dr Kiat Sern, Wang Ping, Johnathan Siew, Leanna Tay, Dr Prit Anand Singh, Charmaine Ong Yet Yin, Dr Lim Yean Chin, Dr Louis Ng

## SingHealth Associate in Education Recipients 2022

The SingHealth Associate in Education (AIE) recognises our educators for their dedication in teaching and nurturing the future pipeline of healthcare professionals. We are extremely proud to have 3 recipients from Anaesthesiology.



## Grant Awardees

Congratulations to the following grant awardees!



Dr Ho Vui Kian

MOH Health Innovation (MHI) Fund

Implementation of the use of Machine Learning to improve prediction of National Early Warning Scores



A/Prof Sng Ban Leong and A/Prof Liu Nan Ai

Singapore 100 Experiments Programme

Use of AI to identify heart rate variability alterations predictive of hypotension during spinal anaesthesia for caesarean delivery



A/Prof Sng Ban Leong and Ms Nicole Tan Y-Kit

AM-ETHOS Duke-NUS Medical Student Fellowship Award

Investigating the Association of Maternal Labour Pain and Acute Postpartum Pain: A Cohort Study



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### Interview with Pilot Research Grant Awardees

Grant support for junior faculty members have been proven to positively influence their career trajectory. Following this model, the AMC provides Pitch For Fund grant to the ACPs to enable early-career faculty members to conduct clinical, translational research to take up and master knowledge and research technical skills. Launched in 2017, the ANAES ACP Pilot Research Grant (PRG) aims to stimulate research interest and encourage young clinicians to embark on research to improve patient care. Since then, 19 clinicians have received the grants for 24 projects. We caught up with the first 3 recipients of the grant, the PRG 2017 awardees: Dr Paul Tan from Women's Anaesthesia, KKH, Dr Lim Wan Yen from Anaesthesiology, SGH and Dr Angela Tan, Paediatric Anaesthesia KKH.



#### 1. What were the challenges you encountered while conducting your pilot research grant?

**Paul Tan:** The main challenge I had was coming up with a suitable research question. This was difficult because I had little research experience and training and had limited clinical experience, hence, identifying an important research or clinical gap was challenging. Furthermore, this project would ideally serve to provide pilot data for subsequent grants, therefore the research question I chose to answer needed to have potential for future work leading to larger grants. Fortunately, my mentor was very supportive, and was able to guide me to overcome these barriers.

**Angela Tan:** Difficulty engaging a research assistant as they are hard to come by especially for small projects. It was challenging to have to manage clinical work, collect data and process the samples obtained. Not mentioning the difficulties faced to find storage for the samples. A couple of samples had been thrown out because there were issues with the freezer which I was not made aware of.

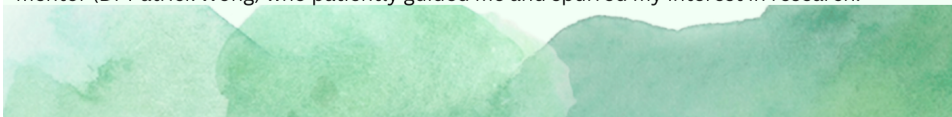
**Lim Wan Yen:** I was inexperienced with research processes (e.g. CIRB and grant application etc). There was a lack of clinical research coordinator (CRC) support, patient recruitment was slow and I was unable to complete the study within the original stipulated time (my study had to be extended for another year).


#### 2. Looking back, how would you describe your experience doing the 1-year funded project?

**Paul Tan:** It was a mixed bag. On one hand, I was grateful for the funding and experience that laid the foundation for larger grants and my research fellowship at Duke. On the other hand, I had to be meticulous with my time management, as most of my time was spent on clinical and academic residency requirements. Overall, I felt that the experience was rewarding, but it was definitely not smooth sailing.

**Angela Tan:** It was enriching as I had a chance to work in the lab. The whole experience had also taught me to be appreciative of other researchers as research work is a time-consuming process over a relatively long period of time. I also understood that better planning is required if I were to embark on another project. I also got to realize the importance of being more specific in data collection especially with measurables and outcomes.

**Lim Wan Yen:** This was my first prospective clinical study. I was fortunate to have an excellent mentor (Dr Patrick Wong) who patiently guided me and spurred my interest in research.





**3. What were the outcomes of your projects, e.g. publication, practice guidelines, further funding, etc.?**

**Paul Tan:** We have published the data in a prominent obstetric anaesthesia journal.

**Angela Tan:** Regrettably, we have yet to publish the results.

**Lim Wan Yen:** This small study was published and resulted in more research and funding in similar areas subsequently.

**4. How do you think you have benefited from the pilot project funding?**

**Paul Tan:** The experience with grant writing, conducting the research, data analysis and publication was extremely useful.

**Angela Tan:** It really gave me an opportunity to experience the whole process of research. It has also helped me understand the potential pitfalls in research and where things can falter should I intend to bring this to a larger scale. I am also thankful to have the opportunity to work with other disciplines including a research scientist whom I might not have crossed paths with if not for this.


**Lim Wan Yen:** The funding provided me with a head start in research.

**5. Do you have any advice for junior clinicians who are considering applying for the ACP PRG?**

**Paul Tan:** My advice is to give it a shot, as the experience is definitely rewarding. Even if problems arise during the grant proposal or conduct of the project, the experience with overcoming these difficulties will be valuable and relevant to future research and clinical practice in general.

**Angela Tan:** Get a good mentor who can help guide you through the whole process. Conducting a research can be challenging especially with the need to juggle other clinical commitments but meticulous planning can help to overcome that.

**Lim Wan Yen:** Go for it! For novices in research, it is probably one grant that can greatly help to kick start one's research journey.





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# Difficult Airway in Anaesthesiology – A multi-disciplinary and system-wide multipronged approach at Changi General Hospital

Written by Dr Zeng Yanzhi and Dr Jessica Eleanor Malanjum

Special mention to Dr Louis Ng, for his counsel

At Changi General Hospital (CGH), we recognise that high risk emergency airway management takes place beyond the operating theatre (OT) itself. In addition to comprehensive airway management and training processes in OT, we take a multi-disciplinary and system-wide multipronged approach to ensure prompt and effective management of patients who require emergency intubation. This approach includes several key elements:

### 24 hours Emergency Airway Service (EAS):

EAS is made up of an Anaesthesia Specialist, an anaesthesia Resident/senior Medical Officer/Resident Physician, and an anaesthetic nurse. Upon activation via the hospital operator, a SMS/Direct call is sent to a dedicated airway phone.


The EAS will then attend immediately with a difficult airway kit/trolley consisting of the standard intubating devices with additional video laryngoscopes, flexible bougies, bronchoscopes and devices for front of neck access. CGH conducts regular audits of emergency airway activations, focusing on response time, equipment used, and the number of passes required for successful intubation. This allows us to identify areas for improvement and make necessary changes to improve patient outcomes.

### Out of OT intubations

Emergency intubations can be both physiologically and anatomically challenging. In 2019, an Intubation Checklist was created by a multidisciplinary team of ED physicians, anaesthetists, intensivists and nurses to ensure that all necessary steps are taken for a safe and effective intubation. This is an important and useful cognitive aid for staff who do not routinely perform intubations as well as places where equipment or expertise is not as readily available, such as in the General Wards.

Changi General Hospital Emergency Airway Intubation Checklist			
Indication:		Senior Doctor present:	
Prepare the Patient	Prepare the Team/Drugs	Prepare Equipment	Prepare for Difficulty
<ul style="list-style-type: none"><li><input type="checkbox"/> Preoxygenate 15L O2 &gt;3min<ul style="list-style-type: none"><li>▪ NRM/NIV</li></ul></li><li><input type="checkbox"/> Apnoeic O2<ul style="list-style-type: none"><li>▪ 15L Nasal O2 if required</li></ul></li><li><input type="checkbox"/> IV/IO Access x2<ul style="list-style-type: none"><li>▪ Adequate</li><li>▪ Patent with 1 running fluid</li></ul></li><li><input type="checkbox"/> Airway Assessment<ul style="list-style-type: none"><li>▪ Known Difficult Airway?</li><li>▪ <u>LEMON</u> (refer to back for details)</li><li>▪ <b>Is Airway Team Needed? CALL 1418 EARLY</b></li></ul></li><li><input type="checkbox"/> Positioning<ul style="list-style-type: none"><li>▪ Pillow/Towel Under Head</li><li>▪ Tragus and Sternal Notch aligned</li></ul></li><li><input type="checkbox"/> Aspirate NGT/Assess risk of aspiration</li><li><input type="checkbox"/> Dentures removed?</li><li><input type="checkbox"/> Check BP/Need Vasopressors?</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Drugs<ul style="list-style-type: none"><li>▪ <b>Allergies?</b></li><li>▪ Sedation/Induction Agents#</li><li>▪ Muscle Relaxants: Check Potassium Levels#</li><li>▪ Vasopressors/Inotropes#</li><li>▪ Fluids</li><li>▪ Post intubation drugs</li></ul><p>#Refer to back for details</p></li><li><input type="checkbox"/> Roles Allocated?<ul style="list-style-type: none"><li>▪ Team Leader</li><li>▪ Airway Doctor</li><li>▪ Airway Assistant</li><li>▪ Medication Assistant</li><li>▪ Scribe/Monitoring Personnel</li><li>▪ Runner*</li><li>▪ Cricoid Pressure*</li><li>▪ In-line stabilisation*</li><li>▪ *if needed</li></ul></li><li><input type="checkbox"/> Adequate Personal Protective Equipment?<ul style="list-style-type: none"><li>▪ Surgical Mask /N95 if required</li><li>▪ Gown/gloves/eye protection if required</li><li>▪ PAPR if required</li></ul></li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Airway<ul style="list-style-type: none"><li>▪ Oro-Pharyngeal Airway<ul style="list-style-type: none"><li>▪ Nasal Airway #6/7</li></ul></li><li>▪ Bag Valve Mask/PEEP Valve</li><li>▪ Direct Laryngoscope with Good Light Source</li><li>▪ Video-Laryngoscope</li><li>▪ Suction Port ETT #7.5<ul style="list-style-type: none"><li>Female, #8 Male</li></ul></li><li>▪ Stylet/Bougie</li><li>▪ LMA #4(50-70kg)</li><li>▪ Yankauer Catheter Suction</li><li>▪ ETCO2</li><li>▪ Detector/Stethoscope</li><li>▪ Set Transport Ventilator/O<sub>2</sub> Tanks<ul style="list-style-type: none"><li>▪ Rescue Cricothyroidotomy Set</li></ul></li></ul></li><li><input type="checkbox"/> Monitoring<ul style="list-style-type: none"><li>▪ ECG</li><li>▪ Pulse Oximeter</li><li>▪ Blood Pressure Monitoring @2 minute cycle</li><li>▪ ETCO2 if available</li></ul></li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Intubation Plan A?<ul style="list-style-type: none"><li>▪ Drugs</li><li>▪ Direct Laryngoscope/Video Laryngoscope</li><li>▪ Bougie/Stylet</li><li>▪ <b>Max 2 Tries</b></li><li>▪ <b>Oxygenation is Priority Not Intubation</b></li></ul></li><li><input type="checkbox"/> Intubation Plan B?<ul style="list-style-type: none"><li>▪ <b>Call AIRWAY TEAM 1418</b></li><li>▪ LMA as Rescue</li></ul></li><li><input type="checkbox"/> If Plan A/B fails, consider cricothyroidotomy</li><li><input type="checkbox"/> Anyone has any concerns?<ul style="list-style-type: none"><li>▪ Update Intubation Records on <u>ClinDocs</u> Post Resuscitation</li></ul></li></ul>

**Airway Team  
Number: 1418**



Intubation Process (if applicable)	Post Intubation (if applicable)	LEMON
<input type="checkbox"/> Premedication <input type="checkbox"/> Sedative _____mg @ _____ <input type="checkbox"/> Paralytic _____mg @ _____ <input type="checkbox"/> C-spine Immobilization Required? <input type="checkbox"/> External Laryngeal Manipulation <input type="checkbox"/> Cormack-Lehane grading _____ <input type="checkbox"/> Visualized "ETT passing through cords" <input type="checkbox"/> Clinical confirmation: 5-point auscultation <input type="checkbox"/> ETCO <sub>2</sub> waveform/colorimetry <input type="checkbox"/> ETT secured (string or tape) @ _____ cm at incisors <input type="checkbox"/> Ventilator setting  <u><b>*Update Intubation Records on ClinDocs Post Resuscitation</b></u>	<input type="checkbox"/> ABC Stable? <input type="checkbox"/> ETCO <sub>2</sub> Waveform Present and Normal? <input type="checkbox"/> Analgesia infusion <input type="checkbox"/> Sedation infusion <input type="checkbox"/> Paralytic drugs needed? <input type="checkbox"/> ETT Cuff Pressure Check <input type="checkbox"/> NG /OG tube <input type="checkbox"/> Post-intubation CXR <input type="checkbox"/> ABG <input type="checkbox"/> Nurse 30° head up (if possible) <input type="checkbox"/> Sedation score monitoring <input type="checkbox"/> Family updated?  <b>Transport Checklist</b> <input type="checkbox"/> O <sub>2</sub> tanks and Ventilator Adequate and Functional <input type="checkbox"/> Battery charged for all devices <input type="checkbox"/> Bag Valve Mask and Supporting Airway Equipment <input type="checkbox"/> Drugs and Infusions Adequate (including E Drugs Kit) <input type="checkbox"/> Monitoring Devices Functional and Reading <input type="checkbox"/> Alarms addressed <input type="checkbox"/> Tubing/lines secured <input type="checkbox"/> Patient stable and packaged for Transfer <input type="checkbox"/> Team Agreement to Transfer	<ul style="list-style-type: none"> <li>• <b>Look:</b> Facial trauma, Previous Oro-Maxillary/Neck Radiation/Surgery</li> <li>• <b>Evaluate</b> 3-3-2 rule, Difficulty Opening Mouth</li> <li>• <b>Mallampati</b> Score</li> <li>• <b>Obstruction:</b> Foreign body in Oro-Pharyngeal Laryngeal-Tracheal region (blood, mass, secretions)</li> <li>• <b>Neck Mobility</b> limited? C-Spine Instability?</li> </ul> <b>Drug Doses (Intravenous)</b>  <b>Sedative drugs</b> Fentanyl: 1 to 2 mcg/kg (consider higher doses up to 3mcg/kg for raised Intracranial pressures) Propofol: 1 to 2.5mg/kg Ketamine: 0.5 to 2mg/kg Etomidate: 0.2 to 0.3mg/kg Midazolam: 0.5 to 2mg  <b>Muscle Relaxants Rapid Induction Doses</b> Suxamethonium/Succinylcholine: 1 to 2mg/kg Rocuronium: 0.9 to 1.2mg/kg  <b>Infusion</b> Fentanyl: 0.5 to 3 mcg/kg/hour Midazolam: 0.02 to 0.1mg/kg/hour Propofol: 0.5 to 4mg/kg/hour  <b>Vasopressors</b> Ephedrine(Dilute 1 vial of 30mg to 6ml @ 5mg/ml): 5 to 30mg/dose Phenylephrine(Pre-diluted at 100mcg/ml): 100 to 500 mcg/dose Adrenaline/Noradrenaline/Dopamine infusion as needed

### Airway Intubation Checklist

Dedicated teaching on proper utilisation of the Intubation Checklist was conducted and is now hosted on an E-Learning platform. The feedback received had been encouraging and this checklist is currently being employed CGH wide.

Intubations outside of the operating theatre are captured using a dedicated Citrix Document which was pioneered from 2018 by our intensivists. The Citrix Document ensures that all relevant information is captured and can be used for future patient care. The form is easily searchable and viewable by any medical staff who have access to the patient records on SCM.

Intubation Record
Preview

Note:  
This form is to be filled in for inpatient intubations in CGH/SACH by the person / team intubating the patient within 2-4 hours of the event.

**Intubation Record**

<b>Date/Time</b>	<input type="text" value="___/___/___"/>
<b>Indication for Intubation</b>	<input style="width: 100%;" type="text"/>
<b>Induction agent given</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Paralytic agent given</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Reminder</b>	<input style="width: 100%;" type="text" value="Please remember to order drugs in CLMM"/>
<b>Dentures Removed</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
<b>Grade of Larynx</b>	<input type="radio"/> Grade 1 <input type="radio"/> Grade 2 <input type="radio"/> Grade 3 <input type="radio"/> Grade 4
<b>Number of passes</b>	<input style="width: 100%;" type="text"/>
<b>Adjuncts used</b>	<input type="checkbox"/> Videolaryngoscope <input type="checkbox"/> Bougie <input type="checkbox"/> None <input type="checkbox"/> Others
<b>Size of ETT</b>	<input style="width: 100%;" type="text"/>
<b>Distance from incisors (cm)</b>	<input style="width: 100%;" type="text"/>
<b>Confirmation of placement</b>	<input type="checkbox"/> 5 point auscultation <input type="checkbox"/> ETCO <sub>2</sub> <input type="checkbox"/> CXR
<b>Complications</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Nature of complications/Other comments</b>	<input style="width: 100%; height: 40px;" type="text"/>
<b>Name/Grade of Operator</b>	<input style="width: 100%;" type="text"/>
<b>Supervised by</b>	<input style="width: 100%;" type="text"/>



An improved version of this form is being planned. We will partner and utilise a similar intubation recording document like the one recently rolled out by the SingHealth Emergency Departments, led by CGH ED physicians. For CGH, this upgraded platform will provide a starting base for SingHealth Airway Registry (SHEAR) to assist in further improvements regarding the safety of emergency intubations. This proposed document, which we hope to harmonize cluster wide with a SingHealth-wide airway registry, has been presented with encouraging support from Anaesthesiology ACP. Further details are in the works with Information Technology Services and other stakeholders within SingHealth.

New Intubation Recording Document

### Systemic preparation for difficult airways

Patients with a known difficult airway, discovered either during an elective or emergency setting, will be given a difficult airway card to inform future providers. This will be useful should they be visiting providers outside CGH/SingHealth who may not have ready access to their anaesthesia or intubation records.

On the skills front, our department places special emphasis on continuous airway training. All anaesthesia permanent staff and nurses undergo yearly half-day CICO REscue and Thoracic (CREST) workshop. The workshop involves hands-on stations with manikins, pig's trachea and live models to refresh and enhance skills for thoracic lung isolation, front of neck access using various devices and airway ultrasound.

Our multi-pronged approach from well-drilled anaesthesia teams, investment in continuous training, availability of emergency airway services, to the CGH Intubation Checklist, formal documentation of intubation processes and a push for an airway registry is reflective of our continuous drive to provide the best for our patients, especially during emergencies. We believe that these measures are applicable for the cluster and even nationwide.

# Flow

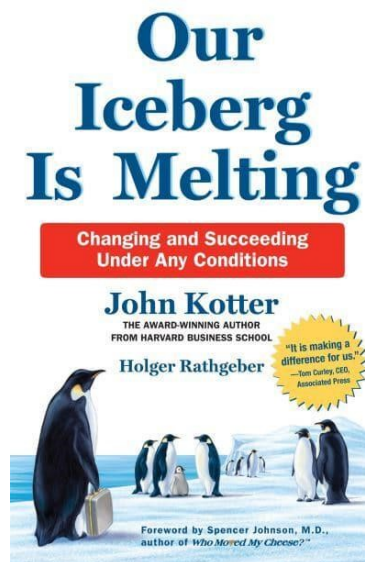
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## Reflections on attending ACP Leading Change Education Workshop



Change is a constant in our clinical lives as patient care evolves. As members of the ACP, we are all actively involved in driving change to improve our working environment, safety of clinical practice and quality of care to our patients. With the desire to be empowered to lead change effectively, a group of us embarked on the ACP education workshop series: Leading Change 2023.



Preparation for the workshop started when we received a special Christmas present for pre-reading. The entertaining book “Our iceberg is melting” is a fable on changing and succeeding under any conditions by the distinguished Harvard Business School Professor John Kotter. The story is about a penguin colony in Antarctica which was faced with a devastating problem that threatened their home and how the penguins overcame the seemingly intractable obstacles to find a new home. The fable illustrates the change process journey, obstacles to change and the tools to bring about change effectively.



The first workshop began with the facilitator inviting us to reflect on the biggest changes we had faced in our lives, the challenges faced and how we handled it emotionally. Many participants mentioned the COVID-19 experience as one of the biggest changes in their life due to its impact on our lifestyle and work as well as fear in the initial stages due to being frontline healthcare workers. Others exchanged stories about how having a child brought about huge changes to their personal lives. We subsequently discussed how people react to change and the varying emotions encountered during a change process. Kotter's framework for change was also illustrated as a guide for leading people through a change process. We also learnt that the choice of team members for their unique abilities is an important factor for change success.

The workshop was highly interactive with self-reflections, case discussions and role plays. We would learn how having difficult conversations could facilitate change and reduce barriers. Subsequent monthly workshops would aim to equip us with the skills to communicate to groups undergoing change and provided an opportunity to work on a change project. Through these workshops, we have gained a deeper understanding of the basic elements in managing change in our personal and professional lives. We would like to thank the efforts of the ACP team in organising these faculty development workshops as they have empowered us to be better clinicians and change leaders.



By Dr He Yingke and Dr Leonard Loh



## **Flow Newsletter**

The ANAES ACP Newsletter publishes news about our academics and philanthropy.

## **Announcements**

### **Singapore Anaesthesia Refresher Course**



**SAVE THE DATE**

**SARC 2023** | 6<sup>th</sup> Singapore Anaesthesia Refresher Course  
16 - 17 September 2023

Incorporating  
**KK HOSPITAL OBSTETRIC ANAESTHESIA SYMPOSIUM**  
and Asian Society of Paediatric Anaesthesiologists (ASPA)

14 - 15 September  
**Adult Critical Care Ultrasound Workshop (POCUS)**

15 September  
**Advanced Ultrasound RA Workshop**

Organised by:

-  Singapore Society of Anaesthesiologists
-  College of Anaesthesiologists Singapore
-  KK Women's and Children's Hospital SingHealth

### **Academic Day**

July 2023 – more details to follow. STAY TUNED!!!