



July – September 2020

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Changi General Hospital Family Physicians in the fight against COVID-19

pg. 4

Fellowship Programme (FCFPS) 2020 Examination

Well done to our Family Doctors who excelled in the recent FCFPS Examination!



Dr Rose Fok



**Dr Julia Yuen -
Dr Koh Eng Kheng Gold
Medalist**



Dr Meykkumar
S/O Meyappan



Dr Ginny Quek



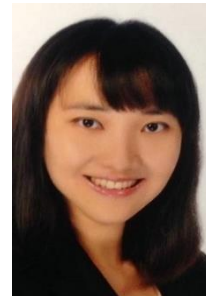
Dr Andrew Wong



Dr Wong Wei Teen



Dr Gabriel Yee



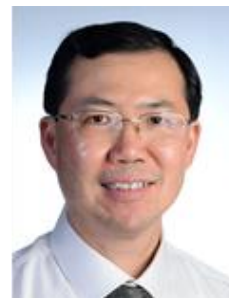
Dr Zheng Lifeng

National Day Award 2020

Congratulations to our Public Administration Medal (Bronze) 2020 recipients!



Dr Paul Goh



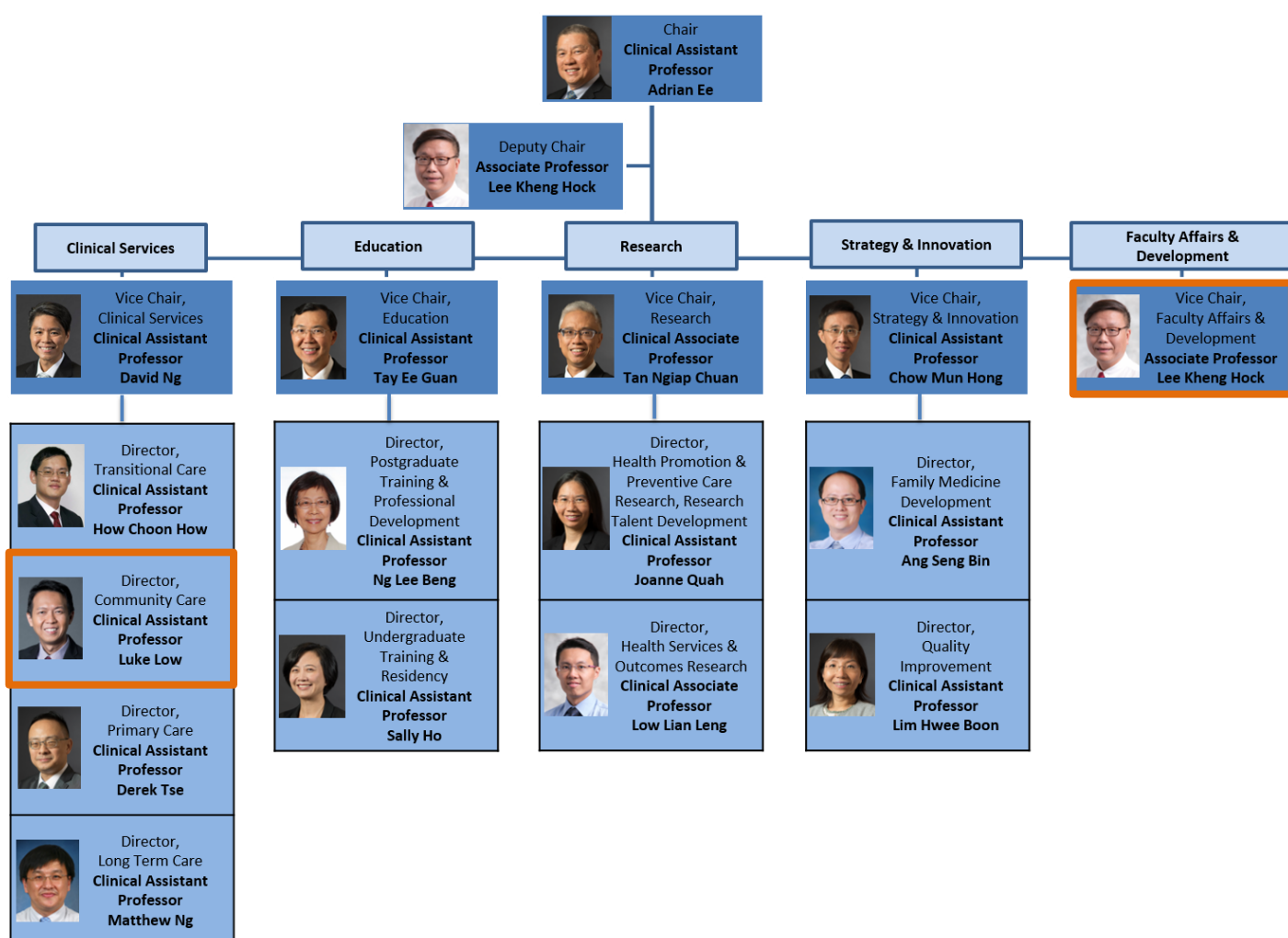
Dr Tay Ee Guan

FM ACP ORGANISATION CHART (with effect from 1 August 2020)

Clinical Asst Prof Luke Low has been appointed as **the Director, Community Care**, with effect from 1 August 2020.

Assoc Prof Lee Kheng Hock, has also been appointed as the **Vice Chair, Faculty Affairs & Development (FAD)**, with effect from 1 August 2020. This is in addition to his current appointment as the Deputy Chair, FM ACP.

The Vice Chair, FAD, will work with the other Vice Chairs to develop a structured approach and roadmap for faculty to develop their professional, management and personal skills. The objective will be to build a long term and fulfilling career for FM ACP faculty.



Changi General Hospital Family Physicians in Swab and Serology operations for Migrant Workers

COVID-19 struck our shores early 2020 this year with the situation escalating after Chinese New Year. In April, Changi General Hospital (CGH) was tasked with swab operations and subsequently serology operations for the migrant workers (MW) in the community.

Dr Christopher Chang was tasked to lead the Swab and Serology Ops for CGH. A group of volunteers was quickly formed including Doctors, Nurses, Allied Health and admin staff.



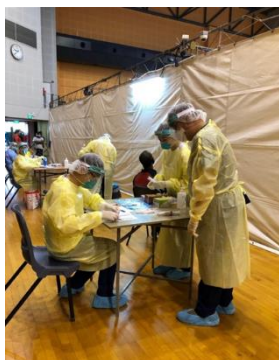
Assisting the swabber with a difficult case at a dormitory in Changi



Supervising a swab ops at a chalet carpark in eastern Singapore



Serology ops at a dormitory in Changi



Deployment at a sports hall



A beautiful day at the end of the ops

It was a difficult but yet rewarding experience as the swab tasking operations from the Joint Task Force (JTF) were made known to Dr Chang less than 24 hours in advance. His team had to scramble to recce the operations site as well as look for the appropriate staff and logistics to support the operations the very next day.

Dr Chang and his team have been deployed in various places including MW dormitories, sports hall, schools, rented flats, hostels, service apartments and hotels. It gave them an opportunity to serve the MW community in this difficult time as well as visit places in Singapore that some of us had no opportunities to visit or even know to exist.

Dr See Qin Yong and **Dr Tan Chee Wei** started working in the emergency department and later in the MW dormitories when the frontlines needed to be shifted forward, where medical posts were set up to provide primary care in the field environment. As family physicians, they were also able to guide the other doctors with the proper management of chronic diseases for MWs at the respective dormitories.

Dr See and Dr Tan adapted their practice to the field medical post, fulfilling the most with basic equipment, formulary and resuscitation drugs. They soldiered on, seven days a week with no respect to weekends and public holidays. Towards the end of the external operations, they also recognised the rise of dengue and subsequently catered processes to curb it effectively.



From managing and supervising the team in ensuring a smooth running of the medical post, to health education for migrant workers and training the multidisciplinary team in resuscitation drills.

Many a times, all were physically and mentally exhausted. The thumbs-up of the MW and their appreciative nods were their morale booster.

Our CGH Family Physicians are proud to contribute as family physicians to the national effort to break an unstoppable chain of COVID-19 transmission without overwhelming our healthcare system.

FM ACP Shared Decision Making Webinar 2020 – 19 September 2020

This webinar aimed to raise the awareness of healthcare professionals on the application of Shared Decision Making and related tools in clinical practice.

Shared decision making is a way that decisions are made by the patient and healthcare providers e.g. clinicians, nurses, allied health professionals, using the best available evidence and patient-informed preferences.

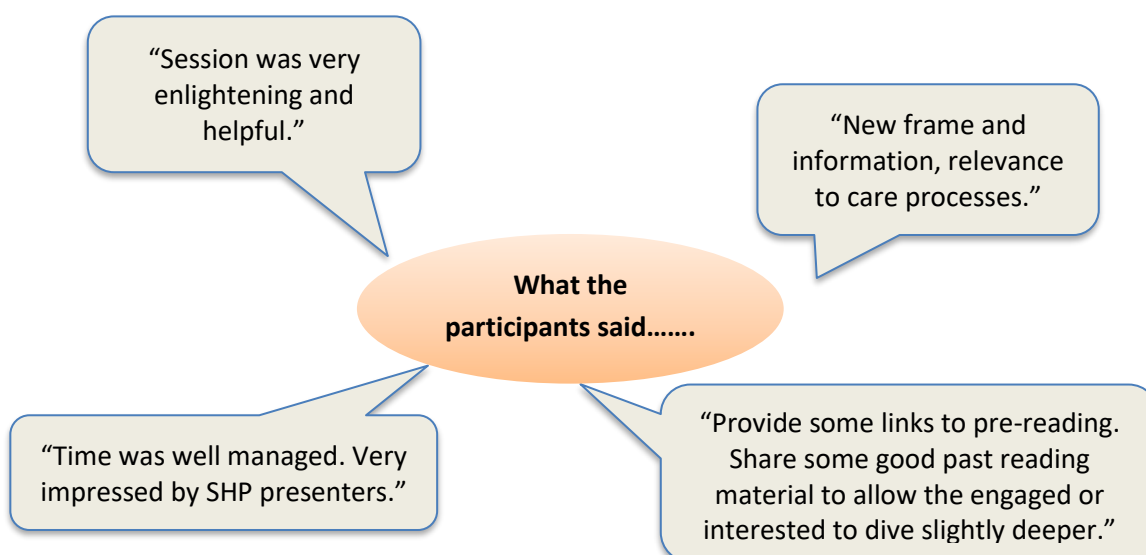
Our esteemed speakers



Decision making: what do patients in Malaysia desire?
by Professor Dr Lee Ping Yein
Department of Family Medicine
Universiti Putra Malaysia



Shared decision making: How can it be carried out effectively in primary care practice?
by Professor Dr Ng Chirk Jenn
Deputy Dean (Research)
Professor of Primary Care Medicine
University of Malaya



Presentation by FM ACP faculty on implementing Shared Decision Making (SDM)



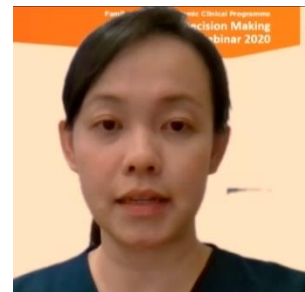
Implementing SDM in the use of ICS for asthma with a novel PDA
by Dr Zheng Lifeng



Implementing SDM in colorectal cancer screening with a novel PDA
by Dr Julia Yuen



Implementing SDM in gout Treatment with a novel PDA
by Dr Meykumar Meyappan



Implementing SDM in LUTS with a pictorial PDA (VAUS)
by Dr Haidee Ngu

and the Patient Decision Aid created by them

Hello!
Your healthcare provider has just told you about colorectal cancer screening. This booklet will help to address some of your concerns and assist you with making a decision regarding colorectal cancer screening.

1. Introduction to colorectal cancer screening

Why is colorectal cancer screening important?

- Colorectal Cancer is the most common cancer diagnosed in Singapore.
- Regular screening can pick up colon polyps which can be removed to prevent development of cancer.
- It can also detect early colorectal cancer which is easier to treat.

9,807
new cases of colorectal cancer diagnosed from 2011-2015

About **3 men** and **2 women** are diagnosed with colorectal cancer **daily!**

What is colorectal cancer?

- Colorectal cancer is cancer of the colon and rectum.
- It usually begins with polyps which are growths on the inner lining of the colon or rectum.
- Most polyps do not turn cancerous.
- However, certain types of polyps can develop into cancer over time and should be removed if detected.

What is colorectal cancer screening?

- Colorectal cancer screening is recommended even if you feel well and have no symptoms.
- This is because early stages of colorectal cancer often have no signs or symptoms.
- You should see your doctor early if you have the following symptoms which need further evaluation:

See a doctor early if you have signs and symptoms of colorectal cancer.

Change in bowel habits, unexplained weight loss, abdominal pain or discomfort, bleeding from the anus.

Hello!
Your healthcare provider has just told you that you have gout that needs long-term treatment. This booklet will help to address some of your concerns and assist you with making a decision regarding long-term gout treatment options.

What is gout and what causes it?

Gout is a type of joint swelling disease (arthritis) and is caused by high levels of a chemical called uric acid in the blood. It forms crystals in the joint, causing pain. Uric acid is mostly formed by the body and is also a breakdown product from certain food items.

How do I know if I have gout?

The most common presentation of gout is sudden severe joint pain (typically foot, ankle or knee). The joint also becomes red, warm and swollen. This is known as a "gout flare".

When do you need treatment for gout?

Your doctor will assess that your gout is not well-controlled when you have more than two "flares" in the last one year. Repeated "gout flares" can result in joint deformity or limitation of hand swelling called "tophi". High uric acid level can also cause kidney stones.

What are the benefits of controlling gout?

By reducing your uric acid and controlling your gout, you will suffer less gout "flares" which will lead to less joint damage, therefore less joint deformity and preservation of joint function.

What is the decision to be made?

If your doctor concludes that your gout requires further long-term treatment, you will need to choose a treatment option.

How do you treat gout?

Short term treatment for treating gout "flares"

- Paracetamol such as paracetamol anti-inflammatory drug (NSAIDs) or a gout-specific painkiller called "colchicine"
- Steroids such as "prednisolone"

Long-term treatment

- No treatment
- Dietary control
- Medication to lower the level of uric acid in your blood, such as Allopurinol, Febuxostat or Probenecid, when you have had "flares" in the last one year.

You can find further information in the next two pages.

Hello!
You have been diagnosed with asthma and have been told by your doctor to use an inhaler daily. This booklet is to help you to make a shared decision with your healthcare provider regarding the use of a daily inhaler to control asthma.

Let's get started!

What is Asthma?

Asthma is a long-term airway disease affecting many people in the world. When people with asthma, like you, come into contact with substances they are sensitive to (allergens), they can develop an asthma flare-up called an asthma attack. During the asthma attack, the airways become swollen, narrowed and filled with mucus.

Diagram of the lungs showing airway changes during an asthma attack.

The swollen airways can cause you to be out of breath and cough out phlegm (sputum). It can be dangerous to your life too.

There is no medicine to stop the swelling permanently, but there are ways to control it.

Some things in the environment, such as dust mites, moulds and tobacco smoke (allergens) can trigger your airways to become narrow.

Controller Medicine: Inhaled Steroids (ICS)

Using an inhaler is one way to control it. They allow the medicine to reach the airways directly.

Function	Reliever	Controller
Reduce the swelling of airways	X	✓
Decrease phlegm	X	✓
Example		

Inhaled steroids are medicines that can be sprayed and breathed in through the mouth into the lungs. They prevent the airways from becoming narrow.

Compared to steroid that is taken by mouth, inhaled steroid is less in amount and it can be directly delivered to the airways. It causes less side effects to the rest of the body. Therefore, it can be used daily and safely.

What happens when you are having an asthma attack?

You may:

- Cough
- Produce phlegm
- Wheeze
- Become breathless

Patient Research Advisory & Guidance to M^Aximise Safety in Trial & Innovation Committee (PRAGMATIC)

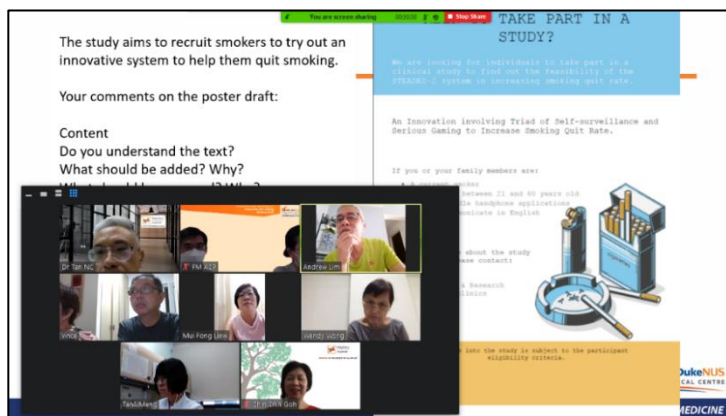


provides FM ACP with critical perspectives and insights which are pivotal in advancing Family Medicine research.

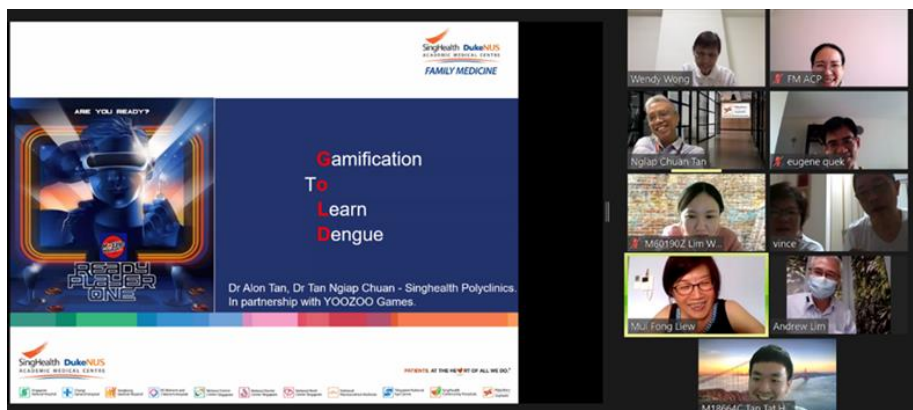
Research advocates help patients understand scientific information and research findings that may help them.
They may also bring a patient’s perspectives on research activities to institution review and other

Collating, prioritizing and integrating collective patient perspectives helps to ensure that the research findings are relevant, timely and meet the needs of persons, patients and their families in the community.

Five Research Advocates have been appointed to PRAGMATIC



Launch of PRAGMATIC on 15 Sep 2020



2nd PRAGMATIC meeting on 15 Oct 2020

A Research Advocate serves as a link between patients and scientific researchers.

**Have something to share with your fellow FM
ACP faculty in this newsletter?**

Send them to:

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Eugene Quek

eugene.quek.y.t@singhealth.com.sg