

NEWSLETTER SurgeOn

THOUGHT LEADERSHIP:

**DOCTORS
FIRST AND
SURGEONS
SECOND
TEACHING THE
NEXT GENERATION**

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**SURGICAL
TRAINING
VISIT AT PAPUA
NEW GUINEA**

04-05

**SINGHEALTH
DUKE-NUS
SURGICAL AND
ANAESTHESIA
CONGRESS 2019**

THOUGHT LEADERSHIP:

DOCTORS FIRST AND SURGEONS SECOND

TEACHING THE NEXT GENERATION



When we were training, a very very long time ago, in the 20th century, the phrases we often heard were “not good enough”, “can be better”, it’s a long road”, “I can teach a monkey to operate in six months”, and “no promise of a job/position after you exit”.



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These were the phrases that had been thrown at us as we trained and worked through night and day, with no post call, and being on call every third day or so. How was this going to make us better and skilled surgeons? To be fair, an entire generation of surgeons was trained this way, and I think despite all the hardships and complaints, we did turn out fairly okay.

However, is there a better way? Especially for our gen X and gen Y learners who value work-life balance (not that we did not), and with the advent of technology. Well, things have changed quite a bit since the age of the dinosaurs, even though some habits die hard (but that’s another story). We are using and have embraced things like formative assessment, reflection, feedback, protected time, structured learning and use phrases like “this is a learning moment...”.

But the goals and end product have not changed much. We are still striving to groom surgeons who are able to function independently and safely to care for our patients. A positive attitude, work ethics, communication skills, a collaborative spirit, and the ability to lead are crucial attributes of the modern day surgeon. We are no longer an island forging ahead regardless of what or who we leave in our wake, with the motto “have knife, will cut” or “my way or the highway”.

So how can the qualities above be imparted and inculcated into each and every young surgeon in training? Operative skills can be learnt and sharpened through keen observation, supervision, regular practice and apprenticeship. Knowledge and facts can be gleaned through wide reading and closely following up to date literature critically (not just jumping on the latest bandwagon) and applying new information in our local context.

However, good work attitude is best passed on through role modelling and mentorship. We act and do what our seniors do. We follow them and observe their interactions with patients, staff, other colleagues, relatives and others. We tend to pick up on their actions, speech, and even non-verbal cues. This cannot be learnt from a textbook or “YouTube video”. So we as seniors need to be constantly aware of those around us and how we talk and act, and we must be consistent and genuine. We need to treat all with respect, and listen to their views and opinions. All of us have made mistakes, and can be wrong but we need to learn from these and become better. None of us is perfect, we are only human but we can always strive to do our best.

Therefore, as we continue to train and nurture the next generation of young surgeons, let us be excellent role models and mentors in order to ensure that they are and become future-ready surgeons. Skillful physicians who are able to anticipate, adapt, think on their feet and willing to change, remembering that we are doctors first, and that we should always put our patients at the heart of all we do.

SURGICAL TRAINING VISIT AT PAPUA NEW GUINEA

The Global Surgery Programme, under the SingHealth Duke-NUS Surgery Academic Clinical Programme (Surgery ACP), focuses on the transfer of surgical knowledge and skills from medical practitioners in the ACP to healthcare professionals in poor resource countries, to enable and consequently improve the standards of health services there.

From 9 to 16 November 2019, under the programme, Dr Rambha Rai and her Paediatric Surgery team consisting of two paediatric anaesthetists, neonatologist and neonatal nurse embarked on a surgical training visit to Port Moresby General Hospital (PMGH) in Papua New Guinea. Their purpose was to conduct operations for selected cases followed with teaching sessions to the local surgeons there.

PMGH is the largest hospital in Papua New Guinea located in Korobosea, a suburb of Port Moresby in the National Capital District. It primarily serves patients from rural settings as more than three-quarters of population in Papua New Guinea exist in traditional societies and seek subsistence through agriculture. Besides being the major referral and teaching hospital in Papua New Guinea, PMGH also serves as a centre for AIDS treatment and is one of only a few facilities equipped to treat this disease. With the busiest Paediatric Emergency Department in Port Moresby, it caters to patients from the neonatal period through to late adolescences by providing 24-hour service for acutely ill or injured children.



1. OT Session 1
2. Dr Rambha & Team
3. Consultation Round

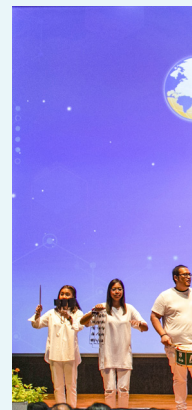
During their time there, Dr Rambha and her team conducted sharing on Newborn Resuscitation, Hand Hygiene, Neonatal Nursing Care and Good Practices in Neonatal Intensive Care Unit (NICU) and Special Care Nursery (SCN). This was supplemented with training sessions on Respiratory Distress in Newborn and Newborn Sepsis. The team also showcased a Visual Demo on the setup of Continuous Positive Airway Pressure (CPAP) in SCN with their concentrator, improvising and making do of what they have by sharing on management, indication and disinfectant of consumables. Overall, these teaching session benefitted around 80 staff from SCN and Surgery.

The team was instrumental in actively participating and assisting cases such as congenital diaphragmatic hernia, premature neonate with patent ductus arteriosus (PDA) birth asphyxia. A total of 10 complex paediatric surgical cases were done by the team which included high anorectal malformation, Hirschsprung disease and intestinal malrotation. The team performed a few laparoscopic procedure too which was a first for the children in Port Moresby

General Hospital. The initiation of laparoscopic procedure was very well appreciated by the hospital management and happily supported by a local media conference. Furthermore, the team discussed with the PMGH medical staff on 17 complex surgical cases including 2 sick neonates during the case discussion rounds.

Through a more established relationship with PMGH, Global Surgery Programme hopes to conduct another trip to PMGH in the first half of year 2020. To enable future collaborations, the Global Surgery Programme will continue to send visiting teams of clinicians from the Surgery ACP to train and effectively transfer surgical skills and knowledge to the staff at PMGH to enhance their surgical capabilities in order to better serve the community. The programme also aims to create a long-term presence of Surgery ACP clinicians to PMGH and other countries around the region, in order to provide continued support.

SINGHEALTH DUKE-NUS SURGICAL AND ANAESTHESIA CONGRESS 2019



Three SingHealth Duke-NUS Academic Clinical Programmes (ACPs) - Musculoskeletal Sciences, Surgery and Anaesthesiology & Perioperative Sciences - came together to organise the 4th SingHealth Duke-NUS Surgical and Anaesthesia Congress 2019, themed “Global Surgery, Global Partnerships”. Held in conjunction with the inaugural SingHealth Duke-NUS Transplant Centre Symposium, more than 600 surgeons, nurses, allied health professionals and healthcare administrators came together to exchange ideas and expertise.

Held on 20 and 21 September 2019 in Academia on the Singapore General Hospital (SGH) Campus, participants attended over 70 plenary and symposium talks led by both international and local experts, including Professor David Heymann, former Head and Senior Fellow, Centre on Global Health Security, Chatham House and Professor Debra Sudan, Chief, Division of Abdominal Transplant Surgery, Duke University School of Medicine.

At the opening ceremony, Professor Fong Kok Yong, Deputy Group CEO (Medical & Clinical Services), SingHealth shared, “The theme for this year’s Congress is a timely one. With rapid globalisation, increasing disease burden and new and emerging infectious diseases, achieving overall health goals for communities is an ongoing challenge for any health system”.

SingHealth Duke-NUS Surgical & Anaesthesia Congress 2019
Incorporating the Inaugural SingHealth Duke-NUS Transplant Centre Symposium
GLOBAL SURGERY, GLOBAL PARTNERSHIPS
 14 - 24 September 2019 | Academia, SGH Campus

MAIN CONGRESS PROGRAMME

MAIN CONGRESS DAY 1 20 SEPTEMBER 2019, FRIDAY	MAIN CONGRESS DAY 2 21 SEPTEMBER 2019, SATURDAY
7.30am - 8.30am Registration	8.00am - 8.30am Registration
8.30am - 8.40am Arrival of Guest-of-Honour, Prof David Heymann	8.30am - 9.15am Plenary Lecture 3 - Prof Ian Curran In Pursuit of Excellence
8.40am - 9.00am SingHealth Duke-NUS Surgical & Anaesthesia Congress 2019 Opening Ceremony Welcome Address by Deputy Group CEO (Medical and Clinical Services), SingHealth Fong Kok Yong and Congress Chair, Professor Denny Lie	9.15am - 10.00am Tea Break - Refreshment
9.00am - 9.40am Keynote Lecture by Prof David Heymann Address to Health Care Leaders on the Component of Global Health Security	10.00am - 10.30am Residents Dialogue/ SOA Morning Teaching Round Inculcating the Global Surgery Spirit in Residents
9.40am - 10.00am Keynote Lecture by Prof Debra L Sudan Address to Health Care Leaders on the Component of Global Health Security	10.30am - 11.00am Nursing Symposium Global Health Symposium
10.00am - 10.30am Keynote Lecture by Prof Debra L Sudan Address to Health Care Leaders on the Component of Global Health Security	11.00am - 11.30am Plenary Lecture 4 - Prof Ian Curran In Pursuit of Excellence
10.30am - 11.00am Keynote Lecture by Prof Debra L Sudan Address to Health Care Leaders on the Component of Global Health Security	11.30am - 12.00pm Plenary Lecture 5 - Prof Ian Curran In Pursuit of Excellence

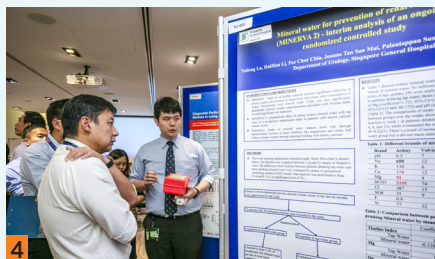


1. Silent Stars Samba Drummers Performance at the Opening Ceremony
2. Distinguished guests at the Opening Ceremony
3. 14 surgical workshops with over 200 participants
4. Poster exhibition and presentation featuring over 100 submissions
5. Strong support from over 20 industry partners

Prof Fong added, “In finding solutions to address these challenges, we often need to look beyond our shores. Over the last decade, SingHealth has worked hard to develop a culture of cooperation with regional healthcare providers. This collaborative culture is crucial as the region faces many challenges which cannot be solved by one health system alone”.



The two-day programme also comprised a series of surgical workshops, conducted from 14 to 24 September 2019.



NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAMME

Since embarking on *The American College of Surgeons - National Surgical Quality Improvement Programme (ACS NSQIP) in June 2017, the SGH NSQIP team, led by Surgeon Champion - Associate Professor Ong Hock Soo and comprising three Surgical Clinical Reviewers (SCRs), Surgeon representatives from various departments and divisional administrators from the SGH Division of Surgery & Surgical Oncology, has seen improvements in various clinical outcomes, especially in reducing the Average Length of Stay (ALOS).

The team started the collection of clinical data for eight procedure-targeted modules: Appendectomy, Colectomy, Proctectomy, Esophagectomy, Hepatectomy, Pancreatectomy, Thyroidectomy as well as Bariatric, which was recently added into the portfolio in September 2018. The team will be expanding the scope to seven additional Obstetrics & Gynaecology (O&G), Urology (URO), Orthopaedic Surgery (OTO) procedures progressively next year, starting with O&G's Hysterectomy and Myomectomy procedures.

Several Quality Improvement (QI) projects and initiatives have also been introduced to address the areas for

improvements, as highlighted by the semi-annual risk-adjusted reports generated by NSQIP. For instance, both Hepatopancreatobiliary & Transplant Surgery (HPB) and Colorectal Surgery (CLR) implemented the Enhanced Recovery After Surgery (ERAS), with the aim to improve post-operative recovery for patients and reduce ALOS. Both departments have shown reductions in ALOS ranging from 0.7 to 1 day. These positive outcomes are encouraging and continue to motivate our NSQIP team to work on this meaningful programme.

The results for the period from January to December 2018 had revealed several exemplary areas and areas of opportunities:

EXEMPLARY

(compared to average NSQIP Hospitals)

Based on All Cases of 8 Procedures

- Mortality
- Ventilator > 48 Hrs
- VTE
- UTI
- C. Diff Colitis
- ROR
- Readmission

AREA OF OPPORTUNITY

Length of Stay (LOS)

(date of Surgery to date of Discharge)

- Whipple Pancreatectomy
- Colectomy
- Proctectomy
- Major Hepatectomy
- Partial Hepatectomy
- Esophagectomy
- Nephrectomy

(Cohort excluded those with defined morbidities and morbidities present at time of surgery)

Plans to expand NSQIP across the cluster are underway, for CGH and SKH to join SGH in this NSQIP journey in 2020. Working together, the team believes that greater benefits could be reaped within SingHealth!

* ACS NSQIP is a data-driven, risk-adjusted, outcomes-based programme to measure and improve the quality of surgical care.

INAUGURAL PRECEPTORSHIP AT SKH



1st Singhealth Uro-Oncology Preceptorship

1-2 Nov 2019, Singapore, Sengkang General Hospital

SUOP 2019 was a collaborative effort to increase uro-oncology knowledge in our residents through lectures, breakout discussions of latest evidence in landmark papers and debates on controversial topics. The program was run by 25 local faculties from urology, medical oncology and radiation oncology as well as 4 overseas faculties. Our residents rose to the occasion and performed well!



Inaugural preceptorship at SKH
SingHealth Uro-Oncology Preceptorship (SUOP) 2019 - Dates 1-2 Nov 2019
Organising Chairman: Dr Raj Tiwari, Urology Residency Alumni (2018)



SUOP 2019 Delegates Dinner @ One Farrer Hotel
1 Nov 2019, Friday



SingHealth residents performing intense brainstorming for the debate segment 1 Nov - 2 Nov 2019

COLLEGE OF SURGEONS

GOLD MEDALLIST FOR UROLOGY 2018

DR RAJ TIWARI
(Urology Residency Alumni)



It is humbling and truly the credit goes to my seniors and faculties at SGH Urology - they were very encouraging and gave us plenty of opportunities to learn and improve.

Our SingHealth Urology residency programme is a good programme and I would advise all our residents to work hard consistently, remain humble and reflect on every opportunity be it a patient encounter, OT case or research project as a chance to grow and learn.



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