

### SINK OR SWIM

Residency training in the 1990s was very different from the training nowadays. We learnt a lot on the job by observing our seniors and teaching our juniors.

We also took on supervisory roles during major surgery to guide our juniors as early as when we became second-year Registrars. We therefore had more hands-on learning than our residents receive today.

The 'sink or swim' situation back then hastened learning and personal growth, but was not always good for the patient. Now, to make up for the less hands-on experience of the juniors, I try to draw on every one of my cases to provide a learning experience for them.



Another insight is the importance of a safe learning environment.

As a junior doctor and Registrar, I was terrified of my seniors. In a way, it was good as I made sure that I knew all that I was expected to know. But I was too afraid to ask questions in case I was deemed incompetent.

This is why I now tell my students that no question is too stupid to be asked. Personally, I have learned much from questions posed by residents, even medical students. Hence, everyone benefits from a safe learning environment.

#### Learning to teach

To me, it is good to like teaching but important to learn how to teach well. One of the things I learnt from my two-year Master of Science in Health Profession Education is that, to be a complete clinical educator, we must focus on more than teaching.

I like to say there are educators and there are educators-plus, such as educator-administrators, educator-innovators, educator-researchers, or educator-faculty-developers. There is a wide range of educator roles nowadays. Depending on one's interest, one can even choose to concentrate on developing new courses that fill gaps, or becoming expert assessors to evaluate training programmes.

Training programmes have to be constantly refined to meet changing demands and standards. Hence, educators need to keep modifying our teaching methods. For example, at CGH Head & Neck Service, we need to adapt our training materials and methods, as we do not have as wide a range of cases as SGH, to ensure comprehensive learning. As assessment criteria change, and the COVID-19 pandemic drags on, we also have to innovate in the way we conduct our training to ensure that our students have more than just good book knowledge.

#### An accidental educator

These are experiences that have shaped my journey as an educator. I actually stumbled into education when I was a new surgeon and was approached by NUS Medicine to implement changes to the surgical training for medical students. It was then that I understood the importance of adapting our training



#### **Assoc Prof Koh Jit Hin Adrian**

Senior Consultant, Department of Surgery, CGH; Group Director, Education (Graduate), SingHealth; Education Director, CGH

programme to meet changing standards. The improvements we made were well-received by the students and our teaching scores also went up. This brought me to the attention of senior leadership in CGH and resulted in my progress down the education pathway.

I then led the development of CGH's Surgical Undergraduate Programme and later took on the role of Associate Programme Director of the SingHealth Surgical Residency Programme. I went on to become CGH's Undergraduate Education Lead and subsequently CGH's Campus Education Director. I find it refreshing to talk to my students about the practice of medicine. Understanding their perspectives helps me refine and update our training curricula.

As SingHealth's Group Director, Education (Graduate) since June 2021, I am responsible for overseeing the training and education plans for SingHealth's Academy Colleges. I look forward to working with our college leaders to synergise our training strategies and optimise our resources.



# DEVELOPING OUR FACULTY



#### **Assoc Prof Tan Kiat Tee Benita**

Chairman, Division of Surgery, and Division of Ambulatory & Outpatient Care, Sengkang General Hospital; Academic Vice-Chair, Faculty Affairs and Professional Development, Surgery ACP; Clinical Associate Professor, NUS Yong Loo Lin School of Medicine and Duke-NUS Medical School, and Clinical Teacher, Lee Kong Chian School of Medicine, NTU



As an Academic Medical Centre, SingHealth drives clinical care, education and research together with innovation initiatives to sustain our high healthcare standards. This helps ensure that our public health services can meet the needs of our population.

#### Awareness and system navigation

We do have many resources that help our clinicians pursue education and research opportunities. However, the feedback I have received from newly-promoted Associate Consultants is that they sometimes find it hard to navigate the system to locate the resources or information they need.

Our Faculty Affairs and Professional Development (FAPD) team hopes to identify and plug gaps, link up the clinical services, education and research offices of our Surgery ACP as well as various other parties in SingHealth.

Some of FAPD's aims include ensuring a comprehensive and transparent appraisal system, building a long-term and fulfilling career for Surgery ACP clinicians, identifying and retaining talent, faculty engagement and personal development.

#### A deeper engagement

My team is made up of Deputy Vice-Chair Asst Prof Ong Lin Yin from KKH, institution representatives Assoc Prof Claramae Chia from SGH & NCCS, and Assoc Prof Yuen Heng Wai from

CGH. Our vision is to develop an engaged, motivated and happy workforce. We hope to promote an environment where we actively recruit and retain a diverse faculty of talented educators, clinicians and researchers who share a vision of improving patient care through Academic Medicine. Our aim is for all SingHealth doctors in our Surgery ACP to be given an academic

appointment.

One of our top priorities is to facilitate a deeper engagement of our faculty. Some junior clinicians have raised concerns with me on the differing levels of support they received from their departments, especially in the early years of their careers.

To better engage our junior surgeons, we are looking at holding regular small-group sessions to reach a deeper level of interaction and communication. More also needs to be done to prepare our juniors to undergo leadership training before they take on leadership roles. The resources are available but we need to do more to facilitate such training.

#### A central platform

To support our individual faculty in defining and achieving their professional goals, FAPD aims to create by end-2022 a network that provides easy access to expertise, related resources and tools across institutions and joint institutes.

Currently, we have able partners in education and research such as Duke-NUS, the Academic Medicine Education Institute (AMEI) and Academic Medicine Research Institute (AMRI). We will not be duplicating their resources but providing a central pool of

resources and expertise to offer critical guidance to our Surgery faculty.

I also want to ensure that our faculty can easily obtain information on career and promotion matters. There is no secret data stashed somewhere but, sometimes, it may not be clear or obvious where such information can be found. By making

professional development guidance more easily available, I hope that we can help meet the constant challenge of talent retention that we face in healthcare.



# A BALANCING ACT



#### **Dr Teo Jin Yao**

Senior Consultant, Department of Hepato-Pancreato-Biliary and Transplant Surgery (SGH & NCCS); Programme Director, Residency (General Surgery) Surgery ACP; Director, Undergraduate Education, Surgery ACP

When I was a medical officer, I had a reputation for being short-tempered, even fierce. I doubt anyone back then would have tagged me as a potential educator, researcher or administrator.

I was fortunate though to have received good guidance from mentors which shaped me into the clinician and educator that I am today.



#### **Shaping training**

To be honest, I was 'arrowed' to teach in the early days but I found that I enjoyed teaching. Now, as the Programme Director of Residency (General Surgery), I am responsible for all the residents in our programme. This includes looking after their training needs while ensuring that they get enough rest despite our heavy caseloads. My appointment is a balancing act that includes much administrative work.

Credit goes to my predecessor for the current mentoring system which allows our mentees greater say in choosing, and engaging with their mentors, and to receive useful feedback. The structure is a lot more well-defined than the informal system we had in the past.

To refine the system, I now draw on my own experiences as a trainee and junior surgeon on the type of help I would have liked to receive back then. At the same time, I try to solicit differing opinions from fellow faculty and residents, to tap on a spectrum of viewpoints and ideas.

#### **Addressing concerns**

Surgical training in the past involved a lot of hands-on practice. We had to put in the time to hone our skills before we could operate on patients. While this apprenticeship model still holds, because of the COVID-19 pandemic, we have to rely more on simulation for training. We need to find a balance for this to ensure robust training for our residents.

I also have to address the more long-term concerns of residents, such as whether there will be enough jobs for surgeons after they complete their specialist training. This is a question I am often asked, but have not much control over! My advice to residents is to make themselves as attractive as possible to any employer. While many may not come into residency planning on being a clinician-plus, they should be open to any and all opportunities that come along in the course of their training.

#### Finding a meaningful role

I remember when I was younger and applying for a training post, I was asked if I was keen to do research. I responded frankly that I would if I have to, as it was not my passion. I did not get the job.

As surgeons, life is not solely about the clinical side of things. Especially in an academic centre, we are expected to embrace more roles if we can. Such varied undertakings make us more well-rounded clinicians and contribute indirectly to better patient care.

With SingHealth being an academic medical centre, there are ample opportunities for our residents to explore research, administrative or teaching responsibilities on top of their clinical appointments. While not everyone will find the clinician-plus role to be their cup of tea, I tell residents that identifying their niche is essential for them to remain relevant to the system.

I also advise residents not to close themselves off to options, especially if these are for things they have not tried before. This is why I encourage my students to find a meaningful role that suits their individual temperament and hopes for the future.

# GOING BACK TO BASICS



#### Dr Gan Huei Li Valerie

Senior Consultant, Department of Urology; Programme Director, Residency (Urology), Surgery ACP; Programme Director, Pancreas Transplant, and Surgical Director, Renal Transplant, SingHealth Duke-NUS Transplant Centre I was appointed Programme Director, SingHealth Urology Residency, in January 2021. It has been a continuous learning process for me, managing the administrative work involved and discovering new aspects to education that I was less aware of before.

One of the challenges I feel we need to address in the programme is the changing profile of our urology patients who are mostly elderly. The new generation of elderly are likely to be healthier, savvier and more well-read than our current patients.

There may then be a tendency by clinicians to offer patients more aggressive treatments as medical advancements develop. I think we need to balance this with our basic principle of "To cure sometimes, to relieve often, to comfort always".

#### Learning while teaching

Almost all clinicians in SingHealth are expected to teach. I discovered that I enjoyed teaching and mentoring, but time constraints have made me focus more on my residents in recent years than on medical students.

Teaching and learning are two sides of the same coin. In order to teach, it is essential that our knowledge is up to par and we stay abreast with the latest developments in our fields. Also, when we have been practising the same way for some time, it is easy to become complacent. Being asked 'Why?' by my students forces me to re-examine my practices and ensure that I'm making evidence-based decisions.

I am constantly gaining new ideas from my residents. This generation may have a different way of approaching clinical problems, so I have learned to adapt the way I teach, or plan educational sessions, in order to engage them.

#### **Finding joy**

I knew early on in my medical studies that I wanted to be a surgeon. I discovered my interest in transplantation work and was fortunate to train under wonderful mentors. I would say, quite frankly, that although I am the first locally-trained female surgeon to specialise in kidney transplantation, my gender has not been an obstacle.

As a transplant surgeon, I want to help train the next generation of leaders in the field. One of my residents expressed very early on an interest in this area, so I became his mentor. Watching him gain new skills was rewarding. It was a proud day for me when he became a gazetted transplant surgeon himself!

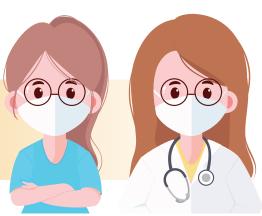
### "To cure sometimes, to relieve often, to comfort always."

 Edward Livingston Trudeau, 19th century American public health pioneer

#### **Being female**

While there are now more female surgeons than before, many people still tend to think that female urologists specialise in female urology. This is increasingly not the case.

My advice to residents is to follow their hearts and identify the subspecialty that challenges them or meets their personal needs. I chose transplantation as it is truly a 'gift of life' that has an immediate and enormous impact on the patient. I still feel great satisfaction and meaning from helping turn patients' lives around with my skills.



**MAJOR NEWS:** 

# HOPE FOR DIABETIC FOOT ULCER PATIENTS

The burden of diabetic foot ulcers (DFU) Singapore is immense and is projected to worsen with the rising prevalence of diabetes. Traditionally, vascular surgeons maintain a central role in DFU management. Their expertise in reversing the inadequate perfusion for DFU is an essential component of limb salvage. However, DFU is a multifactorial disease process, and invariably comes with complex medical issues. Recently, several evidence-based documents have endorsed the application of a more holistic approach to managing the disease. The HOPE programme (Holistic Care for Peripheral Arterial Disease) is designed to formally incorporate holistic management of medical aspects of DFU in addition to revascularisation, in order to improve limb salvage and survival rates.

The vital core of the HOPE programme consists of vascular surgeons partnering with internal medicine (IM) specialists with interests in vascular medicine. All admitted ischemic DFU patients are automatically identified as HOPE patients and, in addition to the vascular surgeons' treatment plans, undergo formal, systematic evaluation and management of medical issues by the IM specialists. The HOPE programme was awarded the SingHealth Surgery Academic Clinical Programme (ACP) Clinical Innovation Support (PI: Clinical A/Prof Edward Choke), which facilitated the conduct of a pilot study at Sengkang General Hospital (SKH) (CIRB Ref: 2019/2637).

Since its commencement in SKH in April 2019, a total of 647 DFU patients have been admitted and have undergone assessment, revascularisation (angioplasty or bypass), wound care and any adjunctive therapy as deemed appropriate for limb salvage. The specific roles of IM specialists included ward rounds, inpatient reviews and optimisation

of patients' medical vascular risk factors. IM ward rounds were performed twice a week, with further ad-hoc rounding as deemed necessary by the IM consultants, depending on the patient's condition.

The majority of the patients were elderly males (mean age 66 years). This was a high-risk group of patients with multiple medical co-morbidities such as diabetes (86%), hypertension (84%), hyperlipidemia (68%) and coronary artery disease (40%), and included end-stage renal patients on renal replacement therapy (18%). About 70% of patients fell under classes 3 or 4 of the American Society of Anaesthesiologists' (ASA) physical status classification system, which assesses the fitness of patients before surgery.

During hospitalisation, a significant proportion of patients (30%) had their hypertensive medications titrated, while 45% had their diabetic medications titrated, among other medical optimisations. The majority of these

patients showed improvements in blood pressure and HBA1C levels during outpatient follow-up.

The 30-day mortality rate was low at 1.6% due to cardiovascular causes (ischemic heart disease), and, similarly, 30-day readmissions for medical reasons was low (2.3%). Compared to existing literature, the 12-month results of HOPE were encouraging for this high-risk cohort of patients, in which all-cause mortality was low at 16% and limb salvage success was encouraging at 90%.

The early data from the pilot HOPE programme for DFU patients is encouraging and we have expanded the holistic component of the programme to formal collaborations with other specialties and allied health. Indeed, this is HOPE for our DFU patients!



# Holistic Care in Peripheral Arterial Disease

From left to right:
Dr Than Zaw Oo, Dr Darius Aw, Dr Tay Jia Sheng, Dr Lim Kai Xiong, Dr Moy Wai Lun, Dr Edward Choke, Dr Ng Choong Tatt, Dr Cheong Li Anne

### SKIN MARK CLIPPED AXILLARY NODES REMOVAL TECHNIQUE



Figure 1. Some members of the KKH team who developed SMART (from left): Assoc Prof Lim Geok Hoon, Head and Senior Consultant, KK Breast Department; Ms Ng Ruey Pyng, Assistant Director, Nursing, KK Breast Department; Dr Mihir Ananta Gudi, Senior Consultant, Department of Pathology and Laboratory Medicine; and Dr Teo Sze Yiun, Senior Consultant, Department of Diagnostic and Interventional Imaging.

KKH devised a new technique called Skin Mark clipped Axillary nodes Removal Technique (SMART) to allow radiation-free, less invasive lymph node removal for suitable breast cancer patients after neoadjuvant chemotherapy. Developed by a multidisciplinary team (figure 1), it is more cost-effective since it eliminates the need for devices used for localising the lymph nodes.

SMART requires the radiologist to mark the position of the clipped node on the skin preoperatively. During surgery, a needle is inserted at the skin marking to localise the node and the node is resected based on this marking. The node is then tested for residual cancerous cells. Should the test indicate no cancerous cells, the patient could be spared an axillary clearance. SMART is

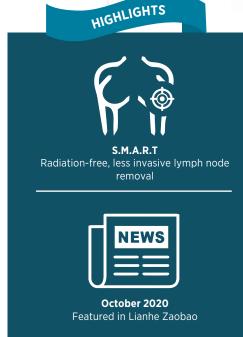
useful only for superficial lymph nodes.

This project was supported by KKH Health Fund Grant and has produced three publications, won two Best Poster awards at international meetings and was featured in Lianhe Zaobao in Oct 2020.



Clinical Associate Professor Lim Geok Hoon

HOD and Senior Consultant, Breast Department



**MAJOR NEWS:** 

### CELEBRATING YEARS **PAEDIATRIC SURGERY**

To commemorate the 40th anniversary of paediatric surgery in Singapore, The KKH Department of Paediatric Surgery has started a new academic fund—named the Paediatric Surgery Fund—to support research and education causes, and to improve the outcomes and survival of children with congenital malformations (birth defects) and newborn diseases.

The fund will provide long-term funding resources for the Department to develop

- new technologies to improve the quality of surgical correction of congenital malformations and newborn diseases:
- novel predictive testing methods to identify patients at the highest risk of deterioration and disability; and
- supportive care systems to alleviate the burden of disability in incurable disorders.

Translating discoveries into better forms of treatment will serve to maximise the life potential of Singapore's childhood population. New expertise and research findings developed through the programmes will also be shared with paediatric surgeons and nurses in Singapore and surrounding nations through scientific forums, workshops, and research publications. Community education and support initiatives will ensure that the psychosocial needs of paediatric patients and their families are also addressed.



Lend your support today!





As a token of appreciation, donors who give \$5,000 or more will be gifted a complimentary copy of a limited-edition coffee-table book commemorating 40 years of paediatric surgery in Singapore—the first such publication to chronicle the history and evolution of our specialty. Eligible donors will also attract a 250% tax deduction.

In conjunction with this significant milestone, the Chapter of Paediatric Surgeons, Academy of Medicine Singapore, with the support of the Surgery ACP, organised a Commemorative Symposium in Paediatric Surgery on 13 November 2021.

The organising committee, led by Dr Amos Loh, chair of Surgery ACP Philanthropy, prepared a half-day symposium which featured four plenary talks by renowned international speakers from Japan, China, France and US.

Key topics in paediatric surgery were discussed, along with a recount on the progress of the discipline over the past decades and visions for future directions. Senior local faculty, including Assoc Prof Anette S Jacobsen, Senior Consultant, Department of Paediatric Surgery & Clinical Director, International Medical Program, KKH, also shared significant milestones in the journey of paediatric surgery in Singapore and the region. Close to 200 local and international participants from the Asia Pacific region and beyond attended the online event.



Watch the recording here

#### **International Plenary Speakers**



#### **Prof Daniel von** Allmen

Surgeon-in-Chief; Lester W. Martin Chair of Pediatric Surgery Senior Vice President, Surgical Services Surgical Director, Neuroblastoma Programme Professor, University of Cincinnati, Department of Surgery Cincinnati Children's Hospital, Cincinnati, Ohio, US

#### **Plenary Theme**

Paediatric Surgical Oncology

#### Title of Talk

Progress in Paediatric Surgical Oncology



#### **Prof Atsuyuki** Yamataka

Professor and Head Department of Pediatric General and Urogenital Surgery Juntendo University, Tokyo, Japan

#### **Plenary Theme**

Paediatric Hepatobiliary Surgery

#### Title of Talk

Progress in Paediatric Surgical Oncology Choledochal Cyst and Biliary Atresia: Looking Back and Looking Forward



#### **Prof Li Long**

Professor and Chief Department of Paediatric Surgery Affiliated Children's Hospital of Capital Institute of Pediatrics, Beijing, China

#### **Plenary Theme**

Paediatric Minimally Invasive Surgery

#### Title of Talk

History and Development of Paediatric Minimally Invasive Surgery



#### **Prof Yves Heloury**

Professor of Pediatric Surgery Urology and Surgical Oncology Service de Chirurgie Viscérale Pédiatrique et Urologie (Centre MAREP) (Department of Pediatric Surgery and Urology) Hôpital Universitaire Necker Enfants Malades, Paris, France

#### **Plenary Theme**

Paediatric Urology

#### Title of Talk

Evolution of Neurogenic Bladder Management

MAJOR NEWS:

# SINGHEALTH SURGERY ACP AND CHANG GUNG MEMORIAL HOSPITAL (CGMH) ENT WEBINAR

The first SingHealth Surgery ACP and Chang Gung Memorial Hospital (CGMH) Otorhinolaryngology (ENT) Webinar was held on 29 September 2021. The webinar was borne out of the close working relationship and friendships cultivated over many years between staff from SingHealth ENT Departments and Chang Gung Memorial Hospital through previous fellowships, conferences and meetings.

With the ongoing COVID-19 pandemic preventing international travel and meetings, leaders from the Surgery ACP, ENT Departments across SingHealth institutions and Chang Gung Memorial Hospital adopted an alternate web-based platform in which we could continue international discussion and education.

Dr Leonard Tan and Dr John Loh from Changi General Hospital (CGH) presented on how the ENT community in Singapore have adapted to the COVID-19 pandemic and summarised local research published by the local ENT fraternity about COVID. Dr Marco Shen from CGMH presented their institutional experience in handling COVID-19, including changes in their clinic and operating protocols.

The event was attended by over a hundred participants from both Taiwan and Singapore. At the end of the conference, CGMH Vice Superintendent Prof Jacob Pang See-Tong, CGMH Chairman of the Department of Otolaryngology Prof



Li Hsueh-Yu, CGMH Linkou Director of Laryngology Assoc Prof Fang Tuan-Jen, CGH CEO Prof Ng Wai Hoe, SKH CMB Prof Hsu Pon Poh, CGH ENT Head of Department Adj Assoc Prof Ian Loh and SGH ENT Head of Department Adj Assoc Prof Toh Song Tar re-affirmed the friendship and cooperation between our institutions. SGH's Department of Otorhinolaryngology was appointed to host the next webinar.

#### **RESEARCH NEWS:**

# National Medical Research Council (NMRC) Award Winners

NMRC oversees the development and advancement of medical research in Singapore. NMRC's mission is to promote excellence in translational and clinical research, nurture a vibrant research community of clinicians and enhance knowledge translation for better health and economic outcomes.

These awards and grants recognise clinician scientists and researchers for their outstanding achievements and contributions, in transforming medicine and improving patient care for Singapore and beyond.



**Asst Prof Tay Kae Jack**Senior Consultant, Department of

Urology, SGH & NCCS

Transition Award



**Asst Prof Kenneth Chen** 

Consultant, Department of Urology, SGH & NCCS Clinician Scientist-Individual Research Grant New Investigator Grant (CS-IRG-NIG)



Asst Prof Frederick Koh Hong Xiang

Associate Consultant, Department of Surgery, SKH NMRC Research Training Fellowship **GLOBAL SURGERY PROGRAMME:** 

#### WELCOME TO DR FOO FUNG JOON, GLOBAL SURGERY PROGRAMME THANK YOU TO DR AMOS LOH

Dr Foo has demonstrated strong interest in contributing to the Global Surgery Programme, particularly in surgical skill- set exchange, to push the global health knowledge frontier and advocate for safe surgery. These objectives are achieved through education/training engagements, regional capacity building through continuing education workshops and clinical fellowship programmes. Empowering regional medical practitioners to take up leadership roles, the programme aspires to steer them towards more self-sustaining surgical medical competencies within their local communities.





We thank Dr Amos Loh Hong Pheng for his outstanding leadership and many contributions as he stepped down from his role as Global Surgery Programme Lead with effect from 1 August 2021. Dr Loh was integral in establishing and spearheading the Global Surgery Programme, optimising the use of resources and timely donor reporting. Dr Loh has also navigated the workgroup steadily through the pandemic, where travelling and education trips have been restricted and alternative methods of capacity building have had to be adopted.

Please join us in extending our warm appreciation to Dr Loh for his steadfast leadership and invaluable contributions to the Global Surgery Programme, and welcoming Dr Foo to his new role.







# 11

#### **NATIONAL DAY AWARDS**

In appreciation for various forms of merit and services to Singapore and in recognition of their exemplary contributions to our Academic Medical Centre (AMC), our patients and our nation's success

PUBLIC ADMINISTRATION MEDAL (BRONZE)





**Clinical Associate Professor** Chan Chung Yip



**Lim Boon Leong Kevin** 



Clinical Associate Professor Tan Kiat Tee Benita



**Professor Wong Wai Keong** 

#### **MASTER ACADEMIC CLINICIAN AWARD**

Dedicated to senior clinicians who have attained mastery level of clinical competence and exemplify the highest level of professionalism and standards of academic activities in Education, Leadership, Research, Innovation, Patient Safety and/or Quality Improvement

#### SINGAPORE HEALTH QUALITY SERVICE

In honour of outstanding healthcare professionals who have delivered quality care and excellent service to

SUPERHERO - CLINICIAN CATEGORY





Clinical Associate Professor **Clinical Associate Professor** Ho Sun Sien Henry Tan Hiang Khoon

SUPERHERO – CLINICIAN CATEGORY (MERIT)



Clinical Associate Professor Toh Song Tar

#### SINGHEALTH EXCELLENCE AWARD

Conferred on outstanding individuals for their exemplary contributions to healthcare leadership and administration, patient care, education and research

**OUTSTANDING CLINICIAN AWARD** 



Clinical Associate Professor Chan Chung Yip



Clinical Associate Professor Wong Siang Yih Andrew

#### **Residency in SingHealth Excels** (RISE) Awards

#### Best ACGME-I Programme Award

Otolaryngology (Category: less than 40 Residents)

#### **OUTSTANDING FACULTY AWARD [15 WINNERS]**

Recognising top 5% Faculty nominated by programmes for their commitment and contribution to Residency

#### GENERAL SURGERY

- Clin Assoc Prof Chan
- Weng Hoong Clin Asst Prof Chiow Kah Heng Adrian
- Dr Lee Zhen Jin
- Dr Lye Jian Ying, Tiffany
- Asst Prof Ong
- Chin-Ann Johnny

- Clin Asst Prof Tan Choon Chieh Clin Asst Prof Tan Tian Hui Jeremy

#### OTOLARYNGOLOGY

- · Clin Asst Prof
- Huang Xinyong Adj Asst Prof Shalini
- Arulanandam Dr Yong Su-ern Jenica

#### SURGERY-IN-GENERAL

- Clin Assoc Prof James Ngu Chi
- Yong Clin Assoc Prof Ong
- Yee Siang Clin Assoc Prof Tan Seck Guan

#### UROLOGY

- Clin Assoc Prof John Yuen Shvi Peng
- Clin Asst Prof Valerie Gan Huei Li

#### Faculty Appreciation Award [3 winners]

Recognising Faculty for mitment towards Residency training during their tenure

#### **GENERAL SURGERY**

Clin Asst Prof Chiow Kah Heng Adrian

#### SURGERY-IN-GENERAL

Clin Assoc Prof Ong Yee Siang

#### UROLOGY

· Dr Lau Kam On Weber

#### **Outstanding Resident Award [9 winners]**

Recognising top 5% of Residents from each programme who have done exceptionally well in their clinical and academic avenues of medical education

#### GENERAL SURGERY

- Dr Cai Mingzhe
- Dr Guo Yuxin Dr Sim Kher Ru Sarah
- OTOLARYNGOLOGY · Dr Jang Jia Hui Isabelle Dr John Loh Ming Ren

#### SURGERY-IN-GENERAL Dr Lo Yu TungDr Yang Xinyan

- UROLOGY Dr Lim Ee Jean · Dr Neo Shu Hui

#### **Resident Committee Appreciation Award [2 winners]**

Recognising the contributions of our Resident representatives in the development of programmes for their peers and juniors

#### OTOLARYNGOLOGY

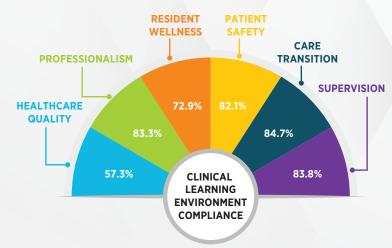
Dr Tav Kaiiun

#### UROLOGY

· Dr Lim Ee Jean

**RESIDENTS' CORNER:** 

# INTERNAL REVIEW (IR) FOR SURGERY ACP



The SingHealth Residency Internal Review (IR) is an internal audit put in place to help SingHealth Residency Programmes maintain compliance to the specialty training requirements.

SingHealth-CLER (Clinical Learning Environment Review) is intended to promote conversations, encourage ACPs to build upon their strengths and address opportunities for improvement in the clinical learning environment for residency programmes under its ambit. It is designed to provide formative assessment and feedback to the ACPs on their engagement of residents in six focus areas—patient safety, care transition, supervision, healthcare quality, professionalism and wellness.

Working towards creating a conductive learning environment for its residents, the IR CLER visit for Surgery ACP was successfully completed on 8 April 2021. Key findings from the CLER visits were consolidated and shared with the Surgery ACP Council in July 2021.

Surgery ACP CLER Workgroups, Programme Directors and HODs are working together to address gaps, if any, at ACP, programme and hospital/department levels.

#### Students Outreach (SingHealth General Surgery Residency Programme)



Pictured: Dr Soon and Dr Sim

The Student Outreach Team from the SingHealth General Surgery Residency Programme held its first virtual student engagement session on 31 July 2021.

The session was graced by Dr Teo Jin Yao, Programme Director, SingHealth General Surgery Residency Programme. Close to 70 medical students from all three local universities and overseas medical

schools tuned in to hear Chief Resident, Dr Sarah Sim and second-year resident, Dr Joel Soon, share their reflections on their journeys before and during residency. Using an "ask-me-anything" format, the residents addressed frequently-asked-questions regarding various topics, ranging from queries on daily life as a resident to questions about the greatest rewards and challenges in a surgical career. The team is encouraged by the positive reception and is looking forward to subsequent virtual engagements which will feature consultants from various general surgical subspecialties.

# Inaugural Urology Transurethral Resection of the Prostate (TURP) Workshop for Junior Residents

On 17 April 2021, the SingHealth Urology Residency Programme held our inaugural TURP workshop for our Junior Residents. The participants completed a pre-workshop online TURP course comprising five modules, each with quizzes. The content was developed by SingHealth faculty, led by Dr Kenneth Chen, Consultant, Department of Urology, SGH.

The workshop began with Dr Edwin Aslim, Consultant, Department of Urology & Director, Benign Prostatic Hyperplasia, SGH, and Dr Lim Ee Jean, Senior Resident, SingHealth Urology Residency Programme reviewing the pre-workshop quiz answers and answering any queries the residents had. Next was the showcase of surgical instruments used for TURP, learning how to assemble the parts and discovering 'relic' instruments that are rarely used today. Finally, residents had fun







taking turns on the TURP Simulator. We had a great time, and look forward to the next workshop!