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SingHealth **DukeNUS**
ACADEMIC MEDICAL CENTRE

SURGERY

Surge**On**

NEWSLETTER

THOUGHT LEADERSHIP:

02

**STRIVING FOR
EQUILIBRIUM**

03

**TO INSPIRE A NEW
GENERATION OF SCIENTISTS**

04

LOOKING AHEAD

05

**A BIG THANK YOU FROM
SURGERY ACP!**

STRIVING FOR EQUILIBRIUM



I did my fellowship training at Stanford University's School of Medicine in 2013. I noticed then that the residents there did not shoulder clinical work the way our residents do in our Singapore hospitals. Instead, the nurses there took on more clinical duties, thus allowing residents to have more flexibility in being involved in clinical work that met their educational needs at each point in time."

Asst Prof Teo Wei Yang Neville,

Vice-Chair, Postgraduate Education, Surgery ACP; Senior Consultant, Department of Otorhinolaryngology—Head & Neck Surgery, SGH; and Programme Director, SingHealth ENT Residency Programme

Managing training needs

Because our local healthcare system relies so much on our residents for patient care, our residents have less time to explore their interests in education, research or leadership roles. This is why one of my main concerns as the Vice-Chair of Postgraduate Education is to ensure that our residents or trainee surgeons get the training they need.

We also need to balance this with allowing our residents enough time and space to grow and explore their interests. This is a real challenge given the demands on our healthcare staff.

Voicing concerns

Those of us who work in SingHealth know that our clinical load is one of the heaviest among our medical centres. It is sometimes very difficult to even squeeze in enough time for our patients and clinical work. For instance, I know that my ENT residents often return to our campus after office hours to work on their presentations for various meetings.

Hence, I see my new appointment as the interface between our residents and policy decision-makers. I provide the voice that speaks up on matters affecting residents' training and well-being. We have to find a way to achieve equilibrium in managing the training needs of our residents while allowing them to push their frontiers of knowledge without burning out.

Other issues that I will be considering include how well training policies translate into practice on the ground. For example, we need to ensure that new areas of focus do not detract from the core competency training of residents. To do this, we have to assess if the training periods of each specialty are long enough to accommodate both core competency skills and 'nice-to-have' expertise.

Staying prepared

By working with the other Programme Directors in Surgery ACP, we can better coordinate our efforts to bring about synergies to maximise our training resources. We will also explore ways to find a common platform to raise issues that concern our programmes and trainees.

In these pandemic times, we have to be on our toes to change the way we carry out training. The hybrid method—combining both online or virtual training with physical face-to-face training—works, and is likely to remain in place for some time. We will need to continue to be adept in harnessing new tools to train our residents, while ensuring that these are fit-for-purpose and not just a new gimmick.



TO INSPIRE A NEW GENERATION OF SCIENTISTS



I've always been interested in research. I find that the deeper I get into my research in cancer immunotherapy—which looks at how to harness our own immune system to treat cancer—the more intrigued I am. Besides my own research focus, I mentor SGH residents in clinical research on head and neck cancer.”

Assoc Prof Lim Chwee Ming,

Deputy Vice-Chair, Research, Surgery ACP; Senior Consultant, Department of Otorhinolaryngology—Head & Neck Surgery; and Director, Clinical Translational Research (CTR), SGH

Wide scope of research

My interest in research was really piqued after I went on a two-year fellowship at the University of Pittsburgh Medical Center in 2010. I was fortunate to be able to do immunotherapy research in head and neck cancer under the guidance of Professor Robert Ferris, a surgeon-scientist. My experience made me realise how important mentorship is to nurture the next generation of surgeon-scientists.

With my appointment as the Deputy Vice-Chair of Research, I will be learning from Prof Pierce Chow on strengthening our academic culture and improving outputs within our ACP. I see this as an opportunity to inspire the next generation of surgeon-scientists to do research.

Very often, in our clinical practice, we identify possible knowledge and clinical gaps that need plugging. We can find answers to address these needs through research. Research does not only mean translational research but also clinical research, and innovations such as in medical technology and device development.

One of my other research interests is to develop a next generation of robotic system for head and neck surgery. I am currently working on a more flexible robotic system that can navigate the very tight confines of the throat. With such a robotic system, we can adopt a more flexible robotic platform compared to the

current rigid robotic system. In this way, we can perform transoral head and neck surgery more effectively.

Barriers to research

As SGH's Director of CTR, my role is to enable research within the larger SGH community. There are ample opportunities for fostering collaborations with the scientists at CTR. Additionally, in my new ACP role, I wish for more aspiring surgeon scientists among the residents at our ACP to take on this clinician-plus role.

A considerable challenge that all of us in healthcare face is how to juggle our clinical work with research. One of my key areas therefore as Deputy Vice-Chair of Research is to identify barriers to research so as to mitigate these “pain points” for aspiring clinician-scientists.

I admire the strong networks and vibrant ecosystems for research and innovation at medical networks such as the Massachusetts General Brigham Hospital and Harvard Medical School. I think we have the potential to get there. For now, I hope to align the research focus with our ACP leaders to nurture and create a research culture towards academic medicine.



Self-care

Given the amount of juggling of work demands we all have to face, I think it is important that we take care of ourselves so that we do not burn out or get overwhelmed.

As a father of two active boys, I try to manage my time so that I can be present for my family. I do fun things like swimming with the boys and I also keep up with their developing interests.

LOOKING AHEAD



“With my new appointment as the Vice-Chairman (Clinical) of our ACP, I will be focusing on how we can ensure both staff wellness and clinical quality standards. I will also be continuing with the good work of my predecessor, Assoc Prof Ong Hock Soo, who enrolled SGH on the American College of Surgeons National Surgical Quality Improvement Program (NSQIP).”

Assoc Prof Andrew Wong Siang Yih,

Vice-Chair, Clinical, Surgery ACP; Deputy Chairman Medical Board (Surgical Disciplines), CGH; and Senior Consultant, Department of Surgery, CGH

Clinical quality benchmarks

NSQIP provides participating hospitals with tools, analyses, and reports to measure their quality of surgical care so as to make informed decisions for improvements. The programme is now at a mature stage in SGH with more SingHealth institutions joining in. In line with the vision of our previous Academic Chair, Assoc Prof Tan Hiang Khoon, we will be extending our NSQIP enrolment to the rest of our SingHealth cluster.

Now that many of us are using the same benchmark for clinical quality, there are opportunities to leverage our expertise at a cluster level to drive surgical quality. We also hope to identify areas for improvement as clinical quality directly impacts our patient care.

Manpower deficit

Post-pandemic, we are dealing with several issues that need to be addressed now.

Firstly, many of our patients with non-COVID-related illnesses, also known as Business-as-Usual or BAU patients, are coming to us sicker, frailer or more elderly. We have to run more wards to accommodate both COVID and BAU patients.

At the same time, we are facing an acute shortage of healthcare staff. Our manpower crunch applies across the board—we are short of nurses, allied health professionals, even junior and mid-level doctors. This is partly due to foreign staff who have resigned to return

home or staff leaving us because of burnout.

We therefore face the double challenge of meeting the expected increase in healthcare demands by our ageing population and how we can cater to this demand with a manpower deficit.

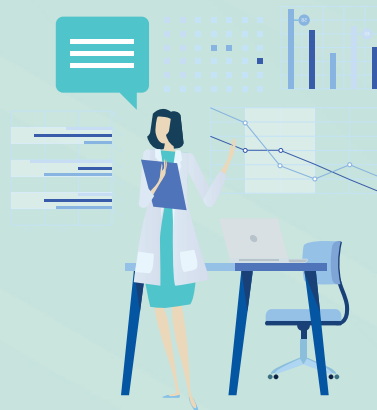
Additionally, with more infrastructure coming up on our SingHealth campuses in the next eight to 10 years, we have to look ahead to plan the staffing for these facilities. Any strategy we implement needs time to be executed, for example, pilot trials need to be held before we can roll out, on a large scale, new ways of doing things.

Innovative solutions required

We are therefore considering different approaches to resolve our manpower crunch. One example is the Clinic Scribe Programme at SGH that trains fresh graduates to do scribing or documentation of notes in our clinics. This initiative has been found to reduce turnover time between patients and has been well-received. We are looking into introducing this programme to other clinics in SGH and also CGH.

Training laypersons to be part of the operating theatre team, or to take on certain limited roles traditionally performed by nurses and doctors, is worth considering. This must, of course, be done within the necessary training and assessment of competency framework.

We are exploring these innovative ideas currently. We need to see if they will work in the long term and how they may impact our healthcare services and patient care. For now, we are also focusing on how we can look after the welfare of our staff and how we can retain staff given the tremendous stress they face.



A BIG *Thank You* FROM SURGERY ACP!

Surgery ACP (SACP) would like to extend our heartfelt appreciation to the outgoing Vice Chairs and Deputy Vice-Chair for their time and contributions towards our pursuit of academic medicine, transforming healthcare in Singapore, and as a thought leader in care innovation.

01 Assoc Prof Caroline Ong has been pivotal in ensuring our surgical residency programmes maintain high training standards across institutions attaining continued institutional accreditation. She was also key in the establishment of the Optimising Learning with Task Trainers (OLTT) workshop, a first-of-its-kind programme in Singapore which employs the use of simulations and gamification to develop procedural skills in healthcare professionals. The workshop also received the Ministry of Health's (MOH) approval for use of Professional Training Assessment and Standards (PTAS) funds for faculty development.

02 Assoc Prof Ong is Instrumental in setting up the National Surgical Quality Improvement Programme (NSQIP). He will continue to be the surgeon champion after relinquishing



Assoc Prof Caroline Ong
Vice Chair (Postgraduate
Education), 2016 - 2022

his Vice Chair duties. As a strong advocate of benchmarking surgical outcomes to improve standards of care, he also provided guidance to other surgical departments across SingHealth to adopt NSQIP to aid in the auditing of surgical outcomes.

03 Asst Prof Amos Loh's support of the Surgery ACP Seed Grant Programme was essential in ensuring its continuity despite a lack of funding for two years. Not only did he explore alternate sources of funding for the programme, but he also set up a mentor bonus system to encourage experienced faculty to join the



Assoc Prof Ong Hock Soo
Vice Chair (Clinical),
2016 - 2022

mentorship programme. This created a positive research ecosystem where junior clinicians are trained to be researchers while experienced faculty continue to develop their research mentorship skills.

We look forward to their continual support and leadership to create a vibrant academic environment which will inspire our healthcare professionals to push the frontiers of medicine and improve the lives of patients.



Asst Prof Amos Loh
Deputy Vice Chair
(Research), 2019 - 2022

Farewell Message from Assoc Prof Caroline Ong

Thanks for the opportunity to serve in SACP Council! It was, at times, challenging but very rewarding to learn "on-the-job", both together with and from the SACP Education team (Programme Directors, Programme Executives, Education Directors and SACP Administrators). Other than developing education leadership, regular engagement in Council activities widened my network ties and improved clinical care for my patients.

Of the various projects handled by our SACP Education team, I'm happiest about the following: the annual SACP Residency Report Card provides regular overview of the performance of all 5 SACP residency programmes to facilitate targeted interventions by HODs, education leads and gives faculty personal consolidated feedback; many junior educators were mentored with "tea sessions" and coached towards successful education grant applications; we streamlined and made transparent processes for funding for faculty development and surgical skills training; the community of practice of surgical educators has grown steadily.

Of course there remains much more to do to improve education in SACP, so everyone please continue to join and support SACP education initiatives. Also, if anyone is looking for collaborators, my areas of education interest are surgical skills training, faculty development and education research.

Best wishes to the new Council!



NSQIP

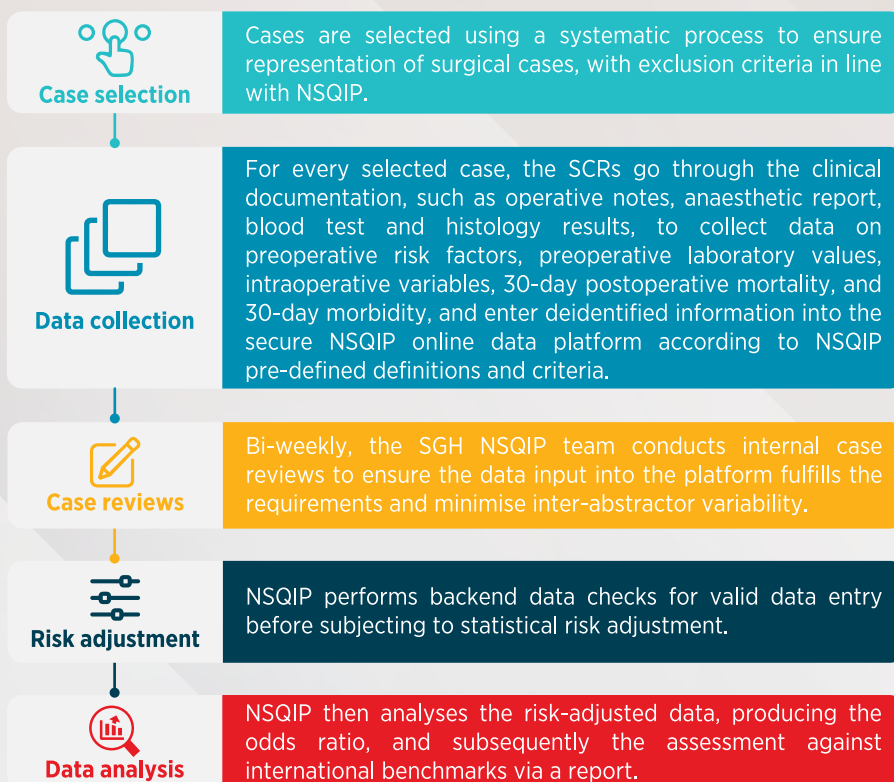
- HOW WE BENCHMARK OURSELVES IN AN INCREASINGLY CONNECTED WORLD

Many would be aware that Division of Surgery and Surgical Oncology (DSSO), SGH, has embarked on the National Surgical Quality Improvement Program (NSQIP) since June 2017 - a data-driven, risk-adjusted, outcomes-based programme that measures against international benchmarks and aims to improve quality of surgical care. Currently, NSQIP has a total of 691 participating hospitals internationally.

One of the key benefits of NSQIP is that the programme uses a validated statistical modeling technique to risk-adjust and compensate for differences in patient mix and procedure mix between hospitals, allowing fair and meaningful comparisons among hospitals.

To ensure the reliability of the input data, NSQIP provides robust training and annual certification to Surgical Clinical Reviewers (SCRs) on the abstraction process. In addition, the NSQIP team in SGH conducts regular internal case reviews that strengthen standards in data accuracy and consistency.

The process of case abstraction and data analysis is as such:



Assessment in the risk-adjusted report clearly identifies exemplary areas to sustain current good practices and areas of opportunity for improvement

	Total Cases	Observed		Expected Rate	Odds Ratio	95% C.L		Outliner	Decile	Adjusted Percentile	Adjusted Quartile	Assessment*
		Events	Rate			Lower	Upper					
ALLCASES Mortality	3301	16	0.48%	0.75%	0.74	0.49	1.09		1	21	1	Exemplary
ALLCASES Readmission	3301	156	4.78%	5.05%	0.94	0.80	1.10		4	38	2	As Expected
ALLCASES SSI	3268	156	4.70%	3.27%	1.48	1.23	1.78	High	9	84	4	Needs Improvement

Snapshot of SGH DSSO 2022 Semi-Annual Report

The Semi-Annual Report is published every first and third quarter of the year, and the interim Semi-Annual Report every second and fourth quarter, based on data from the previous 12-month period, with a six-month lag. The assessment in the report allows hospitals to clearly identify areas of opportunity for improvement. For example, the team has been sharing surgical site infection (SSI) data with the Department of Infection Prevention & Epidemiology for the study on correlation with surgical prophylaxis compliance and aims to reduce SSI rates in SGH.

Moving forward, all four SingHealth hospitals are expected to embark on NSQIP by 2023, and this expands the potential for further collaborations to improve patient care across SingHealth.

Meet our NSQIP team!



Back row, left to right: Tan Mei Qi (DSSO Administrator), Edwin Joshua Ang (SCR), Sahidah (SCR)

Front row, left to right: Tan Ai Muay (SCR), Assoc Prof Ong Hock Soo (Surgeon Champion), Ng Lei Beng (SCR)

Not in photo: Heng Yi Xiong (DSSO Administrator), Nur Kamalia (SCR)

MINIMALLY INVASIVE BREAST SURGERY: PART 2 - THE WHAT, WHY, HOW AND THE FUTURE?



Dr Mok Chi Wei,
Consultant, Department of
Surgery, Division of Breast
Surgery, Changi General
Hospital (CGH)

Q1 What is minimally invasive breast surgery?

Minimally invasive breast surgery, a term coined over the past two decades or so, essentially describes surgical techniques performed with the assistance of endoscopic instruments and, more recently, robotic surgical platform. Key features of this technique revolved around adequate yet small incision(s) placed in inconspicuous or hidden areas, leading to better aesthetic outcomes (Figure 1), while not compromising on safety and allowing for immediate breast reconstruction to be performed through the same incision(s).

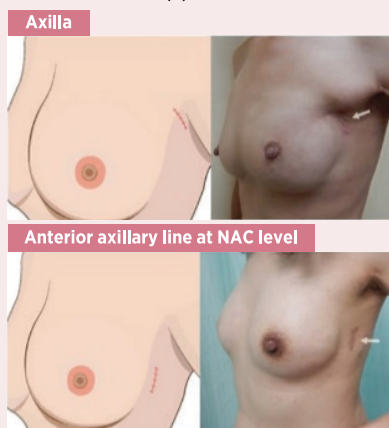


Figure 1 Smaller and hidden incisions allow for faster recovery and better cosmesis

Q2 Why is minimally invasive breast surgery better?

The use of endoscopic instruments or robotic surgical platform helps to improve visualisation through better optics, thereby allowing for oncologic resection to take place through small incisions (Figure 2).

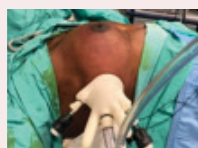


Figure 2(a) Use of endoscopic instruments allows better visualisation of the operative field



Figure 2(b) Precise and accurate dissection of skin flap (red arrow) off breast parenchyma (black arrow) allows for safe oncological resection and low risk of skin flap necrosis



Figure 2(c) Endoscopic visualisation allows for complete removal of ductal tissue in the sub-nipple or retro-areolar region as this is important for oncological resection in nipple-sparing mastectomy

Q3 How do we do it?

There are two main broad categories of surgical techniques with or without the use of endoscopic instruments (Figure 3). Under the non-endoscopic group, there are various techniques which can be employed and include, but are not limited to, moving window and retraction with light handle retractors. Endoscopic-assisted breast surgery (EABS) can be further divided into robotic-assisted and endoscopic-assisted non-robotic techniques. Endoscopic-assisted non-robotic techniques can be further subdivided according to variations in instruments such as the use of retraction or insufflation system, single versus multiple ports, use of 3-dimensional (3D) or 4K resolution system.

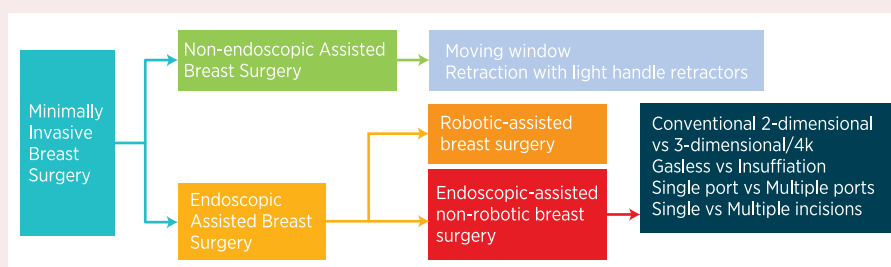


Figure 3 Categories of Minimally Invasive Breast Surgery Techniques

Q4 What is the future in minimally invasive breast surgery?

The future of minimally invasive breast surgery is limitless. Variation of techniques can be applied in the conduct of minimal access surgery. Techniques that will remain competitive and potentially develop into a standard approach should fulfil four criteria in terms of safety (surgical and oncological safety), efficacy, acceptable operative time and cost-effectiveness. Endoscopic-assisted surgery, whether it be a robotic or non-robotic approach, has an equal chance to develop into a standard approach for the surgical management of breast cancer.



GBCC 2022
Global Breast Cancer Conference 2022

Global Breast Cancer Conference 2022
28 to 30 April 2022 in Seoul, Korea

Good Poster Award:
Patterns of Breast Cancer Second Recurrences in Patients After Mastectomy
KKH, Breast Department

Geok Hoon Lim, KKH, Breast Department
Veronica Siton Alcantara, KKH, Breast Department
Ruey Pyng Ng, KKH, Division of Nursing
Rehena Ganguly, Duke-NUS Medical School
Me Me Win Htein, KKH, Breast Department
Swee Ho Lim, KKH, Breast Department
Zhiyan yan, KKH, Breast Department
Qing Ting Tan, KKH, Breast Department

RESEARCH:

NMRC OPEN FUND - LARGE COLLABORATIVE GRANT (OF-LCG) JUNE 2021 GRANT CALL

Congratulations to Prof Pierce Chow from the Department of Hepatopancreatobiliary & Transplant Surgery and his team on being awarded the prestigious National Medical Research Council (NMRC) Open Fund - Large Collaborative Grant (OF-LCG) in the June 2021 Grant Call!



Prof Pierce Chow

He has been awarded \$25 million for his work on hepatocellular carcinoma, titled 'Precision Medicine in Liver Cancer across an Asia Pacific Network 2.0 (PLANet 2.0)'. PLANet 1.0 shed light on novel mechanisms underpinning the disease and how the cancer cells revert to their foetal forms to escape the body's immunological defence. This grant follows the success of the PLANet 1.0 programme and will allow him and his team to progress to therapeutic studies for patients.

This successful renewal of the multi-disciplinary Liver Flagship Programme brings together translational experts in complementary fields and institutions, including NCCS, Duke-NUS Medical School, Genome Institute of Singapore, Institute of Molecular and Cell Biology, Cancer Science Institute Singapore - NUS, Singapore Phenome Centre and clinician investigators from six local hospitals and up to another 11 sites in the Asia-Pacific region. Together, PLANet 2.0 will uncover the molecular mechanisms underpinning response, recurrence and resistance in hepatocellular carcinoma patients receiving current best-in-class therapies, change clinical practice and improve patient outcomes in liver cancer.

SINGHEALTH DUKE-NUS ACADEMIC MEDICINE RESEARCH GRANT

The SingHealth Duke-NUS Academic Medicine (AM) Research Grant Call provides funding support to deserving translational and clinical researchers within the SingHealth Duke-NUS Academic Medical Centre (AMC).



SingHealth Duke-NUS Academic Medicine Research Grant Call FY2022 Awardee

Ms Sim Mei Yi
Medical Laboratory Scientist,
Department of Urology, SGH & NCCS



SingHealth Duke-NUS Academic Medicine Research Grant Call FY2022: Special Category (RMCT) Awardee

Dr Png Yi Tian
Research Fellow I, Department of
Otorhinolaryngology-H&N Surgery,
SGH & NCCS

SINGHEALTH DUKE-NUS AM & NHIC JOINT MEDTECH GRANT

The SingHealth Duke-NUS AM & National Health Innovation Centre Singapore (NHIC) Joint MedTech Grant Call FY2021 is jointly supported by the SingHealth Duke-NUS AMC and NHIC to provide seed funding for investigators to explore novel research ideas, support exploratory efforts for early-stage projects that involve an unmet clinical need and show potential for further development with the next stage of Proof of Concept funding.



SingHealth Duke-NUS AM & NHIC Joint MedTech Grant Call FY2022 Awardee

Dr Ng Tze Kiat
Senior Consultant, Department of Urology, SGH & NCCS

SURGERY ACP SEED GRANT 2022

The aim of the Surgery ACP Seed Grant is to encourage exploratory and developmental research projects in the Surgery ACP by providing support for early and conceptual stage research.



Budding Researcher
Dr Chue Koy Min
Associate Consultant, Department
of Surgery, SKH



Open Category
Dr Lim Hui Jun
Resident, General Surgery Residency,
SingHealth



Open Category
Dr Yeo Wei Xin
Senior Resident, Otorhinolaryngology
Residency, SingHealth



Open Category
Dr Png Yi Tian
Research Fellow I, Department of
Otorhinolaryngology-H&N Surgery,
SGH & NCCS

VISION FOR EDUCATION



Assoc Prof Chong Tze Tec,
Vice-Chair (Undergraduate Education),
Head & Senior Consultant, Department of
Vascular Surgery, SGH, Head, SingHealth
Duke-NUS Vascular Centre

Education has been disrupted due to the COVID pandemic, with safe distancing measures, cross-institutional restrictions and many other restrictions challenging education delivery. Response from medical schools, however, has been strong and steadfast. For example, Duke-NUS Medical School adjusted the research year and vacation time to minimise impact, and other education faculty adapted by using different teaching methods, such as virtual ward rounds. Other groups are also working on developing alternate, innovative solutions like serious gaming, online teachings and simulation to navigate these challenges.

While procedural specialties like surgery are among the most impacted, postgraduate education is similarly affected due to decrease in elective procedures and external postings to help with the national COVID-19 pandemic effort.

The opportunities to help COVID-19 patients at Community Care Facilities, Community Recovery Facilities, dormitories and other facilities allowed students to build character and foster friendships beyond the usual rotations – all of which may prove invaluable in their future careers. These disruptions to normal

duties, while inconvenient, add richness to the teaching which students may not experience in pre-pandemic times.

To address the recent decreased student satisfaction scores, Surgery ACP is keen to review its delivery of undergraduate and postgraduate education. We will be organising an education retreat in mid-August and we encourage all interested parties to contribute to the efforts of SACP in enhancing education delivery in the new norm.

EDUCATION TECHNOLOGY: THE FUTURE OF SURGICAL EDUCATION SERIES

In the last two years, the pandemic has accelerated the need for medical and surgical education to evolve, given the physical restrictions needed to safeguard our hospitals, staff and patients. Despite such challenging times, surgical care and surgical education has to continue. As a result, there was a great impetus to design an adapted curriculum specifically for healthcare educators in our ACP.

A four-part Surgical Education series, chaired by Assoc Prof Chong Tze Tec and Prof Fernando Bello, was created to impart knowledge to healthcare professionals on trends and new approaches; and ways to leverage technology for creative solutions to problems and issues in surgical education.

The Surgery ACP, in collaboration with Duke-NUS Medical School, held the inaugural session on 9 February 2022 and its second on 13 May 2022. About 50 healthcare professionals across the SingHealth Duke-NUS AMC family attended each session.

We were honoured to welcome Prof Fernando Bello from Duke-NUS Medical School, as well as Dr Kirsten Dalrymple and Professor Roger Kneebone, both from Imperial College London, United Kingdom as our guest speakers for Session 1 titled, *'Setting the Scene - Theory, Practice and Direction'*.

One of the topics on "Education Technology — Trends, Challenges and Opportunities" emphasised the different contributing factors specifically to technologies in surgical education, including the roles of eLearning, interactive online tools, gamification and even artificial intelligence. Another topic on "Innovative Simulation" shared the importance of expertise, the path to becoming an expert, and the interdisciplinary skills that are needed in that journey. More importantly, the focus is not just on mastering skills but rather, the process of becoming experts.

For Session 2 titled *"Surgical Simulation"*, we had the opportunity to hear from Assoc Prof Denise Gee from Harvard Medical School and Prof Michael M. Awad from Washington University School of

Medicine, United States, who covered topics on the development and introduction of best practices for designing surgical simulation curricula.

Session 2 emphasised the importance of skills; both technical and non-technical, and what constitutes an effective curricular design, such as mastery training, deliberate practice, training to automaticity and capitalising on available resources. Before the session concluded, our speakers also gave additional tips to attendees for efficient procedural simulations.

Surgery ACP is excited to bring more of such insightful learning in subsequent sessions for every healthcare professional, and look forward to our next session in August 2022!



POSTGRADUATE EDUCATION/RESIDENTS' CORNER:

GS RESIDENCY ANNUAL RETREAT

The General Surgery (GS) retreat is an event that all residents look forward to with excitement each year. This one-day event is specially dedicated to the growth of our residency programme, giving the opportunity for residents to provide feedback, debate on pertinent issues, foster team building and create recommendations for change.

With COVID-19 and all its restrictions, it was delightful, even heart-warming, to finally be able to gather respectively in our groups of five and on the Zoom platform. Alongside our friendly programme director (PD), Assoc Prof Teo Jin Yao, and associate PDs, Asst Prof Gerald Tay, Asst Prof Lin Jin Lin and Asst Prof Winson Tan, residents from all levels engaged in lively debate on topics ranging from "How to prepare for clinician-plus" to the setting up of sub-committees targeted at providing residents more voice and power in their own training.

Judging from the spirited and enthusiastic response from everyone and despite the social distancing measures in place, the third GS residency retreat was a roaring success and continues to be a tradition held dear to many. We look forward to building a stronger, better, and more holistic GS residency programme.



LAPAROSCOPIC RADICAL NEPHRECTOMY WORKSHOP FOR SINGHEALTH UROLOGY RESIDENTS — 22 JANUARY 2022

The SingHealth Urology Residency Programme, together with our industry partners (One Ethicon, J&J and Karl Storz), ran a laparoscopic radical nephrectomy workshop for our residents at Academia, SIMS Lab. Participants completed a series of pre-course online videos covering the laparoscopic principles and steps pertinent to performing a radical nephrectomy. Course Director, Dr Edwin Jonathon Aslim, together with faculty representatives from the SGH, CGH and SKH Departments of Urology, guided our residents during the hands-on workshop where they had the opportunity to perform the surgery on pigs. The workshop was well-received by the urology residents, who look forward to more of these workshops in the future.



WELCOMING OUR AY2022 RESIDENTS!



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- 01** Orientation and Engagement with new URO residents
- 02** Orientation and Engagement with new ENT residents
- 03** Chief residents giving on-boarding briefing to new GS residents

- 04** AY22 SIG Residency Orientation @ Outram Community Hospital
- 05** New GS residents in a get-to-know faculty and current residents dinner

PHILANTHROPY:

MEDSG200 CHARITY GOLF

The MedSG200 Charity Golf raised funds for research and education for our ACPs on 12 January 2022.

Charity golf tournaments have always been an effective activity for donors to converge and support the efforts of our ACPs, and this year's tournament was no exception.

Held at the Singapore Island Country Club, the event was a resounding success and raised a total of **\$783,500**. Mr Wong Fong Fui, Chairman and Group Chief Executive Officer, Boustead Singapore Ltd, was the top donor with his personal donation of \$500,000.



(from left) Mr Wong Fan Fui, Chairman and Group CEO, Boustead Singapore Ltd, Prof Kenneth Kwek, Deputy Group CEO (Innovation & Informatics), SingHealth, and Prof Tan Kok Chai, Chairman of the MedSG200 Charity Golf Organising Committee.

In support of this event, Surgery ACP contributed a total of \$75,000 to advance academic medicine in Surgery ACP.

This was adapted from SingHealth Inspire Issue 1/2022 'MedSG200 Charity Golf Raises \$783,500 for Medical Research and Education - SingHealth'.

GLOBAL SURGERY PROGRAMME:

GLOBAL HEALTH INITIATIVE: TELEMEDICINE CENTRE



The generous support from Musim Mas Group enabled us to work on the inter-disciplinary Global Health Initiative – Telemedicine Centre, led by Assoc Prof Henry Ho, Chairman, Division of Surgery & Surgical Oncology, SGH and NCCS and Academic Chair for Surgery ACP. His team includes Assoc Prof Tan Hiang Khoon, Deputy Chief Executive Officer (Future Health System), SGH, Assoc Prof Chong Tsung Wen, Senior Consultant, Urology, SGH and NCCS, Dr Beatrice Koh Fangju, Consultant, General Surgery, SGH & NCCS, Ms Yeo Shuan Khiag, Senior Manager, Specialist Outpatient Clinic-Operations, SGH, Assoc Prof Daniel Ting, Consultant, Surgical Retina, SNEC and Ms Lee Chen Ee, Group Director Organisational Transformation, SingHealth.



Assoc Prof
Henry Ho

The COVID-19 pandemic is a public health emergency which has affected health services in numerous ways. There is now renewed interest in telemedicine and emphasis on social distancing and reducing human traffic in the hospital as Singapore and the rest of the world moves into a “new normal”.

As at 31 March 2022, there were nine departments with 30 doctors onboard the Telemedicine Centre in the Division of Surgery & Surgical Oncology. Collectively, the division conducted 2,015 video consultations (VC) between November 2020 and March 2022. Doctors’ consults made up 1,705 or 85%, while nurses accounted for the remaining 310 cases (15%). VC attendances peaked at 292 cases in October 2021, driven by a sharp increase in community COVID-19 cases between September and October 2021. With over 900 VCs completed, the Department of Urology accounted for

close to 50% of all telemedicine attendances in the Division.

To further enable care beyond the hospitals, especially to frail elders residing in nursing homes, the team has also been in active discussions with nursing homes to explore converting suitable residents with SGH appointments to VC. Not only would this mitigate the risk of community infection, but it would also ease the demand on limited medical escort manpower. The pilot VC with Thye Hua Kwan Senior Activity Centre was conducted on 14 April 2022 successfully with the Department of Vascular Surgery. The 79-year-old patient was happy with the VC as he only needed to make a trip to the centre near his home, instead of travelling to SGH with a medical escort.

GLOBAL SURGERY PROGRAMME (CAPACITY BUILDING BEYOND BORDERS): PAEDIATRIC UROLOGY TRAINING PROGRAMME, 1 TO 2 APRIL 2022

The Global Surgery Programme, led by Surgery ACP, supported an overseas virtual engagement with partner hospitals and universities in Myanmar, Papua New Guinea and Solomon Islands for the Paediatric Urology Exam Training Programme on 1 to 2 April 2022.

Initiated by our Paediatric Surgery team, the training of 34 medical residents was conducted through nine pre-recorded lectures and two half-day online teaching courses, comprising interactive case presentations and discussion sessions. The programme aimed to strengthen the foundation in theoretical knowledge, critical thinking and operative skills of medical residents who were due to take their exit examinations for Paediatric Surgery or Urology qualifications.

Based on the feedback received, participants agreed that this course provided the right amount of information and provided an up-to-date understanding and knowledge of current practice in Paediatric Urology. Many junior doctors and trainees, who had attended for the first time, also indicated their satisfaction with the course.

The various components of the course were tailored to meet the needs of participants with different requirements.

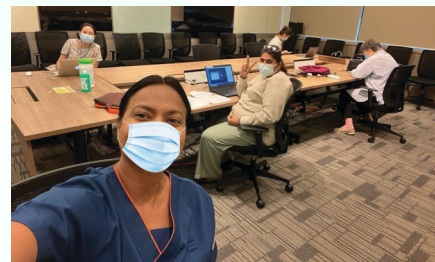
The course is informative and compact.

I would recommend this course to others as we can learn current trend of diagnosis and management in other centres which will help to improve our care for our patients.

Feedback from participants

The more experienced surgeons among the participants found that the interactive case discussions were particularly valuable and recommended the standardisation of local practice with that of international institutions for the benefit of their patients.

The Global Surgery Programme will continue to support meaningful overseas engagements to provide opportunities to build and strengthen partnerships between institutions and international communities.



KKH Paediatric Surgery team conducting online teaching course

From top left: Dr Yap Te-Lu, Ms Fan Jingdan
From bottom left: Dr Rambha Rai, Ms Ranjit Kaur and
Prof Anette Jacobsen