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• SEED GRANT, COURSE SPONSORSHIP
- **RESEARCH MENTORSHIP**
- **COLLABORATIONS WITH INSTITUTES OF HIGHER
LEARNING (IHL)**
- **SURGEON-SCIENTIST START-UP GRANT (S4G)**
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OUR SURGERY ACP DEPARTMENTS

AS OF MARCH 2015

SGH

Department of Anaesthesiology • Department of Colorectal Surgery • Department of General Surgery • Department of Hand Surgery • Department of Hepatopancreatobiliary/Transplant Surgery • Department of Orthopaedic Surgery • Department of Otolaryngology • Department of Plastic, Reconstructive & Aesthetic Surgery • Department of Upper GI and Bariatric Surgery • Department of Urology • Department of Vascular Surgery

KKH

Breast Department • Cardiothoracic Surgery Service • Colorectal Service • Department of Orthopaedic Surgery • Department of Otolaryngology • Department of Paediatric Anaesthesia • Department of Paediatric Surgery • Department of Plastic, Reconstructive & Aesthetic Surgery • Dental Service

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SURGICAL & CONGRESS

SURGICAL EXCELLENCE
THROUGH COLLABORATION

21-27 October 2015
Academia, SGH Campus
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SINGHEALTH
SURGICAL CONGRESS



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PARTNERS IN
EDUCATION

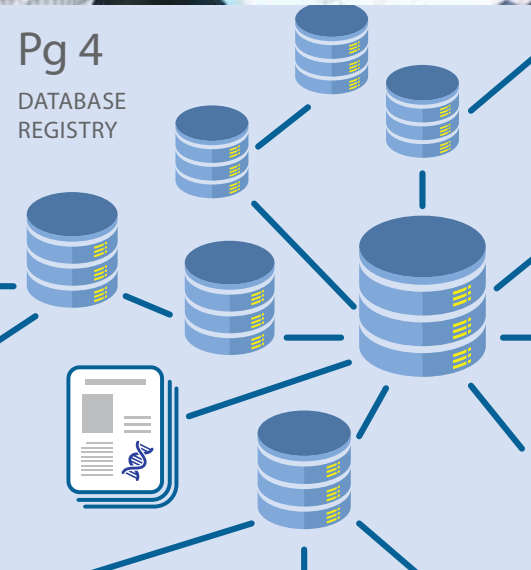
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Surgery ACP Newsletter

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DATABASE
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FACULTY
DEVELOPMENT WORKSHOP



SURGERY

Academic Clinical Program



Partners in Academic Medicine



PARTNERS IN EDUCATION

The use of high fidelity simulators and instruments has improved skills training. However, this development of the best training programmes has resulted in increased costs. Support from industry partners has been instrumental in keeping these affordable for our young clinicians.

Besides equipment and consumables support from many industry partners, education grants were secured with four leading ones (i.e. Covidien, Johnson & Johnson, Karl Storz Endoscopy and Olympus Singapore). These grants enabled us to make selected Surgical Skills and Stimulation Centre (SSSC) training programmes (Basic Surgical Skills, Endoscopy Simulation, Basic and Advanced Laparoscopic Skills) more affordable.

As we continue to improve our existing programmes and add new programmes, we hope to engage more industry partners in training the next generation of clinicians.



MEDICAL STUDENT EDUCATION WORKSHOP

Surgical clerkship is one of the core clerkships in medical school. It is a time for students to be exposed to the art and science of surgery and enthuse them to develop a greater understanding of the field. It is important that we instill in them some surgical skills that would be essential to their medical career.

In line with that vision, Dr Chong Tze Tec and Surgery ACP have designed a special workshop for the Duke-NUS Year 2 & 4 students. The inaugural course was held on Saturday, 24 January 2015, and it was a success in terms of course content and student satisfaction. "Introduction to Basic Suturing and Knots Tying" will be a feature in the surgery clerkship and sub internship time to build on the technical skills our students have



accrued during medical school and help consolidate their learning.

With the help of SSSC and our sponsors, we are able to bring to the students focused attention and individual suture sets which help to maximise the learning outcomes. We know they will find it useful when they go to the wards and perform these procedures.

This course formalises what many of our faculty have done individually on an informal basis to teach these skills. We trust that this structured curriculum covers and improves on



this basic teaching with resources and administrative support.

In the future, we look forward to running more of these sessions as well as including our counterparts from NUS-YLL SOM into the programme.

SINGHEALTH

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21-27 October 2015
Academia, SGH Campus

Submit Abstracts Before
12 July 2015

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FIND OUT MORE

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Cross-disciplinary discussions and lectures:

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- Trauma, Transplant & Critical Care
- Vascular & Cardiothoracic Surgery
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PATIENTS. AT THE HEART OF ALL WE DO.™

DATABASE REGISTRY

(Left to right) Mr Harith Salleh, Ms Lau Kai Yu, Mr Khairul Anwar and Dr Chew Min Hoe



Old Cases

- Currently: Department databases are in legacy systems, stored in unsecured Excel, Access and SPSS files
- Convert and upload to REDCap system – secure servers and access control measures



REDCap (Research Electronic Data Capture)

- Consortium based web application developed by Vanderbilt University
- Platform for data entry supporting multi-user web based set-ups and security controls
- Easy development and design for data fields required for research projects
- Automated export to various file types (Excel, SPSS, R, SAS, Stata)
- Longitudinal studies with calendar and scheduling functions



New Cases

- New department databases set up to aid with multiple research projects
- Requirements gathered to encompass majority of data needed for department
- Setting variables and multiple testing for ease of data collection



Database Registry

Led by Dr Chew Min Hoe, this registry is set up to be a “go-to-place” in Surgery ACP for data management. It serves the Surgery ACP’s needs for database management:

Collection	Analysis	Maintenance
Extraction	Utilisation	Auditing

It also facilitates research (e.g. support for residency research & publication, surgical trial coordination) and also encourages data sharing. This will be shared among departments in Surgery ACP as well as those outside Surgery ACP if they are interested to use the registry’s service.

It aims to achieve the following:

- 1. To provide a single system for all users via REDCap**
 - REDCap as a common platform for database management
 - Database registry will create, maintain and share the databases; clinicians and researchers can approach to utilise them
- 2. To serve as a platform for inter-department collaborations**
 - Improve the comparison and data sharing within the departments
 - Facilitate collaborations and outcome studies
- 3. To empower researchers to create their own report and data analysis via REDCap**
 - Database Registry will work closely with Health Services Research
 - REDCap will be linked to eHInts to empower researchers to create their own report and analysis
- 4. To provides governance for data usage**
 - Oversee database safety and integrity
 - Ensure that data collected and reported adheres to the guidelines

FEATURES / INTERVIEWS



FEATURING DR CAROLINE ONG

**Academic Deputy Vice
Chair Education,**
Surgery ACP
Senior Consultant,
Paediatric Surgery, KKH

Questioning Assumptions

My interest in clinical teaching stemmed from personal frustration as a trainee because I felt that training could be improved. I went for local faculty development courses, then progressed to longer formal programmes and have just completed a Masters of Surgical Education.

“Stress is good for learning”

As surgeons, we need to be able to handle stress and stress creates strong impressions that help the learner remember things, right? Yes and No. The research shows that although memory consolidation is enhanced by stress, the stress has to be caused by the event to be remembered, rather than by peripheral events^[1]. Therefore, a trainee who has an operative morbidity undergoes an impactful learning experience, while the trainee who is humiliated only recalls the surgeon’s actions.

“I learnt best when I was taught in this way, so it must be the best way to teach”

It’s human nature to succumb to ‘survivor bias’^[2]. As survivors of surgical training who have become successful surgeons, we assume that since we were taught in this fashion, it should work for all learners. Surgeons may be very good at teaching surgery to future surgeons, but we need to learn multiple ways to teach medical students, doctors, nurses and allied healthcare.



*(First row, fifth from right),
Dr Caroline Ong with colleagues
from the Department of Paediatric Surgery*

“I just like to teach, learning about all this additional stuff like educational theory and research is unnecessary”

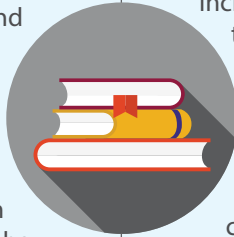
Just a couple of years ago, it was daunting to be faced with large amounts of unfamiliar medical education literature. Many ‘innovative’ concepts in medical education are relatively old news where the rest of the education society is concerned. It’s amazing that we doctors, who believe in evidence-based medicine, are continuing to use outmoded teaching methods that ignore education evidence^[3]. Furthermore, educational theory and conceptual framework is not just educational mumbo-jumbo. Different conceptual frameworks serve as lenses that help the teacher focus on different aspects of the learning process to allow analysis and development of better teaching strategies and curricula^[4].

Surgical trainees need to be taught to become good surgeons. Similarly, all clinical teachers benefit from ongoing faculty development, either through attending formal courses or informally by self-study, reflection and soliciting peer feedback. I’ve realised that life-long learning is necessary both as surgeon and educator. Ultimately it’s worth it when your learner gets it!

1. The Effects of Acute Stress on Performance: Implications for Health Professions Education. LeBlanc V.R. Acad Med. 2009;84(10 Suppl):S25–S33.
2. <http://www.scientificamerican.com/article/how-the-survivor-bias-distorts-reality/> accessed 13 March 2015
3. Where’s the evidence that active learning works? Michael J Adv Physiol Educ. 2006 Dec;30(4):159-67.
4. Conceptual frameworks to illuminate and magnify. Bordage G. Medical Education 2009; 43: 312–319.

What motivates you to be a clinical educator?

All of us are fortunate to have received teaching and mentorship during our clinical training from medical school. Although grateful to our seniors and tutors for educating us, we are unable to “pay them back”. To me, educating the next generation is “paying it forward”. I strongly believe medicine is unique in that we all can aim to pass down our skills and knowledge to the students. Only then can we continue to see excellence and improvement in medicine. As seen during my training at academic centres like Hopkins and Harvard, the culture of teaching is very much ingrained in all faculty and trainees and this culture is already alive in SingHealth.



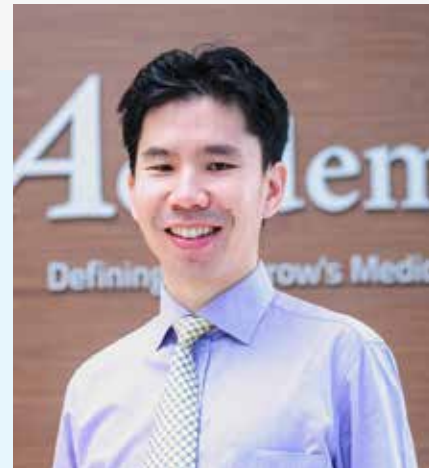
Share with us a memorable incident which happened in your teaching career?

While doing some curriculum design in the Duke NUS Yr 2 programme - Orientation to Clinical Year (OCY), I remember one

particular student eventually was attached to me during surgery clerkship. The week went well except when the student made a mistake. Naturally I was not pleased but since it was not intentional, I let the incident go. The student recognised that I had protected his identity and subsequently there was a positive change in his attitude towards learning and the clerkship. We all make mistakes and sometimes it's better to allow for intrinsic self-correction and realisation, rather than the embarrassment of the learner.

Any advice for clinicians interested in Education?

The journey in education is a very fulfilling route. What could be more rewarding than seeing students graduate and eventually become colleagues? The AM.EI offers many good courses to learn more about the theories and their application and there are also avenues for scholarship through Duke NUS and to get involved in the curricular side of things. For residents, CRAFD is a good resource.



FEATURING DR CHONG TZE TEC

Associate Programme Director,
SingHealth
General Surgery Residency
Clerkship Coordinator,
Year 2 Surgery,
Duke-NUS Graduate Medical School
Senior Consultant (Head),
Vascular Surgery, SGH

What satisfaction do you get from mentoring students?

The wonderful thing about mentoring medical students is that they haven't been infected with the 'I can't do it' bug. They are enthusiastic and game to try their hand at a variety of projects, regardless their level of experience. Although it is not easy for a mentor to provide the level of detailed guidance they need, their youthful energy and keen attitude are always refreshing.



How has surgery ACP assisted you in identifying students for your projects?

Surgery ACP has done a great job with channeling students who have particular

interest in surgical fields, and with helping to work out administrative issues, such as funding for conferences and presentations.

Any advice for students/ residents keen on doing research?

Persevere even when the work is tedious or when you are unfamiliar with the research question. The important thing is to learn the principles that underlie any research project, such as the process of formulating the question, choosing the right study design, data analysis and critical literature review. A good foundation in such principles will be relevant in any field of medicine.



FEATURING DR SHIREEN NAH

Staff Physician,
Paediatric Surgery, KKH

(Left to right) ▶
Dr Kok Yee Onn,
Mr Khairul Anwar,
Dr Chong Si Jack,
Ms Yap Chew Theng,
Ms Angie Chew.



FEATURING DR CHONG SI JACK

Associate Consultant,
Department of Plastics,
Reconstructive and
Aesthetic Surgery, SGH

Tell us about the Burns Database which you are setting up with the Database Registry coordinated by Surgery ACP.

Firstly, I would like to acknowledge the handwork by the team, Dr Kok Yee Onn, Mr Samuel Lau and Ms Angie Chew, Dr Chew Min Hoe, Mr Khairul Anwar and Ms Lau Kai Yu from the Database Registry.

The Burns Database is a systematic capturing of patient's data within SGH InfoTech system. These are fields currently not captured by the Sunrise or the OTM system.

Why did you choose to work with the Database Registry?

The Database Registry provides manpower and technical support in creating the Burns Database, which is embedded in the

system within the hospital's IT system to enhance security and reduce duplicity.

In what areas have the Database Registry assisted you in the set-up?

An entry system with a drop-down menu allows doctors to enter the information more efficiently and streamlines the process to make the system more user-friendly. The prototype has been designed and revised by Dr Kok Yee Onn and Mr Khairul Anwar.

Why is the Burns Database important?

This is critical as this will form the basis of evidence-based practices and protocols. Regular review and critical analysis of accurately captured data form the foundation for any great practice.

FACULTY DEVELOPMENT WORKSHOP: CREATING A POSITIVE LEARNING EXPERIENCE

Recognising the importance of customised workshops, Surgery ACP worked with AMEI to tailor a faculty development workshop for the surgical faculty. The 4 hours interactive workshop aims to equip participants with the necessary skills to engage and assess learners in a clinical environment. Attendees would also fulfill Level 1 recommended competencies for clinical educators.

The successful run of workshops in February and March 2015 saw attendance and positive feedback from teachers ranging from registrars

to senior consultants, as some shared, "I am now empowered to be a more effective teacher" and "Have learnt a great deal on facilitating positive learning through frameworks and structured feedback methods."

Encouraged by the success, Surgery ACP plans to hold this workshop regularly, so do keep a look out for the next workshop announcement. Interested departments may also contact Surgery ACP for organising customised workshop timing.

Surgery ACP would also like to extend their appreciation to



the workshop teaching faculty consisting of Assoc Prof Sandy Cook from AMEI and Dr Caroline Ong, Dr Chong Tze Teck, Assoc Prof Soh Chai Rick, Dr Reuben Soh and Dr Preetha Madhukumar from Surgery ACP.