

SurgeOn

THOUGHT LEADERSHIP: COMING HOME

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“ Excellence is an act won by training and habituation. We do not act rightly because we have virtue or excellence, but we rather have those because we have acted rightly. We are what we repeatedly do. Excellence, then, is not an act but a habit.” - Aristotle

The Liver Transplant SingHealth Duke-NUS Disease Centre (SDDC) started in July 2015. I had returned to Singapore General Hospital (SGH) from the private sector six months prior, in a move that was contrarian to the prevailing trend.

After 15 years in private practice, I came back to the place I “grew up” as a Hepatobiliary, Pancreatic and Liver transplant surgeon. I say that because it was in Tan Tock Seng Hospital that I had my “surgical birth”.

Coming back to the public sector, to SGH, was challenging and required resolve to see it through. There was much speculation about reasons for my return. Economic gain was the most popular theory followed by a failing private practice; both, ironically, were quite the converse of the reality at the time.

The truth was that my love and passion for transplantation influenced my decision, especially the chance to lead the formation of a Liver Transplant SDDC. It was an abstract and intangible gain to be had but one

that aligns with the way I have chosen to practise surgery from the first day I laid a scalpel on a patient as a young resident.

The day our Liver Transplant SDDC was formed was a day of great triumph for us. Our first transplant was a very complex re-transplantation. Our patient, a young 22-year-old woman born with biliary atresia, had a Kasai operation (portoenterostomy) when she was a year old. She required a living-donor liver transplant (her brother donated his left lobe) a year and a half earlier because of cirrhosis and portal hypertension and a decompensating liver. It failed, unfortunately, and a re-transplant was necessary. It was challenging and difficult as most re-transplants are, a baptism by fire. While she was in ICU and all was not going well, she wrote on her blog with advice for the transplant team: “Chin up!”, she had said. Sadly, she died of infectious complications a month after our transplant.

It was one of the darkest moments in my surgical career but it also allowed our team to forge a union that has pulled us closer together. We resolved to push ahead as a team – a team of surgeons, hepatologists, infectious disease specialists, radiologists, anaesthetists, endocrinologists, transplant coordinators, medical social workers, pharmacists, nutritionists, nurses in the ward, HDU, ICU and

operating theatre personnel. It was a union forged not because of obligatory staffing requirements but through sheer passion, dedication and love for liver transplantation. I had come “home”.

The Liver Transplant SDDC collectively reflects what I believe we in healthcare should have.

We are all part engineer, part artist. As engineers, we see a problem a patient has and apply technology to fix it. It can be measured, easily seen and is “reimbursable”. The artist in us understands the need that our patients have for reassurance and compassionate care. It is the artist in us that makes our patient feel confident, comfortable and secure. The artist can recognise when the engineer can do no more and helps the family and the patient cope at the end of life.

There are two kinds of profit that define healthcare and make it so different from other business organisations. There is financial profit and the intangible social profit. Both are equally important in gauging the success of a healthcare organisation.

MENTORSHIP IN SURGERY ACP

My hope for the Liver Transplant SDDC is that we will align strategy with values, innovation with tradition, talent with teamwork, and science with art.

'Patients. At the heart of all we do.' is the underlying patient-first philosophy that guides us. However, to paraphrase Mayo Clinic Rochester's former CEO Glenn Forbes, if we just communicate this value but not drive it into the operations, policies, decision-making, resource allocation and ultimately the culture of the SDDC, then it's just words. Hence, there is always a need for a healthy tension between the patient-first advocacy of healthcare workers and the advocacy for fiscal responsibility of our administrators.

Our Liver Transplant SDDC-Exco is the glue that holds things together and the lubricant to keep things going. We have succeeded beyond our expectations, performing seven living donor transplants and 11 deceased donor liver transplants since the start of our SDDC 18 months ago.

Enjoying the status quo is not an option and we must now strive for tomorrow's Liver Transplant SDDC. To quote Kaizen philosophy, "Excellence is a journey and perfection is an elusive destination. And we must be relentless in our pursuit of it".



With the ever growing complexity of operations and surgical care, good mentors are crucial for developing good surgeons, educators, scientists and most importantly, future surgical leaders.

Studies suggest that those who served as mentors reported greater job satisfaction and commitment to the organisation. Those who received mentorship are also more confident, more academically productive, and more satisfied with their careers.

Recognising the value of mentorship, Surgery ACP has set up various initiatives and programmes. Recently, a Meet-Your-Mentor session for Duke-NUS and YLLSoM medical students was organised. Research mentors from various surgical disciplines were invited to share their research experience with the students. Surgery ACP also has a Resident and Student Research Mentorship programme which links students up with mentors based on their research interest and commitments.

If you are interested to be a Duke-NUS research mentor, to nurture budding surgeon-scientists from Duke-NUS Medical School, please contact the Research Admin Team.



JOINT RESEARCH DAY 2016



value of using tissue engineering to recreate, rebuild and restore patients' functions and independence during rehabilitation.

Elaborating on the development of NTU-NDCS's 3-year research partnership, Clinical Assoc Prof Goh Bee Tin, Vice Chair, Research, Oral Health ACP, Senior Consultant, Dept of Oral and Maxillofacial Surgery, NDCS, said, "We have received more external grants since the start of this tie-up in 2014, and it has more than doubled the original funds of \$1million invested by both institutions. There are also multiple projects now in different stages of research." The collaboration with NTU has now extended to include Surgery and MSKSC ACPs.

Prof Riitta Seppanen Kaijansinkko, Professor of Translational Research on Oral and Maxillofacial Sciences, Dept of Oral and Maxillofacial Sciences, Clinicum, University of Helsinki, talked about the pros and cons of reconstruction. She concluded that despite the many unsolved questions

Oral Health ACP, Surgery ACP, Musculoskeletal Sciences ACP, Nanyang Institute of Technology in Health and Medicine (NITHM) and Nanyang Technological University's (NTU) School of Chemical and Biomedical Engineering (SCBE) co-hosted the inaugural Joint Research Day on 29 September 2016.

Themed 'Clinical Tissue Engineering and Regenerative Medicine', this

symposium is part of the NTU-SingHealth Clinical Tissue Engineering Series, which brings together surgeons, scientists and engineers to present and discuss on unmet clinical needs, translational research and innovations.

In his opening address, Prof Russell Gruen, Director of NITHM, Vice-Dean (Research) of NTU and Professor of Surgery at the Lee Kong Chian School of Medicine, briefly outlined the

CLINICAL INNOVATION: MUSIC DURING PAEDIATRIC OUTPATIENT WOUND DRESSING CHANGES

By Dr Shireen Nah
Paediatric Surgery



Congratulations on being the first clinician in Surgery ACP to be awarded the Clinical Innovation Support Programme Grant by the Joint Office of Academic Medicine! Tell us more about your project.

Wound dressing changes can be very painful for children and teenagers, many of whom require multiple sessions. Recurrent painful episodes can cause anxiety both as a response to wound dressing, as well as to other hospital-related encounters in the longer term.

We are studying the effect of listening to music on alleviating pain and anxiety during wound dressing changes in an outpatient setting, and on patient satisfaction.

Using a randomised crossover design, one group of patients is assigned to music listening during the first wound dressing change and then no music for the subsequent change. The other group undergoes this in reverse.

If proven effective, it is a simple way to enhance our patients' experience by reducing the pain and anxiety they feel while undergoing painful procedures.

How did you come up with this idea?

When I was on an overseas medical mission trip some years ago. I was performing a circumcision under local anaesthesia on a 12 year old boy who sang loudly throughout the entire procedure. The act of singing seemed to calm his nerves and helped him through his surgery. Using a similar strategy for surgical procedures done under local anaesthesia in our day surgery operating theatre, we find that our teenage patients enjoy listening to a selection of popular music while on the operating table.

In our paediatric surgical clinic, the wound treatment room has a television set which helps to divert the patients' attention away from the procedure. However, the cartoons that screened are not suitable for our older patients. Also, many have wounds on their back which means that they have to lie prone for their dressing, putting the television out of their line of sight. This made me think if we could use music as a way to help them, just like our patients in the operating theatre.

due to regulatory issues, safety and efficacy, the future of tissue engineering is promising.

Prof Dietmar Hutmacher, Professor and Chair in Regenerative Medicine, Queensland University of Technology, touched on a very important topic – 3D printing. He reviewed the current literature and his present work at the Hutmacher laboratory, which had developed a world class research programme in the convergence of tissue engineering and additive biomanufacturing.

Other speakers shared their expertise in areas such as mechanotransduction, mechanobiology, nanofiber technology and stem cells. Dr Siti Radhiah, Associate Consultant, Dept of Otolaryngology, SGH talked about how she hopes tissue engineering may be used to address some of the problems faced during head and neck surgeries.

The symposium culminated with the prize presentations of this year's Young Investigator Award. The awards were given to recognise excellent studies on tissue engineering and regenerative medicine.

Excerpt from article "Joint Research Day 2016"
by Jasmine Chia, NDCS Corp Comm.
<http://infopedia/ndcs/pages/news.aspx>

Celebrating ACHIEVEMENT

The following awards recognise individuals for their dedication and exemplary contributions to healthcare leadership, education, research and administration.

GCEO EXCELLENCE AWARDS 2016



**Outstanding
Clinician Award
Assoc Prof Ong Hock Soo**
Upper Gastrointestinal &
Bariatric Surgery, SGH

SINGHEALTH EXCELLENCE AWARDS 2016



**Distinguished Young
Researcher Award
Dr Ong Chin-Ann
Johnny**
General Surgery, SGH

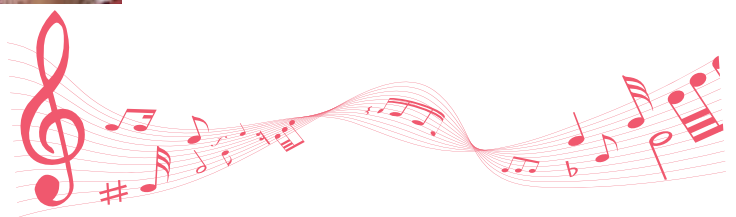


From right to left in the photo:
Asst Nurse Clinician Nurhasyikin binte Nasir, Nurse Clinician Zhang Shuilan,
Nurse Manager Gian Kaur, Dr Shireen Nah

How do you hope your research can benefit others?

Listening to music is easily transferable to other settings, especially since so many people have smartphones preloaded with their favourite songs. This method can be rolled out to other paediatric settings, and also for adults as the enjoyment of music knows no boundaries.

Beyond what it does for our local patients, I envision using music listening in resource-poor communities as it can be done in a low cost and accessible manner.



The Clinical Innovation Support Programme Grant is open for application every March and Aug. For more information, please contact the Core Admin Team.



Residents' Corner!

As we start 2017, we ask our residents to share with us on what they are most thankful for during their residency training in the last year and what they most look forward to in the New Year.

“I HAD THE OPPORTUNITIES TO ROTATE THROUGH DIFFERENT SUBSPECIALTIES OUTSIDE OF GENERAL SURGERY, ENABLING ME TO LEARN NEW LESSONS AND PERSPECTIVES. I BELIEVE THESE EXPERIENCES WILL ALLOW ME TO PROVIDE MORE HOLISTIC CARE FOR MY PATIENTS IN THE FUTURE.”

LOH WEI-LIANG
General Surgery Resident



“MY FAVOURITE MENTOR TOLD ME ‘YOU ONLY SEE OBSTACLES WHEN YOU LOSE SIGHT OF YOUR GOALS’. SO WHEN THE TIMES GET TOUGH, GET YOUR FOCUS BACK ON YOUR GOALS AND EVERYTHING WILL BE ALRIGHT!”

CHRISTINA YANG SHI-HUI
General Surgery Resident

“A BIG SHOUT OUT TO MY BOSSES, SENIORS AND PEERS, WHO WERE VERY UNDERSTANDING WHEN I HAD TO DO MY “MUMMY DUTIES” THROUGHOUT THE DAY WHEN I STARTED WORK AGAIN AFTER MY MATERNITY LEAVE. I AM TRULY GRATEFUL FOR THAT.”

MARIA JUDITH PANG CUI-YING
ENT Resident



“I LOOK FORWARD TO CONTRIBUTE MORE TO PATIENT CARE BY PUTTING INTO PRACTICE THE ALL ROUNDED TRAINING THAT THE RESIDENCY PROGRAMME PROVIDES.”

ANDY CHUA JIAN KAI
ENT Resident



“THE SINGHEALTH UROLOGY RESIDENCY PROGRAMME IS FAST-PACED AND STIMULATING! WE ARE VERY FORTUNATE TO HAVE ALL ASPECTS OF OUR TRAINING TAKEN CARE OF INCLUDING ACADEMIC, RESEARCH, SURGICAL TRAINING AS WELL AS PERSONAL ENRICHMENT COURSES, AND ALSO NOT FORGETTING THE TEAM BONDING SESSIONS AMONG THE RESIDENTS.”

UROLOGY RESIDENTS

EAGLE'S EYE, LION'S HEART

Surgery is a major gateway to cure, as it could be argued that the survival rate of patients usually greatly improves after surgical procedures. A surgeon's brilliance is not just in his head, but also his hands. The one person whom I think, fits this description like a glove is the late vascular surgeon, Dr Alexandre Chao Kwang Howe. He pioneered clinical programmes aimed at maximising limb salvage and preventing cardiovascular deaths. He and other luminary surgeons had passed the baton to us in a long-haul relay to advance research and education in surgery to find better outcomes for our patients.

While your professional contributions and achievements are beyond measure, making a voluntary philanthropic contribution is another way to strengthen our system, and more importantly, shows our community that we believe in what we do. With the donations and gifts, the good work by our generation of clinicians can make further progress. In fact, it can help you do more, better and easier with less. For example, having more minimally invasive robotics and daVinci robot-assisted surgical systems enable our doctors to use the latest technology to tackle very complicated clinical problems and allow more residents to be placed on surgical skills programmes to strengthen our surgeon pipeline. With the gifts, we can hold more clinical trials and build more simulators. The list goes on. With more resources, you can free up your time to concentrate on your patients and passion.

Every month, out of 580 staff who participate in staff giving in SGH, only 45 are doctors. We can do better. For a start, you may wish to pledge honorariums and the fees from writing medical reports. On average, a medical report brings in about \$128.40. I sincerely hope you can consider pledging all or a proportion of this amount to our own Surgery ACP General Fund. This can fund causes which can help our fellow colleagues to commence, or accelerate ongoing research and education efforts to achieve better patient-care outcome, which is all that matters at the end of the day.

Our Group CEO Prof Ivy Ng has aptly said in her memo to staff, "There is no gift too small – Many little drops make an ocean!". Let's do our part in giving back, to help our patients who are facing financial difficulties and to invest in research and education to advance healthcare.

Yours sincerely,
Dr Tan Hiang Khoon

Make your gift today! Contact SGH Development Office for more information.

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