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SURGEONS AS **NATURAL-BORN** LEADERS

MENTORING AND NURTURING THE NEXT GENERATION

I believe that surgeons tend to be natural born leaders by virtue of the character traits like decisiveness and expediency that make them surgeons. But good followship, or the humility to learn from others, is just as important. By "followship", I mean the understanding that one has to follow first before one can learn how to lead. Often, with high achieving individuals like surgeons, we tend to want to lead without first learning how to follow.

Other leadership qualities include the empathy to understand, organisational aptitude to be structured in approach, intelligence and foresight to be visionary, and eloquence and charisma to convey messaging.

While a surgeon has the potential to lead in any path, a great leader charts his/ her own course. In SingHealth-Duke-NUS AMC, there are many leadership opportunities and it is up to each to make a preferred choice.



Prof London Lucien Ooi Senior Consultant, Department of Hepatopancreatobiliary & Transplant Surgery, Division of Surgery and Surgical Oncology, Singapore General Hospital and

National Cancer Centre Singapore

For the young surgeons, my advice is never be afraid or too proud to learn. With progress and new discoveries come better ways of doing things. As surgeons, we need to embrace newer techniques and technologies to better manage our patients.

Surgeons will always be differentiated from non-surgeons by their skills in surgery and procedures. However, with the evolution of surgery (which has already happened) towards more minimally-invasive procedures, surgical training will increasingly include skills more historically linked to non-surgeons, e.g., the endoscopy skills of gastroenterologists and bronchoscopists, and wire manipulation skills of interventional radiologists and cardiologists.

I believe that leaders beget leaders. It is important for leaders to groom others to take on leadership roles. Senior surgeons need to be good role models before they can inspire others to follow. It certainly helps if senior surgeons also have a nurturing attitude and want to see growth and development in others.

While we are first and foremost clinicians, we have to be clinician pluses to lead well. This means that in addition to being good clinicians, we can take on roles to be scientists/researchers. educators, innovators or administrators,

As a clinician plus. I believe in teaching and sharing for the greater good. I was privileged to be mentored by Prof Russell Strong during my Hepatopancreato-biliary (HPB) training. Prof Strong is renowned for having done the first successful living-donor transplant in the world. In a small way, I am paying forward by training those from Asia to improve care for their patients where HPB surgery services do not exist. As good neighbours, we should not be afraid to share. SingHealth, and Singapore, can only benefit when we build a network of trust across different healthcare institutions.

I have enjoyed the many roles I played. If I had to choose the most satisfying, it would be as Chairman, Division of Surgery from 2006 to 2015. It gave me the opportunity to steer and grow 16 clinical departments, the Operating Theatres, and Theatre Sterile Supplies Unit into a cohesive and responsive entity with a good sense of belonging by all in the division.

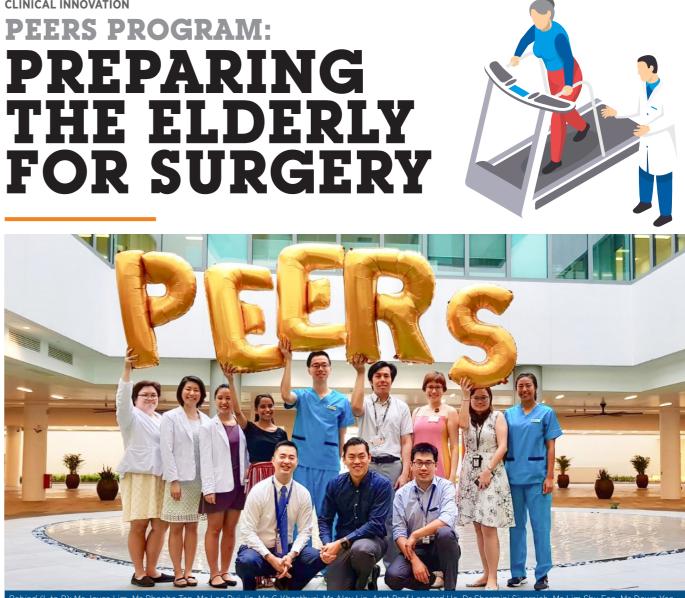
Any organisation is only as strong as its people. This is why it is critical to mentor our surgeons towards being Clinician Pluses, and being leaders in their respective fields. Such growth and development are vital to talent retention for our public sector.

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Prof London Lucien Ooi was conferred the 2019 National Outstanding Clinician Mentor Award at MOH's National Medical Excellence Awards ceremony.

CLINICAL INNOVATION



of Leonard Ho, Dr Sharmi<u>ni Sivarajah, Ms Lim Shu Fen. Ms Dawn Ye</u> d (L to R); Ms Jovce Lim, Ms Phoebe Tan, Ms Lee Rui Jia, Ms G Khi Front (L to R): Asst Prof Foo Fung Joon, Assoc Prof Chew Min Ho, Dr Baldwin Yeung

With Singapore's aging population, there is a high likelihood that surgeries for the elderly will be on the rise. There is overwhelming evidence that suggests taking measures to prepare patients in the pre-operative setting leads to better outcomes and this needs to be executed in an evidenced-based, systematic, multidisciplinary, audited fashion to ensure success.

With this in mind, the PEERS Programme (Programme for Enhanced Elderly Recovery) was developed in Sengkang General Hospital (SKH). Elderly patients above the age of 70 undergoing major surgery are first recruited into a three-week programme. After an initial assessment, patients will undergo an individualised intensive nutrition and physiotherapy programme put together by dieticians and physiotherapists after their assessment of the patients. These assessments are done through visits timed at intervals during the period. An echocardiogram

and geriatric consultation are also carried out to understand the patients' conditions.

To date, 67 patients (Feb 2017 - Feb 2020) with a median age of 77 years (70 – 93 years) have undergone the PEERS Programme. Major operations carried out were colorectal and upper gastrointestinal cancer resections. The mean length of stay was 9.94 days. Physical ability was assessed using parameters like the 6-minute walk test, gait speed, 30-second chair rise, grip strength and functional reach test. 91%



of the patients showed improvements, 67% demonstrated improvements on most of the parameters. 86% showed improvement in their quality of life (QOL) which was sustained beyond 6 months after surgery.

There was no mortality reported and the morbidity rate (Clavien-dindo \geq 3) was 7.3%. We were able to discharge the majority (91%) of patients without having to send them to step-down facilities.

The programme is supported by a philanthropic grant, making it readily available especially to elderly patients with limited financial resources. The total expenditure per patient in this programme was \$800, which is offset by cost savings in terms of avoidance of complications, prolonged hospital stays and the need for step down facilities. The programme is testament that surgery in the elderly can be done in a safe and cost-effective way through simple interventions.

MAJOR NEWS

04

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SURGERY ACP SIGNIFICANT **ACHIEVEMENTS** 2019

ACP PROGRAMME GRANT

ACP Programme Grant Funding Participation Trends – most recent 7 cycles (FY2016 – Cycle 1 FY2019)

Active participation in ACP Programme Grants

ACP Programme Grant	ALL ACP Applications	ALL ACP Successful applications	SURG ACP Applications	SURG ACP Successful applications	Performing Well
All Types	248	109 (44%)	37 (15%)	18 (49%)	
Education Support	55	28 (51%)	3 (5%)	3 (100%)	Education
Clinical Innovation Sup	82	41 (50%)	18 (22%)	7 (39%)	
Research Support (include National Clinician Scientist Scheme)	111	40 (36%)	16 (14%)	8 (50%)	
Research Support (National Clinician Scientist Scheme)	52	24 (46%)	6 (12%)	4 (67%)	Research Sup

RESEARCH

Strengthen Research Collaboration

Duke Health & SingHealth Duke-NUS Academic Medical Centre Development of a Multi-Fidelity Simulation System for the Optimisation of Operating **Room Resources in SingHealth** and Duke Health

Increasing Accessibility of Laparoscopic Surgery in Low- and Middle-Income Countries

PHILANTHROPY

SingHealth Duke-NUS

Gala Dinner 2019

Growing Funds by Surgery ACP

\$242,186

2017

\$65,776

2015

\$2,091,034

2019





CY16

CY17

CY18

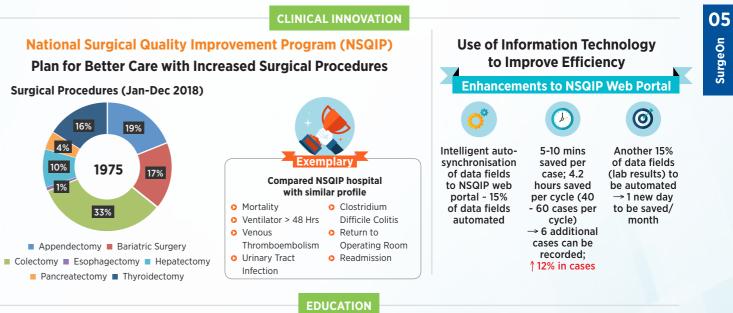
Achieved R1 Grant from National Institute of Health- \$3Mil USD Partnership to establish a practice-based network to assess head and neck cancers using a low-cost portable flexible nasopharyngoscope

Dr Tar

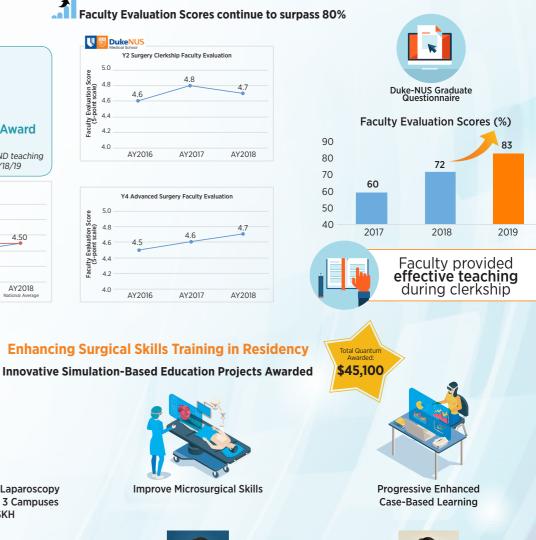


Surgical Procedures (Jan-Dec 2018)

Yong Loo Lin













Harmonised GS Residency Laparoscopy Training Curriculum across 3 Campuses - SGH, CGH and SKH



PI: Assoc Prof Tan Ngian Chye Project title: GS Laparoscopy Training Curriculum Quantum awarded: \$33,000 (General Surgery Residency)

Issue 15 Jan – Apr 2020

Prof Chris Mantyl





PI: Dr Kenneth Chen Project title: TURP Training Curriculum (Simulator Practice + Online-Modules) Quantum awarded: \$8,100 (Urology Residency)

PHILANTHROPY **GLOBAL SURGERY** PROGRAMME



CLINICAL FELLOWSHIP **DR HANA ARBAB**

INDUS HOSPITAL, KARACHI PAKISTAN KKH'S PAEDIATRIC SURGERY DEPARTMENT DEC 2019 - NOV 2020 (12 MONTHS)

Can you tell me more about the day-to-day experience of your fellowship at KKH's Paediatric Surgery department?

A My day starts early, beginning with rounds with the faculty, followed by a very casual chat over a cup of coffee. These sessions have been the best ice breaker for me in getting to know the members of the faculty better. This is usually followed by either clinics or operating theatres depending on the day's assignments. One of the major propagators of efficient service here are the nurses (at the wards and clinics), who are knowledgeable, helpful and friendly.

Why do you want to be a part of this fellowship?

A Singapore has been a major contributor to safe and modern practices pertaining to paediatric surgery and I saw a great opportunity in learning from the best in this department.

C Share with us a memorable incident which happened during your clinical fellowship.

A Nothing has been more inspiring or memorable for me than to witness medical professionals from across Singapore come together during the trying times of COVID-19.

$\mathbf{0}$ Who are the faculties you have met?

A I only had the opportunity to meet the paediatric surgical faculty, but I hope especially to meet with and get to know the neonatal team. One of my primary field of interests is neonatal surgery and finding a solution to lowering neonatal mortality resulting from it back in my home country of Pakistan.

Is there an aspect of the fellowship experience that you have found to be most challenging?

A With the DORSCON level in Orange, I have realised how safety measures help bring about effective control during major epidemics. The donning of gloves, masks, protective eye wear and the other safety measures seemed a nuisance when I first started out in medicine in Pakistan, where there were no requirements for such stringent measures. I am privileged to be learning the importance of these measures here in Singapore.

How do you think the knowledge and skills acquired from this fellowship will benefit you and your department at Indus Hospital?

A More and more, I see how the little changes in everyday procedures done at KKH can help build, not just a safer practice but produce better outcomes. I feel like I am learning so much more than just surgery or knowledge relating to surgical procedures. Most of all, I hope to establish long-term relationships with all the faculty here and be able to invite them for future teaching opportunities in Pakistan. I believe their expertise and skills would be invaluable to the medical personnel there.



Upper row Dr Hana Arbab, Dr Lee York Tien, Dr Chen Yong, Dr Sim Siam Wee, Dr Chiang Li Wei, Dr Amos Loh

I ower row. Dr Doris Mae Dimatatac, Dr Rambha Rai,

Dr Amanda Chng, Dr Ong Lin Yin, A/Prof Caroline Ong





Duminda Ariyaratne

Colombo Fast Base Hospital, Sri Lanka It was a thought provoking workshop and participating in this session has benefitted us a lot in understanding how things are done from a global perspective. Particularly, the sharing on the Neurosurgery project of starting new units in resource-poor settings like Uganda is useful to middle and lowincome countries. I wish to utilise this knowledge gained to develop the wound care centre which is being put up in the hospital I am presently attached to.

Kidney and Liver Transplant Surgical Workshop (SingHealth Duke-NUS Surgical & Anaesthesia Congress) 21 September 2019.

Singapore General Hospita

Tin Tin Mar

Yangon Specialty Hospital, Myanmar:

Liver transplant is at an early stage in our country. It is complex, so more exposure is essential for sustainability. The mission for our department is to learn more about liver transplant and other minimal access surgeries. Organ retrieval, Japaroscopic liver resection, recipient heparectomy and implantation are very fundamental procedures and this exposure allowed us to build on our skills and competencies.



Pelvic Floor Disorders Cadaveric Workshop (SingHealth Duke-NUS Surgical & Anaesthesia Congress) 17 September 2019,

Singapore General Hospital

Ardee-Reo D. Reman Philippines

We have cases of rectal prolapse and faecal incontinence. However, we do not have the facilities such as Sacral Nerve Stimulation (SNS) to address them appropriately. We conduct minimally invasive surgery in my hospital where we usually perform a perineal approach to a rectal prolapse. Now, we can further explore LAP-VR for our patients. In our country, we do not have Pelvic Floor Specialists or even a solid Pelvic Floor faculty. It is actually my first time observing SNS. I am honoured to have been able to do so and understand how it can benefit patients. I look forward to using the tips and tricks that were shared with us. It was amazing!

RESEARCH

SURGERY ACP RESEARCH **RETREAT 2019**





On Saturday, 19 October 2019, Surgery ACP held a Research Retreat, facilitated by our newly appointed Vice Chair for Research, Professor Pierce Chow. The objective of the retreat was to gather valuable feedback from key research stakeholders in Surgery ACP and brainstorm how to create a research pipeline for the ACP. 20 participants attended the meeting, with clinician representatives from SGH & NCCS, KKH, SKH and CGH.

Associate Professor Tan Hiang Khoon started the morning's events with an insightful sharing on key areas in Research. Professor Chow then led the following discussion with a candid dialogue on the state of Research in Surgery ACP and how we can work together to drive impactful research among fellow faculty members. This was met with constructive input from participants.

A key highlight of the morning was the Strengths. Weaknesses. Opportunities and Threats (SWOT) analysis on the research landscape across Surgery ACP. Participants also had the opportunity to break

into mini workgroups to deep-dive into how Surgery ACP can adopt strategies to become a leading international Academic Surgery Institution.

The meeting certainly brought about great insight and focus that will drive future research initiatives in Surgery ACP. A strategic workgroup will be formed in the second half of 2020 to look into the optimisation of Academic Work in Surgery ACP, and how we can nurture research talent to build a steady pipeline of clinician scientists in the next three to five years.

EDUCATION





LEE KONG CHIAN (LKC) SURGERY TEACHING AT SGH

In November and December last year, the Surgery Academic Clinical Programme (Surgery ACP) received its first batch of Lee Kong Chian (LKC) Year 5 students at SGH. The students were posted to the Division of Surgery & Surgical Oncology (DSSO) at Singapore General Hospital (SGH) over a span of 3 weeks

It was heartening to receive positive feedback from the students that our faculty were approachable and provided effective teaching during their posting.

Surgery ACP is also currently assessing the feasibility of taking in LKC Year 3 Surgery students in 2020, and Associate Professor Chong Tze Tec, Vice Chair (Undergraduate Education), welcomes keen educators under Surgery ACP to come on board for future LKC teachings.

While our priority is to educate the next generation of doctors, one of the common concerns amongst our faculty is potential teaching fatigue. Our Education Office continues to manage and balance the faculty's load to prevent this and we look forward to having more educators joining our family to provide perspectives from multiple disciplines and areas of expertise

UPDATE ON COVID-19 REGARDING CLINICAL POSTINGS

Due to the evolving situation with COVID-19. Associate Professor Chong urged all faculty to adhere to the latest MOH and SingHealth/ HCI routine instructions. Currently, all students' clinical postings to healthcare institutions (including community hospitals) are suspended until further notice. He encourages all faculty to keep their spirit up and continue to stay safe and vigilant during this period.

EDUCATION ACHIEVEMENTS

We are proud that our faculty evaluation scores continue to surpass 80%.

We are also proud that our Surgery-In-General (SIG) Residency received a 4-year Continued ACGME Accreditation Cycle with Zero Citation and our General Surgery (GS) Residency received a Full RCS Edinburgh Accreditation for all sites (SGH, CGH and SKH).

RESIDENCY RESEARCH ROUNDS



The 2nd SingHealth Otolaryngology Residency Research Round (RRR) was held on 18 December 2019. This biannual event was attended by faculty from Singapore General Hospital (SGH), Changi General Hospital (CGH), Sengkang General Hospital (SKH) and KK Women's and Children's Hospital (KKH) and the event was graced by Associate Professor Caroline Ong. The RRR is a platform for the Ear, Nose & Throat (ENT) residents to showcase their recently completed or ongoing studies. This was then followed by a lively discussion, during which the faculty provided their insights and the residents were able to clarify their doubts.

Coming together as a fraternity, the event was a good opportunity where participants could share ideas, feedback and suggestions, exchange different perspectives on projects and hone presentation techniques. In addition, project updates were also shared. It was a fruitful learning experience where the residents were inspired by the different sharings to pursue their research interests.





Practice Safe Distancing while Learning - TURP online module available NOW!





CONGRATULATIONS



It's twins!! Congratulations Dr Lee Chee Meng & Dr Lee Jia Yi on the arrival of your daughters.

What are their names? Madeline Lee Zhi Xuan & Megan Lee Zhi Ying

When did they join the family? **16 July 2019**

What is her name? Elyse Lim Yiru

When did she join the family? 6 September 2019



Congratulations Dr Cherlyn Ong on the arrival of your daughter.