

SurgeOn

THOUGHT LEADERSHIP:

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THOUGHT LEADERSHIP: Academic Medicine and the Future of Medicine



I have often been asked how I got started with doing research in an institution that was then (as now) overwhelmingly service oriented. I guess a person's journey in life is often a combination of opportunities and the advice you receive from your teachers.

Around the turn of the century, armed with a newly minted Fellowship of Royal Colleges of Surgeons (FRCS) diploma and a gold medal, I approached my surgical teacher Professor Soo Khoo Chee, then Head of General Surgery at SGH for a job. He sat me down and shared his views on what a complete surgeon looked like – one who not only spends time in the operating theatre, but also conducts research so that patients may have better clinical outcomes. He said only clinicians could both identify these hurdles and lead the research to surmount them. His pitch was very convincing and I was hooked (some said I was very easily conned).

It was a radical idea at the time, at least in our part of the world. After all, in a busy service hospital, who had the bandwidth (or the motivation) to take on added responsibilities that didn't yield revenue and income?

It was exceedingly challenging to do research then. The institution was not structured to support academic medicine, especially research. There wasn't support from many colleagues either. But a path is made by walking. The challenges were overcome by good humour and less sleep.

Deprivations aside, academic medicine has allowed me to create impact far beyond the patients I see in my clinic and the patients I perform surgery on. There are only a finite number of patients that I can personally attend to in my career. But solid clinical and translational research can bring better outcomes to thousands more beyond my physical reach. And education ensures that the new knowledge uncovered – discoveries not found in current textbooks – can be passed on to the next generation of doctors. Is it more difficult for a surgeon to be a successful academic clinician? Certainly. It takes much more sacrifices. Other than the long hours spent at surgery, it is difficult to structure a surgical life into neat packets of time. Fortunately, most surgeons are blessed with good stamina.

Surgery however creates huge physiological and anatomical changes that can be easily studied and surgeons also have access to crucial bio-samples. Ground-breaking research in transplantation and immunology were done by surgeons. Successful surgeon-scientists tend to converge their clinical practice, research and teaching – they narrow but deepen their fields of expertise to achieve competitive advantage.

The decision to practise academic medicine may be a personal choice but it is crucial for society. Doctors identify areas of patient care where outcomes can be improved, as well as create and lead the multi-disciplinary research teams required to achieve these. Their research thus has the highest chance of being immediately impactful.

What is the relevance of academic medicine to Singapore? We are a developed nation now and the low-hanging fruits are long gone. We can no longer easily improve patient outcomes through research done by doctors in other countries on genetically different patient populations. We need to do research ourselves for the sake of our patients.

To my younger surgical colleagues who are contemplating deeper commitment to academic medicine, I invite you to visualise your career decades down the road. Chances are that you will work longer years in the context of an ageing population but your surgical prowess will diminish with increasing presbyopia, and coronary artery disease will make you less adventurous. Deep research experience however, like good wine, grows more valuable with age. Cheers!

By Professor Pierce Chow

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THOUGHT LEADERSHIP: WELLNESS BREEDS EXCELLENCE



To say the life of a surgeon is a gruelling one is perhaps putting it lightly. The 100-hour work week. Pressure of delivering good outcomes. Juggling between clinical, education, research and administrative duties. Also, everything is "urgent".

Surgeons are expected to be at the top of their game every day since the start of our accelerated, high-stress training. Having a personal crisis? Got a family emergency? Somehow we manage our problems independently and still show up for work, on time.

While many friends and colleagues have gotten used to this grind, I believe we can do better. When we can improve everyone's wellness, morale and work-life balance, it is not just going to benefit us individually; it's also going to drive work excellence.

At the risk of sounding overly idealistic, one of my goals as FAPD vice-chair is to create a "happy and motivated" team. But what does that mean exactly?

For a start, we want to be able to provide a more supportive workplace for every single person – single or married, male or female. A simple example will be as we welcome more outstanding female surgeons to the fold, we can't ignore the realities of family life.

This is just one of many things that we intend to discuss at upcoming focus groups, where we can start finding out the issues that are close to the hearts of everyone. It is only when we can feel supported in our personal lives that our careers can truly flourish.

Holding "inspiration hour" talks is also on our to-do-list. Surgeons and other distinguished professionals can share how they managed crises and got both their personal and professional lives in order.

On a personal level, we also have to know when to press pause – or what I call time for IBM (individual body management). After our nth hour on shift, it is prudent to prioritise a break to recharge for the benefit of yourself and your patients.



By Associate Professor Chew Min Hoe

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But perhaps on the worst of days, the most rejuvenating thing to do is to revisit why we chose this profession. When our efforts stem from a clear purpose, work will never feel like a chore.

By building a strong foundation to maintain our wellness, we surgeons can then stand up to the rigours of practicing academic medicine, and to do it with joy.

SURGERY ACP

PHILANTHROPY SOIREE

Philanthropy Soirée was first introduced into Surgery ACP to raise awareness amongst clinicians about the role of philanthropy to enhance the capability and capacity in our academic medicine initiatives. It provides a platform for engagement to encourage conversation on giving, charity funding, stewardship and how to involve donors and continue to bring in investments for them. The soirées also allow internal stakeholders to partner with the Development Office, in solicitation strategies for high capacity prospects as they are the connectors to potential donors. Hence, the casual setting of the soirées allows the exchange of ideas, contacts and concerns from different tabs.

Surgery ACP held its first ever Philanthropy Soirée on the 10th of May 2019 where clinicians and Development officers from SGH, SKH and CGH were invited. Clinicians from different institutions connected with one another and shared various perspectives over the common goal of philanthropy. Development officers also shared successful philanthropic stories and its impacts on the donors, and addressed the clinicians' concerns as they embark on the philanthropy journey.

With the first Philanthropy Soirée being a huge success, Surgery ACP will continue its engagement efforts through more Philanthropy Soirees. We welcome more clinicians to walk this philanthropic journey with us!



DUKE-NUS AND NUS YLL IMPROVED FACULTY TEACHING SCORES

In our recent Surgery ACP Council Meeting on 23 July 2019, Assoc Prof Nigel Tan, Group Deputy Director, Education was invited to present on the Student Feedback Data across the three medical schools and the Duke-NUS Graduate Questionnaire outcomes.

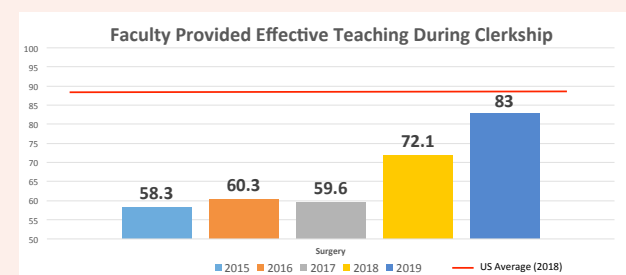
Ministry of Health (MOH) focuses on a set of mandatory questions which looked into three areas – System, Tutor and Overall for student feedback across the three medical schools. There were stable trends across the schools, without significant differences in scores from 2016 to 2018.

For the Duke-NUS Graduate Questionnaire, graduates are sampled just before they become Housemen. It is heartening to know that Surgery has shown a tremendous improvement in scores from 2015 to 2019 and students have complimented that our faculties have provided effective training during their clerkships.

In a separate set of Student Feedback data provided by our SGH Education Office for Academic Year 2018/2019, our NUS-YLL Surgery Phase 3 and 5 Teaching Scores have

also shown an improvement over the past few years and this would not be possible without dedicated faculties. Assoc Prof Tay Sook Muay, Associate Dean, SGH Campus shared more about the feedback during the MedEngage: Annual Faculty Feedback Session held on 23 August 2019.

Assoc Prof Tan Hiang Khoon, Academic Chair would like to applaud Surgery ACP's faculties for their hard work and continuing efforts in providing excellent teaching to our students across all medical schools. Congratulations and keep up the good work!



MYANMAR

GLOBAL HEALTH OUTREACH



By **Assoc Prof Chew Min Hoe**, Head, Senior Consultant, and **Dr Foo Fung Joon**, Consultant, Department of General Surgery, Sengkang General Hospital

Global healthcare has been an important focus for SingHealth. The Myanmar colorectal fraternity reached out a year ago for help with their subspecialist surgical training. In collaboration with the Myanmar Colorectal Society, we started a programme designed to further develop subspecialist general surgery in Myanmar, starting with colorectal surgery.

The programme consists of yearly visits by SingHealth surgeons to Myanmar to run surgical workshops and proctor in surgical procedures. Additionally, a hands-on surgical fellowship has been setup for Myanmar trainees to spend 6 to 12 months in Singapore. In order to be of any significant benefit, the programme has been planned for the next 3 years, starting in Yangon and will eventually involve peripheral hospitals. Funding for the programme has been through help from the SingHealth ACP and interested medical device vendors.

Our first trip was in April 2019 and the team consisted of three colorectal surgeons, three nurses and an administrative assistant. The main objective was to run a colonoscopy training course. At the same time as a reconnaissance to identify the training needs and whether there was adequate infrastructure to support the programme. A vital component to specialist surgery is nursing, hence our nursing team ran a concurrent course for local endoscopy nurses.



The 2-day programme was held at the North Okkalapa General Hospital in Yangon. There were 20 participants - 10 were surgeons from Yangon and 10 were representatives from the peripheral states. We were humbled by the enthusiasm- one surgeon even spent 36 hours travelling just to attend the course. As most came from hospitals with only one to two surgeons, coming to the course meant leaving their hospital manpower very lean.

We spent half a day delivering lectures about colonoscopy, polypectomy and patient preparation. Concurrently, nurses had lectures about scope equipment handling, cleaning, infection control and patient safety. Over the next 1.5 days, we conducted the colonoscopy course. The department only had one colonoscope, hence additional scopes were borrowed from neighboring units for the course. Three make shift endoscopy rooms were created in the surgical ward. Participants received hands-on training and just under 50 patients were scoped. Nurses also received hands-on training in terms of procedure assisting, scope cleaning and setup.

During the course, we took the opportunity to gather data by means of questionnaires distributed to the participants. Valuable information about training needs, theatre facilities, availability of laparoscopic equipment and endoscopy facilities was gathered.

As Professor Moe Moe Tin eloquently said, this is the start of a wonderful and crucial working relationship between our countries. The first fellow from Myanmar is due to commence his fellowship in January 2020. We plan to return in October 2020 to run another workshop, proctor laparoscopic colorectal surgery and attend a local surgical conference.

NATIONAL DAY AWARD 2019

In recognition of their exemplary contributions to our Academic Medical Centre (AMC), our patients and our nation's success.



THE PUBLIC SERVICE STAR
Assoc Prof Kevin Lim
Chairman, Division of Surgery,
and Senior Consultant,
Orthopaedic Surgery, KKH



THE PUBLIC ADMINISTRATION MEDAL (BRONZE)
Assoc Prof Peter Lu
Deputy Chairman,
Medical Board (Surgical Disciplines),
and Senior Consultant,
Otorhinolaryngology-
Head & Neck Surgery, CGH



THE PUBLIC ADMINISTRATION MEDAL (BRONZE)
Prof Wong Wai Keong
Chairman,
Division of Surgery and
Hyperacute Care and
Senior Consultant, Surgery, SKH

SINGHEALTH EXCELLENCE AWARDS

To recognise outstanding individuals for their exemplary contributions to healthcare leadership, education, research and administration.

SINGHEALTH EXCELLENCE AWARDS



DISTINGUISHED VISIONARY LEADER AWARD
Prof Hsu Pon Poh
Assistant Chairman,
Medical Board (Clinical Development),
Chief, Sleep Medicine,
Surgery & Science,
Senior Consultant,
Otorhinolaryngology –
Head & Neck Surgery, CGH



DISTINGUISHED CHAMPION OF CHANGE LEADER AWARD
Assoc Prof Henry Ho
Head & Senior Consultant,
Urology, SGH



DISTINGUISHED YOUNG LEADER AWARD
Dr Veronique Tan
Head, SingHealth Duke-NUS Breast
Centre Senior Consultant, Division of
Surgical Oncology, NCCS



DISTINGUISHED EDUCATOR AWARD
Adj Assoc Prof Yuen Heng Wai
Senior Consultant,
Otorhinolaryngology –
Head & Neck Surgery, CGH



Assoc Prof Benita Tan
Senior Consultant, Surgery, SKH

PRESIDENT'S AWARD FOR NURSES 2019

This national award is the highest accolade in the nursing profession, given in recognition of nurses who have made significant contributions to the profession and the community nation's success.



Ms Ang Shin Yuh
Deputy Director, Nursing, SGH

HEALTHCARE HUMANITY AWARDS 2019

This award recognises exemplary healthcare professionals who go beyond the call of duty to help others, both locally and beyond our shores.



Dr Chiang Li Wei
Senior Consultant,
Paediatric Surgery, KKH



2019

Residents' Corner!

FEATURING THE NEWLY GRADUATES!

Journey to Residency

The journey to my Urology Residency started as a Basic Specialist Trainee in General Surgery. As part of my ambition of pursuing a career in Academic Medicine, I took a sabbatical in clinical training to do a Doctor of Philosophy in Surgical Sciences at the University of Oxford, UK. Joining Urology Residency with a background of basic science has enabled me to envisage the application of translational research in the cutting edge development of clinical urology.

Dr Thomas Chan

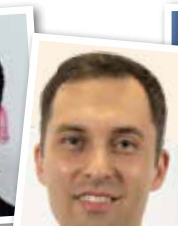
"On the Shoulders of Giants"

Surgery is an apprenticeship, and having good teachers is crucial. But mentors who can pick you up when you fall and show the way are indispensable.

Dr Edwin Jonathan Aslim

MESSAGE FROM PROGRAMME DIRECTOR AND ASSOCIATE PROGRAMME DIRECTORS, RESIDENCY (GENERAL SURGERY)

Congratulations on your well-deserved success! Your journey has been one that is not chosen by many, and not completed by all. Amidst your celebration and joy, take a moment to reflect on, and thank those to whom you owe your success – family, friends and mentors. The future is in your hands, and I believe that there's no limit to what you can achieve!



(from anti-clockwise: Dr Hing Jun Xian, Dr Szymon Andrzej Mikulski, Dr Jolene Wong, Dr Tan Siying, Dr Lin Wen Jie, Dr Loh Wei Liang, Dr Brian Tian, Dr Amanda See, Dr Tiffany Lye)



ENT residency has been a fantastic 5 years for me. I have to thank all my seniors for the tireless teaching that allowed me to grow into the young ENT surgeon that I am today. I would never forget the feeling of accomplishment I experienced with all my "first times" in ENT, and will remind myself to always keep that sense of wonder alive as I continue to learn. Definitely looking forward to a whole new chapter!

Dr Ng Jia Hui



(from left to right: Assoc Prof Weber Lau, Dr Thomas Chan, Dr Edwin Johnathan Aslim)



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