nurture

Training Minds, Shaping Hearts

OUR NUHS RESIDENCY STORY
Preface

Welcome to our ‘NUHS Residency Story – ‘NURTURE’!

In any institution, it is the People that make it special. We hope that through this book, you will get to know the special people at NUHS.

Why “NURTURE”? Because it is what we do best in our NUHS Residency! The cover page shows a young sapling, gently and lovingly held in the palm of a pair of hands. The sapling signifies a young resident, at the start of his residency journey, in the hands of our caring program directors and faculty. The rich soil is synonymous with the vibrant NUHS culture where there is a rich clinical casemix, an environment of enquiry and continual improvement, and opportunities for academic pursuits. It is our desire that the young sapling, our residents who join us, will be nurtured to be competent and caring doctors.

This book is divided into 3 sections - “Planting”, “Growing” and “Harvesting” and further into 10 chapters with each portraying an aspect of this process. Underlying all the chapters is the theme of excellence which we hope all our residents will aspire towards. We envision the graduate of our NUHS residency to be a competent specialist who embodies the TRICE values. He is someone who upholds INTEGRITY, is a great TEAM player, who shows RESPECT to people he comes into contact with and demonstrates COMPASSION to his patients and fellow workers in need. With these 4 foundational blocks, our residents are well poised towards achieving EXCELLENCE in their respective fields. It is our hope that our residents who have passed through the gates of NUHS will emerge with unwavering confidence as the healthcare leaders of tomorrow!

This book would not have been possible without the special effort of our editorial team and our DIO office administrators. My heartfelt thanks to them! Special thanks to Dr Chie Zhi Ying (Transitional Year-Family Medicine Resident), our Editor of this book. She personally conducted many of the interviews featured here. It gives me great pride to share that the illustrations in this book are done by the artistic hands of Dr Roger Teo, our Internal Medicine Resident. The myriad of talents amongst our staff and residents are just so amazing! As these stories have warmed my heart, I hope it will warm yours too!

To our prospective residents, come join us if you wish to be part of our NUHS family – to be nurtured, to serve and to be part of our rich legacy! It is indeed our privilege to “Train Minds, Shape Hearts”.

Associate Professor Shirley Ooi
Designated Institutional Official
NUHS Residency Program

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A very warm welcome to our NUHS Residency Story! Titled “Nurture-Training Minds, Shaping Hearts”, this book promises to be a refreshing and heartwarming read. Chronicled within the pages is a memorable collection of stories shared right from the heart, by doctors, nurses, allied healthcare workers, and administrators on their personal journey at NUHS. Browsing through the 10 unique chapters, these experiences will strike a chord with you.

Our fun-filled pictures of joy and laughter will bring smiles to your face. Be moved reading the touching stories of residents who went the extra mile to make a difference in the lives of others. Or, get up close with our distinguished personalities, featured in exclusive interviews here, and be inspired.

There is a Chinese proverb, “If you are planning for a year, sow rice; if you are planning for a decade, plant trees; if you are planning for a lifetime, educate people.” How true it is! Nurturing someone takes effort, time and resources.

As part of the NUHS family, residents have plenty of opportunities to serve and to lead.

Nurturing someone necessitates painstaking efforts, time and resources.

Personally for me (a house officer barely two months fresh out of medical school), NUHS has given me invaluable opportunities to be part of this production. It is a truly humbling and enriching experience working with so many talented people.

Even more comforting is the fact that my self-sacrificial fellow house officers and medical officers in the department helped me cover my duties when they knew I had to attend meetings and do interviews for the book. The friendly and supportive seniors are also very willing to teach and share their experience with me, so I count myself extremely lucky to have a good start to HOship.

This publication would not have been possible if not for my dedicated, resourceful and efficient Editorial Team. I would like to express my heartfelt thanks to each and every one of you who have contributed to the fruition of this publication. It is our hope that this book will always stay close to your heart.

Dr Chie Zhi Ying
Resident
Transitional Year-Family Medicine

Foreword

Throughout my career, I have had the privilege to work with very good bosses. More than being bosses, many were also my mentors. Besides ensuring that I did well in my job, they prepared me for my career. They not only guided and pointed out areas to me to look out for to do my work better, but also impressed on me the values to abide by; in particular, to always have 人情味 (warmth and kindness) when interacting with people.

One of my mentors is our ex-CEO, Mr Chua Song Khim. He is a firm believer that a leader has to develop future leaders. Using the analogy of the Russian dolls, Song Khim would tell me that a leader should always aim to nurture the next leader (and next generation of leaders) to be better than himself or herself. Only when one generation trains the next to be better, will the organisation produce giants and grow it to be bigger and better. Conversely, if each successive generation were to become weaker than its predecessor, the organisation will eventually decline.

Guided by this same philosophy in NUH, we invest time and energy to develop and groom our residents - for a larger purpose which transcends the education mission. We are laying the foundation for our future. Hence, we place much emphasis on values, pastoral guidance, mentorship and discipleship.

This begins with the selection of our Residency Program Directors (PDs) and Associate Program Directors (APDs). They have to be good clinicians and passionate teachers who can nurture our young residents to be competent professionals. We want our PDs to be role models who have the heart to mentor our residents so that the latter can develop the right values, ethics, and sense of public mission. I believe these are essential qualities that will help them go far in their careers, as well as qualities that will make them good leaders.

Since our Residency Program started in 2010, we are already seeing the effect beyond better-trained medical officers. I have seen residents staying beyond their shifts to help one another care for our patients. They do not have the ‘this is not my patient’ mentality. Residents today also have a greater sense of ownership and belonging. They are able to appreciate the bigger picture and align with the institution. Beyond their immediate areas, they seek to be involved in hospital-wide programs.

We are indeed fortunate to have many good PDs and APDs in NUH. With their commitment and guidance, I am confident that many of our residents will surpass us to become better leaders and giants who will take NUH and Singapore to greater heights.

In fact, it is my hope that twenty years later, many of our current residents will hold leadership positions not just in NUH but also in various healthcare institutions. This will not only be a great encouragement to our PDs and APDs, but good for Singapore healthcare, and will differentiate and make us a great institution. My dream is for our residents today to become giants of tomorrow, just like the Russian dolls.

As the hand of our Program Director gingerly nurtures you to be the giants of tomorrow, know that the NUHS family is behind you too. This book, NURTURE, is a compilation of stories of the special people in NUHS, people that will journey with you in your Residency Journey.

Adjunct Associate Professor Joe Sim
Chief Executive Officer
National University Hospital
Family

Family – Like branches on a tree, we all grow in different directions, yet our roots remain as one.

- Anonymous
The NUHS Residency Program starts with an Outward Bound Singapore (OBS) orientation to the NUHS family.

**REFLECTION BY RESIDENT**

Dr Tan Yi Quan  
Resident, Emergency Medicine

During my time as a student, I used to hear seniors speak fondly about OBS. I couldn’t fathom how one would enjoy ‘torturing oneself’. The day before setting off for OBS, not many of us were looking forward to it. Some of us had just arrived back in Singapore from our ‘Grad’ trips, some of us were post call, and some of us had just wanted some respite from the hustle and bustle of daily life. However, at the end of the three-day journey, I doubt any one of us had regretted the experience.

A key element of the NUHS OBS experience is how everyone, regardless of rank and seniority, come together as one family. Before going to OBS, we were always told how senior staff like CEO, CMD, DIO and faculty members would rough it out with us. We could never really appreciate this fully until we were in OBS itself. These seniors twice our age were truly committed to sharing the same experiences with us, without any additional privileges. We shared the same bunks, paddled in the same kayaks, and huddled close for team building activities.

An example was how CEO attended OBS despite having recent surgery to his knees. He took up the same challenges and participated in the physically demanding activities just like the rest of us. I remember him speaking late into the night with us, sharing his vision and addressing our concerns, which was truly inspirational.

The kayaking expedition was one of the highlights of OBS. We were divided into two big groups to complete sea expeditions. For myself, I was tasked to be the navigator, leading the group together with five others. The day started with a few members becoming sea sick, one of whom had to stuff fresh orange peels into his nostrils! As some were new to kayaking, we had some hiccups with paddling and steering in the correct direction. Through reorganising ourselves, we managed to proceed on smoothly in the open sea, until we entered the mangrove swamps! We had encountered a high tide in the mangroves, causing the water level to rise and more possible ‘routes’ to appear in front of us. The map given to us was relatively outdated and also did not show details of the swamp. Even our compass and GPS (brought by one of our faculty) could not work. Hence, it was the perfect recipe for disaster! With one wrong turn following another, we found ourselves lost for over an hour. Throughout this time, it was stressful navigating the whole fleet of kayaks. Thankfully, some in the group stepped forward to help, and there were hardly any grumbles or complaints by everyone else. We all took it in our stride and stayed optimistic about the situation, which I was very grateful for. Eventually, we managed to safely navigate our way back on track, albeit with some prompting by our instructors!

Throughout the OBS experience, we were given sessions to pen down our reflections. The recurring theme was how the ‘feel-good’ feeling that may not be reflective of real life work, especially that of the day to day stress and pace of life in cooperation, communication, and relationships. However, nothing can take away memories of OBS from all the seniors and juniors who have attended. I did get to know the junior residents better, many just embarking out from medical school with that refreshing innocence of life in cooperation, communication, and relationships. However, nothing can take away memories of OBS from all the seniors and juniors who have attended. I believe that with time, OBS and other team building activities will be instrumental in sustaining a strong NUHS family.

For the more senior folks reading this far, I hope you have not been cut-off attending this OBS course; having gone through it myself, I honestly think that it is a meaningful activity to better understand the ethos of the organization you are working in and the people who travel in this journey with you.

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I have been very many years since someone my age attended OBS and it was with some apprehension that I took the bus that fateful Sunday morning that brought us to Punggol jetty and beyond. Arriving on the island by mid-morning, it was clear that this was the n° OBS course and things had developed to clockwork precision so we were soon into the thick of activities.

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A key element of the NUHS OBS experience is how everyone, regardless of rank and seniority, come together as one family.
We can play our part in our tripartite mission of clinical service, research and education.

1) Members of the NUHS have a common goal, and a common vision of the future.

2) We have a rich heritage. We are with the university and together as an institution, we are immersed in the rich values and cultures that each member brings. This sets us apart from other institution.

3) We can play our part in our tripartite mission of clinical service, research and education.

Leveraging on the long legacy of NUS (more than a century old), and having leaders with a clear vision on what we aspire to achieve, NUHS is set to attain the goals and these are what makes us stand out from the rest. However, the key is still its people and we have a team of passionate and like-minded people.

Joining NUH as a medical officer in 1989, the psychiatrist who specialised in Child and Adolescent Psychiatry, has seen the institution evolve over the years. He envisions it as the place where residents feel a strong sense of belonging and that it is a safe place to serve, learn and grow. Recalling the years gone by, he humorously exclaimed, “That’s 24 years since coming to NUH! Same age as you!”

Touching on the residency program, he is proud of the dedicated teaching faculty. The vision to integrate undergraduate and postgraduate education has opened up opportunities for teaching and learning. “This is what I see as harmonising undergrad and postgrad education and on another aspect, it is also harmonising the service and demands of patient care,” he enthused.

The yearly Outward Bound Singapore sessions signify the commitment of the senior management in building the NUHS family where a common time is set aside to forge relationships. With common tasks and goals in front of participants, they reinforce the NUHS value system.

“We, at the NUHS have a strong heritage of an academic learning environment, and we should all appreciate and enjoy the learning ambience and township that it all brings to us.”

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Residency @

JURONG HEALTH SERVICES

Dr Adeline Tan
Core Faculty
Internal Medicine Residency Program
Alexandra Hospital (JurongHealth)

Residency at JurongHealth began in May 2012 at the Alexandra Hospital (AH) when we welcomed our first batch of three residents who were rotated to us from National University Hospital on a three monthly basis. Time really flies and to date, our fifth batch of residents has arrived and soon the number of residents coming to us will be increased to six per posting. It has been an exciting time for me being a core faculty involved in the teaching and mentoring of these young residents who always turn up wide-eyed and bushy tailed.

With the lower patient load in AH as compared to NUH, we are able to design a structured teaching and hands-on syllabus that allow the residents to be exposed to the various disciplines within the hospital. They are currently rotated on a monthly basis to acute medicine, endocrinology and geriatrics. This wide array of teaching activities also includes Dr Gerald Chua’s acute medicine simulation on Wednesdays, evidence-based medicine tutorials on Friday by myself, and a structured and busy syllabus for the endocrinology and geriatrics postings with numerous personal tutorials and supervised presentations by the seniors.

Faculty such as A/Prof Yap Keng Bee and Dr Lim Ling Choo have been consistently getting rave reviews from the residents for their dedication despite our program being in its infancy. In fact, the residents have been enthusiastic in working with us to improve as we move along. Many have sent me emails on their thoughts and suggestions. We have since revised the acute medicine structure and workflow taking on board the comments of the residents. The fortnightly night float system has also been a hit with the residents with our elimination of the half call system so that most can go home by 5pm unless they are rostered to be on-call. Other positive comments from the residents include being able to enjoy work-life balance signing up for pilates lessons after work while the more senior ones ponder over the meaning of life and their choice of specialty while looking at the squirrels scurry by the mango trees among the flora and fauna of AH.

As we gear up for an increasing number of residents being rotated to us, we also celebrate the opening of Toast box in AH as we countdown to our new home in Jurong in December 2014. While we will leave behind the legendary avocado milkshakes at Alexandra Village, the delicious fried chicken wings at Ikea, Anchorpoint mall with its full array of discount outlets and the cute squirrels, we welcome new neighbours like JEM and Westgate malls. We know for sure the workload will pick up as we move into the 700-bed spanking new facilities and our connecting bridges to across-the-road retail therapy is certainly strategically well-positioned!

...we are able to design a structured teaching and hands-on syllabus that allow the residents to be exposed to the various disciplines within the hospital.
In the NUHS Family Medicine Residency be involved as one of the key partners and clinical research. to family medicine development, teaching and coordinated fashion, but is committed age groups in a continuing, comprehensive only provides frontline care to patients of all such, as a private General Practice (GP) General Practice (GP) clinics locally? As settings where different types of patients are encountered. about continuity of care of the patients that are cared for by both institutions. This partnership not only leverages on each faculty’s expertise but also the unique settings where different types of patients are encountered. It is also envisaged that the joint training will produce more holistic doctors who will be better prepared to face the increasingly complex world of medicine and the aging population. Many of these patients will require care beyond the walls of NUH.

This partnership not only leverages on each faculty’s expertise but also the unique settings where different types of patients are encountered.

Apart from providing primary care, St. Luke’s Hospital (SLH) is privileged to be part of the NUHS residency in the training of both Family Medicine and Transitional Year residents. The two institutions have been close colleagues in the healthcare sectors. Other specialists, nursing and allied health professionals, residents and medical students have the opportunity to work closely and effectively with the family physicians.

The recent partnership between FHG and NUH in the setting up of the Frontier Family Medicine Clinic (FFMC) in Clementi Central has provided another future training site for the residents. The doctors in Frontier FMC are working closely with the NUH clinicians on a variety of shared care initiatives and these programs will help residents understand the context of how family physicians can interact with hospital colleagues to provide quality care to patients in the community.

FHG is committed to nurturing and developing the family physicians of tomorrow. We will continue to establish medical education as one of our key missions and look forward to meaningful long-term collaboration as part of the NUHS Family Medicine residency.

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A/Prof Tan Boon Yeaw (left) and Dr Laura Lim (Resident, Family Medicine) with a patient in the NUHS Family Medicine Residency Program. One involvement - teaching and supervision in inpatient and outpatient settings - has greatly helped in the contextualisation of key Family Medicine concepts when we interact with the residents. The future family physician must not only be competent of independent practice in the community but must also be able to work closely and effectively with other specialists, nursing and allied health colleagues in the healthcare sectors.

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This partnership not only leverages on each faculty’s expertise but also the unique settings where different types of patients are encountered.

It is very encouraging to see faculty members from different organizations putting their hearts and minds together, in the best interest of our residents.

It is our sincere hope that this partnership can go from strength to strength. We hope to attract many others with similar passion to join the ranks to further the cause and development of family medicine in Singapore.

Through this partnership, valuable friendship and comradeship have been forged. There have been many ups and downs as this ‘fellowship’ journeyed together over the last three years. It is very encouraging to see faculty members from different organizations putting their hearts and minds together, in the best interest of our residents.

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Mentoring

“The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires.”

- William Arthur Ward

Dear Residents,

by now, a few months into your residency, it is probably impossible for me to convince you that medicine can be a very gratifying career. You would have had a taste of the temper of some burnt-out, cynical seniors, been shouted at by colleagues or patients for something that was no fault of yours or been appalled by behaviors that reflect all the ugliness of human interaction.

I hope this story helps. As a house officer, I had the misfortune of having to call a radiologist at 2 a.m. for an urgent CT scan of brain for a patient with possible intracranial bleed in a cold winter night in Manchester, more than 10 years ago. The phone rang for a while before a woman replied with a croaky “hello” and announced she was not going to risk my life on the icy road to do a CT scan for this patient! and slammed down the phone. My heart grew cold. I sat rigidly at the nurses’ station, trying to reconcile in my mind what I had just witnessed. My sense of time froze in the dim light of the ward, while my hands swept across the table, looking for papers to write something down. I had no idea what to write in the patient’s case notes. I left the ward and walked into the winter night, my mind was bursting with questions. How could she do that? What about the patient? The incident remains in my memory as a sour taste. Is that the reality of medicine? If so, do we accept that and become accustomed to the intolerable?

Many years later, I was woken up by a call from the Medical Intensive Care Unit (MICU) at 3 a.m. On the other end of the line, an extremely apologetic medical registrar anxiously described the dire situation of a young lady dying of ARDS (acute respiratory distress syndrome) from H1N1 pneumonia. Truth be told, the first thought that came to my mind: does it have to happen at 3 a.m. when I am in charge of MICU? With great difficulty, I shook off the sleep inertia and drove to the hospital. The nurses, medical officers, registrars and I battled for hours with various ventilatory modalities with no success. The patient was eventually saved by ECMO (extracorporeal membrane oxygenation). When we, the MICU team, finally emerged from the chilly MICU, completely exhausted, we felt extremely gratified despite being fully aware that it was probably not us but the surgeon who had saved the day. As we walked to the basement canteen, it was filled with morning sunshine and the soothing aroma of coffee. Morning air had never smelled sweeter.

A few weeks ago, at a dinner party, Manjari, our associate PD recounted her experience of referring a case to me on a Sunday afternoon, when she was a medical officer. I was not exactly the friendliest or most helpful senior over the phone. The irony is I actually don’t have much recollection of the incident. It is amazing how our careless actions can leave such bitter aftertaste that lingers on for a long time in someone’s memory. Over the years, I have come to realise it is not always easy to do the right thing in a timely manner. However, it can never be acceptable not to try to do the right thing. Thank you, Manjari, for the reminder that I had, probably quite a few times, become accustomed to the intolerable and crossed the line, as a result plunged myself back into that cold winter night in Manchester, the dark side.

He believes in all his residents, is able to see the goodness in all and brings out the best in us.

There is a saying, “A good teacher is like a candle – it consumes itself to light the way for others.” There is no doubt that Dr Khoo is that candle, burning ever so brightly, igniting our flames of passion, to strive to grow as doctors and as leaders of tomorrow. We could not have been more

To: residents.letter, Dr Khoo broke all hierarchical barriers and forged a very special bond with us. It truly was the beginning of something special. Month after month thereafter, he wrote about his reflections, some very personal, to echo the sentiments on the ground and to hopefully inspire and guide us, to let us know that we are not alone as we set out to create our own Sea of Stories.

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I was two weeks before my Anaesthesiology elective posting in 2010. I was standing along the corridor of the old operating theatre complex, waiting to meet my supervisor for the first time. After my medical student posting, I wanted more exposure to decide pursuing a postgraduate education in the specialty.

ASSOC PROF RAYMOND GOY
Dr Tay Woo Chiao
Resident, Anaesthesiology

Here is your access card to move around course, dinner on those days. Haha, but don't do anything wrong. MOs. Hopefully they won't scold you if you emergency cases. Don't worry about the tag-on calls once every week to see (realizing the uneasy look on my face) (notices there are overnight

Woo Chiao: (anxiously) Yes, Prof. I am your elective student for the next 4 weeks.

Raymond: Ok, good. (hands over a piece of paper)

Here you see that I have planned a schedule for your elective rotation with us. This will be a very intensive programme. You will be scheduled into different OTs every day to expose you to different types of anaesthesia. I have informed the OT consultants so don’t worry, they will be expecting you.

I looked down at the piece of paper. A/Prof Goy had carefully constructed a detailed schedule for my elective period – which OT to report on which day, who to report to etc. I was delighted yet apprehensive of this packed schedule and I was not too sure what to expect.

Woo Chiao: (notices there are overnight calls planned) Oh okay. These are?

Raymond: (realizing the uneasy look on my face) Haha, yes. I’ve scheduled you to join tag-on calls once every week to see emergency cases. Don’t worry about the calls. I’ve picked the days with friendly MOs. Hopefully they won’t scold you if you don’t do anything wrong.

Oh, I have also arranged with the secretary to get you a call room to sleep and of course, dinner on those days. Haha, but maybe you won’t get to sleep because you will be too busy.

(hand over an access card and locker key) Here is your access card to move around in NUH and a locker to put your barang barang (belongings) after you change in the OT. Come; let me show you around the department.

As a medical student, I was overwhelmed by the dedication this supervisor had for my elective posting. He went beyond merely planning OT allocations; he also factored in practical considerations like call room and dinner. Most importantly, he understood the psychological anxiety behind a medical student rotating through the department for the first time. He assured the nervous wreck in me. The effort put in planning my elective was remarkable. I felt welcomed.

Raymond: (after explaining more details about the elective) So okay ah? No questions right? Are you excited?

Woo Chiao: (thinking of what other options I can reply to hide my apprehension) Yes Prof.

Raymond: Haha, good. Alright, we’ll see you in two weeks’ time. Don’t be late ah!

A/Prof Goy walked back into his office. I was still standing along the corridor looking at my schedule. Wow, I thought to myself. Never as a medical student did I have a senior place so much focus on me. I spent the next couple of minutes recovering my shell-shocked self. Now that I have finally digested the information, the anticipation of starting my elective posting started to seep in. I could not wait to start my elective! (Of course at this juncture, I remembered I just had to send text messages to my friends to show off my thrilling elective schedule.)

That particular moment is still etched in my memory. Even three years later, when I have joined the department as a resident, A/Prof Goy’s spirit of mentorship never falters. He is never condescending, never hurried – with the intent of imparting skills to his juniors.

Despite all these years, A/Prof Goy remains strongly good at his job. He is still obsessedly interested in planning our training rotations; he knows exactly which resident is doing which rotation at any time. Every few days, we will get a text message from him reminding us to study. Even when he is on vacation, it does not stop him from responding to our emails and SMSes – be it training or personal matters.

His holistic approach in the training of his residents truly defines the best form of mentoring spirit.

A/Prof Raymond Goy and Dr Tay Woo Chiao (back row, third and fourth from left) with Anaesthesiology residents

ASSOC PROF SHIRLEY OOI
Dr Leong Hon Loong
Resident, Emergency Medicine

T here are many senior doctors in NUHS who are regarded as great teachers and mentors. They routinely inspire us to realize that doingctoring is to be approached as more than a job - it is a vocation, a calling and a duty.

A/Prof Shirley Ooi’s official title as the DID may mistakenly conjure an image of a distant boss-like personality who keeps a distance from her charges, but I assure you, having had the privilege and benefit of working with her, it is clear that her warmth and her passion underlie her talent for building rapport across all boundaries. She is not a leader you follow because you are ordered to, but because you want to.

A/Prof Shirley is most inspiring in her natural habitat - the Emergency department. Even while she is fully absorbed in assessing her patients as senior consultant on shift, she somehow manages to create opportunities to guide her juniors. Her heart for educating the younger generation of doctors is most clearly evident in the way she makes notes of interesting cases to share with the rest of the medical fraternity, students and doctors alike.

She is a good listener, and she readily offers encouragement and support. The advice she gives extends beyond academic matters, and I recall with great fondness how she had encouraged many of my peers through our journey in selecting a residency, overcoming MBBS exams, and surviving through the R1 year of juggling both housemanship and year one residency.

A/Prof Shirley is truly in her element as the DID who provides a leading role in promoting the Graduate Medical Education programs in NUHS. Mentorship is clearly her joy and her juice. Without a doubt, A/Prof Shirley inspires.

Mentorship is clearly her joy and her juice. Without a doubt, A/Prof Shirley inspires.

ASSOC PROF GOH LEE GAN
Dr Wang Ming Chang
Resident, Family Medicine

One of the aims of the Family Medicine residency program is to produce new generations of family physicians (FPs) with the ability to function in all healthcare settings.

NUHS FM is lucky to have a core faculty member who epitomises the above characteristics. He has had vast experience with private practice, and now also runs polyclinic sessions. He carries out and teaches Family Medicine residents simple surgical procedures, runs paediatrics and internal medicine specialist outpatient clinics; and conducts inpatient teaching rounds for those specialties, as well as in obstetrics and gynaecology. Furthermore, he looks after nursing home patients and does home medical visits for patients with terminal or advanced disease.

Remarkably, many of the above tasks are sometimes achieved in a single day, with enthusiasm and gusto that belies his 66 years. There are days when I have witnessed him arriving at the polyclinic session panting, with beads of sweat streaming down his face, after having rushed down from another clinic, ward round or teaching session barely 15 minutes ago. Never frazzled once he steps into the setting; he always presents himself with a ready smile and tie impeccably in place.

I remember seeing a patient in polyclinic
with him. This patient is a security guard who has been consulting A/Prof Goh for the past two months for severe lower limb eczema and recurrent cellulitis. At one point, the cellulitis was particularly bad and required hospital admission. Prof phoned one of the inpatient medical team doctors to give a handover before sending the patient to A&E. He also visited the patient during the hospitalisation, communicating with the primary team regarding management plans and also helping to reinforce care advice on discharge. At one point he even offered to call the patient’s employer to request extended medical leave. The primary team requested repeat blood tests in a week, which Prof would follow up on in the polyclinic, saving the patient a specialist outpatient clinic visit. Through this episode, Prof demonstrated how a family physician can interface between the primary and tertiary care setting, and provide more holistic care for the patient. I surmise that he has worked in almost every setting a family physician can be thrown into, except maybe the pathology laboratory or intensive care unit. Till today, we can only vaguely figure out what drives him, what special diet he consumes, or what exercise regime he undertakes to maintain his energy level. Nevertheless, just by observing him, a true “generalist” who functions effortlessly in almost any healthcare setting, and how he carries out his daily tasks with quiet determination, we are motivated to strive for and maybe, even better than the standard he has set.

DR ADDY TAN
Dr Eric Lee
Resident, Anaesthesiology

The demands of intensive care on a physician are legendary. The job requires keen clinical sense, up to the minute knowledge of the latest advances, and a cool temperament. Our patients are often gravely ill, with minimal physiologic reserve and will not tolerate any shortcomings in these areas well.

It is fortunate that the faculty of NUHS Anaesthesia residency program provide no shortage of role models in this field. Dr Addy Tan manages to be all that and more amidst the day-to-day hustle and bustle of running a busy ICU. I always look forward to weeks when he is the consultant-in-charge. There is always something to learn, whether it is learning procedural skills, watching him coordinate multidisciplinary care of a single critically ill patient, sitting in on a family conference and learning about difficult ethical issues, or attending one of the many informal lunchtime tutorial sessions he organises on ICU issues of topical interest.

What impacts me most is that Dr Addy and the other SICU seniors are never afraid to “roll up their sleeves and get their hands dirty” when the need arises. They care for the junior staff under their charge, even down to seemingly small things like making sure everyone gets lunch on a busy day.

Working with Dr Addy has also influenced me to emulate him. That is, to build a broad and current medical knowledge, a calm head and a willingness to teach!

... always willing to help with difficult procedures and happy to help ease the workload of the junior staff when things get hectic.

DR CHUA HORNG RUEY
Dr Emmett Wong
Resident, Internal Medicine

There are many doctors who have inspired me in NUH. Some are legends that I have heard of, but have never had the chance to work with; and some have imparted knowledge, skills and values to me as tutors when I was a medical student. There are others who have inspired me through the course of working with them – Dr Chua Horng Ruey is one of them.

Dr Chua made a deep impression on me during the short time I worked with him when I was in his team as a first-year resident. One of which was how his care would always be patient-centric. The personal touch he brought to patients was something that I would aim to emulate. The scene of him giving reassurance and comfort to a patient and patiently listening while holding the patient’s hand was one that would remain in my mind. He would also frequently question and review the necessity of investigations, and frequency of monitoring to minimise discomfort to the patient.

Dr Chua is also a doctor who keeps himself up-to-date with the latest evidences in his practice. It is not infrequent to hear him question the team on whether certain treatments are evidence-based, and quote corresponding trials showing the evidence. At the same time, he has the humility to acknowledge that there are things he does not know and encourages the team to look it up.

Dr Chua strikes me as a person who is candid in his views and interactions with people, but absolutely serious in his work and where care of the patient is concerned. As the leader of the team, he is also very protective of medical and allied health staff, especially when patients become abusive. While he knows the good the medical team can do, he also comes across as being fully aware of the limitations of medicine, but will nevertheless strive to comfort always.

The scene of him giving reassurance and comfort to a patient and patiently listening while holding the patient’s hand was one that would remain in my mind.

DR MIKAEL HARTMAN
Dr Kaan Hung Leng
Resident, General Surgery

This article is written with the same intentions that Mitch Albom had when he conceptualized “Tuesdays with Morrie”. “Morrie” is Hebrew for “my teacher”.

…I...Half of what we do is wrong

I was asked to pen an article about someone who has inspired me and changed the way I lived my life. It didn’t take much effort at all to decide that my “Morrie” is Dr Mikael Hartman, faculty of the NUHS General Surgery Residency Program.

The first few conversations I had with Dr Hartman must have given him much frustration and chagrin. I was the typical starry-eyed Singaporean student – freshy minted from the School of Medicine, eagerly waiting to start work as a doctor. I had been so efficiently trained in the Singaporean way of life that almost everything my bosses requested for, the
knee-jerk response would be “Yes boss!” But, Dr Hartman is different. He is a maverick, a leader in his own right.

2...The heart of mentorship

Indeed, it has always been about me, his mentee, and never about him – never about what he wanted me to do, but always about supporting me in what I wanted to do. And it is this one precious characteristic about Dr Hartman that has deeply touched my heart as his mentee. He is the epitome of “I am your mentor, I am here to guide you and bring you back on path when you wander off, but I am not here to dictate what you should do in your life”. He has given me not just opportunities, but also trust, encouragement and concern as his mentee. It is the dedication from his heart that has left a deep impression on me.

“There are few mentors who would stand beside you and fight for something that you want in your life. Dr Hartman is one of them – he was my pillar of support when the long hours and heavy expectations in Surgery made me disillusioned.”

Dr Hartman is not the typical mentor who would try to lead you towards a field of study, he lets you run all around the meadow, read through any articles that may interest you and then only decide where your heart leads you to. Like a caring father, he would explain to me which ideas would be tough to bring to fruition, and which ideas had more potential of success. He ended the conversation simply with “always dream big.” That was all it took to make me persevere and believe that one day, I will see the light.

“I am your mentor, I am here to guide you and bring you back on path when you wander off, but I am not here to dictate what you should do in your life”

3...Dream big

He hopes that NUHS will be a first class academic centre, and with the quality of the people and practice in place, it is something that people of my time didn’t have.”

“I am your mentor, I am here to guide you and bring you back on path when you wander off, but I am not here to dictate what you should do in your life”

He believes there is so much in medicine that you can always find something that interests you. Strive for excellence, overcome the path of resistance and put in your commitment.

Not only has he empowered his residents to do so, he brings out the benefits of the residency program. He shares, “There are changes in the medical landscape that are complex, intense and require lots of focus. While it may be a pain to do the administrative work of logging in, this system of tracking and building up of portfolio defines who you are and would be an invaluable asset. This is something that people of my time didn’t have.”

“I am your mentor, I am here to guide you and bring you back on path when you wander off, but I am not here to dictate what you should do in your life”

I’m deeply impressed by what being a doctor means to him, “Medicine is not a profession, but a way of life.” Well said! He believes teaching helps improve one’s clinical acumen and functionality. As such, it is always a motivation to teach others.

As encouraging as always, Prof Lim tells his residents not to be disheartened when things don’t go well. He says, “When the system and your values are not in sync, you may be in distress. But my own experience is, if you stick to the system with a long enough view, either you or the system will change and come to agree, at least in parts.” He feels people should not react adversely to transient changes and that with the flexibility of the system plus individual development, things will usually work out just right.

He is optimistic that with a strong culture of making things work and having academic, clinical service and research all housed under one roof, NUHS will continue to attract the very best residents.

Outside work, Prof Lim is interested in history, anthropology and literature. His residents would know that he loves to post meaningful poems, books and pictures on their forums for sharing.

He hopes that NUHS will be a first class academic centre, and with the quality of the people and practice in place, it is something that we can achieve.

Too me, the qualities of an excellent clinician are not just exemplary clinical skills, because it is expected of every clinician but to be trained to be the best you can be so that you can help your patients. To quote Hippocrates, “Cure sometimes, treat often, comfort always.”

Many doctors are extremely knowledgeable and highly competent, however optimal patient care and management goes beyond that. It requires not only a competent doctor, but one who is truly compassionate and genuinely cares for the welfare of the patient. I see this shining quality in Sister Jocelyn. She is the competent nurse clinician who looks after women with gynaecological oncology issues. Her dedication and compassion for them is undeniable and witnessed by many fellow nurses and doctors.

Sister Jocelyn will take the extra mile to ensure that women under her care are well looked after. She often stays late to nurse their wounds and pays out of her own pocket to help women who cannot afford the expenses of their treatment. Her ethos in her line of work is that it is a calling and mission. She takes it upon herself to touch people’s lives and to make a difference to the women she takes cares of.

Sister Jocelyn hopes that through her actions, she is able to inspire others to follow in her footsteps. And she did!

She is indeed a role model to all who are involved in patient care, be it a doctor, nurse or allied health professional. I am someone that she has touched deeply and I hope to emulate her caring ways in my role as a doctor.

10...From Our Medical Students

NUH RESIDENTS

Shen Xiayan
Class of 2014
 Yong Loo Lin School of Medicine National University of Singapore

A typical day starts with the pre-rounds. It was good fortune for me to have met residents like Dr Boon Jia, Dr Lenard, Dr Tammy, Dr Wan Yee, and Dr Yan Zhen. Over the weeks, they guided me through the patients and allowed me to present to them before the actual ward rounds, correcting me along the way and pointing out to me the lapses in my management plans. Through them, I’ve learnt to apply knowledge from medical school into real life and patient care. Over the four weeks, I’ve also learnt about the important things to look out for as a junior doctor and benefited greatly from spontaneous tutorials.

Along the way, they would also help to correct my technique for procedures such as taking bloods, inserting cannulas and urinary catheters. From their feedback and the numerous tips they passed on to me, I have managed to improve my technique and become more competent. I find the pro-teaching culture at NUHS very useful and beneficial.

Nurse Clinician Jocelyn Low (left) with Dr Huang Zhongwei

There are few mentors who would stand beside you and fight for something that you want in your life. Dr Hartman is one of them – he was my pillar of support when the long hours and heavy expectations in Surgery made me disillusioned.

“I am your mentor, I am here to guide you and bring you back on path when you wander off, but I am not here to dictate what you should do in your life”

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Nurse Clinician Jocelyn Low (left) with Dr Huang Zhongwei

...her dedication and compassion for patients is undeniable, witnessed by fellow nurses and doctors.
She was in the cardiology team where my colleague and I were attached to for two weeks. Those were our first few weeks of General Medicine posting, and we were unsure about many concepts. What struck me about her as a senior are two attributes: her willingness to teach at the expense of her free time and her refusal to bow down to pressure from her work. Being a resident does not look easy at all. The need to treat patients, carry out instructions, talk to the patients’ family members, while learning, and even entertaining the questions of medical students must be exhausting and a killer of social or family life. There were a few instances that she had many changes and updates to be made after ward rounds. However, she always took time to ask me if I had any questions to clarify and was never afraid to spend more time addressing my concerns and doubts. The smile on her face and her patience did not betray the heavy workload that she had to bear. It was truly inspiring!

As my partner Randy and I wandered into NUH Ward 53 on our first morning in the General Medicine posting, the entire place was already buzzing with activity. The doctors were in the middle of their pre-rounds, the nurses were dispensing medication and most of the patients were up and about. Everyone seemed to move about with a sense of purpose and in comparison the two of us were pretty lost and hadn’t the slightest clue as to what we were supposed to be doing at that point in time.

It didn’t take long for Charlotte to notice our distress and approach us. After a quick introduction, she invited us to join her while we figured out who our supervisor was. We followed her to the bedside of an elderly lady, a “new admission” who had been referred from her nursing home after she had fallen the previous day. Throughout the entire conversation, no matter how long our frail elderly patient took to finish her sentences, Charlotte never once interrupted her or hurried her. She was always very patient and she seemed to exude an air of calm that helped to reassure our patient and set her mind at ease.

Despite how pressed she was for time before the start of the morning ward round, Charlotte still took the time to discuss the case with us and answer our questions, no matter how silly they were at times, and what’s more she always did it with a smile. I learnt a lot during those three weeks in Ward 53 and I’m really grateful to have had a senior like Charlotte to guide me during that time.

Servanthood

Service which is rendered without joy helps neither the servant nor the served. But all other pleasures and possessions pale into nothingness before service which is rendered in a spirit of joy.

- Mahatma Gandhi
Hand Surgery with the aid of a microscope. He was highly fascinated by the whole new world of things magnified under this intriguing instrument. "I wanted to do either Cardiac or Microsurgery."

There were 3 signs which pointed him towards hand surgery. "First, I prayed about it, and God answered my prayers. The next thing was, I found a book on hand surgery in a remote place. And the third, within the same week I attended church and saw a lady whom I have never met before sitting in front of me with deformed hands. I have not seen her since then." Looking back, it was clear that God had chosen the path of hand surgery for him.

As a hand surgeon, he has chosen the path of hand surgery for him. He has not seen her since then. "Looking back, it was clear that God has chosen the path of hand surgery for him."

As a young boy, A/Prof Lim has always liked things that are hands on. "I have always been interested in surgery. When I was nine, I used to make plasticine men and pretend that I’m operating", he quips. He recalled fondly his first-time assisting Prof V. P. Kumar in Hand Surgery with the aid of a microscope. He was highly fascinated by the whole new world of things magnified under this intriguing instrument. "I wanted to do either Cardiac or Microsurgery."

He is confident that the NUHS residency program would continue to attract the best and the brightest with its legacy and track records. "We practise scientific medicine, with many senior doctors (some with experience of more than five decades) who share their wisdom in patient management. We are international in that our doctors come from all parts of the world, creating new cultures, fresh ideas and ways of doing things. And best of all, we are a university hospital with access to the expertise and strengths of various faculties, and we can bring better service and care to our patients with close collaboration."

"As the Chairman of the Medical Board (CMB) for the past five years, A/Prof Aymeric Lim has the responsibility of overseeing the professional and patient care standards in NUH. Not an easy job."

Yet, A/Prof Lim views his unique position in a different light. "It is rewarding when you see that there are positive changes in the working environment." The interview started early in the morning at 7am and he greeted us warmly.

He takes pain to explain that being CMB, he often has to make difficult decisions. These are more difficult when a patient’s life is at hand or when the hospital has not done as well as it should have. His guidance is that "When we are wrong, we say sorry and make it right. When we are right, we will defend our staff."

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"I’m thankful that I have very good colleagues and these include the Heads and Chiefs. While we may argue and may not always agree with each other, at the end of the day, our motivation is the same; that is to serve the public in meeting healthcare needs and to teach the next generation of doctors. When I am down, I get re-energised when I meet up with them." He is also inspired by the many senior doctors in NUH who have chosen to stay in the institution so as to teach the next generation of doctors.

When quizzed on whether he has "work-life balance", here is what he says. "If you are passionate about your work, your personal life and work are in sync with each other. Both are taken as one, rather than apart." One can see the sparkle in his eyes as he shares enthusiastically about helping the less privileged and about servanthood. "It’s an amazing thing to be a doctor. You don’t have to sell anything to anyone and yet you are helping people the whole day. If you don’t want to serve, you don’t become a good doctor. And serving is very fulfilling."

That’s where the NUHS residency program comes in. “We hope our residents take up every opportunity to serve the public and to teach their peers and juniors. If you attend the NUHS residency talks, you will find us emphasizing serving as one of our core values. It’s like a vaccination exercise where we hope to “innoculate” these values and attitudes in the young.”

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He was quick to dispel misconception that NUHS only scouts for top academic performers. “Excelling academically is not the key at all, more importantly, we are looking for people who are compassionate and competent.”

He was also keen to promote outreach work and for someone who has been involved in medical mission work in places like Afghanistan and East Timor, servanthood to him has no boundaries. "As a large organization, equipped with knowledge and resources, we have a duty to reach out to the people in the region."

His hopes for NUHS? “That we would become a blessing to the nations. We need to stand out from the rest of the academic centres by keeping the best doctors with a heart to serve. It’s not just about excellence; we want to focus on nurturing doctors with a sense of mission. It’s about serving for the good. Well said indeed!

Here is his advice to people applying for residency. “Remember what you said when you were eighteen applying for medical school. He light-heartedly rattled off the many obstacles a young doctor would face in his/her career. “When you have patients who are ungrateful to you, when you meet with personal relationship problems, when your boss is not nice, these are trying times and you need to be clear where you are ultimately heading for. Or else, the world will start to gnaw and eat at you.”

He ends off with a grin. His parting words for our readers are short and sweet——- "Come to NUHS if you want to serve.”

...That we would become a blessing to the nations...

Come to NUHS if you want to serve

Ms Josephine Ng
Program Coordinator,
Otorhinolaryngology Residency Program

I am privileged to serve as a Program Coordinator for the Otorhinolaryngology (ENT) Residency Program. The timing of my joining coincided with the program’s intense preparation for the Accreditation Council for Graduate Medical Education International (ACGME-I) accreditation. Through all the hard work of the team, the program was successfully accredited. It gives me a sense of achievement as the program coordinator who had supported it to the best of my abilities.

I see my role very much like the xylem of a tree, transporting and coordinating information to various personnel (program director, residents, DIO office and fellow colleagues) and supporting my Program Director in running the program effectively and efficiently. At the same time, our calendar is also filled with exciting events such as the residents’ orientation, career fair and residency outward bound course. We are very fortunate to have a dedicated and enthusiastic team serving together with us.

In the course of our work, from manning the desk to jumping off the jetty in Outward Bound School (OBS), we are never alone. We look around and we always have people cheering us on. I believe this helps us overcome obstacles, remain motivated and achieve excellence in whatever we do. In our support for our residents to achieve their educational goals and objectives, we have also grown as we hone our interpersonal skills and listen to their needs intently.

Today, our team of program coordinators has grown from strength to strength and many have been with us since we started our residency journey. I am proud to be part of the NUHS Residency family and continue to serve as a program coordinator! It is my hope too that I can see my residents grow in strength and to be the senior consultants of tomorrow!...My role is much like the xylem of a tree, transporting information to various personnel

A Conversation with
Associate Professor Aymeric Lim
Chairman Medical Board
National University Hospital

...being a doctor is about serving...
have learnt that in order to be a successful servant leader, one has to first listen to your peers.

Next comes empathy and awareness as we try to understand what exactly is happening on the ground.

Finally, he has to have good communication skills to be able to persuade, not to coerce, and to first be a role model for others to follow. “Leaders don’t inflict pain - they share pain.”

Dr William Kristanto
Resident, Internal Medicine

Leaders don’t inflict pain - they share pain.

Our juniors pitched in to lend their support to our cause. Year 1, 3 and 5 medical students put up an impressive display of self-directed and choreographed plays and dances at the Anglo-Chinese Junior College’s auditorium! This Tree House production gave them the opportunity to contribute as well as to showcase their talents.

A total of 23 needy paediatric patients, from two to 14 years old, had their Christmas wishes adopted and fulfilled by NUHS staff through our “Wish Upon a Tree”. Their wish list was simple and practical. These included an oven, a visit to Universal Studios, a playmat, and assessment books!

Through the united effort of the NUHS family and the hard work of the “three trees”, we successfully raised $21,640 for our patients in need. But beyond the money raised, this mobilisation of the many members of the NUHS family for a good cause brought about the spirit of giving beyond our normal call of duty.

The warm smiles and gratitude of our patients, and the sense of fulfillment that we were able to make a difference in our patients’ lives certainly echoes the words of St Francis of Assisi: “That it is in giving that we receive”

...this mobilisation of the many members of the NUHS family for a good cause brought about the spirit of giving beyond our normal call of duty.

GIVING TREE 2012

Dr Glen Liau
Resident, Transitional Year

...this mobilisation of the many members of the NUHS family for a good cause brought about the spirit of giving beyond our normal call of duty.

Being junior doctors, we are often caught up with the stresses of daily ward rounds, administration and seemingly endless changes. In the midst of all the activity, we often start to see patients as “tasks to be done”, blurring our view of them as fellow humans - with difficulties, families and dreams of their own.

Whilst we mostly deal with the physical aspects of disease in our patients, we often overlook the financial and emotional impact these illnesses have on our patients and their families.

The Giving Tree was pioneered by Dr David Ong, Dr Kieron Lim and Dr Lee Shu Jin in 2010, together with the support of A/Prof Aymec Lim and Prof Chong Yap Seng. The Giving Tree aims to raise funds for needy patients, and to spread the festive cheer in NUHS during the Christmas period. Since its inception, it has served to rally the NUHS family to pool efforts to raise funds for our patients in financial need. Hitherto, $4.9 million dollars have been distributed to more than 1400 patients over the last few years.

In 2012, the Giving Tree Residents Committee, together with our NUHS residents, organized three fundraising events which were held in December.

Under the Food Tree initiative, 10 famous hawker stalls, ranging from Katong Laksa to the Daily Scoop were invited down and set up stalls in our Tower block foyer area for a day! These stalls were brought in to help raise funds for our needy patients as food is a common language for bonding and sharing. The NUH guitar club performed a medley of Christmas songs to the delight of our supporters.

Under the Art Tree initiative, we invited experienced artists to paint on canvas with the theme of love and giving. The proceeds from the purchase of the art works will be donated to our patients in financial need.

The Giving Tree was a success, and the NUHS family came together to support our cause. All the proceeds of the painting sales and the event went towards our patients in need. The Giving Tree raised a total of $40,355, and benefited 38 patients that year.

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Painting by Dr Roger Teo
Compassion

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”

- Leo Buscaglia

As the pioneer in paediatric renal dialysis and renal transplant services back in the 1980s, Prof Yap founded and virtually built the Paediatric Renal Replacement Program (PRRP) from scratch. She was posted to paediatric nephrology at NUH where she found great joy and fun working with children. With helpful and keen seniors who wanted her to learn the ropes fast, and seeing that there was so much yet to be done at the department, Prof Yap decided to stay on and has never looked back since.

Back in the 1980s, when there was no National Kidney Foundation (NKF), the adult patients were facing barriers in receiving treatment. Even more so, the paediatric patients were often overlooked. Prof Yap felt then that she had to do something. She spearheaded the dialysis services, allowing patients to come in and receive treatments. As the only medical officer in the department, she had to work 24/7 to run the service. She quipped, “I was the only medical officer, and there was one registrar, so you have to just do it or no one else will do for you.” Her practical and down-to-earth approach has not changed over the years, and people who have worked with her can attest firmly to her “just-do-it” attitude in life.

Prof Yap shared candidly about the many challenges she faced when she started running the PRRP, “We had to raise funds for every kid that turned up and the patient list was just growing with time”. With the funding from McDonald’s, Prof Yap was able to buy the necessary medical equipment, dialysis machines and most importantly, to employ nurses and staff to run the dialysis and transplant program. There was much training to be done, especially to teach nurses to use the home automated peritoneal dialysis so that patients and families knew how to use them in the comfort of their homes.

Fast forward to today, the Shaw-NKF Children’s Kidney Centre which was established in 2002 is now well known locally and overseas as a centre of clinical excellence and holistic care. This is indeed tribute to Prof Yap and her team’s tireless commitment and hard work to patient care.

But, solving the acute problem of dialysis is not sufficient. “Our program is not about saving lives alone, it is a life-long program that equips them with the skills to survive in the society,” she says.

Prof Yap cited an example of one of her patients who was an Institute for Technical Education student who had quit school. She had then insisted on putting him back to school. The boy eventually graduated and worked as an electrician. “He told me how grateful he is to the team and told us if any patients were to quit school, he would help us persuade them.”

Like a doting mother, Prof Yap championed indefatigably for a better future for all her patients, setting up internship programs and making sure the patients had resumes so that it facilitated employment.

When other children are enjoying annual camps and overseas trips, paediatric renal patients are often full of envy but are resigned to the fact that with their illness, they could not go anywhere else. Determined to let the kids partake in the fun and joy of going outdoors in a brand new place, Prof Yap and her team of doctors and nurses set up an annual three-day overnight camp. The whole medical team has to be there at the camp so that the kids are dialysed. One really has to salute the dedication and care the team has in caring for the patients, not only medically, but emotionally.

Listening to these stories from Prof Yap, one cannot but feel greatly moved and inspired by her. Believing that the success of the renal replacement program should not only be confined to Singapore alone, Prof Yap has gone on numerous overseas trips to share her experience, expertise and knowledge with doctors and healthcare workers in the region and beyond.

For Prof Yap, work and life cannot be separated. The key to managing so many things is to prioritise. When she is not busy with all her commitments, Prof Yap loves to be outdoors bird-watching and coaching netball players. If you had not known, Prof Yap is a superb netball player and had played for Singapore in the National Team in her younger days. She used to coach the national team until recently, and now continues to coach one of the netball teams in the premium league club.

Prof Yap is proud that NUHS has the academic excellence, resources, and the ability “to do things”, and the support of the administration staff. She envisions a “whole generation of master clinicians, educators and researchers” that is being nurtured by the NUHS residency program. Her advice for our readers interested in residency is to “be sure whatever you choose is your calling, and what you want to do in life.” An apt reminder to rekindle our passion!
Smaller Act, Big Heart

Adj Assoc Prof Joe Sim
Chief Executive Officer
National University Hospital

Not too long ago, Vice-Chairman Medical Board A/Prof Quek Swee Chye and I bumped into one of our residents, Dr Gia Ching Hui after our patient safety walk round at the main Operating Theatre. I first met Ching Hui when we were at the recent OBS Residency Camp, and I remembered him as friendly, non-assuming and a good team player.

Ching Hui was talking to Ricky (our lab manager who is a superb guitarist outside the lab at Level 3 of Main Building). I was quite happy to see that Ching Hui was making friends with people outside his department. As we walked nearer and said “hi” to them, I realized Ching Hui was making a casual chat with Ricky. He was frantically looking for a radio so that he could play music to cheer up one of his patients.

Ching Hui was at the time attached to the Department of Orthopaedic Surgery. He first met Madam S at Ward 54 when she was awarded for an infection in her left foot, which subsequently had to be amputated. Through a conversation, he found out that Madam S, who has end stage kidney failure, liked listening to Tamil and English songs. Besides her medical condition, her son had run into trouble with the law. Shortly after their first conversation, Madam S was admitted to the HD ward, as her condition had deteriorated. When she was well enough to move back to Ward 54, Ching Hui shared with Ching Hui that she felt she had no reason to fight on, and had opted to refuse further treatment. Madam S went on to receive palliative care.

Ching Hui said, “Hearing about her prognosis and seeing that she looked very sad and depressed, I remembered she enjoys music and decided to ask her if that would make her feel better. Immediately, her face lit up. So I decided to look for a radio. I thought at least that would give her something to look forward to and make her happy for the moment.”

Unable to find any radio in the ward, Ching Hui decided to check with Lab Med as there is always music coming from the office at Level three whenever he passed by. He did find a radio for Madam S eventually - at the Blood Donation Centre, at Level 1.

I heard that Madam S was so happy that she left the radio on for two days.

I was deeply touched by Ching Hui’s compassion and empathy for Madam S, and for going the extra mile to make a difference for her. He has gone beyond his duty in taking care of not only her physical but her emotional well-being too. That is really commendable.

VCMB A/Prof Quek Swee Chye who was with me when we bumped into Ching Hui has this to say, “The young doctor whom we met yesterday trying to borrow a radio…”

THE DOCTOR AS A HUMANITARIAN - LOVING OUR NEIGHBOURS AS OURSELVES

Assoc Prof Joseph Thambiah
Program Director
Orthopaedic Surgery Residency Program

My own involvement in humanitarian work began in earnest following the massive earthquake in Bantul, Java in 2006. That revealed to me, the immense needs in our neighbouring countries. The made me realize that, as a doctor, there was no reason that I could not help. It did occur to me that anything that I might be able to do would likely be just a drop in an ocean of misery but that was far better than apathy.

Last year, that organization, a medical team of just 7 people, of whom only 4 were medical personnel and we ran free medical clinics in Batam in the rural areas. This has since grown and we now have about 100 volunteers in 4 teams each month providing free primary healthcare and health education to the rural poor in Batam and the other Riau Islands. To date, we have treated over 46,000 villagers. The clinics also provide dental education and distribute free toothbrushes and toothpaste.

Since 2009, I have also started a monthly mobile medical clinic providing free primary healthcare and screening to elderly poor in 1-room HD estates and to migrant workers in their dormitories. This service operates out of a specially converted bus, is accredited by the Ministry of Health and treats up to 500 patients in each “clinic”.

What is your most recent foray and how was the experience different from your other trips?

The most recent trip was in May 2013 where I went to Cambodia with some of surgeons from NUH. This three-day trip was a joint collaboration by Mercy Relief and NUH, focused on providing free general surgery to residents, as well as conducting an inaugural health screening initiative at Poy Pet Hospital, Banteay Meanchey Province in Cambodia.

Communications, communication and communication! And I don’t mean just the language barrier, which across the years, one would tend to pick up bits and pieces of new and fascinating languages. Communication is also about how we express ideas as in education, aid and services. Something as simple as communal toothbrushing with children has shown to decrease wound dehiscence rates after cleft lip and palate repair! These are certainly important lessons that are not taught in medical school.

What has enabled you to continue pursuing of humanitarianism despite having a full-time job as a doctor?

The drive to love! It certainly has not been a stroll in the park juggling between clinical work, administration, family and humanitarian projects. However, passion and desire has made this far more enjoyable. Humanitarian work has become a way of life, a meaning to existence, and a reality check in busy Singapore.

Dr Chua Ying Xian (right) in a mission trip to China

HUMANITARIAN COMPASSION

Dr Chua Ying Xian
Resident, Preventive Medicine

any in the NUHS family know Ying Xian as an exceptionally kind person with a great passion for humanitarian work. Her face is instantly recognizable to the many medical professionals in our institution in medical missions around the region. Invigilated by his latest mission trip to Cambodia, Ying Xian shares his personal story of learning compassion.

Could you share with us how you started getting involved in humanitarian work?

It started more than 10 years ago when I was first introduced by friends to raise awareness and assistance for the 2004 Aceh tsunami. My perception of humanitarian work changed as I got to learn about the various backbones that supply such missions.

Since 2004, I have either led or participated in medical and community mission trips around the world including China, India, Cambodia and the Middle East. I vividly remember my first encounter with a leper in rural Yunnan, China. Despite much mental preparation about leprosy, and firm knowledge that the patients there had already been cured, I still struggled to shake the offered hand of an elderly leper. It was then I realized, that education and knowledge, without real-life immersion, remains within the confines of the classroom. The sun-beaten face of the elderly leper looked at me, smiled, and in broken Mandarin said, “It’s ok, you are not the first.” It was also not easy to accept (what I have”). This leper taught me that it is not by the depth of knowledge that you can touch one’s soul, but by the breadth of your love. That spurred me on for my journey to educate and influence likeminded individuals, particularly the interest in the medical students group, as they one day will be the future pillars in our humanitarian efforts.

What are some of the challenges you encounter in the process of your humanitarian efforts?

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How has your experience in mission trips affected the way you practice as a doctor?

With a team of 34 people with wide-ranging expertise from surgeons, physicians, nurses to medical students and administrators, we reached out to about 50 patients who benefited from general surgery procedures including hernia repairs and excision of lumps. A further 300 patients received timely medical therapy.

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Before the reward there must be labour. You plant before you harvest. You sow in tears before you reap joy.

- Ralph Ransom

On the road towards accreditation, our Family Medicine (FM) Residency Program met with many challenges. But with resilience and the concerted effort from the entire team, the FM Program overcame the difficulties and emerged victorious. Here is the story from the Family Medicine Program Director and residents:

On 19th November 2011 at 0317hrs, an email from ACGME-I reached the inbox of DIO and Program Director of FM Residency simultaneously, to inform us that ACGME-I had withheld accreditation from the program because of substantial non-compliance with the foundational requirements. As the details unfolded over the course of the next few days, we realized the extent of our failure. Among the three Sponsoring Institutions (SI), we were the only one that had failed both the foundational as well as the advanced requirements.

We had received a total of 29 citations on areas of non-compliance and we had less than six months to correct them before the auditors returned. We were told in no uncertain terms that if we did not achieve a pass by the next accreditation, MOH may decide to close our program and distribute our residents to the other two SIs.

A deluge of negative emotions flooded both the faculty as well as the senior management. We were initially stunned with the extent of our failure, and angry at some of the citations received which we felt were not fair and objective. Many of us were also “depressed” as we had poured in a great deal of effort, sacrificing weekends and late nights to get things ready. To not even obtain a foundational accreditation was difficult to swallowing.

We were faced with a mammoth task before us. It required not only a huge effort from our part but also an extreme makeover of the program if we are to meet ACGME-I standards for accreditation.

The story of William Borden came to mind during this time of uncertainty. He was heir of the Borden Diary estate and was already a millionaire when he graduated from Yale in 1909. He was presented with a trip around the world as his graduation gift. His life was transformed when he saw the needs of the developing world and decided to be a missionary in spite of the many options available to him. He decided to pursue his dream and unfortunately died en route as he contracted cerebral meningitis while training in Cairo prior to starting his mission work. After he died, his bible was handed to his parents. In it, they found written: NO RESERVE dated when he decided to go into missions, NO RETREAT dated when his father told him that he will not work in his company ever again should he go into missions and NO REGRETS, just before he died.

The story was a good motivation for me as I was reminded of the raison d’être for NUHS FM residency, which includes:

1. to produce good family physicians that can contribute to the effective care of patients they encounter on a daily basis,

2. to add value to the increasingly complex healthcare system by providing good generalist care that is so lacking in the increasingly specialized world of medicine and finally,

3. to contribute to the betterment of the healthcare system of Singapore.

This fitted well into the vision and mission of NUHS residency as well as the larger regional health system that NUH is part of. Together with the support of senior management, we decided that we had to press on in spite of the challenges ahead of us.

We had to apply much ingenuity as well as effort to re-engineer the program. We received help from many sources, including NHG Polyclinic, who kindly helped us by allowing us the use of Clementi Polyclinic as our Family Medicine Centre. A few of our senior family physicians like A/Prof Cheong Pak Yean and A/Prof Lim Lean Huat joined us as faculty to further enhance the training faculty of our program and helped us in achieving the requirements set out by ACGME-I.

Through the whole process, our residents were patient and understanding, putting their best foot forward to learn from and minister to their patients in various postings while the core faculty tackled the re-accreditation preparation.

It was with quiet confidence that we faced the ACGME-I auditors on 7th of May 2012. The rest, as they say, is history as we were awarded the full accreditation status shortly after that.
Thoughts from Family Medicine residents:

Dr Eugene Chan:
Resident, Family Medicine

“I was interviewed by A/Prof Goh Lee Gan and A/Prof Tan Boon Yeow and I was the last candidate for the evening. In my mind, I had already made the decision that NUHS Family Medicine is my top choice. When A/Prof Tan asked during the interview whether it was a concern to join a program that was yet to be accredited, I knew in my mind that this was not going to discourage me. With the strong academic faculty laying the foundation of NUHS Family Medicine, I knew that it would just be a matter of time before we obtained accreditation. My faith in the program was proven right as faculty members and residents banded together as a team to obtain accreditation for the program, despite the odds that were stacked against us.

I am glad to be part of this family that is epitomized by the perseverance and the resilience of its people.”

Dr Koh Li Jia:
Resident, Family Medicine

“When I heard that our Family Medicine residency program was not accredited by ACGME, I was disappointed. NUHS Family Medicine is a tight knit team. With a maximum of six residents per year, the residents and faculty all know each other well. Together, we rallied around and wrote the necessary changes to the program. The other specialty departments were also very supportive and accommodating. This failure had forced us to create an even better residency program. We were so relieved when we made it through the accreditation at the second site visit, and had a hearty seafood celebration dinner afterwards.”

Prof Quah Thuan Chong
Head and Senior Consultant
Division of Haematology / Oncology & Bone Marrow and Cord Blood Transplantation, Department of Paediatrics

“I remember this nine-year-old boy (let’s call him Ian). He had Hodgkin lymphoma, and I remember this nine-year-old boy (let’s call him Ian). He had Hodgkin lymphoma, and I remember the flickering monitors and rhythmic sigh of the ventilator. I had come to see Charlie (not his real name), and to say goodbye. He was surrounded by the people he loved and cared about, his family, the decision was made to extubate him and send him back to the general ward. We knew what that meant. Charlie was right of course. It was going to be OK. But it was tough, sometimes I get discouraged, but you know, it’s going to be OK.”

GOODBYE CHARLIE

Dr Noreen Chan
Senior Consultant
Department of Haematology-Oncology
National Cancer Institute, Singapore

“Guerir quelquefois, soulager souvent, consoler toujours” (to cure sometimes, to relieve often, to comfort always).

we should always do our best for our patients, not only “medically”, but “holistically.”

Dr Melody Long
Resident, Transitional Year - Anaesthesiology

S he was a middle aged lady who came into hospital because of ascites (swelling of the abdomen). She was hard of hearing, incapable of much speech and frequently misunderstood. She was due to go for further evaluation by the gynaecology team for a suspected gynaecological malignancy. Her husband left her, and she was alone, living in a four-room HDB flat with the other rooms rented out. Attempts to contact her family members were futile. She did not have many friends, choosing not to burden them with her problems. Outraged, she seemed cheerful; but on the rare occasion where we communicated, she showed signs of loneliness and despair.

One night after we had our conversation, she suddenly collapsed. Attempts by the on-call team to resuscitate her were futile. She was pronounced dead in the early hours of the morning. She died a lonely death. When I came to work the next morning, I was shocked to find her bed empty. Then I was told of the unfortunate news of her demise and I was greatly shaken.

Many times people tell us not to be too emotionally invested in the care of our patients, but this was a patient whom I felt a connection with. I felt sorry for not trying harder to locate her family members. I felt regret at not being able to spend more time with her. I questioned myself on whether her death was avoidable. I cried for this patient, then, and now when I think of her, I cannot help but shed a tear.

The practice of medicine is not just a scientific pursuit of knowledge to be applied to our patients. It is composed of lives that we can touch. This will always be a reminder to me to slow down for my patients – because we will never know when they will be gone.

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Resilience

Our greatest glory is not in never falling, but in rising every time we fall.

- Confucius

Dr Ng Chew Lip belonged to the pioneer intake of residents. After his Transitional Year, he was selected to join the NUHS Otolaryngology Residency Program. Dr Ng was the only Otolaryngology resident to have joined the program without having done a clinical rotation through Otolaryngology as a medical officer. He was prepared for a steep learning curve but what he encountered was beyond what he had been psyching himself up for.

Fresh out of Transitional Year/Housemanship and armed only with otolaryngologic knowledge from medical school, he felt lost in the clinic, in the operating theatre, during departmental meetings and the teaching sessions. Most other residents or trainees had had clinical experience in the specialty, some having years of clinical otolaryngology experience. There was stark disparity in knowledge and technical competency levels between him and the other residents/trainees. The expectations by the department, and more significantly, his own expectations of himself, posed considerable stress. His self-esteem plummeted. Performance was flagging. Self-doubt began to surface…

He had thought, “Have I chosen the right specialty? Should I have waited another year or two before I entered residency? Does the department regret their choice?”

Through these difficult times, he was encouraged by caring faculty members, both within and outside of his department. These mentors did not give up on him, nor did they lose faith in him. The struggling Dr Ng also strengthened his fortitude with prayers. He cannot fail. There is a steep cliff before him; it is either up or nothing. Theodore Roosevelt’s words motivated him: “The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who err, who comes short again and again, because there is no effort without error and shortcoming.” Two years into the training, Dr Ng has gotten into the momentum of the long arduous climb up the cliff he set out to conquer two years ago. He has passed his MRCS and the MMed examinations and is eligible to enter senior residency. He has done the program proud by being the top scorer at the national otolaryngology tests. He is also involved in the teaching of junior medical officers. In Dr Ng’s words, “I am indebted to my teachers and mentors. If they had given up on me, I would not have persisted till this day. The NUHS Residency has a living, beating heart that cares deeply for its residents. Challenges will always be there, but this Residency lifts you up when you fall and steadies you when you flounder. I have chosen the right institution, and I would choose it again without hesitation.”

His climb has not ended. In fact, a more challenging phase has just begun. But with the support from the faculty and fellow residents, and the quality of resilience that he acquired in the past two years, Dr Ng will continue to forge towards mastery of his craft.
The NUHS General Surgery Residency Program suffered a setback during the first ACGME-I accreditation exercise. With the grit and tenacity that personifies our surgeons, the GS team took failure in its stride, learned all they could from it, identified the weaknesses and mistakes made, and emerged successful in the subsequent accreditation. Here is the story from Dr Shridhar Ganpathi Iyer, Program Director of the General Surgery Program.

The Tribal Wisdom of the Dakota Indians, the ineffable quality of resilience, ability to adopt a positive attitude, optimism to see failure as a helpful feedback system from the United States in 2010. NUHS General Surgery (GS) program also embarked on this journey of change.

The ACGME-I (the international arm of ACGME) conducted the first site visit for NUHS GS in May 2010 and the report card stated 'Accreditation withheld' for the Advanced specialty status, meaning that the program had failed. The next accreditation was due in May 2011 and it meant that the program would have to close if we did not achieve re-accreditation. Emotions ran high among all the stakeholders including the Program Director, faculty, and above all, the residents. As a Program Director at the helm, I was angry, upset, depressed, and had felt that the job would have best been done by someone else.

The Initial failure left us with many lessons: the ineffable quality of resilience, ability to adopt a positive attitude, optimism to see failure as a helpful feedback.

With the grit and tenacity that personifies our surgeons, the GS team took failure in its stride, learned all they could from it, identified the weaknesses and mistakes made, and emerged successful in the subsequent accreditation. Here is the story from Dr Shridhar Ganpathi Iyer, Program Director of the General Surgery Program.

This failure came as a “mixed blessing”. It hurt because the residency program was at stake, but it gave us time to rethink, take stock and emerge stronger. Initial failure left us with many lessons: the ineffable quality of resilience, ability to adopt a positive attitude, optimism to see failure as a helpful feedback and above all, experience the camaraderie with other programs and the mentorship of senior leaders. The program passed the subsequent re-accreditation process with minimal citation. It is now time to surge ahead by setting higher goal posts.

As a Program Director of the General Surgery Program, I was looking forward to. However, better crisis manager and mediator was not what I wanted to do. I knew my role as a particular sharp-tongued registrar. It helped that I always found supportive seniors from whom I have often gotten quick phone advice from. This has provided invaluable help on multiple occasions.

Many radical changes were made including curriculum redesign, duty hour reforms, re-designation of core faculty, and more.

Moving forward, the NUHS General Surgery training will focus on teaching the requisite competencies, evaluating the competencies, and developing the faculty to use evidence-based methods of training.

And indeed, we did. This could be the metaphor to describe Housemanship, a universal rite of passage that is a common denominator amongst all doctors. Any discussion between doctors, given enough time, will always echo back to the hardships of Housemanship, and will entail a sentiment that the new “kids” have it easier. My seniors almost always told me, “It’s only one year, you will get through it”. And indeed, we did.

Resilience.

That’s what got us through our moments of cynicism with difficult patients and on the mornings when we contemplated reporting sick. It got us through the times we had to search for the energy to go the extra mile or pluck the courage to make a referral to a particularly sharp-tongued registrar. It helped that I always found supportive seniors from whom I have often gotten quick phone advice from. This has provided invaluable help on multiple occasions.

Despite being a Transitional Year resident, my seniors always took me seriously and I learned a lot in all my postings. What was even more important was that by being in the same hospital for all my rotations, I had built up a list of contacts of seniors from whom I have often gotten quick phone advice from. This has provided invaluable help on multiple occasions.

The sun always rises. Given enough resilience, we’ll come out of it with a new confidence to forge on in our calling.

Dr Shridhar Ganpathi Iyer
Program Director
General Surgery Residency Program

Dr Abhiram Kanneganti
Resident, Transitional Year

And we’ll come out of it with a new confidence to forge on in our calling.
Recall this desperate day in the bus in Nashville, Tennessee during the ACGME conference in early March 2011. A/Prof Joseph Thambiah (Program Director, Orthopaedic Surgery) and I were lamenting that we had no idea what a PIF (Program Information Form) was. We also had no idea that it was divided into foundational and advanced specialty portions, and that we had to come up with a curriculum! The mock site visit was due in May 2011 and we had to hand in the documents by April. We had barely a month to come up with mammoth amounts of documents. We are doctors and not writers!

I spent the next few days holed up in the hotel room with “room service” food, only leaving the room for accreditation-related talks and nightly reflections with CEO, DIO, fellow program directors and program coordinators.

The situation was exacerbated by external circumstances – a few colleagues had indicated that they were leaving the institution and some were away on overseas training. With fewer “bodies”, the clinical load was heavy and morale was low. We were also barely making it to ACGME-I’s requirements of having 16 faculty members to take in four residents per year. In addition, our first big batch of senior basic specialists trainees was going for the first local conjoint FRCR-MMed exams in April 2011 and we needed to train them to pass it!

The task seemed insurmountable and I wholeheartedly agreed with A/Prof Marion Aw (Program Director, Paediatric Medicine) who had gone through a previous round of accreditation. What was greatly appreciated was that at no point in time, was there any pressure from our GMEC. All TRICE values of teamwork, respect, integrity, compassion and excellence were experienced and exemplified.

Dr Lynette Teo (front row, second from right) with Diagnostic Radiology residents and coordinator.
Empowerment

Dr Dave Ong
Resident, Paediatric Medicine
Assoc Prof Marion Aw
Program Director
Paediatric Medicine Residency Program

‘Empowerment’ essentially means increasing the capabilities of individuals and organisations, and enabling them to do better. This is very important because institutions can only grow with the strength of its people. The way to achieve the latter is not only to provide excellent training, but to also empower people to reach their own goals and scale greater heights.

Empowerment can be done in various ways:

1. Giving people the opportunity to exercise control over and take responsibility for their work (i.e. ownership);
2. Providing regular constructive feedback and praise for good work;
3. Involving people in setting their own performance targets;
4. Allowing people / teams more scope to plan, act and monitor their performance;
5. Involving people in developing solutions to their own problems; and
6. Giving people a voice in deciding what needs to be done

Empowerment doesn’t just mean giving people tasks to perform, it also means providing them with the support and necessary resources to do so.

In the following pages, various doctors, nurses and administrators share their thoughts and experiences about how they have been empowered in their jobs. We would like to sincerely thank them for generously sharing their valuable experience and insights.

Being Empowered in NUHS
– Doctors, Nurses and Administrators

“GREATER INSIGHT”

When I was first appointed, I thought that the title of Chief Resident was a euphemism for “roster planner”. However, I came to realise that a big part of this was learning how to interact with seniors and juniors and more importantly, peer and junior support. We had opportunities to attend meetings to further understand from the seniors’ points of views why certain things were done and were given the chance to voice the opinions of our residents and hopefully better represent them especially when these involve matters close to the ground.

Dr Serene Wong
(Clinical Residents, Internal Medicine)

Being a Chief Resident put me in frequent contact with the residents and allowed me the opportunity to know them better. I realised the importance of using different ways of guiding them depending on their personality. I learnt that one has to know one’s team well to gain their trust and allow one to guide them. It was important for me to lead by example too.

Dr Ooi Pei Ling
(Clinical Residents, Paediatric Medicine)

“LEARNING THROUGH SERVICE”

I have learnt important skills such as the management of manpower, the distribution and planning of call and ward rosters and the improvement of system-based practices. One of the most important and difficult life skills I learnt is how to deal with people of various personalities, as this is a constant challenge which all leaders will have to learn to overcome.

Dr William Kristanto
(Clinical Residents, Internal Medicine)

Being the Chief Resident was challenging as I had to work with the additional duties on top of my own clinical training. The experience taught me to manage my time better, and honed my administrative, organisational and interpersonal skills. I also learnt about medical education and its challenges as well as progress in recent times.

Dr Charmaine Teo
(Clinical Residents, Paediatric Medicine)

All doctors are expected to take on leadership roles in various stages of their professional career; from a house officer attending to his first resuscitation, to a junior registrar leading the ward round with other junior residents. I was given the opportunity to orientate 1st year residents and rotating residents who were naïve to paediatrics; to facilitate their integration to the department and the clinical work processes. Through teaching and serving my fellow residents, I learnt leadership and organisational skills.

Dr Andrew Sng
(Clinical Residents, Paediatric Medicine)

We were given the responsibility to come up with a Program Coordinators’ Manual. We had the autonomy to decide what to include in the manual and to be creative in making the manual a useful and valuable tool for all program coordinators. Whilst working on the manual, we were able to share our own experiences as well as gain knowledge in other areas which we were not familiar with. We were really pleased to have been given this opportunity and felt that we learnt a lot through the process of creating this manual.

Ms Theam Sin Yee
(Program Coordinator, Paediatric Medicine Residency Program)
“TRIAL BY FIRE”

It is very challenging when you have to make certain decisions which may render the juniors unhappy. I realised that it was impossible to please everyone. I also realised the importance of clear communications and explaining the situation carefully to ensure that people understand the rationale/difficulties involved.

Dr Michelle Tan (Chief Resident, Paediatric Medicine)

I examined the first case I clerked, where I took one entire day for the one patient. I examined and re-examined the patient fearing that I had missed out some findings. I went through the blood results and scans many times for the same reason. The fear of making mistakes and missing out pertinent patient issues was very nerve wracking for me. It was the most stressful time of my life. Lucky I had a very nurturing clinical supervisor, Dr Effie Chew. Through her, my clinical reasoning strengthened and I gained the confidence to be more independent in my role.

Ms Wendy Yue (Advanced Practice Nurse, Rehabilitation Medicine)

“EMPOWERING OTHERS”

For all of us, learning and being competent in Medicine is through a process of guided apprenticeship, together with lots of self-research and critical analysis. In my experience, senior doctors empower the juniors by constantly sharing their clinical experience and knowledge, as well as discussing any controversies and inadequacies. A good doctor will also have the wisdom of recognising good communication and effective education to empower patients so that they too can take charge of their healthcare, and cooperate to achieve the most optimal medical outcome.

This cycle of “empowering others” will form the basis for future batches of junior doctors to step up to the plate and continue to provide affordable medical care of the highest standards for generations to come.

Assoc Prof Ong Hian Tat (Clinical Director, Paediatric Medicine Residency Program)

“MAKING A DIFFERENCE”

As teaching is an integral part of the culture here at NUHS, many of us wanted to show our appreciation to our faculty with a small surprise on Teachers’ Day. Thus a completely resident-run event was started ground-up. Through the many inter-connected communities of friends and colleagues, a hearty breakfast was delivered to our teachers along with a little celebration at Tower Block. Teachers’ Day has now become an annual fixture and many of our faculty and residents (secretly) look forward to it and its many pleasant surprises.

Dr Low Ying Liang (Resident, Diagnostic Radiology)

“LEARNING FROM EACH OTHER”

I came to understand that working with people requires a lateral approach rather than a traditional top-down one. Working as a team ensures that ideas are always heard and shared, and from this I gain experience and wisdom through others, which contributes to my growth.

Mr Darren Goh (Advanced Practice Nurse, Medical Intensive Care Unit)
Those who have worked with A/Prof Madhavan know that he takes a firm, down-to-earth approach to things. Charismatic, forthright and not afraid to deviate from the crowd, he stands up for what he believes in with fervour and zest. As the Head for Hepatobiliary and Pancreatic Surgery and the Director of the Adult Liver and Pancreas Transplantation Program at NUHS, A/Prof Madhavan’s schedule is hectic. Yet, he always makes time for his family, and insists that his staff does the same. An astute surgeon who values the human touch in patient care, A/Prof Madhavan has his patients’ and staff’s welfare at heart. Despite his many accolades and achievements, A/Prof Madhavan remains very amiable and humble.

How has your experience been as a clinician and as a researcher?

As the Americans say, research is either “gee whiz” or “so what” – I am interested in neither. My main interest is in translational research where the research question arises out of clinical observation and one’s enthusiasm to do better for one’s patients. If the question can be answered in a lab, then I am interested. So I guess I am a clinician first and a researcher second. However I think the current trend to expose students and trainees to research early in their training is a good thing and is likely to develop better clinicians who also know how to ask the research question to their basic science colleagues.

What’s work life balance to you and your favourite past times?

My suggestion for work-life balance is you plan your work a day earlier, have more or less fixed times to reach work and leave after work, not to take work home as far as possible and “switch off” from work related matters when you go home. Have weekends planned with your family, rely on colleagues so that weekends can be shared and take regular holidays.

In a specialty like HPB and transplantation where surgery can be long (longest liver transplant was 22 hours!), A/Prof Madhavan has never had to worry about his family while he’s hard at work. As the saying goes, “Behind every successful man there stands a woman.” With the blessing of an understanding and fully supportive spouse who is all the way behind him, A/Prof Madhavan has the best of both worlds—work and family.

How do you think NUHS has shaped you into who you are today? What do you think are the strengths of NUHS?

Without a doubt, the strength of NUHS is its people. After coming to Singapore, for the first time, I felt that the “human resource” department truly was deserving of its title – most HR departments in big establishments do not value its people as anything other than a mere commodity. This strength of NUHS comes down from a strong and engaging leadership where clinicians and administrators are aligned in their objectives of better patient care.

What are your hopes for the institution?

I am sure that we will continue to produce the best doctors in Singapore and provide world class medical care for our population. What is needed for this is to attract the best students and trainees to our programs and for NUHS to be considered the training institution of choice for all aspiring doctors in Singapore and the region.

In your view, what makes a good doctor?

Having the courage of conviction, humility of approach, honesty and openness in dialogue, and a willingness never to give up on your patient; but at the same time, also an acceptance of human mortality, our limitations as doctors, and a recognition and understanding of the point of “futility” when you see it.

Any words of advice to our readers who are applying for residency?

No one is “un trainable”. All we ask for is the dedication and willingness to serve. Some specialties, like my own, involve heavy work load and in the past, involved sacrifices at personal levels. Today it is possible to mould our working environments so that there is a healthy work-life balance. Go where your passion is and where your heart is and you cannot go wrong.
Pioneering

Genius is the very eye of intellect and the wing of thought; it is always in advance of its time, and is the pioneer for the generation which it precedes.

- William Gilmore Simms

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Prof Yong is one who has an inquiring mind and an unquenchable thirst for finding out the many questions left unanswered in clinical practice. One of Singapore’s leading medical researchers, he has won numerous awards. He authored and co-authored more than 200 papers, patents and abstracts, a feat that few have attained. Prof Yong continues to inspire many to embark on the exciting field of research and to have the boldness to “think out of the box” and make new discoveries for the betterment of medicine. Here, he shares with us his insights into life, medicine and research.

Why the decision to specialise in Obstetrics and Gynaecology? How has your experience been?

Obstetrics and Gynaecology is a unique profession that encompasses both surgical and medical disciplines. It offers continuity of care starting from adolescent gynaecology, right through to women’s child-bearing years and stretching into menopause and finally the golden years. There are very few disciplines that allow one to holistically care for a person literally from cradle to grave.

It is also a very cheerful profession. To be able to experience the joy of delivering a new life is special and unique. For those surgically-inclined, Obstetrics and Gynaecology also allows very challenging surgery in the form of minimally invasive technologies. In fact, laparoscopy was invented by an O&G specialist Professor Steptoe that led to the first test-tube baby. We are also involved in very complex multidisciplinary surgery for gynecological malignancies.

What made you take the plunge to venture into research work and how has the experience been like?

As a teenager, I enjoyed being creative. I used to disassemble electrical gadgets and rebuild them into toys for my friends’ and my own entertainment.

I should say that the real start to my research career came when I did my HMDP in the University of Edinburgh, where I got my first taste of what true research was like. I had gone to Edinburgh for subspecialty training and it turned out that there was a large research component. Under the guidance of the University of Edinburgh Centre for Reproductive Biology and good mentors like Professor David Baird and Stephen Hillier, I began to really see that I may be able to succeed in this area. It helped that I also enjoyed the hard work and the interaction with like-minded people that came from this endeavor.

So my advice to all the young people out there is to express your interest and plunge right in. Nothing ventured, nothing gained. Even if you do not do it full-time, one’s career will be enriched by having a research experience.

What is the greatest difference between being a clinician and scientist?

A clinician has a patient in front of him. He or she derives the greatest joy from solving the patient’s problems, caring for her and helping her get well. In doing so, he or she is expected to be familiar with the published evidence and treat the patient within established clinical guidelines.

A scientist or clinical investigator, on the other hand, is iconoclastic. He or she is not satisfied with the status quo and has the urge to prove that there is a better way. He or she has ideas and wants to subject them to the test of experiment and clinical trial. For me, the greatest joy as a scientist is to discover that the idea that one has turning out to be true. Others acknowledge your contribution by reading your papers and you might even prove that your superior was wrong and you were right after all.
From the time I was a medical officer, some 30 years ago, I have seen the institution grow from strength to strength. Today, there is more expertise, more funding available and the mission and vision has become more coherent with each year. My hope for the institution is that the young ones would really find true meaning in our core values, TRICE (Teamwork, Respect, Integrity, Compassion, and Excellence), and find that through their journey of being part of NUHS, where they grow both career wise and as a person.

Any personal motto you would like to share?

I like a quote from TS Elliot:

“we shall not cease from exploration, and the end of all our exploring will be to arrive where we started and to know the place for the first time.”

Any words of advice to our readers who are applying for residency?

Get the chance to rotate around several disciplines that interest you. Once you find something you really like, stick to your choice and do not be daunted by the odds. Persistence always wins.

Dr Huang Zhongwei
Resident (Clinician-Scientist track)
Obstetrics and Gynaecology

Reality is harsh and the training to take on two hats as a clinician-scientist is far from being a bed of roses. It is immensely stressful trying to attain the trust of both clinicians and scientists; therefore I need to be equally competent as a fellow clinician and as astute as a fellow scientist. At NUHS, the strong academic culture allows me to thrive - the strong encouragement seniors give me to pursue my research interests and my clinical tutors who never allow me to compromise standards as a specialist to be, propel me to train hard. The path ahead is tough, and it is difficult to perceive the light at the end of the tunnel right now. Although the road taken is tumultuous, I will continue to persevere and contribute my utmost in research, serve my patients well, and gain the trust of both clinicians and scientists I work with.

Who says it is impossible to do both medicine and science equally well? I am not giving up just yet.

Dr Su Xinyi
Resident (Clinician-Scientist track)
Ophthalmology

Yes, perhaps it was one based in a young naiveté, seen through rose-tinted lenses, but what dream isn’t? I was captivated with the idea of being a bridge-builder between medicine and R&D. I wanted to bring up-stream basic science research into frui-tion downstream at the bedside. This was medicine and R&D in a beautifully choreogra-phed dance – enhancing patient care, improving medical education and nurtur-ing life-changing biomedical enterprises. However, little did I realise that this “bridge” less trodden was fraught with difficulties. As I started on the journey, the complexity of having dual careers, of bridge building, started to sink in!

Dr Lai Yew Min
Associate Program Director
Psychiatry Residency Program

N UHS is a key participating site in the National Psychiatry Residency Program. NUHS offers rotations in clinical psychiatry, including general psychiatry, consultancy liaison psychiatry, and child & adolescent psychiatry. We provide a broad case-mix unique to the wide-ranging neuro-psychological conditions in an Academic Medical Centre.

This is also the place where many aspiring residents are trained in Academic Psychiatry. In the senior residency years, NUHS offers a unique academic psychiatry track running parallel to the clinical psychiatry track. The academic psychiatry track grooming clinician-scientist residents to be at the exciting forefront of research in psychiatry.

In addition, we offer five Psychiatry fellowship programs as follows:

1. General Psychiatry
2. Geriatric Psychiatry
3. Medical Psychiatry
4. Child & Adolescent Psychiatry
5. Academic Psychiatry

NUHS allows the psychiatry residents to tap and learn from the diverse and rich experiences of our faculty.

Dr Clement Tan
Program Director
Ophthalmology Residency Program
Associate Designated Institutional Official
NUHS Residency

I guess we’d known all along that change was coming to the graduate medical education scene in Singapore. But perhaps we did not expect the enormity of the change or the pace of the change. Maybe we should have taken more time to study, consult, and prepare. Certainly, much of the trauma could have been ameliorated by preparation and negotiation.

If your cup’s half full, you’ll see the numerous advantages the changes have brought - increased funding, a common language, renewed accountability, and protection of residents and faculty. And if we understand the educational theory underpinning the AGMSM system, we’ll be able to leverage on it to achieve better teaching and assessment practice and outcomes. After all, we can either “boldly go where no man has gone before” or retreat with our tails between our legs.

PIONEERING CHANGE IN MEDICAL EDUCATION

Dr Su Xinyi
Resident (Clinician-Scientist track)
Ophthalmology

The clinician-scientist track residents, for example, might have felt less displaced if they knew more details of the path ahead (see articles by Dr Huang Zhongwei and Dr Su Xinyi below), as would nearly all the applicants. More extensive groundwork might have positioned us better to take advantage of the changes - “chance favors the prepared mind” (read the interview with Prof Lawrence Ho). But that said, knowing the inertia that existed in the system, perhaps only the blitzkrieg approach could have galvanised us into action.

Therefore, I sought inspiration from pathfinders of old. Looking through the biographies of Nobel laureates in medicine and physiology, I searched within their experiences for what allowed these “ordinary” people to achieve the extraordinary. The common threads in their stories included (1) actively searching for a place of employment where a culture of research is embraced, (2) finding dedicated mentors who would both challenge and inspire, and (3) establishing deep research partnerships that would both offer creative synergy and buffer the frustrations of failure that inevitably accompany research. NUHS was the obvious choice.
Joy

Sometimes your joy is the source of your smile, but sometimes your smile can be the source of your joy.

- Thich Nhat Hanh
A Conversation with Dr Peng Li Lee
Program Director
Emergency Medicine Residency Program

As the Program Director of the Emergency Medicine Residency Program and Senior Consultant at the Emergency Medicine Department (EMD), Dr Peng is a familiar face to students and residents. Calm and thorough in the face of a chaotic “Priority 1” situation in EMD, patient with students, gentle with patients’ relatives, Dr Peng has always been the role model for residents and students. A cheerful and energetic lady bubbling with vigour and exuberance, it is no wonder that Emergency Medicine is the specialty that she had always wanted to be in.

Dr Jonathan Chan, a Residency Year 2 Emergency Medicine resident shares his view on Dr Peng. “Through the years, Dr Peng has stuck to her code of ‘being the coach, not the referee’, a phrase she coined to mean that she is here to help us improve, not to run us down, through both encouragement and feedback.” And indeed Dr Peng continues to equip her residents to be good mentors to others.

You may ask with such overwhelming responsibility to take care of so many residents, what’s in it for the Program Director? But Dr Peng sums up her roles very well. “When you are a clinician, you impact the patients you treat. When you are an educator, you impact the students you teach. When you are a Program Director, you have the potential to impact on the whole cohort of residents, as well as the faculty, through the system that you put in place and the environment that you create.”

Dr Peng is grateful to her seniors for their guidance and support through these years, and feels it is her duty to nurture the next generation and pass on the baton.

The typical image of an Emergency Medicine physician conjured up in the mind is someone who is able to think and act quickly amidst the flurry of activities and still be able to stay calm and collected (despite under immensely stressful situations like having to deal with a few “code blues” in front of you). Certainly, one must be able to withstand shift work and still be up and about like an Energizer bunny. But to her, work is fun! She joyfully pointed out that no two shifts are the same because: 1) there is a wide variety of patient types, 2) common diagnoses often present uncommonly, 3) there are different grades of learners, 4) different combination of learners and teachers makes an interesting dynamic, and 5) seniors assume different roles depending on the patient load and supervision load!

I find it amazing that Dr Peng can see the fun of her work and does not find balancing family life difficult at all. “It is all about the people around me who help me maintain the balance!”

1) The husband. He keeps her in check from throwing herself totally into work!
2) The kids. They motivate her to give her very best to nurture and educate them. “If I spend so much time educating my residents, surely my kids deserve much more from me as their mother.” (Disclaimer: This is NOT to imply that one must get married and have kids to have work-life balance. This is just how it panned out for her)
3) The people and the work in the EMD. “They keep me coming back for more of the adrenaline fix and the camaraderie of sharing the same passion in Emergency Medicine and the belief in what we do.”

Being a Program Director entails great responsibility and Dr Peng rises up to the challenges unfazed. “The Program Director is an advocate for the residents while at the same time, is the disciplinarian and the judge when needed.” And she firmly believes that it takes the entire department, the culture, and ethos of the group to shape and mould the residents. Very true indeed!

Well-liked by peers, residents and students, I believe Dr Peng’s passion for teaching and grooming the next generation will continue to burn and benefit many more to come.

Dr Peng sums up her roles very well. “When you are a clinician, you impact the patients you treat. When you are an educator, you impact the students you teach. When you are a Program Director, you have the potential to impact on the whole cohort of residents, as well as the faculty, through the system that you put in place and the environment that you create.”

Joyful quotes from NUHS staff

Happiness is when I look forward to going to work and learning new things every day. I’m very grateful for such supportive faculty and for having so many inspiring tutors and colleagues.

Dr Melvin Seng
Resident, Preventive Medicine

Happiness in NUHS Neurosurgery comes from having the best and most supportive seniors and colleagues, working long hours knowing that what we do actually makes a difference in people’s lives, and most of all it’s about seeing the smile on our patients’ and their families’ faces at the end of it all.

Dr Vincent Nga
Registrar, Neurosurgery

Emergency Department residents: welcoming our new residents to our happy family.

Dr Daniel Chor
Resident, Emergency Medicine

Dr Melvin Seng (left)

SBN Kelly Liew (right), at the Delivery Suite

Dr Goh Xueying (left)

Dr Vincent Nga (second from right)

Dr Goh Xueying (right)

Dr Daniel Chor (right)

Ms Kelly Liew
Senior Staff Nurse (SSN)

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Dr Melvin Seng (left)

SBN Kelly Liew (right), at the Delivery Suite

Dr Goh Xueying (left)

Dr Vincent Nga (second from right)

Dr Goh Xueying (right)

Dr Daniel Chor (right)
What makes me happy ... when, together with lab technologists, colleagues or residents, we solve a particularly challenging case - this reminds me of how worthwhile it is to put in the extra time and effort in order that we get the right diagnosis and the patient gets the right treatment. The added bonus of a hardworking and reliable team is icing on the cake.

I experience joy when I see well deserving residents pass their postgraduate examinations and mature into well adjusted, balanced, dedicated pathologists - especially when the path has been rocky. If I have in some small way helped them along, it makes the victory all the more joyous.

Also, it is a joy to have been a part of the mentoring team to laboratory staff and residents. I am glad when I see senior residents or staff taking the time to mentor their juniors. Such acts make me proud to be part of such a progressive and giving culture.

Assistant Professor Nga Min En
Consultant, Pathology

Let no one ever come to you without leaving happier

Ms Xing Lin
Senior Staff Nurse (SSN), Ward 7A

Happiness is helping the next generation of students blossom into mature and caring doctors

Dr Kaan Hung Leng
Resident, General Surgery

The company of friends makes learning joyful!

Dr Linus Chua
Resident, Family Medicine

Hope

Hope is the thing with feathers that perches in the soul - and sings the tunes without the words - and never stops at all.

- Emily Dickinson
A Conversation with
Associate Professor
Yeoh Khay Guan
Dean
Yong Loo Lin School of Medicine

There is a Chinese saying that goes “青出于蓝，胜于蓝” – literally “the colour green is born out of blue but supersedes blue” – meaning that each younger generation does more outstandingly than its predecessors. The Dean of Yong Loo Lin School of Medicine, A/Prof Yeoh subscribes to this belief firmly. He feels that training should be better with each passing generation so that the system continually improves. For someone who is trained in NUH right from the beginning as a medical officer, A/Prof Yeoh is an excellent example of what every resident can aspire to achieve – a well-rounded doctor who is at the forefront of clinical, research and educational work.

As a young medical officer, A/Prof Yeoh did his internship rotations in different hospitals, before joining NUH in Internal Medicine. It was at the Gastroenterology and Hepatology rotations that he started loving this subspecialty. To him, Gastroenterology has a good mix of outpatient and inpatient work. It is also one of the disciplines where the clinical role rests on a foundation of internal medicine but also offers interventional opportunities.

“My mentor was Professor Kang Jin-Yong, who was the head of Gastroenterology at that time. He was an excellent clinician and teacher and I learnt a lot from him,” A/Prof Yeoh recalled fondly. This was the start to his illustrious career as a gastroenterologist. Under Prof Kang’s guidance and together with the advent of Singapore’s biomedical drive 10 to 15 years ago, his passion for research grew.

“Being interested in research reflects a desire to improve upon the present practice of medicine. It is a natural extension of our clinical role because in our care of patients, we notice many needs, many unanswered questions and many opportunities to do things better.”

Armed with an analytical mind, an unquenchable thirst for new knowledge and discoveries, A/Prof Yeoh embarked on various research projects and has published his works in international research journals. He has led the Singapore Gastric Cancer Consortium and National Colorectal Cancer Screening Committee. He is also a member of the Health Promotion Board, all testament of how research work is translated into clinical practice. He enjoys his works in international research journals. He has led the Singapore Gastric Cancer Consortium and National Colorectal Cancer Screening Committee. He is also a member of the Health Promotion Board, all testament of how research work is translated into clinical practice. He enjoys investigating new ideas and testing hypotheses with colleagues and peers as well as to find new solutions.

He shares enthusiastically on the topic, “Research has added a whole new dimension to my work life. It helps us avoid being jaded, because it stimulates you to look for ways to improve care.”

As a young medical student, A/Prof Yeoh could not have imagined that one day he would become the Dean of the School of Medicine. His only ambition at that time was simply to be a good doctor to his patients. Being passionate about teaching and shaping the subject matter himself.

“It is a great privilege to be playing a role in training the doctors of tomorrow. At the NUS School of Medicine, our aim is to give our students the best medical training available, preparing them as we can for the challenges of tomorrow.”

Over the past one year since assuming Deanship, A/Prof Yeoh has found the experience deeply humbling. Leading the school is a role that requires one to work out the steps needed to get there, he says. Indeed, many small steps get you to your ultimate goal and simplicity is always the best. Very rightly, he pointed out that what makes NUHS special is its people - excellent people who are really passionate about what they do. His hope? “My hope for NUHS and indeed for Singapore Medicine as a whole, is that our population will be proud of our public hospitals. This is really something special and I would not swap this for any hospital in the world.”

For those applying for residency, A/Prof Yeoh has these words, “There is some form of serendipity in one’s choice of specialisation. It depends somewhat on experiences, opportunities and it is good to be open minded to what life and work experiences reveal to you. So take your time to find your interests and passion for a career that will last 40 years.”

A Conversation with
Professor
Lawrence Ho
Chair & Senior Consultant
University Medicine Cluster

The interview with Prof Lawrence Ho about the innovations pioneered by the University Medicine Cluster (UMC) in graduate medical education feels like a mini-tutorial in management. Prof Ho has many insights to share about what made it possible for the internists to embrace, and even lead these changes; and his philosophical approach to this discussion is summed up in a Chinese phrase: “天时地利人和”.

“天时” - the time is right

“Chance favours the prepared mind.” Quoting Louis Pasteur, Prof Ho tells how UMC was well placed to take advantage of the benefits that the arrival of the ACGME-I residency programs afforded. Before the ACGME-I programs were introduced, UMC, wanting to transform their teaching program, embarked on a series of initiatives with residents as the focal point. Prof Ho recounts how they put in place a physician advancement program to have trainees spend the entire duration of their training in NUH so that they could fully imbibe NUH values and culture. He tells how the idea of chief residents was introduced to give trainees an expanded role in shaping their own training so they could participate more and have greater influence over how the wards and other processes in the department were run. The aim in all this was to have the best program that put forth the best staff, moulding the next generation in the best possible values. When the ACGME-I residency programs came, UMC was ready to grasp the opportunity to propel these positive changes forward. In fact, Prof Ho does not see the ACGME-I as an American program as much as a national endorsement and a tool for transformation in medical education.

“地利人和” - the geographical and social conditions are right

Putting the right people in place, says Prof Ho, is a crucial part of making the residency program work. In this, he took a calculated risk, choosing as leaders for the new program, faculty passionate about education, but who were not trained locally and thus did not have such an intimate connection with the previous system. (Editor’s note: Prof Ho’s choice of Program Director has certainly been vindicated with Dr Khoo See Meng receiving accolades for his work). Prof Ho goes on to pay tribute to all the doctors in UMC, from the consultants who were supportive of the changes to the basic specialty trainees from the previous system of training, who came back to help teach and lead the new residents. And with the residency program more or less settled in place, the pioneering spirit is now driving the cluster forward to “fix the pipeline”. Residents have volunteered to mentor the medical students. Again, as Prof Ho says, this was a calculated risk as residents had not previously been so intimately involved in undergraduate medical education. An academic chief resident was chosen and tasked with creating a culture of role models for medical students, mentoring them and building values early. The chief residents were also tasked to look into safety and quality issues. After all, says Prof Ho, the cornerstone of what we teach residents should be “first, do no harm” and then, “always do the best you can”.

With such a tremendous pioneering spirit, I am sure we can look forward to more exciting and innovative changes in medical education coming out of the Medicine Cluster.
Our thoughts on HOPE...

The wings of hope carry us, soaring high above the driving winds of life. ~Ana Jacob

Mentor & Mentee:

I believe 玉不琢,不成器 (Jade must be polished to become a gem), and I hope my trainees appreciate why teachers must be strict because 教不严,师之惰 (it’s the teacher’s sloth if the teaching is not strict).

Dr Teng Gim Gee
Program Director, Rheumatology Residency Program

As Friedrich Nietzsche once said, “One repays a teacher badly if one always remains nothing but a pupil”. Thus, I strive to be the great mentor to others that my mentor was to me.

Dr Amelia Santoso
Registrar, Rheumatology

Husband & Wife:

We are honoured to have worked with some of the best and greatest clinicians we know. We hope to inspire future generations of doctors, just like how others before us have done, and continue learning to be good doctors, leaders, sons and daughters.

Drs Todd & Serene On
Resident, Preventive Medicine & Chief Resident, Internal Medicine

Brothers:

I joined NUHS as a resident, and made a personal commitment to serve as a doctor, and contribute as a member of the NUHS team. I hope each passing day adds a little to my endeavour, to ultimately cumulate and make a difference to NUHS.

Dr Lenard Cheng
Resident, Emergency Medicine

The opportunity to be part of the NUHS family is a privilege which I have much to be thankful for. I hope to draw inspiration from the multitude of distinguished doctors as the forerunners, and to become someone that makes a difference to NUHS and the patients.

Dr Lenith Cheng
Resident, Anaesthesiology

Nurture: Training Minds, Shaping Hearts

Healthcare has become increasingly complex and challenging for doctors. I am confident that NUHS Residents will continue to be compassionate and driven team players who continuously seek to improve themselves as persons and as physicians.

Dr See Kay Choon
Program Director, Respiratory Medicine Residency Program

The Singapore healthcare system is gradually becoming a world-wide role model in terms of quality of health delivered, and healthcare-economics. To work and study at NUHS, which is at the pinnacle of such a robust healthcare system is an honour. With early exposure and access to high-end laboratory/research work, and a teaching culture that is ingrained in us right from the very beginning, the all-rounded healthcare professionals produced by this hospital have phenomenal capabilities in the future. It is my hope to continue to further NUHS’ vision of being a global leader in healthcare in the future.

Dr Raghav SUNDAR
Resident, Haematology Oncology

I embrace a warm environment of strong camaraderie among fellow trainees and appreciate helpful seniors guiding us along, so that we can work and support each other in the quest for the best patient care.

Dr Lim Li Min
Resident, Obstetrics & Gynaecology

My HOPE is that we facilitate the residents to become the kind of doctors that I would love to have treating me or my family one day. When they go off around the world on their fellowships, lecturing or doing humanitarian work in the future, I hope they will be proud ambassadors of the program that trained them and that we remain proud of them.

Dr Christopher Pearce
Core Faculty, NUHS Orthopaedic Surgery Residency Program
Consultant, JurongHealth

I hope that we will all work as a team, respect one another, share our experiences and provide constructive feedback to one another - to aid in personal growth as well as patient care.

Dr Victoria MC Ong
Resident, Emergency Medicine

My hope is for the residency program to achieve an optimal balance between education and clinical service.

Dr Lingaraj Krishna
Associate Program Director, Orthopaedic Surgery Residency Program

We shall be a universally recognised program wherein we may compete and transit effortlessly on a world platform. I hope to be part of this arena where my training can be recognised and applied.

Dr Jai Sule
Resident, General Surgery

Having the privilege of being part of the pioneer team in the residency journey has been more than rewarding. Many of us have forged firm friendships and camaraderie, which I hope will continue to grow and mature. In the years to come, I wish that the team will continue to persevere with the passion they have in medical education. I hope too that I will be able to see our first batch of residents progress to become excellent physicians and inspiring leaders in the field of medicine.

Ms Shana Ang
Program Coordinator, Obstetrics & Gynaecology Residency Program

We shall be a universally recognised program wherein we may compete and transit effortlessly on a world platform. I hope to be part of this arena where my training can be recognised and applied.

Ms Jo-Ann Sim
Senior Manager, Medical Affairs – Education

I hope that in the leadership role that I have been made a steward of, I can help doctors realise & fulfill their purpose & potential in Singapore healthcare beyond their discipline, their department and their institution.

Dr Gerald Chua
Associate Designated Institutional Official, NUHS Residency
Head & Senior Consultant, Department of Medicine, JurongHealth

Taking the time to hear each of my terminally-ill patient’s story and being a part of their last lap of journey on earth is what I yearn to do more. The process of dying can be made more beautiful by not just relieving their pain but being there for them and their grieving kin.

Dr Lim Lee Yen
Resident, Internal Medicine
Meet our residents

We always say that “the youth is the hope of the future”. What better people to talk to other than the young residents themselves who are going through it all! Let’s hear what they have to say about their residency...

What influenced your decision to join NUHS for residency? Why did you choose your respective residency program?

It’s a matter of finding a good match between the characteristics of the institution and your own characteristics. I think of it in terms of the head (learning) and the heart (culture and people).

I do not and cannot learn by sheer osmosis from high case load. I learn best when I reflect on what I do, and the NUHS environment is well suited for that style of learning. In general, learning here is more structured, with formal teaching sessions. The case load is generally medium across the specialties and not insanely high, and you will have time to think about what you have done and how you can improve.

Cases shouldn’t flash by in a hurried blur – you can find the time to think and learn, as long as you put in the effort. It really helps to refine your management and titrate your clinical judgment.

In NUHS, you will not feel lost at sea as a junior – seniors are very approachable and more than willing to teach and clarify. On a more personal level, transport is a headache as I live in the east and I do not have a car. But it’s still worth it!

NUHS Paediatrics was a natural choice for me because of various positive influences since I was in Year 1 of Medical School. I met many seniors who had the passion to teach and excel in both clinical and research work.

Together with my enthusiasm to work with children and their families towards their best interests, the strong element of holistic medicine in paediatrics, and the broad clinical knowledge and skill set required as a paediatrician, Paediatric Medicine has always been my choice.

My current residency mentors are A/Prof Marion Aw and Dr Perry Lau, who have been constantly making positive influences in my clinical and academic training in paediatrics. I consider myself really fortunate to have had the opportunity to learn from so many excellent people from the department since medical school days.

What are the strengths of your residency program?

The General Surgery program at NUHS is comprehensive.

There is a good emphasis at NUHS on education, which is seen at both frequent formal teaching sessions as well as during our daily work, with strong teaching oriented faculty.

Furthermore, there is a good balance of clinical work, education and research. I hope that this emphasis on learning perpetuates.

The Paediatrics program here at NUHS has the benefit of a long legacy of excellent senior paediatricians, many of whom have been with the department since its early beginnings. The residency program has merely given more structure and fuel to an already deeply entrenched pro-learning ethos. What lends the program even more robustness is its close-knit culture and open channels of feedback to allow for efficient changes and improvements to the system. I also feel that one of its greatest strengths is its ability to strike a fine balance between service and learning objectives.

What do you love/enjoy most about NUHS?

I think what I enjoy most is the people. I enjoy working with my colleagues. They care greatly about their patients, and it is fun to work in an environment where everyone is working towards a common goal. I also like hanging out with my colleagues. The work is tough (medicine almost always is), but it becomes a lot more bearable when you’re not alone.

The other thing would be the seniors that I have had the privilege of working with. They have really taught me how to take care of patients. Dr Felicia Teo and Dr Low How Cheng are two consultants whom I have had the chance to work with for some time, and they have really moulded my views towards patient care. They put in a lot of effort, even at great personal sacrifice, to ensure the best outcome for their patients.

The people. People are always the most important aspect of any institution.

In NUH, the system believes in its people and invests heavily in them. People are down to earth despite their achievements, and seniors don’t feel all that distant on some high pedestal. Generally, it’s less emphasis on displays of rank, and more on working together, getting things done and developing camaraderie. There is a culture of relentless improvement via experimentation and innovation, yet grounded in a realistic and down to earth world view.

Our teachings, whether in the form of didactic lectures, tutorials, clinics, OTs or dedicated courses, have been relentless. There is a very strong learning culture and spirit of camaraderie within our batch. To me, hardly any day goes by without having learnt something new.

In the past year, I have also had the privilege of getting posted to the Orthopaedic Department at Alexandra Hospital (JurongHealth), where I gained a wide exposure to the breadth of general orthopaedics, by seeing a wide array of cases. Our seniors take a strong personal interest in our professional training and career advancement. The department at Alexandra Hospital also makes a special effort to assign residents to dedicated consultant-led clinics and OTs to facilitate resident teaching, which is extremely useful.

In the midst of a rigorous training program and clinical work in the OT (yes there’s lots of it), wards and clinics, I have also found time to conduct and publish my research under the guidance of experienced supervisors. In April this year, Dr Zackary Chua (fellow resident from Orthopaedic Surgery) and I went to Vancouver to present our research. Our team won a prize at the international conference and we were able to get our work published in the Journal of Bone & Joint Surgery and Lancet Oncology. It has truly been a fulfilling year for me and I look forward to the challenges that await me in the next year.
Having completed external rotations to other teaching hospitals, NUHS Pathology Residency is indeed a special and great place to train because:

- There is proper orientation of the lab, equipment, processes, workflow and expectations of a trainee.
- As histology is new to most people, there is proper teaching of basic histology and cytology, with graduated responsibilities.
- The program has dedicated and helpful consultants (many are renowned subspecialists and authors of textbooks) and most importantly fun colleagues.
- NUHS is one of the few centres with a good coverage of all subspecialties (eg. gynae & paed) and is the only centre to offer exposure to work in a molecular laboratory.
- It is also one of the few centres with more than sufficient cases to learn from in preparation for exams.
- Arrangements of external postings are well planned ahead in time.
- The department has excellent exam pass rates.

Future Hopes for residency?

What attracted me to Preventive Medicine is the interest in the subject itself. I was also greatly warmed by the friendly faculty and seniors, who are always approachable and generous with their support.

Most importantly, the well-planned curriculum equips everyone of us with the essential skill sets necessary for our future career as a specialist.

The future hope of Preventive Medicine residency lies in its residents. Come join us in making a difference and creating a greater impact in people’s lives. If what you want is to establish a rewarding career in helping to deliver holistic care to patients in the community and to advance health promotion beyond the setting of a hospital.

Speaking to A/Prof Ong, you are wowed by his eloquence and steadfastness. He is someone who is practical yet innovative. For those who do not know, the neurologist is the master-mind of our CPSS system and an IT wizard.

A/Prof Ong, who championed the introduction of the CPSS system, is clear about wanting our residents to step up and address the many challenges we all face. “At NUHS, we have the opportunities to address the gaps of inadequacies by pushing for clinical excellence, making new discoveries, using new operational methods to make things safe, and to raise the standards of our medical education.”

A/Prof Ong, who questioned the status quo and asked the right, hard questions.

“At NUHS, we have the opportunities to address the gaps of inadequacies by pushing for clinical excellence, making new discoveries, using new operational methods to make things safe, and to raise the standards of our medical education.”

With a visionary leader like A/Prof Ong at the helm of the NUHS, we are indeed “Shaping Medicine for the Future”. As a resident, I am privileged to be part of this journey!
In publishing this book, we have gathered many talented and outstanding people whose immense contribution and support have made this book possible. The Editor would like to take this opportunity to express heartfelt appreciation and gratitude to the following people.

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Once again, our sincere thanks to you all and may the NUHS spirit inspire and strive us on in the future to come!