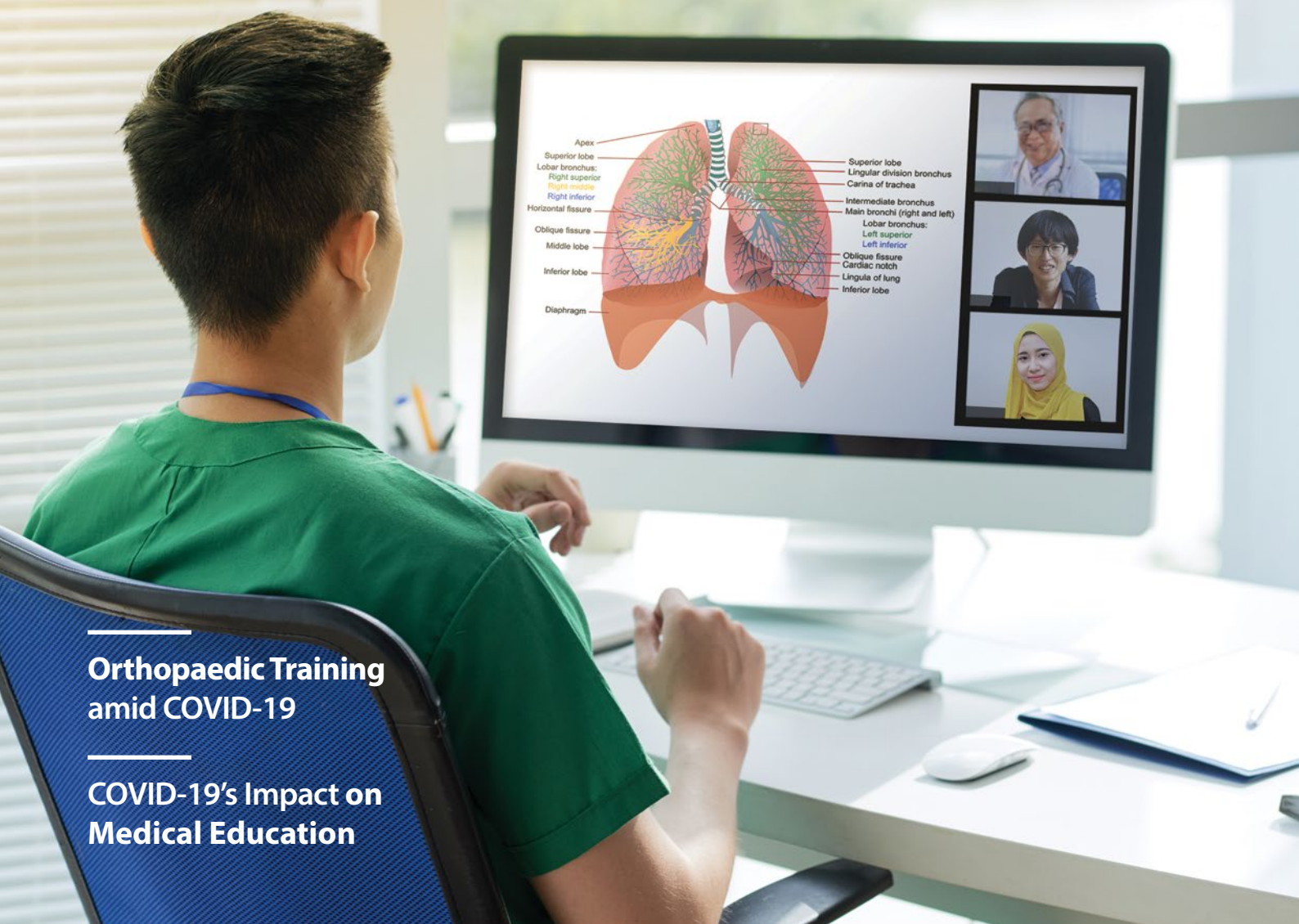
SMA news

For Doctors, For Patients

VOL. 52 NO. 7 | JULY 2020 | MCI (P) 066/12/2019

DOCTORS IN TRAINING

MEDICAL TRAINING IN *Extraordinary Times*



Orthopaedic Training amid COVID-19

COVID-19's Impact on Medical Education

We invite Family Medicine Physicians, Resident Physicians and Generalists to join the medical team at Jurong Community Hospital.

The Post-acute & Continuing Care (PACC) team at Jurong Community Hospital (JCH) comprises physicians with postgraduate training in family medicine, geriatric medicine or internal medicine, providing inpatient care to patients that require sub-acute care or rehabilitative care after an acute illness or surgery. The incumbent will work with a multi-disciplinary team of nurses and allied health professionals to provide holistic care to JCH patients. The incumbent will also work in close partnership with community health service providers to enable care-reintegration into the community.

REQUIREMENTS

Candidate must possess a basic Medical Degree and postgraduate qualifications registrable with Singapore Medical Council. Those who have MMed (FM), FCFPS or MMed (Int Med) or other postgraduate qualifications recognised by College of Family Physicians Singapore (CFPS) or Specialist Accreditation Board (SAB) will be considered for Senior Physician or Specialist positions.

JurongHealth Campus is a part of the National University Health System (NUHS) group, serving the community in the western region.

JurongHealth Campus comprises the integrated 700-bed Ng Teng Fong General Hospital (NTFGH) and 400-bed Jurong Community Hospital (JCH) which were designed and built together from the ground up as an integrated development to complement each other for better patient care, greater efficiency and convenience. NTFGH and JCH were envisioned to transform the way healthcare is provided, and together with the National University Hospital, National University Polyclinics, Jurong Medical Centre, family clinics and community partners, to better integrate healthcare services and care processes for the community in the west.

To find out more, please write in with your full resume to:
Medical Director
Jurong Community Hospital
1 Jurong East Street 21
Singapore 609606

Email: **JHCampus_medicalcareer@nuhs.edu.sg**

For more information, visit:
www.juronghealthcampus.com.sg

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We regret that only shortlisted candidates will be notified.

Ng Teng Fong General Hospital

Jurong Community Hospital

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The EDITOR'S MUSINGS

Dr Tina Tan

Editor

Dr Tan is a consultant at the Institute of Mental Health and has a special interest in geriatic psychiatry. She is also an alumnus of Duke-NUS Medical School. Between work and family life, she squeezes time out for her favourite pastimes – reading a good (fiction) book and writing.

Not long ago, I had the privilege of speaking to the Duke-NUS Medical School class of 2020 on behalf of the SMA before they graduated. With me was fellow Council Member and former classmate, Dr Lim Kheng Choon. We spoke to the class through Zoom, and the class graduated over that weekend, also through Zoom. It really was a sign of the times to be graduating in the midst of the havoc of COVID-19.

In the past few months, as trainees found themselves abruptly deployed or unable to change postings due to cross-institution concerns, many of our juniors were left asking whether they could still take their examinations, how examinations would be conducted, and whether traineeship would be delayed. Similarly, when medical student postings came to a sudden halt, students were left pondering whether they could progress through medical school or even graduate properly (although the answer to that last question has pretty much been a resounding yes).

There is no doubt that educators and residency programmes all around the globe have had to scratch their heads and think out of the box, in order to come up with safe and sustainable solutions to the training of doctors and education of medical students. And all of this had to be done as quickly as possible. It has been no easy feat that the class of 2020 from our medical schools has graduated, and is now working in the wards as Post Graduate Year 1s.

This issue's focus is on our doctors in training, and in more ways than one. Dr Liang Zhen Chang, Dr Jipson Quah and A/Prof Nigel Tan have written about changes that have been made in training and medical education as a result of enhanced infection control measures. Our COVID-19 snippets continue with reflections from doctors, who've experienced changes to their professional lives, some more directly than others.

We are very pleased to feature articles from Dr Denise Au Eong and Dr Clement Sim as they graduate and enter the wards during this time. Dr Sim's contribution is accompanied by a special response from Dr Agnes Tay, as she reflects on her experience during SARS.

Closer to my heart, of course, is the mental well-being of healthcare workers during this time. We have published a continuation of the Singapore Psychiatric Association's series of comics, as a reminder to look after ourselves and each other as we trudge on through this pandemic.

It goes without saying that COVID-19 has brought disruption, inconvenience and heartache for all of us. And yet, the same can be said of any new and unexpected change. The remarkable thing that the pandemic has shown me is that humans are resilient, and we can adapt – for better or worse. Let's make it better, and turn this new normal to our advantage. ◆

Orthopaedic Training

AMID COVID-19

Text by Dr Liang Zhen Chang

This ongoing COVID-19 crisis has hit us fast and hard. First reported in Wuhan, China, in late December 2019 as a cluster of pneumonia cases,[1] it has now spread to involve various countries across multiple continents. The World Health Organization has declared this COVID-19 outbreak a global pandemic, calling for an international effort to stem its burgeoning spread. Health services resources and manpower are focused on containing this outbreak. Inevitably, medical training will have to take a backseat, as critical resources are being channelled towards front-line efforts. Of these, procedural specialties, like orthopaedics, are perhaps the hardest hit. Dwindling outpatient clinics and cancelled elective surgeries have resulted in decreased educational opportunities for orthopaedic surgeons in training. Creative solutions will need to be sought to ensure the quality and continuity of orthopaedic training even in these trying times. In this commentary, I will share some insights and practical solutions that can be adopted as we adapt orthopaedic training to this crisis.

Impact on orthopaedic training in Singapore

Singapore has been dealt a particularly hard blow by this ongoing COVID-19 pandemic. We were among the first countries to report confirmed COVID-19 infections outside of China. With confirmation of early community spread, the Ministry of Health, on 7 February 2020, raised the Disease Outbreak Response System Condition alert level to Orange.[2] With this, a number of disease control measures commenced, among which included mandatory twice-daily temperature screenings for all healthcare staff and two-week quarantines for staff with pertinent contact and travel histories to mainland China. Due to these restrictions, inter-hospital residency rotations, cross-hospital deployments and face-to-face teaching sessions were stopped with immediate effect. In a bid to protect vulnerable patient populations and conserve hospital resources, non-urgent elective surgeries were cancelled. Outpatient clinic numbers were reduced, and non-urgent reviews deferred for three to six months to minimise hospital overcrowding.

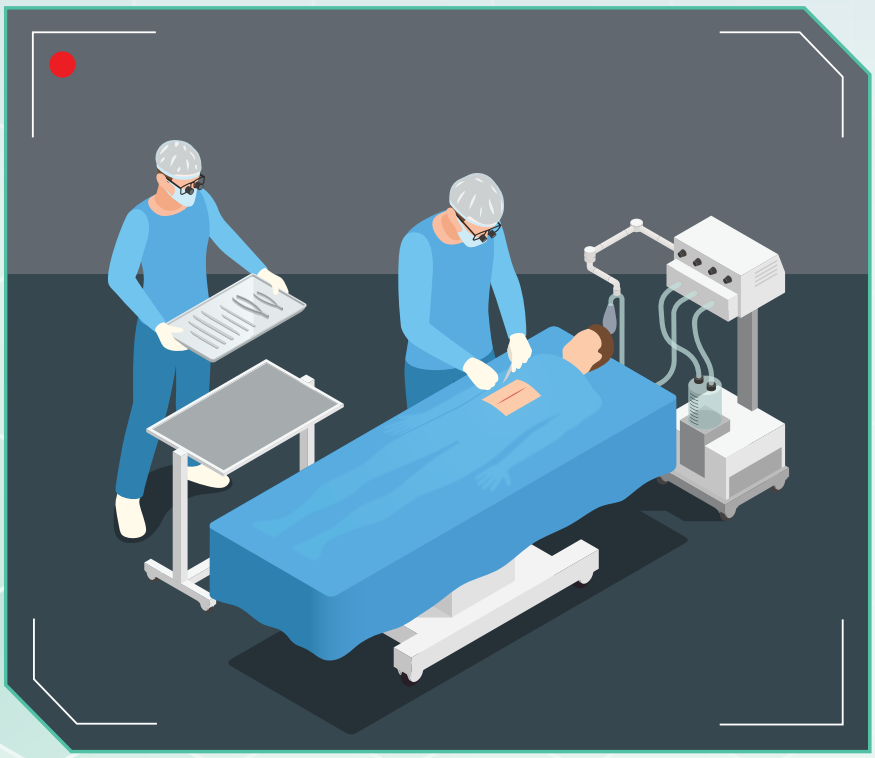
In a procedural specialty like orthopaedics, which is heavily skewed towards elective work, this has inevitably affected the surgical caseload significantly and hence residents' operative experiences. The situation is compounded by the significant amount of uncertainty surrounding this viral crisis – in particular, how long will it last? To suspend training indefinitely is not a pragmatic move. We must therefore strive to ensure continuity of quality training in these difficult logistical times. We had to look beyond traditional resources to maintain training volume, progression, quality and standards.

Using technology to our advantage

This is thus an opportune time for orthopaedic educators to leverage upon technology to fulfil their residents' training needs. With the cancellation of physical meetings, technology can be harnessed to deliver teaching goals that could otherwise only be achieved with didactic sessions. To this end, didactic teaching sessions have been moved to online platforms using video-conferencing software. Faculty and residents are now able to conduct teaching sessions remotely for their learning, with case-based discussions being facilitated real-time.

Early feedback has been extremely encouraging. Residents have been observed to be more forthcoming with their questions. Two-way interaction between faculty and residents is simple and has been enhanced as a result. The video conferences can also be recorded and stored in our repository of educational materials for future teaching needs. Besides didactic sessions, video-conferencing technology can also be utilised to demonstrate procedures, surgical techniques and even anatomical dissections for surgical approaches. This can be supplemented with instructional videos, webinars and online resources such as those available on the AO Trauma[3] and VuMedi[4] platforms. These can then be followed by faculty-led discussions to further help residents consolidate their learning. Innovative teaching modalities like these have been shown to be advantageous in facilitating learning[5] and enhancing interactions[6] compared to conventional teaching methods.

Orthopaedic surgery is uniquely implant- and equipment-centric, unlike most other specialties. Our implant choices can determine our patients' clinical and surgical outcomes.[7] This relative reduction in clinical load due to the pandemic can be taken advantage of to better familiarise ourselves with the nuances of various implant designs and orthopaedic equipment. This can range from the simple compartment pressure monitors to the more complex (eg, femoral nail/total knee replacement designs, external fixators and even skeletal traction devices/pelvic clamps).



To this end, we can work with external equipment vendors to organise these implant demonstration sessions. With regard to trauma teaching, sawbone workshops can be organised to further enhance our proficiency in fracture reduction and fixation.[8] Arthroscopic simulators can also be utilised to hone our arthroscopy skills in a stress-free environment. In addition, given that a significant proportion of orthopaedic injuries can be conservatively managed, masterclasses in cast setting and application have been organised for residents to further hone their skills in this art that is often deemed "long-lost".[9, 10]

An all-rounded doctor

A highly skilled surgeon does not necessarily make a good doctor. In addition to domain-specific knowledge and skills, non-cognitive attributes like teamwork are equally important as well. This COVID-19 crisis presents a unique opportunity for us to be taught rich lessons in these non-cognitive attributes, beyond what books and residency rotations can offer. Orthopaedic residents have been rostered for shifts in the emergency department (ED) seeing non-orthopaedic patients. This fosters camaraderie between the orthopaedic residents and their ED colleagues and alleviates ED manpower difficulties at the same time. It also delivers powerful lessons in courage, versatility and leadership as we learn to adapt to fluid situations at the forefront of this COVID-19 battle, and it provides us with the opportunity to revisit our general medical skills, which can sometimes be lost after years of specialised orthopaedic training. This allows us to develop into more holistic medical professionals, standing us in good stead as the orthopaedic surgeons of tomorrow.

Even with a reduced elective caseload, this COVID-19 crisis presents us with unique learning opportunities that we can capitalise on, to develop values and skill sets beyond what textbooks and rotations can offer. Be comfortable with utilising technology and emphasise on improving the "softer" skillsets. That should be the way forward. ◆

AO Trauma

Founded in Switzerland in 1958, Arbeitsgemeinschaft für Osteosynthesefragen (AO; German for Association for the Study of Internal Fixation) runs training courses in surgery and medical care. AO is a not-for-profit organisation that focuses on education and research in orthopaedics. Their global community has established five specialty areas, including AO Trauma, and they regularly hold courses internationally for orthopaedic surgeons.

Currently billed as the world's largest global trauma and orthopaedic community, AO Trauma focuses on the surgical management of trauma and disorders of the musculoskeletal system. With the impact of COVID-19, AO Trauma has transformed their usually face-to-face events into online webinars to complement their existing collection of webinars and webcasts. They also have a library of online videos and learning tools including lectures, practical exercises and instructional videos. Most interestingly, AO Trauma has their Surgical Reference repository, an online tool containing clinical reports and step-by-step surgical procedures based on up-to-date evidence that is constantly being updated.

VuMedi

A healthcare education platform for clinicians, VuMedi's mission is to help doctors make optimal patient care decisions via comprehensive video education. VuMedi prides themselves as a "YouTube" platform for medical practitioners, hosting one of the largest numbers of educational videos from a wide range of sources including hospitals, manufacturers and key opinion leaders. Up-to-date materials include webinars, surgical videos and case studies.

Founder Roman Giverts was inspired by his girlfriend's father, an orthopaedic surgeon, watching a DVD of a rarely performed surgical technique. After speaking with him, Giverts realised the potential a surgical video-sharing website could bring to doctors the world over, and thus VuMedi was born.

As technology advances, doctors are finding new ways to gather the information they need. VuMedi, a physician-only community, provides a platform for surgeons to view and upload surgical videos. The community allows for discussion on posted videos, fostering a healthy forum for sharing of medical techniques.

The COVID-19 landscape has seen VuMedi expanding into new specialties due to the urgent need for physicians to learn as much about COVID-19 as possible in a situation where physically seeking out information can be difficult.

> "Be comfortable with utilising technology and emphasise on improving the "softer" skillsets."

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Dr Liang is an aspiring clinician scientist and is currently an orthopaedic surgery resident with the National University Health System. When not tinkering with metal and research, he enjoys a good read and hunting down good food.

Illustration: Dr Justinian Zai

Training in the PAST, PRESENT and FUTURE

Text by Dr Tan Yia Swam

Doctors in training have always been close to my heart. Although I recall my own training days with fondness, I am also very glad that they are over! It was full of hardship along the way. Looking back, I think the challenges faced back then toughened us up and equipped us to continue on to tackle other real-life problems that crop up from time to time.

Training woes

Medicine has always been competitive. Young doctors of all generations have faced shortages of training positions, or even difficulties trying to get into desired postings. My cohort then had to figure out how to get into the basic specialist training (BST) and subsequent advanced specialist training (AST), and how to secure a training position – which does not always happen together. Also, how to pass examinations, actually be good at clinical work, operate, maintain a logbook, write papers, and maintain relationships – with colleagues, with seniors, and with boyfriends/girlfriends! Even after the exit examinations, we worry about securing an associate consultant, and then a consultant job.

Housemanship

Housemanship was a rite of passage. There were many firsts – learning how to write the case sheet entries during ward rounds, how to do discharge summaries while being paged by every ward to settle more changes, and scarier tasks like being called to see a patient with chest pain, an abnormal ECG, or who had outright collapsed! Having to talk to an angry family (even worse when you are on call and it's not your patient!), or answering your first official complaint, or your first Singapore Medical Council "summon" letter.

With COVID-19, I can very well imagine that aside from these challenges of work, accumulating clinical experience and taking examinations have an additional layer of difficulty.

Education

I would like to applaud **the educators** for protecting the students and maintaining

their educational progress. I want to thank **the junior doctors** for working hard and rising to the COVID-19 challenges. We are all so glad that you are part of the workforce, joining us in looking after patients. This is a situation when we need all hands on deck, and I am thankful for your youthful energy and enthusiasm.

As a mother, it fascinates me how my kids have such different personalities and learning styles.

Looking back at medical training, I realised that I learn better on the job. I was a mediocre student. Book learning bored me – I would doodle or drift off during lectures. But once I started work, and met real patients with problems – that's when I got very interested to solve their problems and from there, read around it. More importantly, the hands-on part of surgery was what captivated me. Staying back post call or standing for long hours was fun as part of the surgical team. Clearly, not everyone learns the same way. Some are excellent at academia – reading and writing quality articles which help others, and some are introspective thinkers who can make creative breakthroughs. Some are of an administrative bent, and others are essential public health leaders – those who can see the big picture. In our complex healthcare system, there is a role for everyone.

Continuing education

The MBBS/MD may be viewed as just the basic degree and entry into medicinal practice. Someone I know once said the MBBS is like the PSLE qualifications only. Further education and continued medical education are necessary for us, as medical advances develop rapidly. And, as patients have more access to healthcare information, we need to stay ahead of them and provide the best possible medical care and advice.

There is compulsory continuing medical education (CME) to maintain clinical proficiency. Some doctors specialise and enter the various residency programmes (which have replaced the BST/AST system). Some doctors complete a diploma, Masters or even a PhD in their areas of interest. This ongoing lifelong learning is what makes medicine so enriching and fulfilling.

The SMA Centre for Medical Ethics and Professionalism has developed further courses in medical ethics and professionalism; it behoves each and every one of us to take part in these medico-legal seminars and courses, to better understand the different layers of complexity in the practice of medicine. One can do the right thing, the wrong way. One can do a wrong thing, but not intentionally. One can do the correct thing, rightly, but still seen to be at fault for a bad outcome. To better understand the nuances of each case, and be more effective in self-governance to administer justice in cases of medical malpractice, we must undergo appropriate training, as rigorous as any specialty training programme.

In the recent few years, several high-profile cases were reported in newspapers and caused uproar in the medical community. The good things that came out of these are: (1) a Ministry of Health-appointed workgroup that has looked into, and proposed reforms in consent-taking and disciplinary processes; (2) robust discussions and active engagement by doctors; and (3) closer collaboration between the professional bodies. I envision SMA to be the umbrella organisation for such complex conversations.

Tele-everything

Telemedicine: The SMA held a joint webinar on 13 June as an introduction to telemedicine for those of us who have not used it before. This current pandemic has brought together all stakeholders, to make good use of technology to try and deliver the same quality of care to our patients. Our panels discussed physical hardware, software, regulations, ethics, indemnity, business and logistics considerations. Even with all the advances in technology – electronic medical systems, telemetry of vital signs and tele-consults – we must not forget that it is still the doctor-patient relationship that holds paramount meaning and significance in our noble profession. The duty of care for our patients is the same, even if the modes of delivery have changed with the times – parchment, paper and now iPad.

Tele-conference: We are all adapting to online meetings and webinars for CME points, peer review learning and public talks. It requires a different skill set to meaningfully engage participants and to multitask: look at the gallery of participants who have their videos on, look at the list for raised hands, and keep an eye on the chat.

What can SMA do for you?

Nothing? Everything? The SMA is only as strong as its membership. The President and Council are volunteers who put in the extra time to do what we feel is right, to represent doctors in matters of professional interests. For those who know me, and have taken the time to understand my work with SMA, thank you. For those who have stepped forth and given your time to further develop the various committees in the SMA, thank you.

During my term as President, I will continue my engagement with all doctors and show that the SMA is here for all of us. I hope to win over the non-members. Your added strength in membership numbers will increase the power of SMA representation. ◆

Dr Tan is a mother to three kids, wife to a surgeon; a daughter and a daughter-in-law. She trained as a general surgeon, and entered private practice a year ago, focusing on breast surgery. She treasures her friends and wishes to have more time for her diverse interests: cooking, eating, music, drawing, writing, photography and comedy.

HIGHLIGHTS

From the Honorary Secretary

Report by Dr Ng Chew Lip

Dr Ng is an ENT consultant in public service. After a day of doctoring and cajoling his two princesses at home to finish their food, his idea of relaxation is watching a Netflix serial with his lovely wife and occasionally throwing some paint on a canvas.

Clarifications on informal survey on TPAs

It has been brought to SMA's attention that a survey on third-party administrators (TPAs) has been circulating via informal channels among doctors as of 17 June 2020. The survey, titled "Survey on TPAs Part 1" is not conducted or sanctioned by SMA. Official communication from SMA will be accompanied by our SMA logo and marked clearly as originating from SMA.

SMA's position on managed care companies and TPAs

Many SMA Members would be aware that SMA has been calling for managed care companies or TPAs to be regulated by the Government, to ensure better standards and improve transparency.

Between 2016 and 2017, SMA wrote to the Singapore Medical Council (SMC) to highlight the issue of percentage fees being charged. Subsequently, the joint efforts of the SMA, Academy of Medicine, Singapore and College of Family Physicians Singapore culminated in the inclusion of guidelines on service fees paid to managed care companies, TPAs, insurance entities and patient referral services in the SMC Ethical Code and Ethical Guidelines (2016 edition, guideline H3(7)). The three professional bodies also jointly issued two advisories.

Our correspondences with SMC and relevant advisories can be found at http://bit.ly/SMAstatements under "Managed Care - admin fees".

SMA will continue to monitor the situation and push for managed care companies to be regulated by the Government.

Nonetheless, we encourage doctors who are interested to engage us through proper channels by emailing to sma@sma.org.sg. If you are not already an SMA Member, we encourage you to sign up so that SMA can better represent the medical profession.

Clarifications on subscription relief payment for MPS Members

The Medical Protection Society (MPS), in recognition of the impact COVID-19 is having on healthcare and the significant drop in income that members in private practice have experienced, has announced in April 2020 that they will offer eligible members the equivalent of two months' free membership.

On 4 June 2020, some MPS members received:

1. An email from MPS with the subject **"COVID-19: Access your subscription relief payment"** with a personal registration code and instructions on the subscription relief payment; and
2. A second email from the Hong Kong and Shanghai Bank (HSBC) with the subject **"Your agreed payment from The Medical Protection Society Limited is waiting to be processed"** inviting them to submit their bank account details to receive the subscription relief payment.

If you have received the above two emails, please be assured that they are **legitimate and not phishing emails**. Kindly follow the instructions detailed in the emails to enable HSBC to process your subscription relief payment.

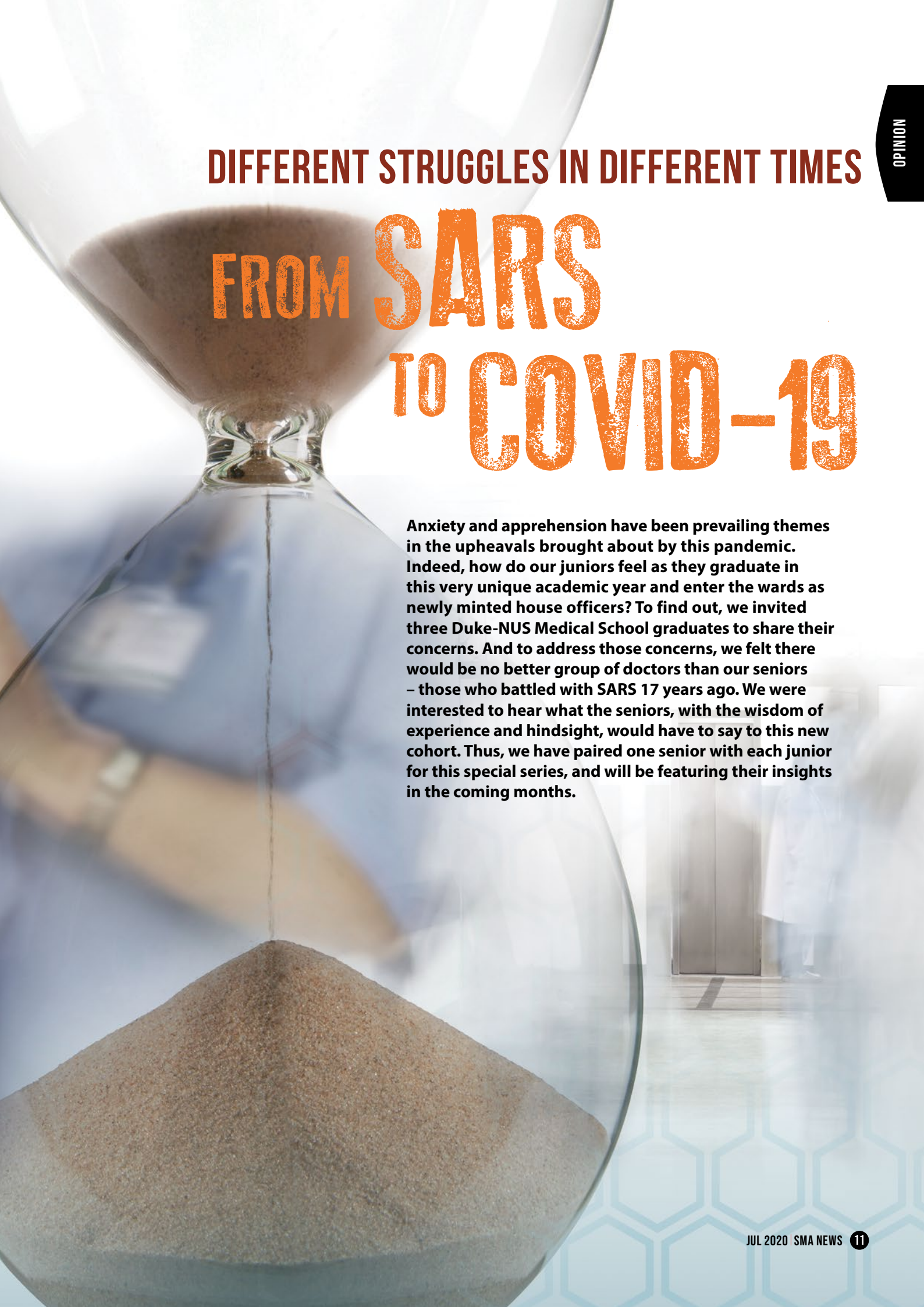
If you have received the HSBC email, but **NOT** the MPS email containing your personal registration code and instructions, please check your email inbox and **spam/ junk folders**.

It has come to our attention that some members had difficulty accessing their subscription relief payment through the HSBC portal using the registration code MPS provided. We would like to reassure you that the code is correct but some of the characters may not be clear and distinct due to the font used. MPS has resent the same code using a different font, which should make the registration code easier to read.

If you have any questions about the above or require assistance, please write to singaporesubscriptionrelief@medicalprotection.org. ◆

DIFFERENT STRUGGLES IN DIFFERENT TIMES

FROM SARS TO COVID-19



Anxiety and apprehension have been prevailing themes in the upheavals brought about by this pandemic. Indeed, how do our juniors feel as they graduate in this very unique academic year and enter the wards as newly minted house officers? To find out, we invited three Duke-NUS Medical School graduates to share their concerns. And to address those concerns, we felt there would be no better group of doctors than our seniors – those who battled with SARS 17 years ago. We were interested to hear what the seniors, with the wisdom of experience and hindsight, would have to say to this new cohort. Thus, we have paired one senior with each junior for this special series, and will be featuring their insights in the coming months.

AN UNPRECEDENTED EDUCATION

Text by Dr Clement Sim

In Singapore, the activation of the Disease Outbreak Response System Condition (DORSCON) level to Orange meant the universal ban of all medical students from any clinical posting. This was a sensible decision with the intention to protect medical students from the high-risk situation and to minimise the possibility of transmission from the hospital to the community. However, as a medical student, it was initially difficult to appreciate these intentions; to us, our education was more important. Our graduation was more important.

With the announcement of DORSCON Orange on 7 February 2020, my family medicine posting at Bright Vision Community Hospital was halved. I was upset at the loss of a valuable opportunity to finally learn about the importance of community hospitals in the transition of our patients' care back into the community. In addition, I was starting to become concerned about the prospects of my final examinations as well as student internship, both of which were required for the completion of my medical degree. It was a period of uncertainty I had to live with.

With the implementation of safe distancing measures, many aspects of the final examination were affected. Firstly, group study sessions had to be done online, making physical examination and procedural practices difficult. Next, the actual examination itself saw the unprecedented need to segregate not just the students, but the patients and the faculty as well. Finally, once we were done with our examinations, we were not able to congregate as a class to celebrate. While safe distancing measures are essential, it has definitely made my final few months in medical school difficult.

Once our final examinations were done, the only thing left was our Student-In-Practice (SIP) postings which were also required for our timely graduation. Fortunately, the faculty at Duke-NUS Medical School was quick to come up with an alternative to our usual curriculum while waiting for clearance from the Ministry of Health to allow us back into the clinical setting. They designed four weeks of content that involved both online Zoom lectures as well as appropriate face-to-face sessions. These online lectures focused on various skills needed during our time as a house officer and important lessons by allied healthcare professionals. In addition, simulation exercises were organised for small groups for sessions such as critical conditions and airway management. Overall, these four weeks proved to be both beneficial and productive amid these uncertain times.

When we were informed that we were going to begin our SIP postings on 4 May 2020, I finally felt relieved. Relieved that I was done with the numerous online lectures, relieved that I could finally head back to do clinical work, and relieved that I could graduate on time. Due to safe distancing measures, students were posted to hospitals nearest to them; even within the various institutions, SIPs were divided into smaller groups to prevent cross-contact. At the point of this writing, I have successfully completed my SIP in surgery and one week of my medical SIP. From my point of view, getting students back into the clinical setting during such times will allow us to appreciate the various measures taken within the hospital, as well as inculcate safe practices which are cornerstone to the profession.

While I am grateful to be back in the clinical setting, I am worried about the curriculum of my juniors. I have heard their concerns about being out-of-touch with their clinical skills as well as the delays in their curriculum in general. To this end, I continued to encourage them to make the most of their time to revise on their clinical knowledge, spend time with their families and look after themselves, both physically and mentally.

These uncertain times have required the implementation of unprecedented measures. It has definitely taken a toll on everyone, not just the medical professionals. Fortunately, it is encouraging to see the various initiatives to help the community as well as those who volunteer to help within the hospitals. This is not a fight we can win as individuals but one we can win together. While some may worry about graduating as a doctor to enter the workforce during such times, I am genuinely excited about finally being able to contribute and doing what I can to help.

Dr Sim is a House Officer from Duke-NUS Medical School currently posted to the Department of Orthopaedics Surgery in Singapore General Hospital.

THE EVOLUTION OF PREPAREDNESS

Text by Dr Agnes Tay

February 2020: "Paediatric clinics count as specialist clinics, so we're not allowed to order Ministry of Health (MOH) personal protective equipment (PPE) from Zuellig. "Tried calling Zuellig, can never get through!" "Zuellig will supply two boxes of N95 masks but they only have the 8210, no stock of the smaller 8110 that we use…" The flurry of texts and conversations brought a sense of deja vu, giving me flashbacks to a similar hunt for N95 masks during SARS…

March 2003: Alone in a solo practice that wasn't even two years old, I struggled to hunt for information ranging from PPE vendors willing to supply PPE in small volumes, to medical updates. Even worse, I recall vividly the crushing sense of isolation and helplessness that engulfed me when I saw on the news that a dear friend M, a solo GP, had seen a SARS patient who was then linked to a cluster. Although we had been good friends in junior college and medical school, SARS happened in the era before WhatsApp and Facebook, so it was a scramble just to find a current contact for her. It was a relief to find her well after her self-quarantine, but sadly SARS went on to claim the lives of several healthcare workers in Singapore.

Fear of infection aside, one of my growing fears during SARS was that of insolvency. Not only was there little revenue because patients were scarce, but there were loans to be serviced and bills for bulk purchase of PPE to be paid. On the long drive to work each morning, I tried to encourage myself with these lines from my favourite hymn, "Because He lives, I can face tomorrow. Because He lives, all fear is gone, because I know He holds the future…"

A few years after SARS, there was the H1N1 pandemic. That time, MOH was a lot better organised and my solo practice received a generous stream of free PPE! It turned out to be a bit of a false alarm, which lulled me into a sense of complacency – I thought I would never have to struggle with N95 masks again.

Yet, here we are, in May 2020, three months after moving into Disease Outbreak Response System Condition Orange, and still in the throes of circuit breaker. In many ways, COVID-19 is a tougher battle than SARS, much longer drawn out and with many puzzling facets. Still, there is much to be thankful for. After some initial hiccups, we are now blessed with a steady supply of PPE – items made more precious when we read about the shortages faced by healthcare workers elsewhere...

Today, thanks to much improved electronic communication, healthcare workers in Singapore no longer face a pandemic in isolation. Indeed, we sometimes contend with information overload instead. I am very thankful for my MBBS 1984 class WhatsApp group, with its amazing mix of journal updates, MOH chats, jokes, brain teasers and debates. (Thanks, CK, for feeding us the latest journal articles complete with explanations and commentaries; and George, for faithfully relaying MOH chats and circulars!) Similarly, our private paediatrician chat group serves up a blend of journal articles, webinar reminders and humour. Thanks to COVID-19, I learnt to use Telegram and now have a much better appreciation of the many battles faced by GP colleagues, to whom I take my hat off!

In most medical practices outside of dormitories and hospitals, patient attendance during the circuit breaker has plummeted drastically. While personally thankful that I am now a salaried employee in a small group practice, I am well aware of mounting financial pressures in these practices, including ours. Yet, though the economic lookout is grim, the sight of our closet filled with PPE gives me courage for the long road ahead to recovery.

Pandemic or not, internship through the ages has traditionally been a year of sleep deprivation and missed meals, a roller coaster of highs and lows, but most of all, it is a time of learning. As the battle against COVID-19 continues, internship will surely be a year of precious lessons in the science and art of medicine. I urge our young graduating doctors to embrace fearlessly the challenge of caring for patients, colleagues and self. This is the challenge our profession has faced through the ages, and one in which we stand in greater solidarity than ever before, as we seek to serve together with sincerity and humility. ◆

Dr Tay enjoys her work in a small paediatric group practice in the heartlands. Outside of work and church, she busies herself with reading, writing and revising her bucket list post-COVID-19.

(HEALTHCARE) AVENGERS, ASSEMBLE!

Text by Dr Jipson Quah

The COVID-19 pandemic has utterly changed the way we live in the last six months. In my last editorial for the June issue, I suggested that COVID-19 is akin to Thanos, the scourge of mankind in Marvel's Avengers. As doctors from different disciplines and specialties, we are like an assembled team of superheroes (nothing like the Virus Vanguard please!).

The GPs and family physicians are represented by the Guardians of the Galaxy – well, because they continue to work tirelessly in long clinics despite heightened risks and decreased revenue. They also "guard" the community by conducting Swab And Send Home (SASH) clinics and running the Public Health Preparedness Clinic programmes, serving as the primary institutions of care.

Our polyclinic colleagues have been overwhelmed with a horde of acute respiratory infection cases, SASH requests and isolation facility deployments, on top of the already exploding polyclinic caseload. A bit like Groot and Drax the Destroyer, strong and stoic.

As part of the "Doctors in Training" issue, I would like to reflect on how Thanos has forever changed the way we, as doctors, learn and interact. Many of us have suffered as a result of Thanos' desire to decimate the population. Countless local and overseas postgraduate examinations, including the Graduate Diploma in Family Medicine (GDFM), have been cancelled or postponed. This inevitably delays specialist exits and promotions. Our public sector heroes, represented by Captain America and Captain Marvel, cannot be promoted to Major just yet.

Worse still, there are some among us who have been called back from Health Manpower Development Programmes (HMDP), with no make-up plans in sight as yet. As the

pandemic situation progresses, it may still be a while before HMDP training institutions, especially those in the US, UK and Europe, welcome back HMDP fellows from Singapore. Just like Thor without his mythical hammer Mjolnir, our surgical colleagues are grounded, unable to fly or operate. Perhaps like in Marvel's *Avengers: Endgame*, they risk turning to booze and getting fat due to severe inactivity.

Taking the battle online

On the bright side, Zoom/Webex/Google Meet tutorials are probably here to stay. In my GDFM course, we used to have problems with attendance-taking at the module workshops, forming long snaking lines when the lecture was just about to start. Additionally, the presentations and speakers are invariably delayed during physical sessions, causing further disruption to our learning. With online tutorials, at least ten to twenty minutes can be saved, though it is usually spent waiting for everyone to settle down.

Online GDFM workshops also tend to move along faster, as participants are able to ask questions in an open chat room, which encourages speaker-audience interaction, minimises awkward silences and allows the presenters to focus on key questions. In a chat room, many colleagues are much more keen in asking difficult questions and the chat room format also allows for top questions to be sifted out for discussion. It has also probably been easier to "arrow" participants from the audience, with everyone's name and MCR number proudly displayed in the participants' list.

In a similar vein, our GDFM tutorials have also been conducted smoothly in an online setting. Although connectivity and/or sound issues may arise at times, I personally find that these online tutorials have been very well instructed. Tutors and tutees alike have coped well with the change in the method of instruction, despite the lack of face-to-face interaction; online tutorials have also reduced the problem of having to book an appropriate meeting place for the session each time.

As one of the largest postgraduate programmes, the GDFM has quite a sizeable attendance. During the circuit breaker period, we have been able to each save about one to two hours of travelling time to and from the tutorial or workshop locations. For a class of 500, that equates to about 700 man-hours. Assuming that the Guardians of the Galaxy are able to convert these hours into time worked at the community isolation facilities (paying at a rate of $140/hr), that is about $98,000 per week!

With the proliferation of online webinars, it has also been much easier to accumulate continuing medical education points. In the past months, in addition to GDFM lectures and tutorials, we have been treated to a buffet of webinars. Not only do we have superb updates on COVID-19 management, we can choose to attend webinars from all different disciplines. SMA recently conducted a hugely successful three-hour webinar on telemedicine, in conjunction with the Ministry of Health, Academy of Medicine, Singapore, College of Family Physicians Singapore and Enterprise Standards Singapore, and we had close to 1,800 participants, mainly comprising doctors. You will be hard-pressed to find a location that can hold that many participants, not to mention parking lot availability. (No need to pay $12 parking fees and queue at the exit gantry for half an hour, where you can't honk the horn or cut queue impatiently because every car has an SMA decal and every driver is also a doctor.)

Necessary sacrifices

With digital learning, we lose out on the ability to conduct hands-on sessions, which is absolutely imperative as we hone our skills as medical practitioners. Objective structured clinical examinations are a big part of our training. By now, there are many tutors who reminisce fondly about grilling their tutees and examination candidates, spurring them to greater heights of medical knowledge.

Lastly, I am sure many of us also miss seeing our friends and teachers in person, and sharing a catered tea-break with them (and sometimes multiple ones). Hey, Avengers need to eat too right? It would be really nice for the Avengers to assemble over food and education too, once we have settled Thanos. ◆

Dr Quah is a GP and pathology clinical officer in private practice. He enjoys music-making, fitness activities and editorial work in his spare time.

FIRST 100 DAYS OF COVID-19

HOW IT IMPACTED MEDICAL EDUCATION

Text by A/Prof Nigel Tan

By now, we're all familiar with the COVID-19 pandemic and its effects on the world, society and our healthcare system. The disruption it has wreaked has been unprecedented in this century. As doctors, our whole way of life, both personally and professionally, has been upended in a short space of time, ever since Singapore's first imported case of COVID-19 infection in late January 2020.

As a clinician-educator, I've seen the same disruption happen to our medical education systems – from medical schools to residencies – affecting thousands of students and residents. It has been a hectic and trying time for students, schools, residents, programmes and faculty in the first 100 days of the pandemic as we struggled to adapt. Yet in many ways, this struggle has helped many of us clarify and reaffirm our professional identities as doctors and educators.

So many things have happened that it would be impossible to describe them all, but I will try and describe some of what happened and frame it using three themes – adaptability, learning and solidarity.

Adaptability

This was what got us through the first 100 days. There were rapid and far-reaching changes in so many areas as our understanding of the disease changed and as Government and international policies shifted as we learnt more about the virus. The need for safe distancing measures meant medical students could no longer learn and see patients in healthcare institutions. Faculty swiftly moved towards e-learning, online quizzes, video conference tutorials via Zoom and using simulation for procedural skills training. Final MBBS examinations had to be adapted at short notice, using simulated patients and reorganising the objective structured clinical examinations for student, faculty, staff and patient safety. Technology proved to be a major boon, and "technology-enhanced/enabled learning" became a new buzzword that the faculty quickly learned.

For residents, some previously planned rotations were paused to avoid cross-institution movements, leading to much reorganisation of rosters and rotations. Some examinations were even cancelled – for example, the Membership of the Royal College of Physicians Practical Assessment of Clinical Examination Skills examination – leading to worried residents wondering if they could progress in their training without these examinations. Residents were also posted out to community care facilities. Residents and programmes, however, adapted quickly to make contingency plans for rotations and examinations, communicating frequently and proactively to residents to allay concerns.

On a system level, the medical schools and the Ministry of Health (MOH) adapted swiftly as well. MOH crafted policies on conduct of training and examinations soon after the Disease Outbreak Response System Condition level was raised to Orange. By doing this collaboratively with medical schools and the clusters, it provided much needed clarity for the effective implementation of these adaptive changes. I was heartened by the consultative approach MOH took with the schools and the residencies. Tough decisions had to be made, and there was sometimes robust debate, but once the decision was made, everyone pulled in the same direction.

For example, the final year students had to start work slightly earlier after passing their examinations to ensure they were prepared for the new demands and clinical environment of the COVID-19 pandemic. This generated some unease among the students – while some took to social media to bemoan their shortened holidays, others were concerned about infection risks. The schools and MOH, recognising these sentiments, proactively communicated with the students via dedicated Zoom sessions to allay their concerns and explain the rationale behind this policy. The students' concerns were assuaged, and at this time of writing, they appear to be coping well as new house officers.

Learning

While on the surface our students and residents seem to "lose out" in learning opportunities, in truth the pandemic offers rich learning in other

less-visible aspects of the medical curriculum. While the obvious new learning opportunity is the skill of donning/doffing of personal protective equipment, our students and residents are also learning about infectious diseases, epidemiology and public health in real time as the pandemic unspools around them.

Importantly, as our medical officers and residents go out to the community care facilities to manage the populations there, or when they take on new roles doing triage and screening of potential COVID-19 patients, they have an invaluable opportunity to acquire new knowledge and skills. These include resource management and logistics, decision-making in uncertainty, systems thinking, understanding social determinants of health, the importance of communications, and the role of culture in medicine. Importantly, this helps to train adaptability, innovativeness and resilience, as our young doctors wrestle with and solve emergent problems on the ground in real time.

I'm also gratified that many senior doctors – both from the private and public sector – have volunteered their help in these areas. I feel this provides wonderful role-modelling for all to learn from. The way our senior doctors have quietly sacrificed their time (some in private practice have even closed their practices) to steadfastly provide care in these facilities is a shining example of professionalism despite adversity, and I hope our junior doctors can learn from these exemplars.

Solidarity

This brings me to the final theme of solidarity. The hashtag #SGUnited has been trending on social media, and has been a rallying point for many Singaporeans. This pandemic has also brought doctors in Singapore together in the realisation that we have common goals, and that while we do sometimes disagree, it is time to put aside differences and fight a common enemy. In the realm of education, it is immensely satisfying to see schools, residencies, healthcare institutions and MOH coming together to get things done (often with tight timelines and over weekends) to ensure adequacy of training while not compromising student or patient safety.

As educators, we talk about professional identity formation, where a doctor (or medical student) grows in "stages over time, during which the characteristics, values and norms of the medical profession are internalised, resulting in an individual thinking, acting, and feeling like a physician", to quote from Richard and Sylvia Cruess. This is an important concept, where being a doctor is not merely about acquiring knowledge and skills, but about internalising the values of the profession and behaving professionally at all times.

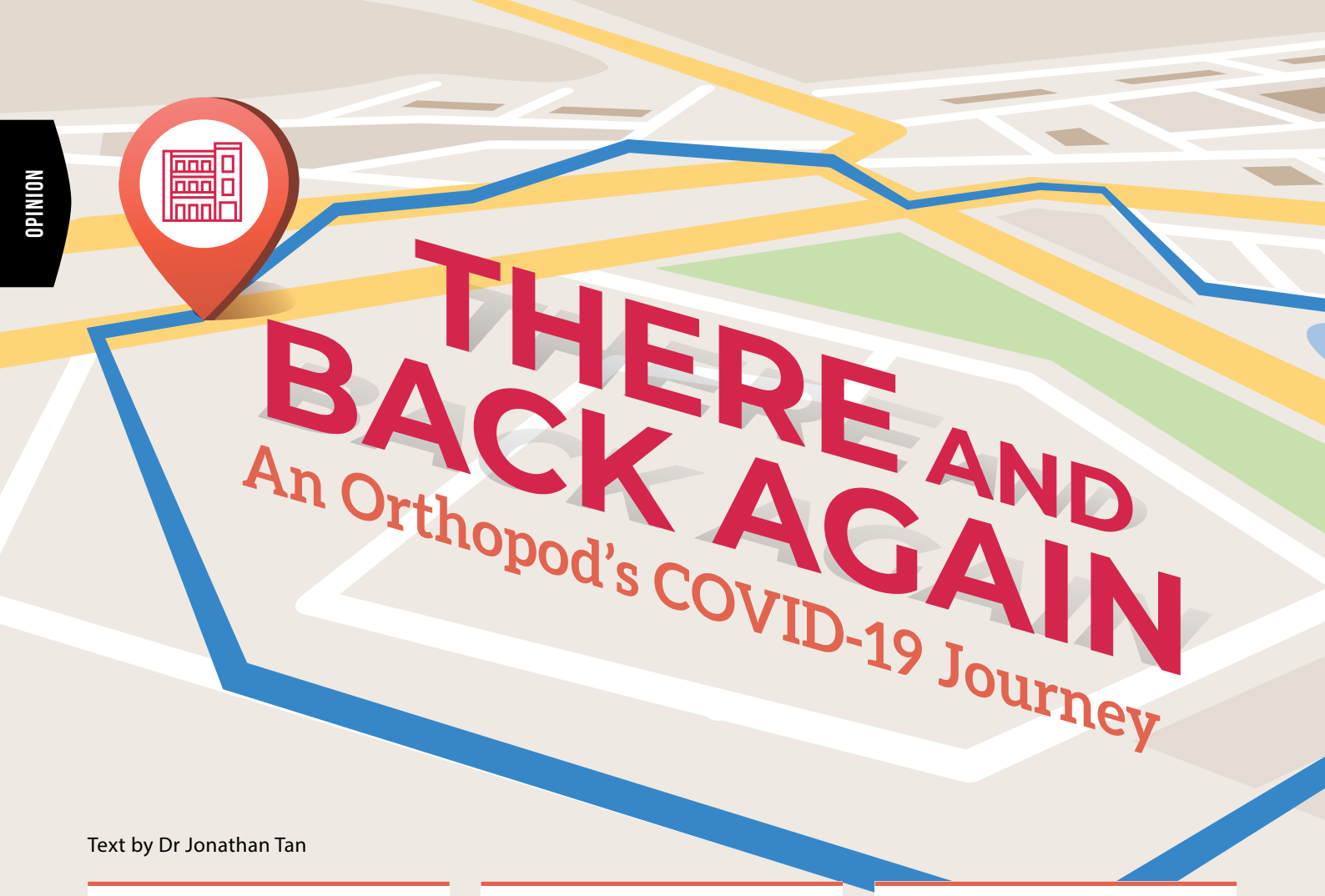
So many of my colleagues I've spoken to have expressed how they've rediscovered their values and identity as a doctor amid this crisis. In the dormitories, junior doctors find new purpose in caring for our migrant workers, inspired by senior doctors working alongside them. In hospitals and clinics, senior doctors now have a little more time to reflect and refocus on their clinical duties and the "core business" of being a doctor. Whether senior or junior, several colleagues have told me how this reflection and rediscovery of purpose has reminded them of why they wanted to do medicine in the first place, and that the reforging of their professional identity through the fires of the COVID-19 crisis has made them even more determined to remain true to their mission of helping others.

Conclusions

It has been in many ways a tumultuous first 100 days of the COVID-19 pandemic, as seen through the lens of a clinician-educator. We've had to adjust and adapt rapidly to help our students and residents, with a tremendous amount of groundwork done by multiple parties, but in return we have been rewarded with extraordinary opportunities to learn new skills.

I'm proud to say that as a profession we have been equal to the task, with the medical education system displaying adaptability and resilience despite being buffeted by forces both local and global. These struggles have not daunted us but instead given us invaluable opportunities to reflect on our professional identity, reaffirm our unity and rediscover our sense of purpose.

A/Prof Tan is a senior consultant neurologist at the National Neuroscience Institute and Deputy Group Director Education (Undergraduate) at SingHealth.



THERE AND BACK AGAIN

An Orthopod's COVID-19 Journey

Text by Dr Jonathan Tan

The COVID-19 pandemic has caused upheaval and change all around the world. For me, it has led me on a journey from being a spine surgeon to an orthopaedic surgeon, then a doctor and finally to a potential patient under quarantine. I suppose it was inevitable that I ended up on home quarantine. My siblings and I are either doctors or have married doctors and most of us, in some way or form, had been exposed to COVID-19 patients. My sister-in-law had worked in a medical ward the past month and she developed a sore throat one Sunday morning. Before the day was over she had been swabbed and an ambulance had been dispatched to convey her to the hospital.

A tale of two cities

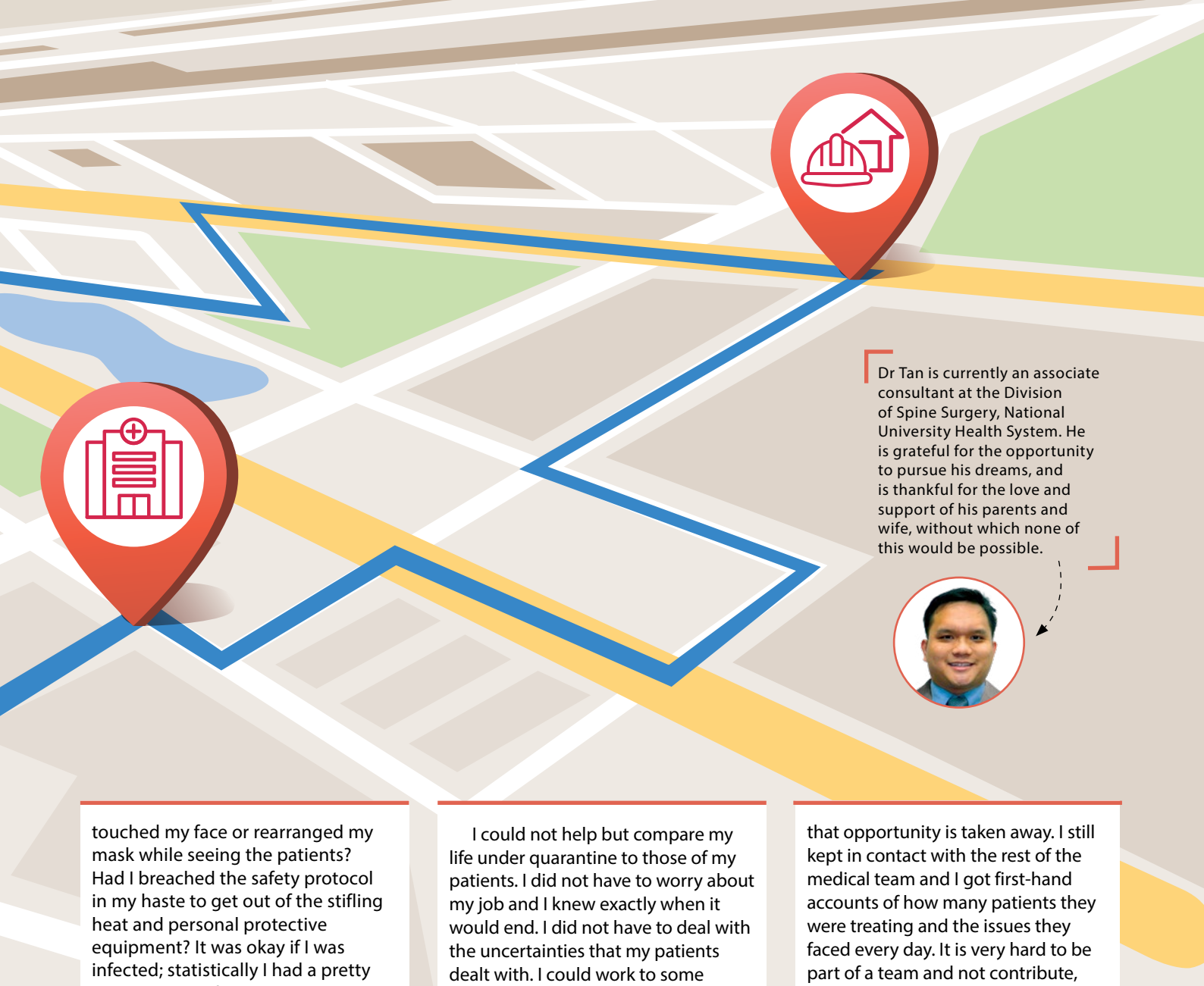
Prior to this, I had been serving as part of the medical team in a migrant worker dormitory. I suspect that when the history of the COVID-19 pandemic in Singapore is written, it will be one that tells of two different pandemics in the same country. We all know the story of a well-controlled outbreak in the local community and another in the migrant worker dormitories that almost spiralled out of control. There are many people who have served longer and contributed more over the past few months then I have in the short weeks that I was serving. However for me, it was one of the most chastening and humbling experiences in my medical career.

I had treated many foreign workers as an orthopaedic surgeon. I liked to think that I had been a caring doctor and that I had done my best to ensure their welfare. Working in the dormitories, however, made me reconsider my opinion of myself. Did I truly understand them as patients? Had I truly treated them as individuals or as fractures to be fixed and patients to be sent home as soon as possible? Speaking to them, I learnt something about what they liked to eat and a little about what they believed – perhaps it was time for me to learn more about these men who built my country.

As doctors we like to have answers and solutions for our patient's problems. It was extremely humbling to realise that I had none. Many of the infected migrant workers could not understand why they had to be isolated. Some had not even been told that they were COVID-19 positive. Those who knew were worried as they had been reading for months about the mounting rate of COVID-19 deaths worldwide. They did not know how long they were to be confined and when they would be able to return to work. I couldn't tell them when they would be out of isolation; I didn't know when things would be normal again. I could only hope and assure them that things would improve, and they did. A steady stream of supplies from both governmental and non-governmental organisations began to arrive and seeing the workers' morale and our rapport improve was an extremely fulfilling experience. I hoped that I would be able to serve till the end of the circuit breaker but alas, this was not to be.

In the same storm but not in the same boat

When my sister-in-law got diagnosed I could not help but wonder – was I the one who had brought the virus home with me? Had I accidently



Dr Tan is currently an associate consultant at the Division of Spine Surgery, National University Health System. He is grateful for the opportunity to pursue his dreams, and is thankful for the love and support of his parents and wife, without which none of this would be possible.

touched my face or rearranged my mask while seeing the patients? Had I breached the safety protocol in my haste to get out of the stifling heat and personal protective equipment? It was okay if I was infected; statistically I had a pretty good chance of recovering, but what about my pregnant wife, my young children and my parents? The next few days were quite stressful as both my kids had to be swabbed to make sure that they were not asymptomatic carriers. Restraining a three- and two-year-old while they are being swabbed is not a pleasant experience for the child or the parent. I couldn't help but wonder what the neighbours thought about the stream of ambulances appearing at our house. Then a mobile team was dispatched to my home and I got to experience first-hand what my patients experienced. Getting swabbed myself was an unpleasant experience, and I realised that I had not been entirely truthful when I told my patients that it would only be mildly unpleasant. Thankfully we all tested negative and it was time to settle in to life under quarantine.

I could not help but compare my life under quarantine to those of my patients. I did not have to worry about my job and I knew exactly when it would end. I did not have to deal with the uncertainties that my patients dealt with. I could work to some degree and most importantly I was together with my loved ones. I could take this opportunity to spend time with my family while I knew some of my patients had not seen their family in years. Simple things like having the space to exercise or a choice in what to eat were luxuries my patients did not have. It would have been churlish of me not to count my blessings and be thankful that all I had to deal with was the stress of trying to sing my daughter to sleep or re-enact the story of David and Goliath for the tenth time with my son.

In many ways, the hardest part of being on quarantine was the feeling that I was no longer useful. I think that one of the defining characteristics of all of us who practise medicine is a desire to be of service, to do our duty and help others. It can be a disconcerting experience when that opportunity is taken away. I still kept in contact with the rest of the medical team and I got first-hand accounts of how many patients they were treating and the issues they faced every day. It is very hard to be part of a team and not contribute, but I knew it was better to stick to the rules and complete my quarantine rather than be the potential cause of another cluster.

This quarantine experience has in some ways been a blessing in disguise; it allowed me to spend time with my children and helped me prepare them for the arrival of my third child. My sister-in-law recovered without complications and no one else in my family was infected. At the same time, it made me realise how fortunate and privileged I was to be a doctor, to be able to live in my country with my family. I hope that when this pandemic ends, we do not forget what we have learnt and make a concerted effort to improve the living and working conditions of these men who have helped build our nation.

A Ray of Hope

Editor's note:

Doctors across the country have soldiered on amid the many changes the pandemic has brought on. It comes as no surprise that some of these changes had to be implemented almost overnight, and often on a large scale. We continue to hear from doctors who stepped out of their usual work routines to answer the nation's call against COVID-19, and we thank them for their contributions.

It all started with a mild throat irritation that did not go away. Within a day, I started developing a cough, and a fever of 38.1 degrees Celsius came on. Even then, I told myself that it was probably just a normal flu. I remember clearly when the laboratory staff called saying: "Alvin, I have bad news. Pack your bags, your COVID-19 swab came back positive." My mind instantly went blank and all I could respond was, "What the heck?"

Instinctively I shut my room door, yelled to my mother of my diagnosis and told her to stay away from me. I could hear her burst into tears in the adjacent room. Honestly, the only thought that kept running through my mind was, "Did I pass the infection to my mother, or any of my friends and family members?" I was filled with disappointment and anger at myself for putting my loved ones at risk – how could I ever forgive myself if someone else got the infection because of me?

Things moved really fast and I was soon packed off to the hospital via the dedicated ambulance service. Who would have known that that was the last time I saw my family before my 61-day long hospitalisation, isolated from the outside world?

During my hospitalisation in the National Centre for Infectious Diseases and Mount Alvernia Hospital (MAH), I remembered waking up, only to find myself living the exact same day as the previous day and expecting the next day to be exactly the same. I went through so many nasopharyngeal swabs; each swab getting my hopes up for the day, only to be disappointed when the results came back positive yet again. Thankfully, my family and friends who were exposed to me were all well.

I felt like I had completely lost the control that I had over my life. The ward nurses, one of the few human interactions that I had, became a pillar of support during my hospitalisation. They constantly reminded me that patience is the ability to keep a positive attitude while waiting, and to give myself a little bit more time, have a little bit more faith and hope, and things will eventually fall into place. Here is a shout-out to all the nurses who, despite being on the front line, still maintained such positive attitudes to care for their patients.

After a few weeks, I became the longest stayer in MAH. I started having new roommates quite often – migrant workers from Bangladesh, India and China who came and left because they recovered faster. I played the role of "orientation officer", orientating them to the ward and helping them settle into this new environment as they rode out their infection. The migrant workers took a while to open up to me but we started having conversations about their life stories, aspirations, political views, and their dreams for the future. Those moments were really precious because it felt like it was "us against the infection/world". They told me that they were very thankful to have a doctor as their roommate, because it made them feel safer. What they didn't know is that I am even more humbled to have met each one of them, honoured to have the privilege to hear their untold life stories, and for their companionship during my hospitalisation.

With the revision in the COVID-19 discharge criteria, I was eventually discharged after 61 days of isolation despite being swab positive. I look back at my experience fondly, because it taught me the value of life and time, and to make the best out of it while it lasts. Never take for granted your loved ones, your friends, as well as all the little moments that make life so much more precious. Life is short, and we can all afford to be a little kinder, and offer strangers and those around us the same kindness we offer to those we love. I am still in contact with each of my roommates, checking on them as they continue to serve out the quarantine while waiting for the COVID-19 situation in the dormitories to settle down. I hope they continue to stay safe, and I look forward to meeting them for a meal to catch up, once circuit breaker ends.

Dr Alvin Tan, Preventive Medicine Resident, Communicable Diseases Division, Ministry of Health

COVID-19 came like a raid in the night. Quiet and stealthy with catastrophic effects. Overnight, our airports, economy, schools and roads came to a standstill and our healthcare system was placed under the ultimate test as everyone raced against time to contain the spread and death toll of COVID-19.

Initially fearful and apprehensive to be sent to the front line at Singapore's first community isolation facility, I am now grateful that I had the opportunity to get to know these foreign workers on a personal level.

I confess and am ashamed to admit the ignorant racism that I harboured toward these individuals. The thoughts of possible violence and unhygienic individuals that I would have to face were dispelled as I worked with them daily along their road to recovery.

Mr MH is a patient that will always stay close to my heart. He was my last patient on a 12-hour shift. I was sweating under my personal protective equipment, mask fogging up and my back aching. I asked him where he came from.

"Ng Teng Fong Hospital, doctor."

"How was it?" I asked.

"They are doing such an excellent job, I can see how busy they are, but they still take such good care of me. How can I ask for more?"

He went on to tell me he had gone on *The Online Citizen* to write some feedback praising the healthcare workers for their efforts and hard work. Mr MH ended off thanking our Government: "This Government is so good, they even take care of me, I am so grateful."

For a moment, I stopped typing and looked at him. For the first time in a long, long time, I remembered why I became a doctor. These individuals empathised with hard work; they knew the value of gratitude. His words lightened the weight of the long shift, and his gratitude made the backache and fatigue worthwhile.

Mr MH is not an anomaly. These foreign workers have taught me many lessons – humility, gratitude, patience and adaptability. They have been the blood and sweat behind every high rise building we now proudly call our Central Business District, the muscle behind what we now call our homes. Largely invisible to our society, always working, always taking instruction and hardly recognised.

During this pandemic, they have been moved (for their safety) from their homes to hospitals, to community isolation facilities, to factory-converted dormitories and so on. Most speak little to no English and do not understand what is going on. Many fear worrying their families back home and have not told them that they are ill. I can only imagine how frightened and lonely they must feel in a foreign land, sick and without financial or emotional support.

We started SMILE! Singapore Project on 21 April 2020 to prepare a table for these foreign workers amid the COVID-19 pandemic. Food transcends race, religion and culture. Our goal is to provide them with quality food items that we hope will bring joy and comfort to them in a time like this.

With me are Eunice Lee, Florence Chen and Alice Yeh. We come from all walks of life and I am amazed at how quickly we learnt to work together toward a common goal of putting a SMILE on many faces. As of 21 June, two months on, together with the unprecedented support from our donors and supporters, we have reached out to more than 20,000 patients and 1,000 individuals across Singapore.

To support this exponential growth of SMILE! Singapore Project, I (a physician) had to learn about warehouses, containers, lorries, pellets and forklifts. Not to mention the shelf life of the different breads and buns, the weight of each carton of Milo, coffee and cereal… the list grows every day. It has been a whirlwind, and a trying and exciting journey.

I started the Project with nothing more than a five-hour plan and am in awe of where we are now. I am a Christian, and I thank God for the abundant provision and protection.

As Mr Tan Chuan Jin, Speaker of Parliament, said in response to SMILE! Singapore Project's efforts, "Great to see you folks out and about trying to make a difference. Every bit counts. When more Singaporeans do so. Society will change."

I am heartened to have seen and applaud the thousands of brave and courageous volunteers, nurses and fellow doctors who have joined the front line at the community isolation facilities, dormitories, hospitals, community recovery facilities and so on. There is still much to be done to get Singapore back on its feet again. I invite you, who are reading this, to step up and step forward to the front line with us, to make a difference during this pivotal moment in Singapore's history. Every bit of effort counts to a better tomorrow for Singapore and the world.

To find out more, or to join our crew, visit https://bit.ly/SMILESingaporeProject. ◆

Dr Estelle Tan

TELEMEDICINE

Continued Care in a COVID-19 World

Text by Daryl Lai, Editorial Executive

Telemedicine (TM) is not a new concept, but its journey is only beginning and there is an urgent need to address the challenges practitioners may face. Recognising that, SMA held a webinar with close to 1,800 participants over Zoom on 13 June 2020. The webinar brought the practice of TM to the forefront with insights from several speakers, including the Director of Medical Services A/Prof Kenneth Mak and Group Director of the Ministry of Health's (MOH) Health Regulation Group Adj A/Prof Raymond Chua.

The rise of telemedicine

In his opening address, A/Prof Mak addressed the disruption COVID-19 has had on Singapore, remarking that it has "significantly changed the way care is delivered to patients". TM options used to be limited to phone calls for follow up or non-urgent queries, but advances in technology have allowed innovations in TM to make leaps and bounds. He further commented that though in-person care remains the best way to treat patients, TM can act as a valuable adjunct, especially in this era of safe distancing.

In SMA Council member Adj Prof Tan Sze Wee's introduction to TM, he also noted that there has been a steady increase in volume of TM consults both locally and internationally, especially due to COVID-19. As such, he found that it is "inevitable" for TM to be incorporated into local clinical practice.

Throughout the webinar, Adj Prof Tan conducted multiple polls aimed at getting a feel of the participants' understanding of TM, gauging their interest in starting a TM service and their main concerns with adopting TM. The results showed that most participants had not tried TM, but were interested in trying it out. This was also reflected in the live question and answer, where participants took the opportunity to raise relevant questions for the experts' clarification. One of the polls also addressed the question of charges for TM consultations, which is an area the representatives from SMA TM Workgroup, MOH and other professional bodies will look into.

Regulating telemedicine

The usage of TM is growing, and it is imperative to ensure that it is safe for both doctors and patients. Adj A/Prof Chua took the mic with his segment focusing on regulations, concerns of the quality of care from TM, medico-legal issues and medicine delivery, among others.

Adj A/Prof Chua then addressed concerns surrounding TM, from clinical red flags to modality, legal concerns to misuse of e-prescriptions, and said that upcoming new regulations and guidelines would clarify these concerns. Patient data security was also brought up, which Adj A/Prof Chua said falls on the provider to ensure patient privacy is well protected.

He also encouraged doctors interested in setting up their own TM services to undergo the LEAP Regulatory Sandbox and Telemedicine Training to better understand how to safely and properly provide a TM service. More than 2,500 doctors have completed it since it launched in March 2020.

Concluding thoughts

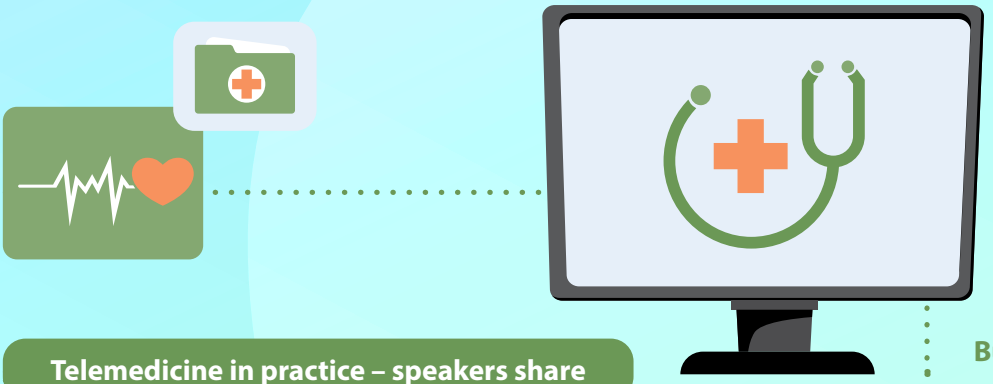
This era of rapidly advancing technology is ripe for TM consultations. COVID-19 has highlighted the benefits of conducting consultations remotely. Though the barrier of entry to TM is high, this is due to the need to ensure the highest standards of care can be provided without an in-person consultation. With 146 TM services in hospitals and over 20 clinics offering the service as well, the full potential of TM is still to be realised. As more doctors explore the use of TM in their practices, SMA hopes to provide guidance and education to ensure that TM is adopted safely and judiciously with a high standard of patient care. For more information on the webinar, visit https://bit.ly/SMATelemedicine. ◆

1. If you are preparing for Telemedicine, what areas would you need assistance in?

- Training on rules and regulations 19%
- Options for hardware and software 9%
- Contacts with current Telemedicine providers 3%
- All of the above [I know nothing] 61%
- None of the above [I know everything] 3%
- Not applicable [eg, non-doctor] 5%

2. In the field of telemedicine, what are you most worried about?

- Medico-legal liability 74%
- Technology-related issues 8%
- Fees 5%
- Confidentiality and Privacy 9%
- Unsure 3%



Telemedicine in practice – speakers share

Dr Elaine Chua, Family Physician, Bedok Medical Centre

Dr Chua shared case studies of TM consultations to show when they were appropriate and not. She also outlined a non-exhaustive list of conditions that are not suitable for teleconsultations.

"Main points of consideration for teleconsultation include patient selection, disease/symptom selection and follow up care."

Dr David Ng, Family Physician, National Healthcare Group Polyclinics

Dr Ng related his experience with TM, highlighting its increased use during the circuit breaker, its operational challenges and potential use in other specialties.

"Survey results from patients suggest that perhaps education and age may not be as significant a barrier of technology adoption."

Dr Lim Kwang Hsien, Paediatrician, Mount Alvernia Hospital

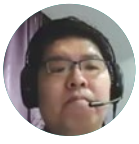
Dr Lim elaborated on how TM has reduced clinic dwelling time, as well as how it has established potential connectivity between patient, doctor, and hospital.

"Telemedicine adoption is currently in its infancy phase but like all our patients, we see its growth potential."

A/Prof Yeo Khung Keong, Cardiologist, National Heart Centre Singapore (NHCS)

A/Prof Yeo shared the NHCS' teleconsultation pilot, which focused on follow-up cases with low cardiac risk not requiring physical examinations.

"In terms of consent for teleconsultations, regulations suggest that implied consent from patients is acceptable."



Mr Steven Phua, Enterprise Singapore

Mr Kevin Tan, Singapore Manufacturing Federation

Mr Phua and Mr Tan shared standards on appropriate medicine packaging and delivery to comply with existing guidelines, as well as a major concern – verification of identity and traceability of deliveries.

"Standards complement regulations by filling in the gaps." – Steven Phua

Burning questions

On understanding the risk of misdiagnoses and risk liability

Adj A/Prof Chua emphasised that it was important that the standard of care provided via TM must be the same as that of an in-person consultation, and that learning points from experience are important to ensure that error rates are reduced as much as possible.

On savings for care providers and patients

Most of the panellists agreed that cost savings and increased convenience were more apparent for patients, especially those with young children or who are bed-bound. However, A/Prof Yeo also highlighted that the TM landscape continues to evolve, and it will take time to determine where the cost savings lie.

On indemnity and insurance

SMA President Dr Tan Yia Swam acknowledged that there is no common standard from SMA's preferred indemnity providers. SMA is actively consolidating all concerns to the providers and asks for patience while they come up with a formal statement regarding their specific terms of coverage for TM in a local context. More information on indemnity will be addressed in a seminar on 5 September hosted by SMA, with a highlight on TM coverage and TM case studies.

On medicine delivery and service providers

Mr Tan clarified that the SS644 standards would allow more service providers to engage in medicine delivery. Additionally, participants are advised that there are grants available to support clinics in setting up the needful.

THE CHAOTIC LAST STRETCH OF A UK MEDICAL STUDENT

Text and photos by Dr Denise Au Eong

Life before the COVID-19 pandemic feels like the distant past. My memory of it is hazy. What did I even talk about with friends and family before the pandemic? One now can't go through a single conversation without the coronavirus weaving its way into the mix. It seems like life has turned upside down and this is our new normal.

For two months beginning late December 2019, the world watched as China battled the novel coronavirus – their citizens forced to stay indoors, giant hospitals built within days and healthcare workers rushed in from all over the country to the then epicentre of the outbreak, Wuhan. At that point in time, it seemed unlikely that the virus would reach Edinburgh, Scotland, where I was studying medicine in my final year.

A last-minute plan after finals

My final examinations officially ended in late February 2020. To celebrate the completion of our finals, my best friend Jess and I decided at the last minute to book a trip to Paris. It was a place we had been wanting to travel to together before we parted ways to do our foundation training, and what better time to do it than immediately after finals?

A few days before my trip to Paris, my parents worriedly requested to FaceTime me. "*Aiyo*, why are you still going to Paris at this time? The virus situation is very serious!" "Why didn't you consult us before booking your trip?" "Remember to bring some masks, hand sanitiser and antibacterial wet wipes!"

In the beginning, a few governments around the world had likened COVID-19 to "just the common flu". As France had less than ten reported cases before my departure to Paris, I did not understand why my parents were so unduly worried. By this time, they had arranged for some surgical and N95 masks to be delivered to me in Edinburgh. "Okay, okay! I will be very careful in Paris. Please don't worry," I said, reassuring them that it would be safe to travel.

Early warning signs

Paris was everything I had dreamed of and more – the glistening Eiffel Tower, Laduree macarons, walking along the Seine and endless yummy crepes. Jess and I enjoyed ourselves thoroughly, but towards the end of our five-day vacation, I could sense that the COVID-19 situation was turning for the worse. Maybe I was just being paranoid, but I found myself so thankful that I brought a bottle of hand sanitiser with me and kept washing my hands as frequently as I could. While on the metro, I furiously refreshed the *BBC* live page for updates on the worsening situation. The number of COVID-19 cases in Paris, and elsewhere in Europe, were climbing. 14, 18, 73…

My academic schedule after finals originally comprised six weeks of elective postings followed by six

weeks of assistantship training in Edinburgh. These mandatory postings were requirements for graduation in late June. I had arranged a three-week elective posting in Mater Dei Hospital's Accident and Emergency Department in Malta, followed by another three weeks in Tan Tock Seng Hospital's Department of Geriatric Medicine back home in Singapore.

Singapore diagnosed its first confirmed COVID-19 case on 23 January 2020. Since then, the number of cases climbed gradually due to imported cases and community spread. An early sign that not all was well in Singapore was an email I received from the National University of Singapore (which was in charge of my electives in Singapore) stating that all electives had been cancelled until the end of August. I was disappointed with the cancellation but consoled myself as it was a blessing in disguise – I would get to spend more time during spring in Edinburgh, my second home. As electives were compulsory, I hurriedly arranged a replacement posting and was very thankful that the Royal Infirmary of Edinburgh's Renal Unit was able to take me in.

My parents were now beginning to worry about me going to Malta for the first half of my elective block, and they had good reasons to do so – COVID-19 was spreading in Malta too. The day before I was supposed to leave for Malta, I received an email informing me that all elective postings in Malta had been cancelled until further notice. This was another heavy blow and I was devastated. I had been hyping up the trip for ages, and besides the disappointment of not being able to learn from and experience the healthcare system in another country, I worried over finding a replacement posting at the last minute, and whether I would be able to recoup the costs I had already incurred in arranging flights and accommodation for these overseas electives.

Emotional rollercoaster

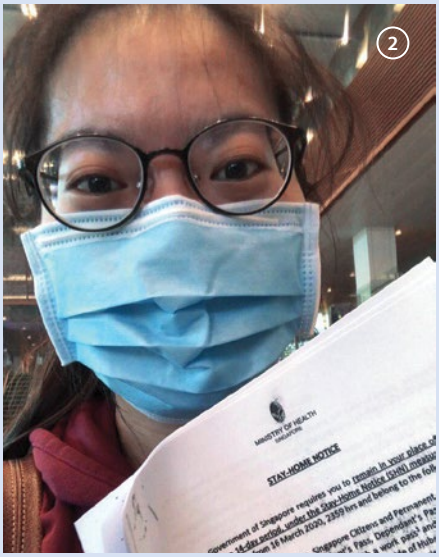
The three weeks after finals felt like a blur as unexpected news and unplanned events came thick and fast. In between bouts of anxiety, tears and fears, as well as furious scrolling through *BBC* articles for updates, I spent five days in Paris, a week in London catching up with friends; had my medical electives, assistantship and even graduation cancelled; and packed for a hastily booked flight back to Singapore. My emotions over those few weeks went through, quite simply, a rollercoaster ride.

Initially, updates from the medical school came in bits and pieces, and everything was uncertain. I kept going back and forth about returning home, afraid that I would miss my up-to-that-point mandatory electives and assistantship, and concerned if the plane journey back would expose me and later my family to the virus. By 17 March, the Singapore Ministry of Foreign Affairs issued an advisory to encourage all overseas students to return home given the worsening pandemic. They warned that many countries were imposing travel restrictions and closing their borders, and transport operators and airlines were cutting their services. Eventually, amid all the turmoil, I decided it would be best to return to Singapore.

14-day SHN

Upon arrival at Changi International Airport, I was issued with a 14-day stay-home notice (SHN) by the Singapore government. I was not allowed to leave my house and confined myself to my bedroom to avoid interaction with my family. The 14 days flew by quickly as I filled my days with good food, workouts, spring-cleaning, and catching up with friends and family over video calls.

During my SHN, Singapore witnessed a spike of imported cases

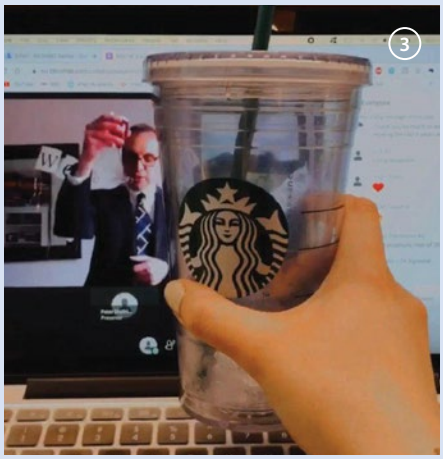


from returning overseas students, especially from the UK and US. I am thankful that I did not develop any symptoms since my return and the 14-day isolation passed uneventfully. I now join the nation in the so-called eight-week circuit breaker, a lock-down of sorts to further mitigate the spread of COVID-19 in the community. As I write this, we have completed three weeks of the partial lockdown. Time feels like it has flown by, and yet it hasn't. Another five more weeks to go before the lockdown is hopefully lifted...

Nervous but ready to face an uncertain future

It is difficult to put the barrage of emotions that I have felt in the last month into words. What about the post-finals celebrations? The last flat parties and nights out with my closest university friends? My Edinburgh bucket list filled with all the cafes and places I hadn't visited yet? What about my graduation ceremony, where I was supposed to be dressed in the graduation gown with its crimson trimming and fur hood, surrounded by the people who have supported me every step of the way? To be honest, I don't quite know how to feel about how medical school has ended for me. It feels like there was no proper closure. This wasn't how five years of medical school was supposed to end, with a virtual "graduation" held over BlackBoard's Collaborate (our university's virtual learning environment) while dressed in my pyjamas.

On some days I still grapple with my own "Brexit", in a sense. COVID-19 has made the future uncertain and at times bleak, but this is what I have been trained for. I am blessed and humbled that against all odds, I've graduated as a doctor three months earlier than expected, and at present am still happy and healthy. My fellow graduates and I are nervous about facing the unpredictable COVID-19, but we feel ready to rise up to the challenge of starting off our medical careers in the middle of a pandemic. We look towards the guidance and knowledge of our seniors before us, and stand ready to do good for our patients and for humanity. ◆



Legend

1. Posing for a quick photo at the University of Edinburgh's McEwan Hall

2. Being served my 14-day Stay Home Notice at Changi Airport

3. Attending my virtual graduation with an (already empty) cup of cider

Dr Au Eong is a fresh graduate from the Class of 2020, Edinburgh Medical School, The University of Edinburgh, UK.

Calling all doctors in training!

SMA News wants to hear from you! Whether it's about a struggle you faced in medical school, a fond memory of one of your favourite classes, or even a creative piece you were inspired to pen down – send them to us at **news@sma.org.sg**.

PART 2

CARING FOR COVID-19 HEROES

- HEALTHCARE WORKERS -

"I AM FEELING GUILTY"

IF YOU'RE FEELING GUILTY AND FRUSTRATED DURING QUARANTINE, SHARE YOUR FEELINGS WITH FAMILY AND FRIENDS AND REMEMBER THAT SUPPORT IS AVAILABLE.

TO SPEAK TO SOMEONE, CALL NATIONAL CARE HOTLINE: 1800-202-6868
OR VISIT GO.GOV.SG/HELPLINES

PROJECT BY:
SINGAPORE PSYCHIATRIC ASSOCIATION
WWW.SINGAPOREPSYCHIATRY.ORG.SG

CARING FOR COVID-19 HEROES

- HEALTHCARE WORKERS -

"I AM FEELING EMPTY AND EXHAUSTED"

IF YOU'RE FEELING OVERWHELMED AND EMOTIONALLY DRAINED, FIND WAYS TO REDUCE YOUR STRESS AND REMEMBER THAT SUPPORT IS AVAILABLE.

TO SPEAK TO SOMEONE, CALL NATIONAL CARE HOTLINE: 1800-202-6868

OR VISIT GO.GOV.SG/HELPLINES

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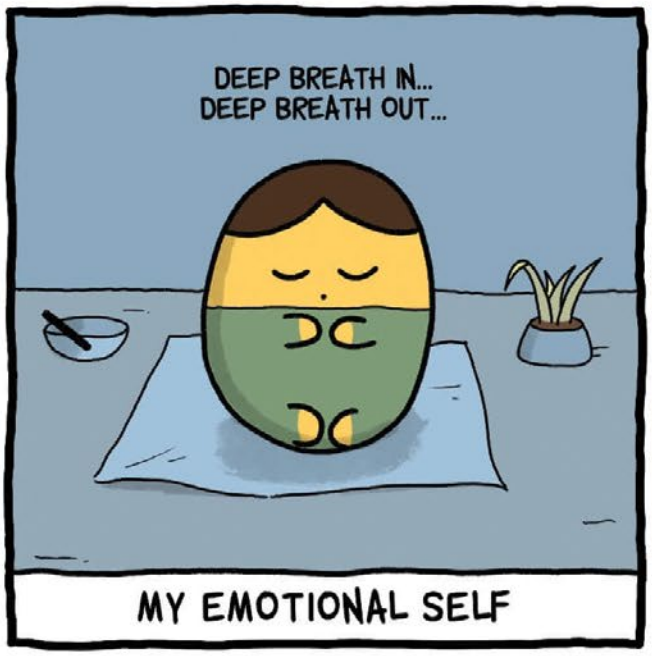

CARING FOR COVID-19 HEROES

- HEALTHCARE WORKERS -

"SELF-CARE FOR BETTER HEALTH CARE"

TAKE TIME TO CHECK IN WITH YOURSELF AND RECHARGE IN SIMPLE DAILY ACTIVITIES.

TO SPEAK TO SOMEONE, CALL NATIONAL CARE HOTLINE: 1800-202-6868

OR VISIT GO.GOV.SG/HELPLINES

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AIC SAYS

Overcoming Challenges in Advance Care Planning for Patients

by Agency for Integrated Care

Advance Care Planning (ACP) is an important part of healthcare management as it helps your patients prepare for a sudden or gradual loss of mental capacity. In such situations, ACP will guide patients' families and healthcare team to make decisions in their best interests.

ACP is particularly important for people who have chronic illnesses, early cognitive impairment, are frail, or are approaching their end of life.

You can encourage your patients to start thinking about ACP by asking the following questions:

1. If you cannot, or choose not to participate in your healthcare decisions, who should we speak to?
2. If you cannot, or choose not to participate in decision making, what should we consider when making decisions about your care?
3. If you cannot, or choose not to participate in your financial decisions, have you appointed someone who can do that for you?

There are three common obstacles faced by doctors when talking to their patients about ACP. Here are some tips on how to overcome these challenges:

Challenge #1

Timing the conversation with your patient can be tricky due to differing disease trajectories, varying responsiveness to treatment, or unforeseen medical complications.

Tip #1

The conversation doesn't always have to center around medical conditions. While it is useful to initiate ACP after a new diagnosis or change in ability to carry out activities of daily living, life milestones are also conducive opportunities. For example, you could talk about planning ahead when your patient reaches a new decade of life, reaches retirement age or asks you about a Lasting Power of Attorney (LPA). An LPA is a legal document that allows adults to appoint a person to make decisions on their behalf should they lose their mental capacity.

Challenge #2

Most patients think that ACP is taboo and want to avoid talking about end-of-life.

Tip #2

While it may be true that the older generation is more *pantang*, the current younger generation is more aware of the pitfalls of not planning ahead. It may be helpful to talk to the patient's next-of-kin. A study by the Singapore Management University showed that half of younger Singaporeans between the ages of 21 and 50 are more open to discussing palliative care.

You can direct patients who would like to read more about ACP and other ways to plan ahead to ***www.aic.sg/acp***.

Challenge #3

The top cause of Disability Adjusted Life Years in Singaporean patient is cardiovascular disease. However, patients' misunderstanding of their prognosis or overconfidence in cardiac devices can lead to them brushing off ACP.

Tip #3

Engaging your patients in early discussions gives them more information and time to make an informed decision without time pressure. ACP helps your patients to improve their quality of life, level of satisfaction with their medical care and guides them to make sensible and financially prudent choices.

If you would like more information, training or discussion materials to support your patient in ACP, please contact the Primary Care Engagement team at gp@aic.sg or 6632 1199, or visit Primary Care Pages (www.primarycarepages.sg)

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The CHARA-CTERISTICS *of* JOY

Text and photos by Grace Tan

Frankly, if I had a choice, I would own dogs or cats, but my parents aren't fond of furry animals roaming around the house shedding fur and possibly destroying furniture. A friend of mine suggested for me to own a pet and shared her experience of owning two birds. I was intrigued and after getting the green light from my parents, I got a pet bird with the help of another friend with experience caring for lovebirds. I ended up committing to owning a budgie, whose name remains as Chara despite me finding out that he's male shortly after (oops!). "Chara" is Greek for "joy" and he has indeed been bringing me joy since.

As medical students, we sometimes neglect caring for ourselves, let alone our pets. Thankfully, pet birds are rather low maintenance and easy to care for. Chara's non-stop chirping when the television is on, or when I have guests over and we are busy chatting, is a cheery backdrop to have, and the short interactions with him – letting him perch on my finger, feeding him millet and bribing him to walk along my arm – can be therapeutic and calming after a long day in the wards. He's ridiculously cute, or perhaps cute because he looks ridiculous with his small beak, large

head and small body (which appears small when he flattens his feathers, and puffy when he fluffs up to keep warm). His habit of scratching himself with one foot while still perched strangely resembles a dog, and his morning stretches shed light on why the "bird dog stretch" is so named.

Birds are good companions to have, and Chara listens when I rant or sing in attempts to get him to chirp – which in turn has positive implications for my mental health as it abates loneliness and relieves stress. Furthermore, he does funny things every now and then that make me laugh. Occasionally, I will spend time just observing him in his habitat, not unlike people-watching but with more animal behaviours. One must not forget the aspect of care involved – cleaning the cage, changing water and feeding him, bathing and getting toys for him, deciding when to get his claws trimmed and considering who can care for him should I get too busy (birds can get depressed too!). It is a reminder that just as I am responsible for providing these basic needs (food, water, sleep and play) to keep my bird happy, I am also responsible for my own mental well-being amid the busyness. Yet, Chara now also plays a small part in my mental wellness in return and that is something to be thankful for.

During this COVID-19 season and the circuit breaker, my parents and I are at home most of the time. This means more attention, increased chances of someone turning on the television or tap in the kitchen and much more talking with all the Zoom video conferencing meetings going on. Chara has grown chirpier, and he has been adding background noise to distract whoever I am talking to or even presenting to during lessons! Sometimes he seems to demand attention by screeching loudly even when there is no noise. I get to see him playing with his toys more, and he occasionally plays on his swing with glee as I work out a sweat and question why I chose to torture myself so. It's been encouraging to hear my mum talking to him and having her own imaginary conversations with him or my dad telling me that I forgot to bring "my friend" outside in the morning (we place his cage in a darker room at night to sleep) or after a Zoom conference he should not be interrupting. Though the circuit breaker has made life more monotonous and we are all cooped up at home, I think having Chara around does add some life, chatter and brightness to our lives, relieving some of the boredom with his silly antics chasing the bell or fluffing his feathers. ◆

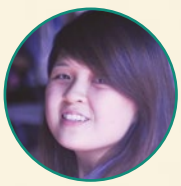
Legend

1. Always able to be bribed with millet!

2. Chara's favourite swing where he can be found taking a nap or swinging happily

3. "Why don't you like me?" vs "Go away, human!"

Grace is a fourth year student from the National University of Singapore Yong Loo Lin School of Medicine, Class of 2021. She believes that healthcare providers must first be emotionally, mentally and physically healthy to better care for others. Animals, babies and children never fail to bring a smile to her face.



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Clinic/Rooms for rent at Mount Elizabeth Novena Hospital. Fully equipped and staffed. Immediate occupancy. Choice of sessional and long term lease. Suitable for all specialties. Please call 8668 6818 or email serviced.clinic@gmail.com.

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Fully furnished clinic room with procedure room for rent at Mount Elizabeth Novena Hospital. Suitable for all specialties. Please call 8318 8264.

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Ideal for medical / dental / paramedical use. Jurong East Blk 253 half shop. Lucky Plaza #06-40. 825 sqft. Immediate and long term. Negotiable rental. 9159 2383 Cheryl.

Conveniently located Novena Medical Center clinic/ room for immediate rental. Classy reception and spacious beautiful waiting area. Co-sharing with another specialist/ physician. Be a part of the Healthcity Novena. View to appreciate. Ring Jenn 9618 2326

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Position : GO

Positions Available:

Click on each position's link for a detailed job description.

Date Posted	Position/ Job Title	Organisation	Application Deadline	Job No
13/04/2020	Family Physician	National University Polyclinics	31/07/2020	J00362
31/03/2020	Associate Consultant / Consultant	Woodlands Health Campus	31/05/2020	J00364
31/03/2020	Hospital Clinician	Woodlands Health Campus	31/05/2020	J00365
31/03/2020	Resident Physician / Senior Resident Physician	Woodlands Health Campus	31/05/2020	J00366
24/03/2020	Ophthalmologist	Eye Specialist Clinic Pte Ltd	15/05/2020	J00310

National University Polyclinics

We welcome Family Physicians to join the medical team at the National University Polyclinics.

The National University Polyclinics (NUP) provides primary care treatment for acute illnesses, management of chronic diseases, women and child health services and dental care. As part of the National University Health System (NUHS), we collaborate with the hospitals and specialty centres within NUHS to redefine healthcare.

NUP comprises a network of polyclinics – Bukit Batok, Choa Chu Kang, Clementi, Jurong, Pioneer, Queenstown, and soon to come, Bukit Panjang (2020*), Tengah (2025*) and Yew Tee (2026*). Partnering general practitioners, grassroots, the community and social care partners, we work together to ensure the well-being of the community we serve.

*Estimated date

You will be part of the Clinical Team that provides medical services to the patients. You will be involved in patient management, team-based care, education, research and audit activities for the benefit of our patients and the clinic. Candidates with leadership qualities will be considered for promotion to leadership roles in the organisation.

Requirements

- Basic medical degree & registered with the Singapore Medical Council;
- At least 3 years' experience as a Medical Officer or similar experience as a Family Medicine practitioner
- Possess post-graduate medical qualifications that will enable accreditation with the Family Physician Accreditation Board

For the full list of positions available and applications, please visit us at **https://www.nup.com.sg/Pages/About%20Us/about-us-Join-The-Team.aspx**

Only shortlisted candidates will be notified.

Your SMA Membership Benefits

Since 1959, we've been advocating for medical practitioners and doctors in training on matters close to their hearts, with the goal of enhancing the local healthcare landscape – For Doctors, For Patients.

SMA membership portal

Register for Continuing Medical Education (CME) events and courses. Complete monthly *SMJ* and SMA CMEP quizzes with your unique membership account.

Practice resources

Place orders for your medical supplies whenever and wherever on the SMA eMarket (https://www.smaemarket.sg).

Employment opportunities

Gain access to details for permanent or locum positions, and hire SMA-trained clinic assistants.

Check out our new partners on board!

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Warehouse SALE

3 to 14 August
Stay tuned for updates!

For more information visit
http://www.sma.org.sg/emarketws2020

SMA eMarket