

There's No Place like Home

– What You Need to Know about Working in a Nursing Home

Interview conducted by Agency for Integrated Care

As the Government makes progress on enhancing the quality of care at the community level, nursing homes (NHs) face a unique set of difficulties. The Agency of Integrated Care (AIC) catches up with three doctors who share their work experiences and give us insights into the sector.



Dr Tan Ching Wah
Resident doctor for several NHs, as part of a team providing contractual medical services



Dr Lim Shee Lai
GP and part-time doctor providing medical services to NHs



Dr Ow Chee Chung
Chief Executive Officer (CEO) of Kwong Wai Shiu Hospital

AIC: Tell us more about working in an NH.

Dr Tan: The work is mainly providing clinical consults to residents, but how much you participate in other areas, for example, conferences and training, depends on the needs and policies of the NH. The beautiful thing is that you work with a team of nurses and allied health professionals.

Dr Lim: At an NH, the patients are there, waiting for you and their problems are not so urgent. You can schedule your time and work out an arrangement with the NH that coincides with your downtime, since GP hours are fixed. It is up to you to prioritise.

Dr Ow: My role is to be a leader, motivator and facilitator for the team. As CEO, I took up the task to direct key quality assurance programmes. This is important so that I get first-hand information on patient care, quality and safety issues, and I can make the right macro decisions.

What do doctors do in an NH?

Basic:

- Attend to acute conditions
- Manage chronic conditions
- Conduct initial assessment of new admissions
- Issue death certificates
- Perform procedures such as male urinary catheterisation and venipuncture

Additional:

- Conduct training for nurses
- Participate in Advanced Care Planning and Preferred Plan of Care discussions
- Participate in clinical conferences
- Perform disability assessment for ElderShield, IDAPE, DPS or other insurance policies
- Perform mental capacity assessments and produce medical reports for the appointment of deputies

“GPs can first gain exposure to NH care through working at NHs near their clinics. This is convenient and they can see if they like the work or not before committing to it.

– Dr Ow, on what he would advise GPs interested in working in NHs

AIC: What are some of the challenges you have encountered?

Dr Tan: A fair number of the residents are unable to communicate due to cognitive impairment. Assessment of this group of patients will largely depend on objective findings and observation reports by the nurses. Also, one needs to be able to work fairly independently as opportunities to consult a colleague or specialist are not as readily available.

Dr Lim: Sometimes, family members will request that you sign death certificates at odd hours. The 24-hour availability for phone consult is not everyone's cup of tea but this can be mitigated to a certain extent with staff education and training.

Dr Ow: Recruitment and retention of sufficient committed staff. Not just at managerial level but at all levels, including a good housekeeper. We go to great pains to reward and recognise front-line staff.

AIC: What makes it fulfilling for you?

Dr Tan: Working as part of the team in providing the necessary care and improving the quality of life for the residents. There is also a sense of satisfaction when residents and their family members show their appreciation.

Dr Lim: It is the multidisciplinary aspect and holistic approach to patient care – from physiotherapy to Psychiatry – that you do not see at a GP clinic. You broaden your horizons and come to see the elderly person as a whole. In an NH, because of the nature of an elderly person, I have never stopped learning; there is always something new. I always say, the patient is your teacher.

Dr Ow: When a patient can be supported for home discharge. It is uncommon and ambitious for an NH to set such an outcome, but you never know until you try. There are many who cannot be discharged but we feel fulfilled too when we see them smile.

For more information about working in NHs, email gp@aic.sg. **SMA**

Busting the myths!

Myth 1: I need additional qualifications to work in an NH.

Dr Lim: I did what I thought was relevant and useful for my work so I did both the GDGM and GDFM. Although doctors can learn on the job, it would be better to have some more training.

Dr Ow: Established GPs should have enough experience. They then need to understand the workflow in a nursing home. GPs should also learn about advanced care planning and familiarise themselves with the clinical requirements of nursing home patients.

Myth 2: There is an additional legal burden on doctors.

Dr Tan: I think the risk is lesser as compared to a GP clinic. After patients walk out of a GP clinic, there is no trained professional to monitor them. At an NH, nurses monitor the patients and can alert the doctor if their condition deteriorates. There's no one better to do it than nurses who know the residents well!

Dr Lim: No, not if you have good documentation. Document both what you see and what you do not see. You would not want to be accused of having missed something, particularly for cases where symptoms appear later.

Myth 3: Doctors do more in NHs.

Dr Tan: It is not true that because there are 400 beds, you need a full-time doctor. The medical care needed in an NH is less intensive than in hospitals. Furthermore, the nurses can be trained and empowered to take up more roles and responsibilities to lessen the reliance on the doctor.

Dr Lim: That is a popular misconception. However, NHs are driven by nurses, while doctors are supporters and are not the ones who administer the treatment. Hence, nurses are as important as doctors in an NH and they should be empowered to do more.

You broaden your horizons and come to see the elderly person as a whole.

– Dr Lim, on working in NHs